

The Relationship between Eating Disorder and General Life Stressors among College Students in Jordan

Alshawashereh OM^{1*}, Arrabi Faisal¹, Abu Gazal¹ and Mouawiah P¹

Faculty of Education, Department of Psychology and Counseling Education, Yarmouk University, Irbid, Jordan

Abstract

Background: College students, in their transitional period to adulthood and into university environment may face emotional and psychological stress, due to new social environment, financial demands, academic caseload, new responsibility and expectations by their parents and peers. Eating disorder can become a coping strategy among students. Eating disorders considered being a significant problems and important issue concerning the care of young adults all over the world. The study aims to investigate the relationship between eating disorders and general life stressors among college students in Jordan.

Methods: A student's survey for General Life Stressors Inventory (GLSI), and Eating disorder scale were both developed and administered to college students.

Results: The results indicated a moderate level of general life stressors and a low level of eating disorder among students. Moreover the results showed a significant positive relationship between general life stressors and eating disorder.

Conclusion: Life stressors can be a very good predictor of eating disorder among college students. Moreover, there is no significant difference in general life stressors and eating disorders among students due to their Gender, Major, and Place of residence. Implications are in progress for focusing researches on life stressors as an effort in fostering intervention programs for eating disorder among students.

Keywords: General life stressors; Eating disorder; College students; Jordan

Introduction

College students, in their transitional period to adulthood and into university environment may face emotional and psychological stress, due to new social environment, financial demands, academic caseload, new responsibility and expectations by their parents and peers. Eating disorder can become a coping strategy or a way of life among college students. So to find scales that measure general life stressors is of great interest to many professional people who are working in the field of educational psychology or related fields.

Eating disorders considered being a significant problems and important issue concerning the care of young adults all over the world. The researchers developed a hypothesis in mind that stress could be a major contribution to eating disorder among students. Bulimia nervosa, anorexia nervosa, and binge eating are the most well-known forms of eating disorders. Eating disorders can be seen as abnormal eating habits that associated with either insufficient or excessive food intake that cause harm to people lifestyles, physically and mentally, so to find scales that measure general life stressors is of great interest to many professional people who are working in the field of educational psychology or related fields [1].

According to Backéand co-authors [2] stress is one of the main issue that determined individual's mental health. There are many resources to life stressors in general such as school related environment, unemployment and workplace issues.

According to "Albert Ellis", it is not the events that cause individual to be stress- out, but it is rather, how the individual perceived the events, negatively or positively, and this may explain why two people perceived general stressful life differently for the same events. So it is the internal thought of the individual that cause the feeling of stress not the events in itself [3].

Literature Review

Eating disorders are compulsive behaviors' that can change or become a threat to peoples' life. Eating disorder defined as an unhealthy condition association with foods, and the most types of eating disorder according to American Psychiatric Association [4] are:

Anorexia nervosa

This is associated with weight loss and excessive dieting or exercise activities. Individual with this illness view themselves as fat or overweight despite being very thin, resulted from eating patterns of malnutrition. It is an attempt constantly by the individual to maintain body weight and shape below minimal normal weight even though the individual is under weight. Females' adolescence appeared to have this inaccurate perception of their body size, shape, and weight more than their peers of males.

Bulimia nervosa

It has been defines as a recurrent of binge eating episodes followed by recurrent purging the food intakes, involving excessive exercise, and fasting more often per weeks in order to maintain body weight and shape.

*Corresponding author: Alshawashereh OM, Faculty of Education, Department of Psychology and Counseling Education, Yarmouk University, Irbid, Jordan, Tel: +962075621097; E-mail: shawashereh@yu.edu.jo

Received February 26, 2018; Accepted March 12, 2018; Published March 15, 2018

Citation: Alshawashereh OM, Faisal A, Gazal A, Mouawiah P (2018) AThe Relationship between Eating Disorder and General Life Stressors among College Students in Jordan. J Depress Anxiety 7: 305. doi:10.4172/2167-1044.1000305

Copyright: © 2018 Alshawashereh OM, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Binge eating disorder

This is associated with regular episode of extreme overeating with the inability to control the desired to overeat. Individuals with binge-eating disorder more often are overweight due to the amount of calories intake, and they do not vomit intentionally. The most common symptoms of this illness include, eating large amount of food when not hungry, eating fast just like the food is going away or there will be no food in the future. Binge eating time occur in secrecy or alone, among people with this disorder due to the fear of embarrassment, they usually feeling ashamed or guilty of eating after the episodes. They also engage of dieting without success of losing weight [1].

Other typical eating disorders

These are associated with rumination, unexplained food intolerances or an extremely picky eating habit or unexplained loss of weights by the individual. Pica and rumination disorder occur more often among individuals with mental retardation.

