



**NEAR EAST UNIVERSITY
INSTITUTE OF GRADUATE STUDIES
DEPARTMENT OF PSYCHOLOGY**

**THE EFFECT OF STRESS ON EATING DISORDER AND
LIFE SATISFACTION AMONGST YOUTHS IN LIBERIA**

MSc. THESIS

ELIJAH C. M. NAWA

Nicosia

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MSc. THESIS

ELIJAH C. M. NAWA

THESIS SUPERVISOR
Assist Prof. Dr. Ezgi ULU

Nicosia
JUNE, 2022

Approval

We certify that we have read the thesis submitted by ELIJAH C. M. NAWA titled “**THE EFFECT OF STRESS ON EATING DISORDER AND LIFE SATISFACTION AMONGST YOUTHS IN LIBERIA**” and that in our combined opinion it is fully adequate, in scope and in quality, as a thesis for the degree of Master of Social Sciences

Examining Committee	Name-Surname	Signature
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Head of the Committee:	Dr. Gloria Manyeruke.....	
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Committee Member:	Asst. Prof. Dr. Pervin Yigit	
-------------------	------------------------------------	--

Supervisor:	Asst. Prof. Dr. Ezgi Ulu.....	
-------------	-------------------------------	--

.../...../22.

Asst. Prof. Dr. Ezgi Ulu

Head of Department

Approved by the Institute of Graduate Studies

.../...../22.

Prof. Dr. Kemal Hüsnü Can Başer

Head of the Institute

Declaration

I hereby declare that all information, documents, analysis and results in this thesis have been collected and presented according to the academic rules and ethical guidelines of Institute of Graduate Studies, Near East University. I also declare that as required by these rule and conduct, I have fully cited and referenced information and data that are not original to this study.

ELIJAH C. M. NAWA

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Day/Month/Year

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Abstract

The Effect Of Stress On Eating Disorder And Life Satisfaction

Amongst Youths In Liberia

Nawa, Elijah, C. M.

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This thesis explores the impact of stress on eating disorder and life satisfaction amongst youths in Liberia, especially the capital Monrovia. Stress, Eating disorder and Life satisfaction are cardinal variables to be aware of, since they may easily damage the lifestyle of people and might lead to societal issues. In this research, the purpose is to evaluate the influence of stress on the lives of youth's eating disorders and their life satisfactions. The research collected 200 youth's data between the ages of 15-25; and the data gathered through google form draft and direct interviews with video conference. The outcomes of this study, which evaluated the association between stress and gender among adolescents in Monrovia, Liberia, found that there is a substantial statistical relationship between the felt stressors in gender among adolescents. Also according to the results of this study, it demonstrates that both males and females are influenced when it comes to the prevalence of eating disorder. And lastly, the results states, that the assessment overall life satisfaction is based on the conceptual analysis of the sheer quality of a person's life, which is based on criteria that the individual has set for himself or herself. Thus, an individual's degree of life satisfaction is affected by the sort of appraisal they obtain and as a result, both male and female are impacted in the same way. However, therapist, health-workers, parents, school-counselors, instructors as well as adolescent-counselor must be mindful of how detrimental stress may be on the social inter-actions of adolescent well-being when confronted with eating disorders and living situations.

Keywords: Stress, Eating Disorder, Life Satisfaction, Gender, Liberian Youths.

ÖZ

Stresin Yeme Bozukluğu ve Yaşam Doyumu Üzerine Etkisi

Liberya'daki Gençler Arasında

Nawa, Iyas, C.M.

Yüksek Lisans, Psikoloji Bölümü

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Liberya'nın başkenti Monrovia, stres ve yeme bozuklukları ile gençler arasındaki yaşam doyumu arasındaki bağlantıyı inceleyen bu tezin odak noktasıdır. Stres, yeme bozuklukları ve genel esenlik, insanların günlük yaşamları üzerinde hızlı bir etkiye sahip olabileceği ve sosyal kaygıya katkıda bulunabileceği için önemli hususlardır. Bu araştırmanın amacı, gençlerde stres ile yeme bozukluklarının görülme sıklığı arasındaki ilişkiyi ve yaşamlarından aldıkları mutluluk derecesini incelemektir. Araştırmacılar, 15 ila 25 yaşları arasındaki 200 genç yetikin hakkında veri topladı. Doğrudan görüşmeler video konferans yoluyla yapıldı ve veriler bir google form taslağı ve bir google formunun taslağı kullanılarak toplanmıştır. Bu araştırmanın sonuçlarına göre, cinsiyet ile Liberya Monrovia'daki gençler arasında bildirilen stresler arasında istatistiksel olarak anlamlı bir ilişki vardır. Liberyalı araştırmacılar bu çalışmada yer aldı. Bu çalışmanın sonuçları, yeme bozukluklarının yaygınlığı söz konusu olduğunda hem erkeklerin hem de kadınların bir dizide etkilenildiğini göstermektedir. Özetlemek gerekirse, çalışmanın bulguları, bir kişinin genel refah duygusunun, kişinin kendi hayatı için oluşturduğu standartların incelenmesi yoluyla ölçülebileceğini göstermektedir. Bu kriter, bir kişinin mutlu ve dolu bir yaşam sürmesinin ne anlama geldiğine dair fikirlerine dayanmaktadır. Sonuç olarak, her iki cinsiyet de aldıkları değerlendirme türünden aynı şekilde etkilenir ve bu hem erkekler hem de kadınlar için geçerlidir. Yeme bozuklukları ve yaşam koulları, gençlerin sosyal ilişkilerine ve esenliğine zarar verebilir. Ancak terapistler, sağlık profesyonelleri, ebeveynler, öğretmenler ve ergen danışmanları bunun farkında olmalıdır.

Anahtar Kelimeler: Stres, Yeme Bozukluğu, Yaşam Doyumu, Cinsiyet, Liberyalı Gençler.

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List of Abbreviations

PTSD:	Post-Traumatic Stress Disorder
SAM:	Sympathetically Adrenal Medullary
HPA:	Hypothalamic Pituitary Adrenal
ATSA:	Adolescent Traumatic Stress Assessment
ED:	Eating Disorder
BED:	Binge Eating Disorder
PSS:	Perceived Stress Scale
EDDS:	Eating Disorder Diagnostic Scale

CHAPTER I

Introduction

Numerous studies have shown that living circumstances and social expenses have a substantial effect on a young person's stress, eating disorders, and overall life satisfaction. Several of these discoveries have had a huge influence on certain young people in Monrovia the capital city of Liberia. Stress is defined as processes involving perception, evaluation, and reaction to hazardous events or stimuli (Schauer, & Elbert, 2015). Stress is described as "processes involving perception, appraisal, and response to harmful events or stimuli." Interpersonal conflict, the death of a loved one, unemployment, eating disorders, illness, and drug withdrawal states are all examples of stressful events. Furthermore, the use of addictive drugs on a regular and binge basis might result in pharmacological stress (Everitt, 2014). As per Iwasaki-Sekino et al. (2009), the link between stress and disordered eating is particularly fascinating because there is significant evidence that the effects of stress on appetite are gender-specific, whereas the relationship between stress and eating behavior is not particularly interesting (Reichenberger et al., 2018).

It is the combination of societal, behavioral, and biological elements that leads to the development of eating disorders (Kristeller et al., 2014). As with the development of an eating disorder, a range of circumstances might contribute to the development of the condition through time. Similarly, numerous discourses regarding eating disorders have arisen over time. The biological approach to eating disorders, as well as the rhetorical viewpoints of feminist academics, is both significant (Shohet, 2018). These two groups have very different perspectives on eating disorders, with the medical model categorizing them as mental illnesses and the feminist perspective categorizing them as socially constructed products of society. Though there is no denying the seriousness and effect of eating disorders, there are widely divergent views on how they begin, how they persist, and how to treat them.

Changes in appetite control as a consequence of stress, according to Rosen et al. (1993), might cause body-related worries and hinder one's capacity to deal with such issues. The symptoms of eating disorders, on the other hand, have been proven to alter how individuals think about stress and even cause short-term stress levels to

increase, according to a prospective study. As stated by Proctor & Linley. (2014), teenage life satisfaction is an important indicator of mental health since it is favorably connected with a broad variety of good personal and psychological outcomes as well as positive behavioral, social, interpersonal, and intrapersonal outcomes.

