

# The Confluence of Irrational Belief and Perceived Social Support in relation with Eating Problems in Non-Clinical Population

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**Abstract:** *The present research aimed at investigating the relationship between eating disorder, irrational belief and perceived social support in relation to demographic variables. The sample consisted of 203 individuals taken from Multan city. Eating Attitude Test, Irrational Belief Test, and Multidimensional Scale of Perceived Social Support were used. Results indicated that eating disorder and irrational belief are positively correlated with each other while perceived social support was found negatively correlated with eating disorder and irrational beliefs. Findings indicated that symptoms of eating disorders are significantly predicted by irrational thoughts and perceived social support. The results pertaining to gender differences revealed that females have higher level of eating problems and irrational belief as compared to males.*

**Keywords:** Eating disorder, Irrational belief, Social support, Mental health.

## 1. Introduction

The aim of this research was to explore the level of relationship between indicators of eating disorders; irrational belief and perceived social support. Moreover between-groups analyses or diagnostic comorbidity have been a great deal of attention for most of the researches, the purpose of this research took a multi-dimensional style to examine identified associations between indications of eating disorders, its relationship with irrational belief, and apparent social support of non-clinical population. We live in a society in which everyone is conscious of its image that wants each of us (including male and female) to improve our physical outlook. The trends represented by fashion magazines, Television, and other print and electronic media contain "purchase particular and branded dresses, perfumes, handbags and shoes; get your hair be straight and your teeth must be whitened; remove your wrinkles; and very frequently, put off your body weight and you are the most contented, appreciated, loved and regarded individual." The fresh and persistent discussion now-a-days regarding the lean and lanky, thinny models used in the today's fashion industry is a good example of how powerfully engrained our notion of "skinniness is the symbol of happiness" [1]. Numerous youngsters surrender to the stress in a number of different ways, some are fruitful and some are harmful [2].

People suffering from eating disorders tend to have a range of absurd thoughts and negative thought pattern regarding their own body image: they are incapable to evaluate their weight and body image objectively [3]. They might have emotional and psychological problems that play an important role in the development of this disorder. People may have low self-confidence, disturbed illogical beliefs, lack of social support, perfectionism, impulsive behaviour, anger administration difficulties, family clashes and disturbed relationships [4].

The patterns of eating disorder has been found to behaviors and attitudes expressed at an early period of life [5].

Researches related to eating disorder revealed that adolescent girls have a variety of psychological and physical risk factors that later predict disordered eating, such as shows higher level of negative emotionality, body disapproval, and menarche at an early age [6]. Most research studies have revealed university and college as an environmental risk factor for the progress or exacerbation of disordered patterns of eating, in part because incidence rates of eating disorders are greater in college students than in adults.

Holding beliefs that are illogical, may be the cause of many emotional problems [7], [9] dysfunctional behaviours, or disordered eating. In reality, illogical beliefs are the negative penalties that cause variety of different complications. This means that "illogical beliefs and maladaptive thinking patterns are related with and may be the cause of mental and bodily malfunctioning" [8].

Individuals undergo from mental disorders frequently carry around themselves defective or illogical beliefs about the surroundings around them". Certainly, to change unreasonable beliefs to rational ones can have an optimistic influence on feelings and emotions. The cognitive model of Beck also proposes that main alterations in thought pattern cause emotive and behavioural problems [7], [9]. As Norcross and Prochaska have stated, Ellis methods aid clients "to be aware of maladaptive thoughts, to identify the troublesome effect of such cognitions, and to substitute them with more suitable and suitable thought patterns" [10].

According to Albert Ellis, irrespective of society, illogical thinking occurs in all beings simply because they are human [11]. Illogical beliefs may be influenced by some other elements. One of them is traumatic events of life. In fact, at the fundamental level of cognitive-behavioral method is the postulation that human thoughts and feeling are meaningfully interconnected [12]. This have been recognized from a variety of studies that perceived social support shows an important role as a psychosocial resource

in keeping physical and psychological health [13]. Colarassi clarified that such concept contains disaggregation and requirement across dimensions of structure and function. On the other side, To sum up, perceived social support can be regarded as care, value and supervision provided from immediate family, peer group and community members [14].