Some researchers such as Adam and Epel [5], indicated that stressful life situations are associated with the exposure to Cortisol, that effect the brain by triggering the Hypothalamus in the brain for the desire to consume foods. Moreover, the hormones of Leptin, Insulin and Dopamine, stimulating the individuals' to eat foods, especially foods with high fat and sugar, that creates the pleasure and the memory of eating [6]. Therefore, individuals' in a stressful situations limit their choices of good quality foods by consuming foods that very high in sugar and fat as an attempt to relieve the stressful emotional state of mind [7]. General life stressors as perceived by people consistently associated with life dissatisfaction issues such as anxiety, depression, fatigue, procrastination and females reported to have a higher level of stress than males. Also general live stressors reported to be lower with higher education, employment, and higher socioeconomic level. Older and married people have less stress than younger and unmarried people [8].

There are some truth about people with eating disorders: Many individuals with eating disorders issues, appear healthy, however in reality they may be very ill, families should not be blamed or responsible and the can be best allies in group therapy treatments, eating disorder is a health crisis to the individuals and to their family functions. Eating disorder is not a personal choice, it is rather a biological influenced major illness, it affect people from all background (Genders, Ages, Ethnicities, Body Shapes and Weights, Sexual Orientations, and Socioeconomic Statuses), in other way it does not discriminate among people and it can affect them all. Moreover, eating disorder associated with the risk factors of suicidal ideation and intent. Also individual's genes and his environment consider playing an important factors in the development of eating disorders. However, treatment and full recovery is possible if it is detected early with a good intervention plan [9].

Eating disorders affect both males and females at their productive period of their life development. The issue of eating disorder considered to be serious, complex and lead to psychological and medical problems. It is associated with poor body image, body shape, binge eating habits, vomiting, overwhelmed compulsive exercise, and self-starvation. It is a hidden and very private issue, so it can be very difficult to recognize due to the association of becoming teenagers, being on a diet, or having personality traits, for that reason treatment may not be sought. However, some behavioral change can be notice, such as mood changes, stress, anxiety, depression, shame and the obsessions on food. Eating disorder is not a personal choice or a lifestyle choices. However, gaining information about any given eating disorder should be encouraged and investigated [1].

The onset of eating disorders appears during the teenagers' stage of development, and it may appear during childhood or early adult life. Individuals suffer from anorexia nervosa see themselves as overweight, regardless of them actually being way underweight; they weigh themselves more often and severely eat very little food with limited choices. Anorexia nervosa has the highest mortality rate of any other mental illness. Many young women and men with this kind of disorder die from starvation, many others die of suicide, and females with anorexia nervosa are at the highest rate of suicide in comparison of all other mental disorders. The most sign and symptoms of anorexia nervosa includes, restricted eating, pursuit of thinness, fear of gaining weight, distorted body image. Other side effect and symptoms includes, dry and yellowish skin, low blood pressure, infertility, weakness and feeling tired all the time, brain and heart damages. Individuals with bulimia nervosa eat unusually large amounts of food and have a lack of control of eating. Their binge-eating cause the fear of gaining weights so they forced themselves to vomit, fasting, and engage in excessive exercise, while anorexia nervosa can't maintain their body Wight, individuals with bulimia nervosa usually maintain their normal weight. Their most side effect and symptoms include sore throat, acid reflux, severe dehydration, and imbalance of needed minerals in the body such as sodium, calcium, potassium that can cause stroke or heart attack [1].

According to social comparison theory, people have the tendency to compare themselves with others, and when an unfavorable characteristic perceived internally such as body image, the individuals get motivated to adjust their unfavorable trait to a favorable one to minimize the stigma perceived both internally and externally by others [10]. Five percent of adolescent females have a problem with Eating disorders that causes malnutrition, depression and may cause death [11].

Eating disorder result from the experience of body dissatisfaction, as a pressures to be perfect so many adolescent develop body image disturbances that may cause eating disorder, as a mean of maladaptive social comparisons with others regarding their appearance. Young adults of males and females who spend more time watching thin attractive actors or actresses increased the likely hood of developing an eating disorder [12]. According to Adler the founder of individual psychology, people are striving to be perfect, significant, superior and avoid being inferior to others, this role of social interest may lead to eating disorder and unfavorable body image [3]. Some studies indicated that young adults concern about their body weight and shape lead to irregular eating habits such as following alternative dietary patterns, unhealthy weight control including fasting, intentional vomiting, and taking diet pills is a common behavioral practice among young adults [13,14].

Young adults experience a period of rapid growth with increase need for nutrients value of foods, and they are very conscious about their weights which place them at high risk of developing eating disorders. Young adults especially females have the desire to be thin and in order to be socially acceptable among their peers they turned to unhealthy eating behaviors according to Wong and co-authors [15].

The following considered to be some psychological risk factors to eating disorders: Biological Factors, eating disorders may have genetic contributions that run in families. Peer pressure and media influences the unrealistic standard of thinness. Bullying, physical and sexual abuse, young adult female who have being teased of her weight, developing an unrealistic goals in life, experience a lack of supports by family or friends, has a low self-image and engaging in a lot of dieting activities and being depress, anxious, angry or feeling lonely, and eating

in secret are all major players in developing eating disorder according to Fallatah and co-authors [16].