Statement of the Problem

Stress, eating disorder and life satisfaction has a significant effect of many young people's life all around the globe (Ferguson et al., 2014). Even though Liberia was at war for over 14 years, the country's teens' eating habits and overall life satisfaction have suffered as a result of the conflict. People who suffer from post-traumatic stress disorder (PTSD) are reported to have vivid, disturbing thoughts and feelings about their terrible experiences that persist for a lengthy period of time after the occurrence. Post-traumatic stress disorder, often known as PTSD, is a condition that acknowledges catastrophe and human suffering, regardless of whether these things are the result of human brutality, the cruelty of nature, or any mix of the two. The reality that adversity disproportionately affects the most vulnerable citizens is borne out by the fact that these vulnerable members include, but are not limited to, populations of ethnic minority groups, populations that are socioeconomically disadvantaged, and people who live in zones of conflict.

These populations frequently have the fewest resources available, whether they are personal, social, or material, to counteract the significant impact of loss that is connected to PTSD and averts the sequence into loss phases that prolong the impacts of the disorder. This can make it more difficult for these populations to recover from PTSD. Individuals from under-resourced communities and ethnic minorities have a disproportionately high risk of experiencing dissatisfaction of life. However, they may experience flashbacks or nightmares about the incident, so they may feel sad, fearful, or furious, as well as disconnected or estranged from everyone (Callahan, 2016).

Individuals who suffer from such an eating problem and poor life satisfaction are often uncertain of whether their symptoms are caused by stress or something else. This study wants to broaden the knowledge of the influence of stress on eating disorders and life satisfaction among teenagers. Moreover, this study would wonder

if a connection might be established between stress, eating problems, and overall happiness. If this is the case, the main problem question; is there a relationship between stress, eating disorder and life satisfaction amongst Liberian youths?

Purpose of the Study

The aim of this research is to investigate three characteristic variables in young people: stress, eating disorders, and overall life satisfaction, as well as the relationship between these main variables and age and gender. It also aims to find the differences in stress, eating disorders, and life satisfaction of youths with the demographic variables of age and gender of Liberian youths in Monrovia, West Africa. If this is the case, the study will address the following research questions below.

Research Questions

1. Do the participants' stress, eating disorders, and life satisfaction levels differ based on demographic characteristics (age and gender)?
2. Is there a relationship between an eating disorder, life satisfaction, and stress?
3. Do the eating disorders of participants predict their stress levels and life satisfaction?
4. Do the participants' life satisfaction levels predict their stress levels and eating disorders?

Significance of the Study

Psychosocial researchers and practitioners will benefit from the findings of this study. This will assist them in gaining a better grasp of the topic and, more significantly, will assist them in resolving some of the issues that stress has had with disordered eating and overall well-being in their lives. We need to know the results of this study since stress seems to be a part of everyday life. Some individuals, on the other hand, feel greater amounts of stress during big life changes than others. For adolescents who have experienced a life-changing incident, accepting the conditions of their lives might be challenging. In such stressful conditions of their life satisfaction, they begin to develop a variety of issues, the most serious of which is eating disorders. Physical, emotional, and social damage may all be caused by eating

disorders, which can have a detrimental influence on a person's life in a number of ways.

In support of the assumption that stress is associated with teenage eating disorders and life satisfaction, there is insufficient data to support this assertion (Levin et al.,2012). People who suffer from eating disorders are becoming more afraid as a consequence of how society has defined individuals, and this has had a substantial influence on their well-being and ability to function. The goal of this research, on the other hand, is to determine if there are any correlations or consequences between stress, eating disorders, and satisfaction with life on the mental health of adolescents.

Limitations and delimitations

-) There are some limitations to this research, one of which is the sample size of 200 youths in Monrovia, Liberia, which is large enough to generalize within the scope of four months. Beginning from February 28, 2022 to May 31, 2022.
-) Also, reaching out to the majority of the participants back home may be difficult due to the short timeframe given for this research to return to Liberia for the study.

Definitions of Key Terms

Stress: the experience of being unable to deal with the demands placed on one's mental or emotional state is referred to as stress (Lazarus, 2020).

Anorexia nervosa: is a kind of eating disorder typified by an unusually low body fat, an excessive fear of gaining weight, and a skewed impression of one's own weight (Fornari & Dancyger, 2019).

Life Satisfaction: is defined as the manner in which individuals express their sentiments, feelings, or moods, as well as how they feel about the paths and opportunities that lie ahead for them in the future (Davies, 2015).

Adolescent: is defined as the transitory phase of physical and mental development that typically occurs between puberty and maturity (Kapur, 2015).

CHAPTER II

Literature Review

The research on stress, eating disorders, and life satisfaction will be discussed in this chapter, as well as in other chapters. The first section contains an analysis of relevant literature on stress, the second section discusses the link between stress and eating disorders, the third section discusses life satisfaction, and the final section encompasses related articles on each of the three variables addressed in the first section.

Stress Definitions

Stress has been characterized in a variety of ways by many different individuals. There have been inquiries from clinicians, social scientists, sociologists, philosophers, and even zoologists who are interested in learning more about it (Bevir, 2017). According to our objectives, it looks most enlightening to investigate it from a variety of angles; in order to get a comprehensive understanding of the phenomena including its historical origins, any discourse on stress would've been incomplete without addressing the research of Hans Selye, M.D., who pioneered the field of stress research. Many people consider Selye to be the "Father of Stress Research," since he was the first to investigate the phenomena of stress over 50 years ago. When he released his famous and still highly appreciated essay, *The Stress of Life*, for the first time in 1946, he provided us with the following definition: In answer to demand, the body produces a non-specific reaction. Despite its age, it is still regarded to be the most straightforward and comprehensive physiological theory of what occurs inside our bodies while we are shocked from our comfortable balance (Bulkeley, 2016).

Stress Theories

Notably, the basic architecture outlined above for the stress system still does not include a "sensor," rendering it impossible to tell which stress would result in stress and will not cause stress. As a result of his discovery of a number of risks to homeostasis, Cannon came up with the term "homeostasis," which refers to a system's propensity to maintain the continuity of its interior milieu. He also discovered that these threats resulted in a comparable sympathetic stimulation

response that he referred "fight-or-flight," which we now know to be a normal response to stress (Everly & Lating, 2019). As a consequence, homeostasis may have the ability to serve as a "sensor" for the stress response system. Stress, according to Cannon, is defined as a danger to one's ability to maintain homeostasis.

Activation of something like the HPA axis has been determined to be a common reaction to a range of noxious chemicals dosages of intoxicants by Selye, and he described stress as the "non-specific reaction of the host to any demand imposed upon it." The stress experienced by Cannon is stressful, and Selye's stress as well as Cannon's "fight-or-flight" reaction are both experiences, according to the paradigm outlined above. However, by combining the notion of homeostasis with the consequences of stress, their work contributes to the development of the stress system, since homeostasis provides the framework of the stress system with the capacity to recognize stressors and judge whether they are dangerous or otherwise (Christodoulou et al., 2020). In light of the concept of homeostasis, it is straightforward to see that not all stressors automatically create stress; rather, only stressors that threaten equilibrium do so. It is now appropriate to think of stress as a condition rather than as a stressor or reaction, as Selye has also said.

Stressors are external forces that have the ability to disturb homeostasis and cause it to be disrupted. Stress is defined as the interruption of a normal condition of affairs (Hoffman & Taylor, 2019). Stressful stimulation is agent that may either cause stressors to develop or cause stresses to shift to other stressors. The response to stress is a compensation process that strives to restore the body to its natural state of equilibrium. A stressor's biological repercussions are the biological implications of coping with the stressor. These biological consequences might be useful for health or damaging to a body (positive effects), or they can be harmful to the body and sometimes even cause illness (harmful impact).

The Stress Response

When we are frightened, two components are often active. The first is the sympathetic nervous system, which regulates our emotions. This sympathetically adrenal medullary (SAM) circuit is the first to be activated and is also the most uncomplicated. The hypothalamic-pituitary-adrenal (HPA) pathway is the second

major axis. A person's brain (first the amygdala, then his or her hypothalamus) is activated when they are suddenly threatened or scared. The ANS sends a message to the adrenal medulla, which triggers the release of the sympathetic nervous system, which further initiates the brain tissue (Cacha et al.,2019). This is the fundamental sympathetic response of the ANS when faced with danger.

When this occurs, adrenaline is released by the adrenal medulla, which is quickly carried throughout the body, allowing it to further prepare for the response. The SAM response of the system is the name given to this system. The release of adrenaline and noradrenaline triggers the fight-or-flight response and causes this whole bodily movement into fight-or-flight mode within seconds, depending on the circumstances. It has the following effects: the breathing gets quicker and more forceful; the heart beats faster and even more strongly; the eyes widen to enable more light to enter; and digestive activity lowers to allow more oxygen and blood to reach the muscles. This is a very rapid and effective effect.