Mental health and physical health benefits to perceived social support. In a time of stress, perceived social support aids people to reduce their psychological distress (e.g., anxiety or depression). Perceived social support has been found to promote psychological adjustment in conditions with chronic high stress like HIV, rheumatoid arthritis, cancer, stroke, and coronary artery disease.

There are two leading hypotheses speaking the connection among irrational beliefs, perceived social support, and health: the buffering hypothesis and the direct effects hypothesis. The key difference between these two hypotheses is that the direct effects hypothesis predicts that perceived social support is advantageous all time, whereas the buffering hypothesis predicts that perceived social support is mostly beneficial during times of stress. Evidence has been found for both hypotheses. It was assumed that irrational beliefs and perceived social support will predict the eating.

## 2. Method

### 2.1 Participants

The sample consisted of 203 individuals; males (n=99) & females (n=104) with age range between 15 and 35 years. The sample was further characterized by demographic variables i.e gender. Purposive sampling and convenience sampling techniques were used for the selection of the participants. All the participants were approached from different localities of Multan city in Pakistan.

### 2.2 Instruments

To measure the variables of this study, the following instruments were used

- **Eating Attitude Test** is a multidimensional self-report scale devised by Garner and Garfinkel [15]. The test is consisting of 40 items which has aimed to evaluate the attitudes, behaviour, and characteristics present in eating disorders particularly anorexia nervosa and bulimia nervosa. In the actual validation study, Garner (1982) stated three highly associated factors: (1) Dieting, (2) food pre-occupation and (3) Oral control.
- **Irrational Belief Test** was devised by Jones in 1969 [16]. The irrational belief test is the self-report attitude that is a combination of ten separate scales, each measuring a specific irrational belief as explained by Albert Ellis. The original scale consisting of 100 items that allows the assessment of ten separate domains which are: High self-expectations, blame worthiness, problem escaping, emotional carelessness, demand for appreciation, helplessness for change, frustration reactivity, dependence, anxious over concern, and perfectionism .

- **Multidimensional Scale of Perceived Social Support (MSPSS)** is relatively brief scale comprising of 12 items. The instrument was developed by Zimet & Dahlem in 1988 [17]. The scale focuses on the 3 factors relating to the source of support i.e. immediate family members, Friends or other loved ones. The scale is a Likert-type of 7 point, ranging from very strongly agrees to very strongly disagree. The participants were asked to show their level of agreement and disagreement on it.

### 2.3 Procedures

The participants of the study were selected and approached. The non-probability sampling techniques were used for the selection of the participant because of having no guarantee that each element has an equal chance of being selected in the sample. Purposive and convenience sampling technique, the techniques of non-probability sampling approach were used. Through purposive sampling technique, the sample was selected on the basis of their special characteristics of age, gender and marital status. Convenience sampling was used in selecting the respondents primarily on the basis of their willingness and availability to respond.

A booklet comprising informed consent form, demographic sheet, EAT IBT, and MSPSS was administered to the target sample. Before administering the questionnaire, the subjects were told about the goals of the study and then the instructions were given to them. The participants were informed that all the information would be kept confidential and would be used for research purposes only.

Then, they were told to read general instructions very carefully before starting the questionnaire and they can seek the help of the researcher, if anything appeared difficult and ambiguous to them. They were also informed to read the instructions of each part of the questionnaire before marking their responses that would enable them to understand what was expected of them to do. They were instructed to carefully complete the task and do not skip any statement or leave it empty.

## 3. Results

**Table 1:** Correlation Matrix for the Scores of Eating Attitude Test, Irrational Belief Test, and Perceived Social Support (N=203)

Scales	1	2	3	M	SD
EAT	-	0.63**	0.66**	24.66	12.93
IBT	-	-	-0.76**	252.31	76.64
PSS	-	-	-	53.14	23.90

(\*\*p<0.001)

Results presented in Table 1 indicate the significant relationships among the variables. It implies that PSS is negatively associated with EAT and IBT while EAT and IBT are positively associated with each other.

**Table 2:** Standard Regression Model showing impact of Irrational Beliefs and Perceived Social Support on Eating Disorder

Predictors	B	Std. Error	Beta	T	P
(Constant)	631.11	141.13		3.12	.004**
Irrational beliefs	0.512	0.058	0.437	3.41	.00**
Perceived Social Support	0.316	0.023	0.272	2.11	.02*

$R^2 = 0.61$ , Adjusted  $R^2 = 0.52$ , ( $F(2, 201) = 10.03$ ,  $p < = 0.001$ ) \* $p < = 0.05$ , \*\* $p < = 0.001$ .