Genetic, and psychosocial risk factors are associated with eating disorder, such as having a first degree relative with eating problem issue, being a young adult female, try to be perfect by sitting an unrealistic goals in life, having a body image dissatisfaction, having a mental health problem, such as depression, anxiety and obsessive-compulsive disorder, the exposure of bullying, and size or weight teasing or prejudice [17].

According to Sullivan, [18] anorexia nervosa has the higher rate of mortality among all other mental illness (5%). The mortality rate for bulimia nervosa was 2% as indicated by Birmingham et al. [19]. Treatment for eating disorder is possible, and the recovery depends upon the early recognition to the illness which required a team work that includes medical doctors, psychotherapist and dietitians. The stage of adolescence has the most common eating disorders, and the most effective treatments for this disorder are cognitive behavioral therapy and family therapy [20].

According to Britz and Pappas [21], the most stressful factors among college students that lead to eating disorders are forming new friendship, lack of self-control of food intakes, facing new challenges such as financial and academic issues, and facing peer pressures to be perfect physically and mentally. College students usually don't seek treatment for eating disorders due to their lack of knowledge and awareness, and they feel embarrass to acknowledge that they have a problem with eating.

The causes of eating disorders are not clear and can be very difficult to pinpoint the actual cause of it. However, biological, and environmental factors, such as cultural idealization of thinness, body dissatisfaction, perfectionism, high achiever, obsessive compulsive, and those people who are eager to please others considered among the leading risk factors of this illness [22].

According to Boyce [23], the prevalence of eating disorders among females between the age of 15–24 is 1.5%, and the women have a higher rate of the illness more than their peers of males (anorexia nervosa (females, 0.9%), (male, 0.3%), bulimia nervosa (females,1.5%), (males, 0.5%). According to Sullivan, [18], Anorexia nervosa has the highest mortality rate among people who are mentally ill, about (10%) of individuals who suffer from anorexia nervosa die within 10 years of their onset of the disorder.

According to Virtuosis and Manke [24], eating disorder associated with personality traits such as impulsivity, attention seeking, and perfectionism. Adolescents are constantly changing their perception about themselves and their environment as a result of ongoing developmental changes in personality. About (70%) of individuals with anorexia and (50%) with bulimia can recover, and people with binge eating disorder can recover between the rate of (20% to 60%). Eating disorder is more likely to increase the risk of death [25]. Unhealthy behaviors such as alcohol abuse, smoking, lack of exercises, sleep disorders and bad eating habits reported to associate with high stress level people [26]. Given the health risk factors influenced by eating disorders, it is crucially important for many health providers and care giver to understand and research this issue. The aim of the study was to determine the prevalence of general life stressors, eating disorders and the association between general life stressors and eating disorders among college students in Jordan.

A study investigated the prevalence of eating disorder symptoms

among college students. The sample consisted of (9713) students from 12 colleges in USA. Eating Disorder Examination Questionnaire was used. The result indicated that students with overweight are associated with eating disorder and can be a good predictors of eating disorders. Females are relatively higher than their peers of male in the prevalence of eating disorder (49% to 30%) [27].

A similar study was conducted at the Melaka Manipal Medical College (MMMC), Malaysia. The sample consisted of (263) who took Cohen Perceived Stress Scale to determine the association between stress and eating disorders among undergraduate students. The result indicated that students experienced moderate stressful life; however the result indicated no significant relationship between stress and risk of eating disorder, and no significant relationship between age, gender, residence, and risk of developing eating disorder among students [28].

The study of Peterson [29], examined the association between genetic and environmental factors that influence individuals to self-induced vomiting. The sample consisted of (3,942) from Swedish females, of same-sex dizygotic twins age (20-47). The results indicated that genetic and environmental factors influenced the initiation of self-induced vomiting.

Rodrigues and co-authors [30], Examine the association between stress and food intake among college students at Brazilian Federal University of the Triângulo Mineiro. The sample consisted of (30) students between the age of (18-30). Result revealed that Students with greater stress level, in comparison with lower stress levels, obtained higher scores for the emotional eating behavior, uncontrolled eating, and more consumption of fast food type.

The study of Allen and co-authors [31], aims to reveal the relationship between parent-perceived childhood overweight at age (10) and the eating, weight and shape concerns females at age (14), and binge eating or purging eating disorder between the age of (15 and 20). The sample consisted of (1,160) Australian female aged (14, 17 and 20). Self-report questionnaire were used to assess females eating disorders The results indicated that there was a significant indirect effect of parent-perceived childhood overweight on risk for a binge eating or purging eating disorder and females concern of eating, weight and shape.