Additionally, when a person experiences a stressful event within its surroundings, the hypothalamus produces a peptide substance known as the right hairstyle the right hairstyle actions can be taken, which serves as an additional reaction to the SAM (CRF). The pituitary gland is stimulated by the production of adrenocorticotrophic hormone when CRF is produced into the circulation (Glynn et al., 2013). Following that, ACTH travels through the body to the adrenal cortex, in which it increases the creation of the glucocorticoid cortisol which is also known as the stress hormone by stimulating the release of adrenaline (Sturman, 2021).

Cortisol's primary functions are to increase the availability of energy storage, transfer protein and fat across the body, and minimize inflammation. When a body is under stress, a spike in cortisol promotes the release of surplus energy that has been stored as stored glycogen and liver. This excess energy is then converted into glucose and made available for usage by the cells and brain to function. The fact that stress is a diverse molecule having activities other than stress must be kept in mind at all times (O'Connor et al.,2021).

Coping Strategies for Psychological Stress

There are two elements that must be included in any psychological stress theory: appraisal (individuals' judgment of the relevance of what is occurring to their well-being) and responding (individual people's attempts in thought and behavior to handle particular demands) (DeSteno et al., 2013). The Lazarus stress hypothesis has undergone numerous significant alterations since its first introduction as a complete theory (Slavich, 2020). When seen in its most modern form, stress is considered to be a relational notion, rather than a particular sort of external stimulus or a precise pattern of physiological, behavioral, or sensory responses. When it comes to stress, on the other extreme, it is considered to be a connection (or "transaction") between individuals and their environment.

An individual's interaction with his or her environment that he or she feels to be vital for his or her health, in which there are demands that strain or surpass available coping capabilities, is characterized as psychological stress. Cognitive evaluation and coping are highlighted as important mediators in the individual interaction according to this concept. Arnold, R. L., and Heath, R. L., who both researched stress, used the evaluation idea in their investigations of emotions (Katsampouris et al., 2022). It is critical to understand how transactions involving stress are carried out. In this notion, people's genuine expectations regarding the importance and result of a given encounter are taken into consideration, with the premise that these expectations impact psychological responses (including stress).

Individual variances in the quality, strength, and duration of elicited emotions for different persons in objectively equal situations necessitate the development of this notion. It is commonly considered that a precise pattern of assessments is responsible for the generation, maintenance, and ultimate alteration of the resultant condition. The results of these evaluations are then modified by a range of personal and environmental variables. Individual motivational dispositions, objectives, values, and generic expectations are the most significant human aspects to consider. Predictability, controllability, as well as the likelihood of a potentially stressful event occurring, is all important situational criteria to consider.

The Influence of stressors on adolescents' lives

Since then, a number of alternatives to Selye's broad concept of psychosocial stressors have been presented. Stressors are classed based on the degree of change or upheaval they normally create, with more change or turmoil needing greater adaptation on the part of the individual (Won & Kim, 2020). In the sense that they involve adaptation, both happy (such as marriage) and bad (such as divorce) life events (such as divorce) may be stressful. Using the second point of view, Maier & Seligman, (2016) argue that stresses can be controlled or avoided to a certain extent and that this is important. Stressors that are difficult to regulate or get out of are referred to as "entrapment stressors" by some. Housing issues that persist for an extended period of time and interpersonal difficulties are two examples.

Stress develops when a person's capacity to deal with the situational demands outweighs his or her ability to cope appropriately (Gatersleben & Griffin, 2017). Herbert, (2011) presented a fourth formulation wherein the stresses are categorized as "interpersonal" stressors (e.g., emotional bond stressors) or "accomplishment" stressors (e.g., professional accomplishment stressors) (e.g., work-related stressors). An increase in the effect of a stressor occurs when the "content" of a person's cognitive vulnerability matches the stressor's "content" (e.g., a person with a rejection-sensitive negative cognitive schema gets fired). Direct social conflict or rivalry that results in the reduction of social position, rank, value, or esteem, according to Gilbert, (2004), has been identified as the most detrimental feature of stressors. Having a severe argument with one's spouse or being exposed to prolonged subordination or bullying might result in this happening to a person.

After everything is said and done, as per Brown & Harris, (1978), stresses have the greatest influence when they induce considerable cognitive upheaval or disturbance in an individual's future objectives, plans, or ambitions. When someone has worked for a firm for an extended period of time, has multiple colleagues who are confidants, or has little alternative financial resources or career prospects, getting fired may be a substantial cause of stress.

Different Kinds of Stress

Academic Stress

A lot of variables impact academic achievement, with stress and motivation being two of the most significant. Better academic performance is attributed to more chances in life, which is critical for senior high students as they study hard, according to the National Association of Secondary School Principals (Back et al.,2016). Existing theories and stress may be used in a different context than the unconscious perspectives among Filipino as well as Asian students about incentive, stress, and school functioning. Stress is described as anything that presents a problem or a danger to a person's physical or mental well-being. Everyone, even those at home and school, is affected by it. Because students are exposed to a range of stressors, such as peer stress and the need to achieve, academic stress is most prevalent among students.

Tension may have a detrimental influence on student achievement and can result in a vicious cycle of increasing stress while simultaneously reducing the performance (Praveeni& Herath, 2020). Motivation has been defined as a consumer's intention to do specified activities as a consequence of this definition. As according to Kori et al.,(2016), increased motivation is associated with improved academic success in school. The researchers at Kori et al.,(2016), observed that stress is adversely connected with both interpersonal skills and academic performance in their investigation of academic stress and psychological intelligence.

Bolkan & Myers, (2015) investigated the relationship between lecturer clarity and student motivation as well as academic success in their research. The outcomes of the research demonstrated that there is a relationship between teacher clarity, motivation, and academic achievement. Specifically, the major objective of this study is to assess the impacts of stress and enthusiasm on school performance in college students. Based on the outcomes of the survey, a program may be designed to evaluate what adjustments might be implemented at the school to help kids feel less stressed, more confident and optimistic, and do better in their studies.

Social Stress

It is well established that social stress is a significant contributor to the complex and multifaceted etiology of mental diseases. All of these events or situations (to mention a few) are related to an increased risk of psychopathology. For example, loneliness, a romantic breakup, relationship issues, retirement, unemployment, infertility, and the loss of a loved one are all connected with an increased risk of psychotic symptoms (Woods, 2016). Over the past two decades, we have made significant progress in our knowledge of the processes that relate social stress to increased disease risk. Many scientific and clinical issues, on the other hand, remain unresolved. According to a recent publication, Hutchens & Kearney, (2020) conducted a thorough analysis of the relationship between stressful events and an elevated risk of various psychiatric illnesses.

It was determined that stresses that threaten a patient's status in society, self-esteem, personality, or physical fellow human, such as a divorce, the deceased loved ones, job loss, getting arrested or retiring from one's employment, or being treated with a major disease, have pathogenic repercussions. As suggested by the provocative title, the major point of the paper is that there are also a lot of errors and shortcomings in the research that make it extremely difficult to offer clear answers to the subject of how stressor experiences may change disease development. According to Cohen and colleagues, our existing insufficient understanding is driven not just by a lack of actual evidence, but also by theoretical viewpoints that are too restricted in scope.

The focus thus will not be on the physical and behavioral processes that impact disease risk as a consequence of stressful life experiences, but rather on the relationship between stress and disease risk. It is the purpose of this paper to examine the evolutionary roots of the connection between economic stress and mental diseases. It is important to distinguish between the proximate and permanent causes of biological events since this difference represents the crucial contrast between them. "Adaptive importance," "ontogeny," "phylogeny," and "mechanisms" are all terms used to refer to various fields of inquiry in biology that are concerned with the study of causality.

Phylogeny and adaptive importance are the most important considerations. With the use of immediate as well as ultimate inquiries, you may expand the range of possible bio-behavioral explanations. Moreover, when carried out within the context of evolutionary theory, research into proximal processes complements research into the biological underpinnings of susceptibility to social stresses, and it becomes significantly more revealing. Although the "how" element of psychology is the "how," any "how" must have been followed by an explanation of "why" in biology. It becomes clearer when the relationships between processes and beneficial and harmful consequences are discovered. However, despite the fact that key articles on the evolutionary roots of sadness sometimes spark ultimate issues, the literature on social stress and mental diseases is overwhelmingly skewed in favor of proximal solutions (Macfie et al.,2015).

Adolescent Traumatic Stress Assessment (ATSA)

Clinicians may be overwhelmed by the variety of mental and behavioral sequelae that may result from traumatic events (Veach& Shilling, 2018). Adolescent medicine professionals already possess the knowledge, skills, and resources essential to diagnose and treat depression, drug abuse, suicidal ideation, and psychosis in adolescents. Given the likelihood that traumatized teenagers may not give this information, as well as evidence that PTSD is commonly overlooked during normal evaluations, special inquiries concerning trauma and Posttraumatic stress are necessary. In order to conduct an appropriate risk assessment and care planning, trauma histories and Somatic symptoms must be gathered. This may be accomplished even in the short sessions that are typically scheduled for teenage medical appointments and can include a focused evaluation of both trauma history and post-traumatic stress disorder (PTSD) symptoms.