Results in Table 2 present the regression analysis for the scores of irrational beliefs and perceived social support showing the impact on eating disorder. Results suggest that irrational beliefs and perceived social support significantly predict the eating disorder.

**Table 3:** Gender-based Differences on the scores of EAT, IBT and PSS (N=203)

Scales	Males (N=99)		Females (N=104)		T	P
	M	SD	M	SD		
EAT	16.3	5.64	32.6	12.9	11.5	0.00**
IBT	219.4	54.4	238.7	81.6	6.57	0.00**
PSS	67.4	12.2	39.6	24.4	-10.2	0.00**

( $df=201$ , \*\* $p < .01$ )

Table 3 shows the results for the scores of EAT, IBT and PSS in relation to gender differences. Results show that the scores of EAT and IBT is significantly higher in female as compared to male respondents, while results also reveal that the scores of PSS are significantly lower in female as compared to male respondents.

#### 4. Discussion

The present research was to investigate the relationship among symptoms of eating disorders, irrational belief, and perceived social support. Normal eating along the continuum on the one hand and clinical eating disorders on another hand is a problematic eating behavior that is frequently prevalent today, especially among adolescent's girls and women. Eating disorders are not only complex but multi-factorial as well. Most often they eat and binge alternately for relieving anxiety, to numb pain, loneliness, boredom, anger, for comfort, or to acquire pleasure in their life.

The study further aimed at to check the relationship of eating disorder with irrational belief. It was felt that the most significant consequences of disordered eating should be studied, which may be a feeling of loss of control, wide range of irrational thinking, completely negative automatic thoughts and the lacking of social support from their family and other loved ones [18].

The study further investigated that lack of social support is a possible factor for the advancement of eating disorders [19]. Perceived Social support has been consistently observed as a protective factor in the onset, course, and severity of many psychological disorders [20].

The findings of the study proved that there is a significant positive correlation between eating disorder and irrational beliefs. Irrational beliefs and eating disorder results of correlation were positive and in accordance with previous studies [21]. Campbell, analysed the association among three elements which are commonly accompanying with eating disorders, Rosenberg's Self-Esteem Scale (SES), the Irrational Beliefs Scale (IBS), automatic thought questionnaire (ATQ) and Eating Disorders Inventory (EDI) were administered to 50 college students. The high level of scores on EDI was linked to increased irrational beliefs, less occurring self-esteem. Fischer, 1996 evaluated the relationships among irrational belief, automatic thoughts, and eating disorder tendencies. EDI scores were most significantly correlated with the irrational belief scores, which supported our hypothesis [22].

The findings of the study supported the hypothesis that eating disorder will be affected by irrational belief and perceived social support. Although perceived social support with eating disorder has received considerable empirical attention, perceived availability of social support has been shown to keep individuals from the psychological impact of eating disorder as irrational thinking patterns and particular negative automatic thoughts. The findings of most current studies also support our assumption among participants with eating disorders designate less perceived social support from friends and family [23].

Moreover it was revealed that females will have higher level of irrational beliefs eating problems and lower level of perceived social support as compared to males. In females more significant and positive correlation was found between eating disorder and irrational belief, and negative correlation was found between perceived social support and ED. Kamimura & Sakano reported a positive relationship between females and disturbed eating behaviour and negative relationship between males and disordered eating patterns [24].

#### 5. Conclusion

This study is exploratory in nature. It examines the confluence of irrational beliefs and perceived social support in relation with eating problems. The significance of such research is that these variables are connected in a study in Pakistan for the first time. It's beneficial because it explores the eating problems among adults and adolescents and gender basis as well. Furthermore, it also explores factors that influence eating problems i-e irrational beliefs, and perceived social support.

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### Author Profile

**Nabia Luqman Siddiquei** received her master's degree from Bhauddin Zakariya University Multan in Psychology in 2007. She stood first in her session. She received her M-phil degree from the same institution in 2012. She also completed diploma in clinical psychology in 2009. Now a days she is working in BZU as a visiting lecturer.