The study of Munn-Chernoff and co-authors [32], investigate the prevalence of purging disorder in a community sample of female twins. The sample consisted of (1,790) monozygotic and (1,440) dizygotic European American female twins age (18-29). A structured clinical interview was used to assess lifetime criteria for eating disorders and purging disorder. The result revealed that twin correlations indicated that genetic, shared environmental, and non-shared environmental factors influence purging disorder. Genetic and shared environmental factors are relevant to the development of purging disorder; however there were no demonstration to the magnitude of influences upon other eating disorders.

A study conducted by Fallatah and co-authors [16], in the kingdom of Saudi Arabia aims to assess eating disorders among female adolescents of high schools students in the city of Jeddah. The sample consisted of (420) females from three major schools. The results indicated that 32.9% of the participants are at risk for developing eating disorders. Also the result revealed a significant relationship between the mean of participant's body mass index and their Eating Attitude for dieting, and bulimia.

The study of Pengpid and co-authors [33], aims to “explore

the eating disorder attitudes and behaviors among undergraduate university students in Bangladesh". The sample consisted of (800) male and female college students with a mean age of 21 years old. The result indicated that, having a cosmetic surgery and binge drinking were found to be significantly associated with the risk of eating disorder.

Reviewing the related literatures revealed different results regarding the relationship between general life stressors and eating disorders among college students. Some of the studies indicated no significant relationship between stress and risk of eating disorder, such as the study of Ngan and co-authors [28]. While, other expertise indicated a positive relationship between the two variables such as American Psychiatric Association, DSM-V, [4] and the National institute of mental health [1]. Therefore, this study intended to clarify and investigate the relationship between these two variables.

Statement of the Problem

General stressors and eating disorders widely exist among people, and Jordanians college students are no different from other students worldwide. General life stressors is an important issue during college students' life that determine of students coping strategies' in dealing with stressful life. The significant of this issue among young adults college students, gave the influence to investigate the relationship of general life stressors and eating disorder among students. In addition no previous study in Jordan investigated the general life stressors in relation to eating disorders among students. It was hypothesized, that students with high level of general life stressors will have an eating disorder issues, and will experience more eating disorders problems more than peers with low general life stressors. The study specifically tried to answer the following questions:

1. **Q1:** What is the level of general life stressors among students?
2. **Q2:** What is the prevalence of eating disorders among college students?
3. **Q3:** Is there a significant difference in general life stressors and eating disorders among students due to their Gender, Major, and Place of residence?
4. **Q4:** What is the relationship between eating disorders and general life stressors among Jordanians college students?

Significance and Purpose of the study

The study aims to investigate the relationship between eating disorders and general life stressors among college students in Jordan. The economic burden of eating disorders as a psychological issue can be a big concern among college students in Jordan and it can be a big challenge to the people in the field of health profession including counseling and other related fields. Lack of accurate data related to the cost of services or productivity losses concerning people with eating disorders can be a major issue that required attention from all of us.

Eating disorders are not understood among college population and appear to be a personal issue or a personal choice and more often being viewed as hidden personal issues. Some typical answered to eating disorders simply being individual who does not want to eat (anorexia nervosa) and others might say some on who overeats or eat too much (Bulimia nervosa) eating disorder is a mental illness that need to be recognized by all people and caregivers.

Previous researches in the field of eating disorders provided limited information about the prevalence, the psychological and socio-cultural effects on the development of eating disorders among college students

in Jordan. Even though, a huge body of research has been conducted examined the possible risk factors leading to eating disorders, they have failed to uncover and understand the interaction between different causes of eating disorders due to the complexities of this disorder especially among college students. In this study the Relationship between eating disorders and general life stressors was investigated to uncover the relationship among college students in Jordan.

This study is an attempt to raise the awareness about eating disorder' and general life stressors as risk factors among college students in Jordan, in order to deal with these issues so that prevention program can be developed when recognizing the needs of students for help. This study addresses the prevalence, the explanations and the factors associated with general life stressors and eating disorder among college students. The accurate identification about students at risk of eating disorder and general life stressors is an important step toward a prevention program that can be carried out at the Deanship of Students' Affairs at the university level or outside the campus.

This study may help others in the field of counseling psychology in how to recognize the risk factors, the signs and symptoms of eating disorder and general life stressors among people of needs, in order to develop a plan of action to prevent these psychological issues. Despite the potentially important role of general life stressors upon eating disorders among college students, few studies had directly examined the relationship of the two variables, especially in Jordan, which is the focus of this study.

Definition of terms

General life stressors: This is referred to daily hassles or life issues that required significant life changes in which individual exposed to challenges, or unpleasant events such as losing of a love one, or moving to new residents, and facing family conflicts or economic problems as indicated by Klein and co-authors [8]. It is operationally defined as the score obtained by college students' on the general life stressors scale that was developed for this purpose. Higher scores mean the existence of high level of general life stressors among students.

Eating disorders: It is defined as, a mental illness which can be associated with biological, emotional and psychosocial interpersonal factors in order to cope with stressful life events [1]. It is operationally defined as the score obtained by college students' on the eating disorder scale. The higher the scores indicate higher existence of eating disorder problems among students.