Online tools such as the Traumas Event Screening Device (used to assess horrific experiences), this same UCLA Post-Traumatic Stress Disorder Response Index, the Student PTSD Symptom Measure (used to screen for post-traumatic stress disorder), and the Dissociative Emotions Magnitude for Adolescents have all been simple, straightforward, and completely free to use. In order to do a rapid risk assessment and evaluation, physicians may make use of the tools provided. There

have also been translations of the UCLA PTSD Reaction Index and the Child PTSD Symptom Scale, which are available in a number of languages such as Spanish, Armenian, Korean, Russian, and Bosnian (Gerson & Rappaport, 2013).

Therefore, they may be utilized successfully with young people who don't speak English as a first language. The use of validated instruments increases the accuracy of diagnosis in traumatized adolescents because they may possess receptive language deficiencies as a consequence of their trauma, confounding traditional questioning and because they are much more likely to reveal traumatic events when questioned systematically. It's vital to maintain being checked out since symptoms of a traumatic incident might manifest years, if not generations after the event occurred.

Symptoms of Adolescent Posttraumatic Stress Disorder

Symptoms of Adolescent Post-Traumatic Stress Following a distressing incident, many teenagers may exhibit brief caused by acute stress disorder (as opposed to chronic stress). Many teenagers recover from these symptoms; however, others may experience significant them for a period or above, at which time a diagnosis of post-traumatic stress disorder should be established. Chronic physical trauma (particularly brain injury) and abuse or maltreatment appear to be the most common causes of post-traumatic stress disorder in children. However, children who have watched numerous different or chronic psychological trauma, such as refugee trauma and invasion trauma, may well be at risk of getting PTSD. Adolescents with post-traumatic stress disorder (PTSD) exhibit a wide range of symptoms, including nightmares, hyperarousal, avoiding of trauma reminders, & numbness. Anger outbursts, agitation, and trouble focusing are all characteristics of posttraumatic stress disorder; however, they are less unique to the disease. While sleep problems in youths with PTSD are most often caused by dreams (with and without trauma-related content) and night terrors, other causes of sleep disturbances include overnight enuresis and insomnia. Panic attacks with somatic sensations are frequent anxiety symptoms that occur in conjunction with post-traumatic stress disorder (PTSD).

Adolescents suffering from post-traumatic stress disorder (PTSD), particularly those who have endured long-term cruel treatment or repeated trauma, may also show predominant clinical signs of depersonalization, depersonalization (a

sense of emptiness or lack of connection from the body), and feelings of hopelessness in addition to their other symptoms of anxiety and depression (Starr & Davila, 2012). It is crucial to screen for dissociation since it may have an impact on treatment alternatives, as will be explored later in the book. Dissociative symptoms have also been related to negative psychosocial outcomes in several studies. Following a stressful experience, depression is usually associated with post-traumatic stress disorder (PTSD). Aside from that, since PTSD-related irritation and sleep disruption might seem to be depression, screening for impaired mental symptoms and depersonalization is required in order to thoroughly evaluate the probability of comorbid depression. In the absence of post-traumatic stress disorder (PTSD), many traumatized teenagers develop depression.

The likelihood of depression relapsing in teenagers who have suffered trauma increases exponentially, particularly if only stress users can subscribe (rather than violence therapy) is employed (Williams et al., 2016). Treatment-resistant depression should act as a warning sign for physicians to conduct a suicide risk assessment. Youth who have experienced trauma, and from the other extreme, are at an elevated risk of committing suicide even if they do not suffer from depression. Traumatized adolescents exhibit higher levels of suicidal ideation, suicide attempts, and self-injurious conduct than their counterparts who have not experienced anything similar.

Especially susceptible are children and adolescents who have endured sexual abuse or psychological abuse. Given the fact that violence is one of the top causes of death between adolescents, testing for suicidal ideation and consciousness in any teenager with a history of trauma was essential, even in the absence of depressive symptoms. A considerable increase in the risk of drug abuse, especially early usage, is seen in traumatized children and adolescents. According to a major study of secondary students, a past of violent victimization raised the likelihood of using marijuana or drinking regularly at an early age (even before age of 10) by a multiplier of 12 (Schalkoff et al., (2020).

Multiple abuse experiences increase the likelihood of developing the condition, and early abuse may have a proportionately detrimental influence on young women. Children and adolescents who experience post-traumatic stress disorder (PTSD) are more prone to develop drug use disorders, with research

indicating that up to 59 majorities of PTSD-affected children and adolescents develop an addiction. Self-medication theory, which claims that young individuals take drugs to treat discomfort, seems to be supported by the evidence.

It is possible to have both positive (hallucinations, delusions) and symptoms of psychosis after a traumatic childhood experience (affective flattening, withdrawal, lack of motivation). PTSD symptoms such as hallucinations and dissociation may be confused with psychotic symptoms, and differentiating between the two is crucial since the course of therapy will be impacted if the wrong diagnosis is made (Brooks & Greenberg, 2022). Trauma-related hallucinations and delusions, on the other hand, are more prevalent among teenagers who have been raped or sexually assaulted, and standard diagnosis may be effective in curing these symptoms. Teens who have been traumatized may demonstrate mental abnormalities, such as weakening of connections and irrational reasoning. Individuals' interpersonal relationships, educational achievement, and therapeutic results might all suffer as a result of this erroneous perception. Research on sibling pairs and twins suggests that the higher likelihood of psychosis after extreme stress may be generated by the trauma itself instead of an indicator of an identity (Rapoport et al., 2012).

Theories of Eating Disorders

Different emotional eating theories place different emphasis and stress on different aspects of the brain, such as (a) interception, (b) cognitive processes, and (c) learning processes, respectively. Hilde Bruch created a psychosomatic hypothesis based on interception to explain psychological variables that lead to obesity in 1955, and it has been in use since. The loss of interceptive awareness in obese individuals causes them to overeat in reaction to unfavorable feelings (e.g., an internal sensation of hunger). Individuals who are overweight could confuse physiological responses for desire and, as a consequence, turn to food rather than employing more appropriate coping mechanisms to cope with their emotions as a result (van den Tol et al., 2020).

Despite the fact that the psychosomatic hypothesis of obesity has been substantially disproven as a justification for being overweight, interception continues to be a crucial idea in the study of eating behavior and slimming specifically. More cognitive theories include restriction theory, which was created in contrast to

psychosomatic theory and was produced in opposition to psychosocial theory. The outcome might be cognitive disengagement and gorging even when modest infractions of such regulations are committed (the "what the heck" effect) (Danelly, 2008). The fact that moods may hinder the metacognition necessary to adhere to such stringent food restrictions is significant in the present circumstances. Despite being outdated, restraint eating theory remains central to personal emotional eating theory because of its importance in weight loss dieting.

As suggested by learning-based emotional eating theories, the affect regulation model posits that the rewarding components of appealing food consumption use operant conditioning principles (negative reinforcement) to offset unpleasant feelings and make such behavior more probable in the foreseeable (Orford, 2001). When bad emotions and eating are associated with one other repeatedly, classical conditioning may occur, resulting in a greater incentive to consume when faced with unfavorable feelings. Several physiological hypotheses have been developed as a consequence of the finding that many physiological impacts of stressors have an impact on important hormones cortisol, insulin, and glucose. These, on the other hand, are within the normal ranges. In a similar vein, various dietary components have been connected to neuron precursors, which may indicate why eating certain foods might help you feel better and reduce stress levels.

Classification of Eating Disorders

A family of mental diseases defined by disordered eating or eating practices that affect well-being or physical health is known as eating disorders (EDs) (Cook-Cottone, 2016). The eating disorder anorexia nervosa is associated with the serious caloric restriction that consequences in extreme weight loss (as in bulimia nervosa), or binge eating periods that may contribute to compensation behaviors such as fainting or the use of natural remedies (as in anorexia or bulimia and comorbid – binge choosing to eat type). Patients with eating disorders are more likely than the general population to experience negative emotional states (Lavender et al., 2015). When dealing with bad emotions, it's important to have good emotion control abilities to help you manage.

According to research, persons with erectile dysfunction have great trouble controlling their feelings (Oldershaw et al., 2015). Psychologists believe that

emotional dysregulation has an influence on the development and persistence of eating disorders (Cook-Cottone, 2016). ER, on the other hand, is a complicated theoretical construct with a wide range of behavioral and cognitive features that must be understood. Useche, (2017) identified four ER characteristics in an effort to deconstruct ER: (1) goal-directed behavior and impulse control; (2) awareness and knowledge of emotions; (3) acceptance of emotional reactions; and (4) availability of ER techniques that are thought to be successful. It was discovered that persons with EDs were significantly less functional on several parameters when compared to healthy controls (Brockmeyer et al., 2014).

a. goal-directed behavior and impulse control that has been formalized

EDs defined by binge eating or purging tendencies, which include bulimia nervosa (BN) and bulimia nervosa eating/purging type, are typically linked with abnormal neuropsychological performance in the setting of non-emotional stimuli (Mestre-Bach, 2019). Several investigations, however, conducted in the setting of emergency room visits, were unable to examine differences in goal-directed action and self-control between persons with AN and BN in the participants. Patients with restricted anorexia (AN-R) who do not participate in unhealthy eating or purge habits were not differentiated from patients with binge eating and purging behaviors (AN-BP) who engage in recurrent binge eating and/or cleansing periods. According to previous research, people with AN-BP showed greater impulse control impairments than adults (Steward et al., 2017). The sole distinction between these AN subcategories is whether or not they engage in bingeing behavior throughout their recovery. If you have an eating disorder, it is likely that your kind of eating disorder will contribute more to your emergency room difficulties than the actual eating disorder.

b. Emotional understanding and awareness

Patients have been shown to have more difficulty in awareness and comprehension of their emotions than BN patients, which is in contrast to purpose behavior and self-control, according to some research (Monell et al., 2018). This concept has been welcomed with differing degrees of excitement by the various parties involved. A number of studies have found no differences in emotional

awareness and clarity respectively adults with restrictive and comfort eating EDs (Durkin, 2017). In addition, there is another bit of proof that feeding irregularly (such as disordered eating, purging, or limiting food) may be a symptom of an ER issue rather than a diagnosable condition like ED, as is often believed (Rubin & Peyrot, 2001).

c. Acceptance of emotions

In contrast to healthy persons, those suffering from restricted and unusually large amounts of food EDs were even more likely to have difficulty dealing with unpleasant emotions. A few research evaluated the emotional acceptance abilities of people with AN-R, AN-BP, and BN, but the majority of them revealed no difference between the three categories (Brockmeyer et al.,2014). At this point in time, data reveals that individuals who have EDs may have a tough time accepting bad feelings that don't alter even if they begin to act in an unhealthy manner.

d. Emotion regulation strategies and availability

There is also no data to suggest that various kinds of emergency departments have differing levels of access to successful ER techniques. According to Nasiri et al. (2021) and Svaldi et al. (2012), there is insufficient evidence to support this claim. In contrast, according to recent research, individuals with AN-BP have few emotion management techniques accessible to them than those with AN-R (Brown et al.,2020).

There is evidence to show that patients who participate in binge eating or cleansing behaviors feel as if they have few alternatives for managing their emotions, underscoring the possible role of binge consuming or purging behaviors as non-adaptive strategies for regulating unpleasant emotions. This idea is supported by the fact that individuals with binge snacking and purging habits reported decreased use of cognitive emotion regulation methods such as cognitive restructuring when compared with individuals with restriction EDs, providing more support for this concept (Jurigová, 2014).Studies have indicated that whether or not there is binge eating or cleansing behavior present, emergency department concerns are more prone to be affected in EDs. This is more significant than a precise ED diagnosis in this case.

Stress and eating problems are linked. Anxiety and depression sufferers seek weight loss in order to achieve "the ideal of beauty" and to keep intersexual rivalry for thinness alive (Connor, 2004). Patients with AN and BN react to competition by releasing high amounts of stressors, which become chronic over the period in the presence of the condition (Rantala et al., 2019). Stress may be caused by peer and social expectations to have the "ideal body type," and emotions of shame and guilt over one's body image can encourage people to stay in a stressful cycle (Hertz, 2022). Stress can also be caused by a negative self-image. Some persons with anorexia may have developed issues as a result of receiving negative remarks about their body weight from others. This is what these individuals who suffer from anorexia have stated about themselves. Consumption of excessive calories to achieve a slim appearance, especially in sports where low body weight is a relevant component may result in an eating problem (Beals & Manore, 1994).

The pressure to lose weight in sports and fashion may result in body dissatisfaction as well as chronic stress (Katinic, 2020). In addition to school transitions, death of a female relative, relationship changes, home and employment transitions, illness/hospitalization, abuse, molestation, or illicit connections, postmortem studies on AN and BN participants have found six additional triggering events for anorexia nervosa. All of these stress-inducing situations have one commonality: they are all known to cause a rise in stress levels (Frankenhaeuser, 1991). According to the Diagnostic and Statistical Manual of Mental Disorders, the start of AN is typically related to stressful experiences (American Psychiatric Association, 2013).

Chronic stress has been demonstrated to help the immune system function better (Rantala et al., 2019). It has been shown that social stresses, whether experienced by humans or other animals, are especially effective inducers of the cytokines that might cause low-grade regional inflammation and systemic inflammation in the body. Increased levels of tumor necrosis factor (TNF) and interleukin-6 (IL-6) are connected with social rejection in humans (Slavich et al., 2010). Following this discovery, a discourse of 23 studies showed that AN patients had considerably higher levels of TNF- and IL6, suggesting that AN persons have a dysregulated immune system, according to the researchers (Yenkoyan et al., 2017).

Binge eating disorder

Individual experiences binge eating when they devour a significant quantity of food (more often than most people are going to take in the same scenario) and lose control over how much they consume at one time. In addition to recurring binge eating episodes, Binge Eating Disorder (BED) is identified by the existence of related symptoms such as food distress, eating secrecy, and snacking in the absence of hunger. Binge eating was first described by Albert Stunkard in the 1950s, but it was not considered part of clinical findings until the revised edition of the International Classification of diseases and Diagnostics (DSM) was published in 1980, when it was combined with bulimia, which was later renamed bulimia nervosa, to form bulimia nervosa. Binge eating was recognized as an official illness in the DSM-5 in 2013, as a result of subsequent DSM editions that improved knowledge of binge eating behavior (Bohon, 2019). Because BED differs from bulimia nervosa in that it does not include the adoption of compensatory strategies to reduce the number of calories taken, it is commonly connected with obesity. Recent research on BED in children and adolescents has relied on populations from overweight or obese children and adolescents.

Adolescent Obesity: Psychological Factors

A variety of psychosocial variables, especially those within the family, have been implicated in the development and maintenance of obesity in recent years (Gupta et al., 2018). Once obesity has been established in a kid, it has a substantial influence on the child's physical and emotional well-being. There has been a significant increase in research on the psychosocial factors of obesity in recent years, ranging from purely hypothetical articles to cross-sectional, longitudinal studies of people who are obese and those who are not, to longitudinal analyses of the sequential transcription of obesity and sociopathy. A large body of prior research has shown that pediatric obesity is associated with a wide range of various forms of mental health issues, including depression, attention deficit hyperactivity disorder (ADHD), and poor self-esteem.

However, when it comes to psychosocial functioning, the findings of the clinic obese sample and the demographical sample are still inconclusive. Growing scholastic pressure and competitiveness stress have resulted in a rise in the number of

hours spent inactive by Indian youngsters, which has been ascribed to their changing lifestyles. The psychological factor of stress has also been found as a significant cause of weight gain, with stressed adolescents being so much more prone than other children to participate in emotional overeating. Obesity may also have a negative impact on a child's psychological development. Overweight children are more prone to experience discrimination, social withdrawal, and bullying than their normal-weight peers (Puhl & King, 2013). It is quite easy to monitor these children's instances of verbal harassment (name-calling, mocking), physical bullying (striking, shoving), and relational bullying (withdrawing cooperation) within the limits of their schools and homes. Obese children often develop negative body views and poor self-esteem as a result of these experiences.

Life Theories in General

Philosophers have been baffled by the topic of the purpose of life for hundreds of years, and they continue to be perplexed today. Psychology, on the other hand, follows a radically different approach than most other disciplines. In Adler's work, one of the most important explanatory notions was the conception of individual significance in one's life. According to Adler, indicating in people's lives is an unplanned and instinctual concept that expands during the first few years of a person's life and continues throughout their life. Adler also said that activity without the need for a goal is pointless and devoid of significance. Powell, a psychologist, and J. Reus, Canadian philosophers, both embrace this thesis, claiming that the notion of personal sensation is not only the most ethically ambiguous and therefore the most essential psychological term in the world. According to Reus and Powell, the sense is both a subconscious component that is active when we believe, feel, or evaluate something or someone (Kremmydas & Rubinstein, 2017).