Anorexia nervosa: This it is defined as an intense fear of gaining weight, and preoccupied with dieting to prevent gaining weight, feeling fat regardless of being thin. The health consequences as a result of denial essential nutrients to the body resulted in serious medical condition such as, slow heart rate, low blood pressure, weakness, dehydration, dry skin, hair loss [4]. It is operationally defined as the score obtained by college students' on the eating disorder scale for this factor. The higher the scores on this factor indicate higher existence of eating disorder problems among students.

Bulimia nervosa: It has been defined as the association of extreme overeating followed by vomiting as a mean to reduce weight, and more often the vomiting occur in secrecy or in hidden places [4]. It is operationally defined as the score obtained by college students' on the eating disorder scale for this factor. The higher the scores on this factor indicate higher existence of eating disorder problems among students.

Binge eating disorders: It has been defined as, recurrent episodes of eating a large quantities of food associated with inability to control

eating. People with Binge Eating Disorder typically prefer high fat, sweet, and salty foods during their binge eating episodes. The person with this disorder must experience the following behaviors: Eating rapidly, eating until uncomfortably full and eating large amounts of food when not hungry, eating alone due to the embarrassment, feeling depressed, ashamed and disgusted, or guilty after overeating [4]. It is operationally defined as the score obtained by college students' on the eating disorder scale for this factor. The higher the scores on this factor indicate higher existence of eating disorder problems among students.

Limitations and Future Research

- The study is not without any limitations, it has some minor limitations such as the population represents a nonclinical sample.
- The general life stressors and the eating disorders' scale did not asked students about previous diagnoses or previous treatment prior to interring university.
- Further research should be done on a clinical sample by interviewing the participants' in a more control experimental and non-experimental groups.

Methodology and Procedure

Data collection procedures

The researchers followed all the necessary means to insure the confidentiality of the information obtained from students, so the name was not required to insure the privacy of the participants. All participants were seen in their classrooms after they gave their choice to participate in the study. Participants were informed about the aims and the purpose of the study, their rights and expectations from involving in this study. They all gave their free verbal consent to participate.

General population

The population consisted of all first year college students at the Yarmouk University (6500), according to the record provided who were enrolled at the first semester of the year, 2017.

Participants

The sample was selected from students who were enrolled in courses that are required for all first year college students in the university from all different colleges and departments. The sample consisted of (250) students. Forty two students become ineligible for participation due to failure to complete the items or answer randomly. The data was analyzed for a sample of (208) students consisted of (57) males and (151) females. Table 1 indicated the sample distribution, frequency and percentiles.

Instrumentation

The following two scales were used in this study after they were translated into Arabic. The researchers benefited from previous related

Variables	Values	Frequency	Percent
Gender	Male	57	27.4
	Female	151	72.6
Major	Humanity science	139	66.8
	Nature science	69	33.2
Place of residence	Village	130	62.5
	City	78	37.5
	Total	208	100.0

Table 1: The distribution of sample as to students' gender, major and place of residence.

literature in the field of stressful life issues among college students in order to develop the scale [8,28,34,35].

The General Life Stressors Inventory (GLSI) was developed by the researchers. It is a self-report survey consisting of (52) items divided into three factors (Environmental stress, internal feelings stress, and Depression), designed to assess college students' with the feelings and thoughts of stressful life issues. The questionnaire is a 5 -point Likert-type scale, and requires students to indicate their stressful life's about each item, a demographical page of information related to their Gender, place of resident, and Major were included.

The feedback and Suggestions of (8) professors from the department of psychology and counseling education who gave their feedback about the suitability of the items provided the face validity for the scale. The modifications and the suggested feedback by the specialized professors indicated the validity of the scale.

The researchers administered the scale to (40) students outside the sample of the study. The reliability of the scale established through the overall measure of the internal consistency, obtained by Cronbach alpha for environmental stress(0.83), internal stress(0.82),depression (0.86), and for total score (0.88), which was considered suitable to be used for the purpose of the study.

A high score on the scale indicate a higher likelihood that students have a general life stressors issues. The possible responses ranged from: 5=Strongly agree, 4=Fairly agree, 3=Sometimes agree, 2=Almost Never agree, 1=Never agree. The possible scores ranged from (52 to 260). $5-1=4\div3=1.33$. Low level stress from (1.33-2.33), moderate level from (2.34- 3.67), and high level stress from (3.38 - 5.00).

Eating disorder scale: It was developed by the researchers who benefited from previous related literature in the field of eating disorders issues in order to develop the scale. It is a self-report survey consisting of (26) items divided into three problems (Anorexia nervosa, Binge eating, and Bulimia nervosa), This scale consisted of items asking about students eating habit or feeling about eating. The scale is a (26) items Likert-type five point scale ranging from strongly agree to never agree. Strongly agree was given five points, fairly agree four points, sometimes agree three points, almost never agree two points, and never agree one point. The score of the students ranged from (26- to 130). The possible score divided into three levels, low level from (1.33- 2.33), moderate level from (2.34 - 3.67), and high level from (3.68-5.0)., as indicated by the formula of $5-1=4\div3=1.33$.