Theories of Life Satisfaction

The premise that subjective well-being, which is an umbrella word for an individual's appraisal of his or her life, is a crucial structure for explaining psychological well there and general mental health is supported by both theoretical and empirical data (Stock et al., 1986). These are the elements of population health, which strives to empower individuals to enhance their overall wellbeing by providing them with information and resources. Much research has been done over the years to

determine the elements that influence effective development and subjective well-being throughout adolescence, and analyses have underlined the significance of identifying characteristics that contribute to life satisfaction in this age group.

For most people, adolescence is a particularly memorable and change-related period in terms of self-esteem, owing to the many biological, social, social, and behavioral changes that occur throughout this period. The way teenagers react to these changes, which may have an influence on their life happiness, may be shown by their global self-esteem (Moksnes & Reidunsdatter, 2019). Furthermore, it seems that gender and financial class have only a modest effect on the level of life satisfaction experienced by children and adolescents. Studies that have discovered gender differences, on the other hand, often claim that males have greater levels of life satisfaction than girls (Gustafsson, 1998).

Life satisfaction is seen as a crucial construct when compared to other emotional, social, and psychological conceptions, and one of the factors that may impact life satisfaction throughout adolescence is self-esteem, which is a construct that has been studied extensively. The self-esteem of an individual, according to Freud, is a collection of thoughts and sentiments about his or her overall value and importance in the world. It is captured in this definition by the concepts of "global" and "all-encompassing" conscience or self-worth.

While self-esteem is a critical component of teenage self-understanding, research indicates that it is likely to be fluid and dynamic construct that is subject to both internal and external factors throughout adolescence. In contrast to self-esteem, life satisfaction is defined as perception and assessment of oneself and one's life as a whole, which includes one's evaluations of one's life as a whole and, including one's school, relatives, and friends, but also one's own life. Girls' self-esteem is lower and more volatile than boys', according to research, whereas boys' self-esteem is greater and more consistent than girls' (Sánchez-Queija et al., 2017).

However, according to Erol & Orth, (2011), there are no statistically significant variations in self-esteem between men and women. It has been shown in some research that adolescents' self-esteem increases over their teenage years, while others argue that it is a permanent attribute that does not alter or even seems to decrease during their adolescent years. Several decades of theoretical development

and research have shown the importance of self-esteem in a broad variety of good outcomes, including psychological well-being and so well throughout adolescence and adulthood. Low levels of self, on the other hand, are shown to have associated with sadness and anxiety symptoms. According to some researchers, people who have a strong sense of self-worth are better able to deal with unfavorable occurrences in their life, which may result in increased health and well-being. People, who have a poor sense of self-worth, on the other contrary, are more susceptible to being impacted. It has been discussed in more detail by Orth, Boden, as well as other persons in the past.

Concepts of the Life Satisfaction Theory

While life satisfaction is a wide issue that must be evaluated in the framework of one's own unique circumstances, happiness is a more specific concept (Chapman, 2018). It should also be considered as part of emotional well-being, which is divided into two categories. The first component is emotional, and it includes both good and negative affect. The second component is cognitive, and it includes both beneficial and harmful thinking (Larwin et al., 2020).

Theory of Adolescent Emotional Self-esteem

A person's attitude toward their own image, according to Frant, (2016), is defined as self-esteem. Nevertheless, as Sampthirao, (2016) points out, it is difficult to talk about self-esteem without also talking about one's own self-concept, since the two are intimately related. Furthermore, understanding oneself, feeling secure in one's own skin, being a member of a group, and being able to perform effectively are all factors that contribute to one's self-esteem (Branden, 2021).

Per Gross & Sassidy, (2019), consciousness is a vital step in the development of conscience in children and adolescents. Sowislo & Orth, (2013) asserts that self-esteem is a crucial component of our daily language, which is supported by research. The author, Kernis, (2013), distinguishes between three categories of self-esteem: generalized self-esteem, self-evaluations, and emotions of value in one's own abilities. The idea of global self-esteem, also known as trait self-esteem, according to Coyne, (2019), is rather consistent through time and across settings. As described by Brown, (1993) as the process through which individuals evaluate their own talents and qualities, self-evaluation is defined as follows: As a result, the notion of self-

evaluation may be used in a broad variety of scenarios. According to this viewpoint, persons are more likely to report higher levels of academic self-esteem, high levels of social self-esteem, and high levels of sports self-esteem.

Adolescents and Life Satisfaction

During adolescence, a person's life experiences substantial changes and difficulties, prompting the development of new psychological adaptations to cope with these changes (Compas et al., 2012). Changes in duties, greater scholastic obligations, and difficulties in interpersonal relationships are all factors that might contribute to stress during this time of life (peers and family). The present research is focused on the perceptions of stress experienced by adolescents. As defined by the transactional viewpoint, stress develops when an individual's perception of a discrepancy, whether genuine or imagined, between the requirements of circumstances and the individual's ability to deal with those expectations results in a state of stress. Stressors are the conditions and forces that lead to feelings of anxiety and stress.

Stressors that are considered normative are occurrences that most teenagers experience on a somewhat regular period (Walker, 2021). For example, pubertal growth, and psychological changes linked with school, family, friends, and academic pressures are all factors to take into consideration. Interpersonal stressors (e.g., classmates, family, romantic connections) might jeopardize teenagers' well-being and development, despite the fact that exposure to normative stresses is considered to be a natural component of development. As people get older, they experience increased levels of stress. Girls seem to be more stressed than boys and to be experiencing more poor psychosocial health impacts (depression symptoms) as a result.

Adolescents' "life satisfaction" (LS) is considered to be a critical construct/indicator for understanding their psychological well-being (Moksnes & Haugan, 2015). In contrast to being conceived of as an immutable characteristic of the responder, LS is supposed to depict a present and context approach that includes comparisons between the individual's current living condition and internalized norms. One theory holds that how individuals perceive LS is an important predictor of how well they are doing, how well they are experiencing, and how they've been managing the condition (Ussher & Perz, 2018).

Investigating gender differences in life satisfaction

In research, body esteem measures are used to assess individuals' satisfaction with, and experiential experiences of, their overall appearance, weight, and shape, as well as specific body components (Gattario et al.,2020). A common explanation for such inequalities is that they are the result of various societal forces. A rise in thinning demands within a society has been connected to greater body dissatisfaction as well as compulsive eating patterns (McCabe & Ricciardelli, 2004). Interestingly, although numerous investigations have been undertaken on variations in body confidence (e.g., body esteem or body dissatisfaction) across cultures and genders, no study has been conducted on differences in the experience of embodiment between cultures or genders to our knowledge. Important because embodiment entails a dialogical link between bodily sensations and activities, as well as the social framework in which they take place. When doing research across cultures, this notion may be utilized to help guide the process.

The program revealed that embodiment experiences that are both protective and destructive may be divided into three categories (Gattario et al.,2020). First-person experiences like safety, involvement in enjoyable and immersive physical activities, opportunity to practice attentive body care, and confirmation of bodily wants are all part of the first domain of experiences. When we talk of freedom from limiting preconceptions about sexuality and other features of social location, we are referring to freedom from exposure to them rather than freedom from being subjected to them. Among the many constricting attitudes about femininity, one that stands out is the body being perceived as a flawed object and the expectation that it acts submissively (e.g., submissive, demure). In the third point, we discuss how people's experiences with institutional privilege and interactions differ from one another. Among them are factors like not being persecuted and having equitable access to services, experiencing powerful connections and evaluation process, and being a part of just institutions.

Related Research

Stress and Eating Disorder

It is of particular interest to investigate the association between stress and eating behavior since there is a substantial body of information indicating that the

effects of stress on appetite differ according to gender (van Strien et al., 2012). Most studies evaluate food intake after lab stresses without examining biological correlations. Many haven't seen variations in total intake, but rather macronutrient content (Abbate et al., 2013). In research without food intake measurements, subjective judgments are employed to evaluate hunger and appetite (Clark & Slavin, 2013). Stress may cause shifts in appetite management, which can exacerbate concerns about one's physical appearance and impact one's capacity to deal with challenges of this kind (Goss & Allan, 2014). On the other hand, prospective studies have shown that features of eating disorders may change a person's perception of their level of exposure to stress, as well as increase a person's level of exposure to psychological stress in the temporary. Adverse life events were frequently evaluated retrospectively and, as a result, represent non-specific retrospective correlates of eating disorders (Degortes et al., 2014). These adverse life events may play a role as precipitating factors in anorexia nervosa (Machado, 2014). The onset of anorexia nervosa is frequently associated with experiences with eating disorders and being subjected to critical comments about weight, and shape (Machado et al., 2014).