The high score on the factors of eating habits meant a higher level of either, (Anorexia nervosa, Binge eating, or Bulimia nervosa). Face validity was determined by receiving feedback from (8) specialized professors in the department of psychology and counseling education at Yarmok University. In order to establish the reliability for this scale, it was administered to (40) students outside the sample of the study. The reliability coefficient of the internal consistency was obtained by Cronbach alpha for Anorexia nervosa (0.86), Binge eating (0.87), Bulimia nervosa (0.84) which was considered to be suitable for the purpose of this study.

Results and Examination of the Research Questions

Q1: What are the prevalence, and the most influential factors of general life stressors among students?

In order to answer the question, means and standard deviations were calculated for the sample as it indicated in Table 2. The result

indicated that the prevalence of general life stressors among students was moderate (2.64). Moreover, the most influential factors for students' general life stressors were, Depression, Environmental stress, internal feeling stress, respectively.

The possible scores ranged from (52 to 260). $5-1=4 \div 3=1.33$. Low level stress from (1.33-2.33), moderate level from (2.34- 3.67), and high level stress from (3.38-5.00).

General life stressors factors	N	Mean	Std. deviation
Depression	208	2.70	0.776
Environmental stress	208	2.62	0.737
Internal feeling stress	208	2.60	0.728
General life stressor total	208	2.64	0.689

Table 2: The mean and the standard deviation of the most influential factors of general life stressors among students.

Eating disorder	N	Mean	Std. deviation
Anorexia nervosa	208	2.43	0.997
Binge eating	208	2.25	1.008
Bulimia nervosa	208	2.18	0.999
Eating disorder total score	208	2.31	0.885

Table 3: The mean and the standard deviation of eating disorders among students.

Source	Sum of Squares	df	Mean Square	F	Sig.
Gender	0.021	1	0.021	0.044	0.833
Major	0.403	1	0.403	0.843	0.360
Place of resident	0.163	1	0.163	0.341	0.560
Corrected total	98.193	207			

Table 4: The mean and standard deviations of "general life stressors" according to students' gender, major, and place of residence.

Sources	Sum of Squares	df	Mean Square	F	Sig.
Gender	0.030	1	0.030	0.038	0.846
Major	0.120	1	0.120	0.152	0.697
Place of resident	1.127	1	1.127	1.429	0.233
Corrected total	162.240	207			

Table 5: The mean and standard deviations of eating disorder according to students' gender, major, and place of residence.

Sources		Anorexia	Binge eating	Bulimia nervosa	Eating disorder total score
Environmental stress	Pearson correlation	0.059	0.181(**)	0.080	0.116
	Sig. (2-tailed)	0.396	0.009	0.252	0.096
	N	208	208	208	208
Internal feeling stress	Pearson Correlation	0.110	0.218(**)	0.119	0.165(*)
	Sig. (2-tailed)	0.113	0.002	0.086	0.017
	N	208	208	208	208
Depression	Pearson Correlation	0.109	0.161(*)	0.087	0.135
	Sig. (2-tailed)	0.116	0.020	0.213	0.052
	N	208	208	208	208
General life stressor	Pearson Correlation	0.105	0.204(**)	0.106	0.154(*)
	Sig. (2-tailed)	0.130	0.003	0.127	0.026
	N	208	208	208	208

** Correlation is significant at the 0.01 level (2-tailed). * Correlation is significant at the 0.05 level (2-tailed).

Table 6: The correlation coefficient between students' general life stressors and eating disorder.

Q2: What is the prevalence of eating disorders among students?

To answer the question, means and standard deviations were calculated for the sample as it indicated in Table 2. The result indicated that the prevalence of eating disorders, as indicated in Table 3. The result indicated that the prevalence of eating disorders among students was low level (2.31). Moreover, the ranking of eating disorders among students were, Anorexia nervosa, Binge eating, bulimia nervosa, respectively.

Q3: Is there a significant difference in general life stressors and eating disorders among students due to their gender, major, and place of residence?

To answer the question Mean and standard deviations of general life stressors and eating disorder were calculated according to students' gender, major, and place of residence. The result indicated that there is no significant difference in general life stressors and eating disorders among students due to their Gender, Major, and Place of residence as indicated in Tables 4 and 5.

Q4: What is the relationship between general life stressors and eating disorder among students?

In order to answer the question, Pearson r correlation coefficient was calculated. The correlation coefficient between general life stressor and eating disorder among students were obtained as indicated in Table 6. The results showed a significant positive relationship between the two variables as indicated, which means students with higher level of general stressful life, more likely to exhibit eating disorder problem. In a specific, Environmental stress and internal feeling stress both are highly correlated with Binge eating (Sig at 0.001), Depression is significantly correlated with Binge eating (Sig at 0.05). General life stressors over all can be a very good predictor of eating disorder and more specific Binge eating among students.