Eating Disorder and Life Satisfaction

Numerous studies have revealed a connection between eating disorders and a variety of unfavorable psychological, personality, and behavioral characteristics, which are have all resulted to stress. Some of these factors include neuroticism, perfectionism, poor self-evaluation, sadness, and low self-esteem (Culbert et al., 2015). According to Rehdanz et al. (2015), stated that there is a substantial links of eating problem to a considerable influence on a person's level of life satisfaction, and this connection cannot be denied. The term "life satisfaction" refers to the subjectively experienced quality of one's life, which is determined by the individual's choices for various aspects of life and the degree to which they are satisfied in those aspects (Veenhoven, 2015).

Stress and Life Satisfaction

According to Mitas et al. (2016), a person's level of happiness with their existence is a construct that is concerned with the individual's own subjective evaluation of the quality of their life. For instance, Nomaguchi & Milkie, (2017) found a correlation between having a larger number of stressful events in one's life and having a lower level of overall happiness with one's life among 1,084 college

students. It has been shown that college students who experience higher levels of stress report lower levels of happiness with their lives (Nowell, 2017). Tepeli & Tari, (2018) conducted a study with 172 college students and found that higher levels of stress are associated with lower levels of overall life satisfaction. In a study conducted by Biglan et al. (2020) the researchers discovered that individuals who indicated high levels of life satisfaction reported lower levels of stress, and the both are inter-related. Similarly, Turan et al. (2020) discovered that among 142 college students, a correlation existed between greater levels of stress and lower levels of life satisfaction. According to research conducted by Rogowska et al. (2021), a higher level of life satisfaction is correlated with a lower risk of stressful events of a person's life.

CHAPTER III

Methodology

This chapter will give the summary of the study's methodology. The first part will give the design of the study. Second part described the study's participants' characteristics include the population where they were selected and their sample size. Third part will examine the study's tools for data collection. Part four will describe the procedures for data collection and lastly, the fifth part will show the summary of how the collected data was analyzed.

Research Design

This study is a quantitative research methodology which measured the research variables using Correlational model to assess the relationships existing between the Stress, Life Satisfaction and Eating Disorder. A correlational model is a form of non-experimental research approach in which a researcher examines two variables, evaluates or assesses the statistical link between them without the effect of any other variable that is not directly related to the study being conducted (Carlson & Wu, 2012).

Population and Study Group

The participants comprised of all the adolescents and young adults and will be selected using the Snowball and Convenience sampling techniques. This means, Snowball sampling technique generates a pool of research volunteers by recommendations from people who have an area of study with the target demographic, while the convenience sampling technique is utilizing respondents who are "convenient" to the researcher to assist in data collection (Omona, 2013). Also both techniques require the researcher to distribute the questionnaires via web-based means. And take into consideration a conference call method, wherein the researcher cannot meet the participants physically. The participants were chosen from the two million estimated numbers with focus group of 200 participants of Adolescents in Monrovia, Liberia in Africa with the age range from 15 to 24years.

Table1.
Descriptive statistics for Demographic variables

Demographic Variables	Demographic information	N	%
Gender	Male	124	38
	Female	76	62
Age	15-17	33	16.5
	18-21	65	32.5
	22-24	102	51

Table 1 show that there are 124 (62%) males and 76 (38%) females among the participants. Out of the three level of participants' age, 33 (16.5%) fall between 15-17years, 65 (32.5%) are between age 18-21years old and 102 (51%) are between age 22-24years.

Data Collection Tools

Socio-demographic Form

The demographic form was used to obtain some characteristics of the respondents and they include Country, Age and gender. The details of the scales are as follows:

Perceived Stress Scale (PSS)

The researcher collected the data of the participants in response to the stress rate of those adolescents and young adults. This scale was developed by Cohen et al. (1983). This response collected using this questionnaire will be used to interpret how stressed adolescents and young adults aged 15-24years in Monrovia, Liberia as. The scale contains 10 items and on a 5-points Likert ranging from 0 = Never to 4 = Very Often. This scale has better internal reliability (Cronbach alpha coefficient is .78). The criterion validity was assessed in the scale and it has a strong correlation with the components of health status (Cohen & Janicki-Deverts, 2012).

Eating Disorder Diagnostic Scale (EDDS)

This questionnaire was used to screen the participants based on eating disorders. The scale was developed by Stice et al. (2000). This questionnaire contains 22 questions that are designed in a 4-points Likert format ranging from 0-Not at all to 3-Extremely. The scale has an excellent test-retest reliability of about 1 week with a

coefficient of .93 for Anorexia subscale, .81 for Bulimia subscale and .74 for Binge Eating subscale. The convergent validity measures of the scale were also assessed for the three subscales (Stice, et al., 2000).

Life Satisfaction Index Z (LSIZ)

This scale was used to assess the life satisfaction level of adolescents and young adults living in Monrovia, Liberia. It was designed by Wood et al. (1969) and it contained 20 items which were designed in a dichotomous format ranging from 0-disagree to 1-agree. This scale was used to measure the adolescents according to how satisfied they are with life and it has a good internal reliability with alpha coefficient of .75 and good construct validity (Wood, et al., 1969).

Data Collection Procedures

After getting permission from the Ethic Committee on MARCH 3, 2022, the Google Forms was designed due to the inability of reaching out to them physically. The questionnaire/survey was distributed to adolescents and young adults living in Monrovia, Liberia for completion. The google form contained questions that would get the consent of the participants before participation. The questionnaires contained instructions on how the participants will fill in their responses. They were told to carefully read each question before attending to it and they were also told that completing the questionnaires does not follow any time limit. However, they should feel free to fill in the questionnaire in their leisure time so as to give in their best response.

Data Analysis Procedures

The data was analyzed using the Statistical Package for the Social Sciences (SPSS), IBM version 20. The data normality was tested using skewness and kurtosis indicators. The details of the data normality were given in the table below:

Table 2.

Data Properties.

Variables	N	Mini mum	Maxi mum	Mean	Std. Dev	Skewne ss		Kurtosis	
						Statistic	Std. Error	Statistic	Std. Error
Perceived Stress	20 0	1.80	5.00	3.6270	0.57814	-0.381	0.172	0.381	0.342
Eating Disorder Total	20 0	1.56	2.78	2.0806	0.24561	0.298	0.172	-0.181	0.342
Anorexia Subscale	20 0	1.00	4.00	2.5150	0.80108	0.200	0.172	-1.168	0.342
Bulimia Subscale	20 0	1.25	2.63	1.9844	0.26044	0.054	0.172	-0.132	0.342
Binge Eating Subscale	20 0	1.33	2.67	1.9192	0.26098	0.698	0.172	0.092	0.342
Life Satisfaction	20 0	1.00	1.95	1.3328	0.21679	0.284	0.172	-0.314	0.342

The table shows the detailed data characteristics; as suggested by George and Mallery (1999) data distribution is normal when the skewness and kurtosis values are between -2 and +2. As the case may be, the distribution of this study's data was not normally distributed and non-parametric tests would be used in this study.

Firstly, Spearman's test was used to examine the relationship between stress, eating disorder and life satisfaction level of the participants. Mann-Whitney U Test was used to examine differences between gender and the variables. Again, in order to predict if stress would influence the participants' life satisfaction, a Stepwise multiple regressions were used. Lastly, Kruskal Wallis H test was used to examine the difference in Stress, Eating Disorder and Life Satisfaction according to the Grouped Age of the participants.

Research Plan

<p>In the first segment of the research, Stress Scale, Eating Disorder Scale, and Life Satisfaction Scale Permissions from researchers who developed or adapted the scale taken.</p>	Jan 2022 – Feb 2020
<p>The next step, which was to submit an application to the Ethics Committee in order to get permission to conduct the study; was completed by the Near East University Ethics Permission Committee.</p>	March 2022
<p>In this section, the study group of the research are youths ranging in age from 15 to 24 years. The survey questionnaire was distributed among Liberian youths in Central Monrovia. Because of the limited timeframe in conducting the study physically in the research area; the survey was delivered online using Google Forms. Personal information forms, participant consent forms are available online with Google Form.</p>	April 2022
<p>Literature Review and examination of related research</p>	April 2022
<p>For the current study, a basic random sample approach was adopted. The survey was sent online to Liberian youths in Central Monrovia using Google Forms.</p>	April 2022 – May 2022
<p>Statistics created using data from the sample group from the results of the study, as well as the literature, were examined, and conclusion and recommendations were offered.</p>	May 2022 – June 2022

CHAPTER IV

Results

This chapter comprised of the findings of this study. Firstly, by looking at the relationship existing amongst stress, eating disorder and life satisfaction. Again, it looked at the gender difference in stress, life satisfaction and eating disorder as well as the subscales of eating disorder (Anorexia, Bulimia and Binge Eating). Thirdly, it investigated the prediction of life satisfaction and eating disorder using stress. Finally, it discussed the age difference in stress, eating disorder and life satisfaction.