Discussion

The results indicated that the level of general life stressors among college students was moderate (2.64). The researchers explains this finding by the fact that most of the students are struggling with psychosocial issues such as paying tuition, working while going to college with many educational issues that students have to deal with daily. The results also indicated that the most influential factors for student's general life stressors were, Depression, Environmental stress, Internal feeling stress, respectively. This result is in agreement with the study of Klein et al. [8]. The explanation for this finding revealed the important of stressful life events such as depression and anxiety which considered being the mother of all mental illness including eating disorder. Moreover, the result revealed no significant difference in general life stressors and eating disorders among students due to their Gender, Major, and Place of residence. The explanation for this finding can be seen as males and females regardless of their majors or place of residents face similar general life stressors.

The results showed a significant positive relationship between the two variables as indicated, which means students with higher level of general stressful life, are more likely to exhibit eating disorder problem. In a specific, general life stressors over all can be a very good predictor of eating disorder and more specific "Binge eating" among students. This finding is not in agreement with the study of Ngan [28]. The logical explanation to this finding can be viewed as students release there stress and tensions toward foods and into eating as a way to cope with their stressful life and demanding issues. The differences in findings between the two studies may be due to cultural differences. The finding of this

study is in consistent with general finding of the expertise of (American Psychiatric Association, DSM-V [4] and the National institute of mental health, [1], that indicated a positive relationship between the two variables.

The researchers believed that males and females' students face similar social life stressors and expectations. They, both have similar tendencies to focus on social and academic achievement, so they try to prove that they are achievers and can do better in life which in return can build up pressure on them equally, and eating disorder can be viewed as a realest tension from such pressures. Also there was no significant difference between students by their place of resident. The logical explanation for this finding can be seen as both students from villages and cities are facing similar general life issues, therefore the all turn to a similar way out of stress by turning to eating whither they live in villages or cities. Furthermore, no significant difference in general life stressors and eating disorders among students due to their, academicals' Major. The explanation is the similarity between humanities' majors and natural science' major in their stressful life issues and striving for their social and academicals goals in life.

Conclusion

1. The study contribute to the previous knowledge of eating disorders and general life stressors among college students, and offer a good insight, with two questioners' that can be used in future research in this field.

2. This study investigated a nonclinical sample and found that general life stressors were related to eating among college students especially beige eating, and both general life stressors and eating disorder do exist among Jordanian college students.

3. The study clarified that no statistically significance difference between students regarding general life stressors and eating disorder due to gender, major, and place of residents.

4. The findings can increase the awareness of caregivers, that eating disorders and general life stressors affect both gender regardless of their major or place of residents'.

5. Counselors, among many professionals' helper can provide or develop an outreach programs to help students deal more effectively with such issues.

Recommendations

1. Students with higher level of general stressful life are more likely to exhibit eating disorder problem. In a specific, general life stressors can be a very good predictor of eating disorder and more specific "Binge eating" among students.

2. The results indicated that the level of general life stressors among college students was moderate, and there is a positive relationship between general life stressors and eating disorder among college students. Therefore, it is important for care giver and responsible people such as the Deanship of Students' Affairs at the university level or outside the campus to carry out prevention program for needy students.

3. The study clarified that no statistically significance difference between students regarding general life stressors and eating disorder due to gender, major, and place of residents. Therefore, treatment should be available for all students regardless of their gender, major, and place of residents, and they should be encouraged that help is available.

4. Caregiver should learn as much as possible about eating disorder and the general life stressors, in order to help and understand students in needs. They also should encourage students to talk openly and honestly without any hidden or embarrassment feeling about their struggling and concerns.

References

1. National Institute of Mental Health (2016) Transforming the understanding and treatment of mental illnesses. "What are eating disorders?". NIMH.
2. Backé E, Seidler A, Latza U, Rossnagel K, Schumann B (2012) The role of psychosocial stress at work for the development of cardiovascular diseases: A systematic review. *Int Arch Occup Environ Health* 85: 67-79.
3. Corey G (2013) Theory and practice of counseling and psychotherapy. Australia, Belmont, CA: Brooks/Cole/Cengage Learning, California State University, USA.
4. American Psychiatric Association (2013) Diagnostic and Statistical Manual of Mental Disorders (5th edn) (DSM-V). Washington DC, USA.
5. Adam TC, Epel ES (2007) Stress, eating and the reward system. *Physiol Behav* 91: 449-458.
6. Zheng H, Lenard NR, Shin AC, Berthoud HR (2009) Appetite control and energy balance regulation in the modern world: A reward-driven brain overrides repletion signals. *Int J Obes (Lond)* 33: 58-513.
7. Wallis DJ, Hetherington MM (2009) Emotions and eating. Self-reported and experimentally induced changes in food intake under stress. *Appetite* 52: 355-362.
8. Klein EM, Brähler E, Dreier M, Reinecke L (2016) The German version of the perceived stress scale – Psychometric characteristics in a representative German Community Sample. *BMC Psychiatry* 16: 159.
9. Schaumberg K, Welch E, Breithaupt L, Hübel C, Baker JH, et al. (2017) The science behind the Academy for Eating Disorders': Nine truths about eating disorders. *Eur Eat Disord Rev* 25: 432-450.
10. Festinger L (1954) A theory of social comparison processes. *Human Relation* 7: 283-288.
11. Golden NH, Katzman DK, Kreipe RE, Stevens SL, Sawyer SM, et al. (2003). Eating disorders in adolescents: Position paper of the Society for Adolescent Medicine. *J Adolesc Health* 33: 496-503.
12. Tiggemann M (2005) Television and adolescent body image: The role of program content and viewing motivation. *Journal of Social and Clinical Psychology* 24: 361-381.
13. Gonsalves D, Hawk H, Goodenow C (2013) Unhealthy weight control behaviors and related risk factors in Massachusetts middle and high school students. *Matern Child Health J* 18: 1803-1813.
14. Coelho G, Gomes A, Ribeiro B, Soares E (2014) Prevention of eating disorders in female athletes. *Open Access J Sports Med* 5: 105-113.
15. Wong Y, Lin J, Chang Y (2014) Body satisfaction, emotional intelligence, and the development of disturbed eating: A survey of Taiwanese students. *Asia Pac J Clin Nutr* 23: 651-659.
16. Fallatah A, Al-Hemairy M, Al-Ghamidi H, Elarousy W (2015) Eating disorders among female adolescents in Jeddah. Scientific Cooperation's Medical Workshops, Istanbul–Turkey.
17. Keel PK, Forney KJ (2013) Psycho-social risk factors for eating disorders. *Int J Eat Disord* 46: 433-439.
18. Sullivan P (2002) Course and outcome of anorexia nervosa and bulimia nervosa. *Eating disorders and obesity* 6: 226-232.
19. Birmingham C, Su J, Hlynsky J, Goldner E, Gao M (2005) The mortality rate from anorexia nervosa. *Int J Eat Disord* 38: 143-146.
20. Voderholzer U, Cuntz U, Schlegl U (2012) Eating disorders: state of the art research and future challenges. *Nervenarzt* 83: 1458-1467.
21. Britz J, Pappas E (2010) Sources and outlets of stress among university students: Correlations between stress and unhealthy habits. *URJHS* 9.
22. Rikani A, Choudhry Z, Choudhry A, Ikram H, Asghar M, et al. (2013). A critique of the literature on etiology of eating disorders. *Ann Neurosci* 20: 157-161.

23. Boyce W (2004) Young people in Canada. Their health and well-being. Ottawa. Ontario. Health, Canada. 421-427.
24. Vitousek K, Manke F (1994) Personality variables and disorders in anorexia nervosa and bulimia nervosa. *J Abnorm Psychol* 103: 137-147.
25. Smink F, van Hoeken D, Hoek H (2013) Epidemiology, course, and outcome of eating disorders. *Current opinion in psychiatry* 26: 543-548.
26. Al-Asadi JN (2014) Perceived stress and eating habits among medical students. *International Journal of Medicine and Pharmaceutical Sciences* 4: 81-90.
27. Lipson SK, Sonnevile KR (2017) Eating disorder symptoms among undergraduate and graduate students at 12 U.S. colleges and universities. *Eat Behav* 24: 81-88.
28. Ngan SW, Khye BC, Rajarathnam DD, Balan J, Hong TS, et al. (2017) The relationship between eating disorders and stress among medical undergraduate: A cross-sectional study. *Open Journal of Epidemiology* 7: 85-95.
29. Peterson C, Baker J, Thornton L, Trace S, Mazzeo S, et al. (2016). Genetic and environmental components to self-induced vomiting. *Int J Eat Disord* 49: 421-427.
30. Rodrigues F, Penaforte O, Matta NC, Japur CC (2016) Association between stress and eating behavior in college students. *Demetra* 11: 225-237.
31. Allen K, Byrne S, Crosby R (2015) Distinguishing Between Risk Factors for Bulimia Nervosa, Binge Eating Disorder, and Purging Disorder. *J Youth Adolesc* 44: 1580-1591.
32. Munn-Chernoff M, Keel P, Klump K, Grant J, Bucholz K, et al. (2015). Prevalence and familial influences on purging disorder in a community sample of female twins. *Int J Eat Disord* 48: 601-606.
33. Pengpid S, Peltzer K, Ahsan GU (2015) Risk of eating disorders among university students in Bangladesh. *Int J Adolesc Med Health* 27: 93-100.
34. Alfnsson S, Wallin E, Maathz P (2017) Factor structure and validity of the Depression, Anxiety and Stress Scale-21 in Swedish translation. *J Psychiatr Ment Health Nurs* 24: 154-162.
35. Cohen S, Kamarck T, Mermelstein R (1983) A global measure of perceived stress. *J Health Soc Behav* 24: 385-396.