The table below is the Spearman's correlation test to find out the relationship between perceived stress, eating disorders; its subscales and life satisfaction.

Table 3.
Correlations between Perceived Stress, Eating Disorder; its subscales (Anorexia, Bulimia and Binge Eating) and Life Satisfaction.

Variables		Eating Disorder Total	Anorexia-Subscale	Bulimia-Subscale	Binge Eating-Subscale	Life Satisfaction
Perceived Stress	r	-0.459	-0.539	-0.098	0.021	-0.290
	p	0.000**	0.000**	0.167	0.773	0.000**
Eating Disorder Total	r		0.707	0.594	0.458	0.024
	p		0.000**	0.000**	0.000**	0.739
Anorexia-Subscale	r			-0.007	-0.063	0.187
	p			0.919	0.373	0.008**
Bulimia-Subscale	r				0.386	-0.100
	p				0.000**	0.159
Binge Eating-Subscale	r					0.229
	p					0.001**

p 0.05* p 0.01**

Table 3 above showed that Perceived Stress has a strong negative significance with Eating Disorder (p=0.000) Life Satisfaction (p=0.000) as well as with Anorexia subscale of eating disorder (p=0.000). However, Perceived Stress did

not have any relationship with Bulimia and Binge Eating subscales of Eating Disorder. Also, there was a positive strong significance between Anorexia subscale of Eating Disorder and Life Satisfaction ($p=0.008$) and with Binge Eating subscale ($p=0.001$). Eating Disorder Scale total has a non-significant relationship with Life Satisfaction ($p=0.739$).

For the question of gender difference in perceived stress, eating disorder and life satisfaction, a Mann Whitney U test was carried out.

Table 4.
Gender differences in Perceived Stress, Eating Disorder; its subscales (Anorexia, Bulimia and Binge Eating) and Life Satisfaction.

Variables	Gender	N	Mean rank	Sum of ranks	U	p
Perceived Stress	male	124	100.33	7625.00	4699.000	0.974
	female	76	100.60	12475.00		
Eating Disorder Total	male	124	109.14	8294.50	4055.500	0.098
	female	76	95.21	11805.50		
Eating Disorder (Anorexia Subscale)	male	124	105.59	8025.00	4325.000	0.326
	female	76	97.38	12075.00		
Eating Disorder (Bulimia Subscale)	male	124	104.29	7926.00	4424.000	0.463
	female	76	98.18	12174.00		
Eating Disorder (Binge Eating Subscale)	male	124	102.43	7785.00	4565.000	0.705
	female	76	99.31	12315.00		
Life Satisfaction	Male	124	104.05	7907.50	4442.500	0.496
	female	76	98.33	12192.50		

p 0.05* p 0.01**

The result in Table 4 showed that there is no significance between gender and all the variables. There entails that all gender scored equally in all the scale.

For the question whether how Participants Perceived their Stress predicts how satisfied they will become with Life, a regression model was used.

Table 5.

The results of simple regression summary of Perceived Stress predicting Life Satisfaction of the Participants

	B	Coefficients Std.Error		t	p
Constant	1.678	0.095		17.726	0.000
Perceived Stress	-0.095	0.026	-0.254	-3.693	0.000

R= 0.0254, R²= 0.064, F(1,198)=13.639, p=0.000

a. Dependent Variable: Life Satisfaction p 0.05* p 0.01**

The result in table 5 above showed that Stress is a predictor of Life Satisfaction (p=0.000), stress itself predicted life satisfaction (0.064%).

For the question about age difference in Perceived Stress, Eating Disorder and its subscales as well as Life Satisfaction, Kruskal Wallis H test was used.

Table 6.

Differences between Perceived Stress, Eating Disorder; its subscales (Anorexia, Bulimia and Binge Eating) and Life Satisfaction according to Grouped Age.

Variables	Grouped Age	N	Mean rank	2	df	p
Perceived Stress	15-17	33	134.55	24.016	2	0.000**
	18-21	65	111.73			
	22-24	102	82.33			
Eating Disorder Total	15-17	33	66.14	18.687	2	0.000**
	18-21	65	95.18			
	22-24	102	115.00			
Eating Disorder (Anorexia Subscale)	15-17	33	63.55	22.907	2	0.000**
	18-21	65	93.58			
	22-24	102	116.87			
Eating Disorder (Bulimia Subscale)	15-17	33	90.91	1.184	2	0.553
	18-21	65	103.88			
	22-24	102	101.45			
Eating Disorder (Binge Eating Subscale)	15-17	33	103.59	0.191	2	0.909

	18-21	65	101.37			
	22-24	102	98.95			
Life Satisfaction	15-17	33	98.94	5.763	2	0.056
	18-21	65	87.42			
	22-24	102	109.34			

p 0.05* p 0.01**

The result of the test in table 6 above showed that there is a significant difference between the age groups and Perceived Stress ($p=0.000$). There is also a significant difference between Eating Disorder scale and Age group ($p=0.000$). Finally, there is age group difference in Anorexia Subscale of eating disorder ($p=0.000$). However, there are no significance between the age groups, Bulimia subscale, Binge Eating subscale and Life Satisfaction.

CHAPTER V

Discussion

The primary goal of this research was to determine the influence which stress has on the lives of adolescents who suffer from eating disorders as well as their overall life satisfaction. Meanwhile, the researcher is attempting to determine the adolescent's demographic features which include gender, perceived stress, eating disorder, and overall level of contentment with their lives, among others.

The first research question of this study, is do the participants' stress, eating disorders, and life satisfaction levels differ based on demographic characteristics (age and gender)? And the result in this study showed that there is no significance between gender and all the variables. The result entails that all gender scored equally in all the scale. This suggests that in the context of the study, gender was a factor in the participatory process of this study and that both males and females alike had an effect on the variable, either positively or negatively, depending on the direction of the effect. However numerous of study have also proven in line with this research findings. According to Mahmoud et al. (2012) in one of their studies, the researchers made it clear that there is no significant relationship between an individual's gender and their level of stress, eating problem, or overall life satisfaction. Additionally, Marco et al. (2021) research revealed that a person's age or gender has no effect on their susceptibility to high levels of stress, eating disorders, or overall life happiness. With link between both the finding of this study and that of other studies, it can be clearly proven that stress, eating disorders and life satisfaction have no significant impact of gender and age. And this study strongly agrees with these related finding.

The second research question of this study says, is there a relationship between an eating disorder, life satisfaction, and stress? However, the finding of this study showed clearly that Perceived Stress has a strong negative significance with eating disorder and life satisfaction as well as with anorexia subscale of eating disorder. Due to the location of the research in Liberia, which is in West Africa, there was no correlation found between stress and eating disorders. Many of the young people are even seeking food to eat, and the replies demonstrated that an eating problem is not relevant with regard to the environment of the research in terms of its

relationship to stress. When they don't have anything to eat, it's difficult to see how they may have disorderly eating behavior. According to recent rankings, Liberia is the eighth poorest nation in the world, and the majority of the country's young people live in abject poverty. When the questionnaire was handed to the respondents to fill out, these are some of the comments that they provided.

Also, Perceived Stress did not have any relationship with bulimia and binge eating subscales of eating disorder. Lastly, there was a positive strong significance between anorexia subscale of eating disorder and life satisfaction and with binge eating subscale. Eating disorder scale total has a non-significant relationship with life satisfaction. According Çivitci. (2015) research, the findings revealed that a high level of perceived stress had a substantial negative correlation with eating disorders and the level of life satisfaction experienced by young people. The findings of a research performed by Naseem, (2018), demonstrated that stress does not have any bearing on eating disorders or the level of happiness one has in their life. Also, Kumar et al. (2021), it was shown in that there is no association between stress and eating disorders, and that stress is a predictor of the level of life satisfaction experienced by youths. The outcomes of the study that was carried out through Kibria & Sultana, (2018) indicated that stress doesn't have influence on eating problems or the degree of pleasure of a person's life happiness. With referencing to these related findings which showed that perceived stress has a strong negative correlation with eating disorder and life satisfaction, this research as provided same findings strongly agrees with these related findings concerning this study. And these findings are also in line with the third research question of this study which says, do the eating disorders of participants predict their stress levels and life satisfaction?

The last research question of this study says, do the participants' life satisfaction levels predict their stress levels and eating disorders? According to the findings from the respondents of this study, stress puts individuals in situations in which they may not comprehend themselves, which is a concerning development. When stress becomes chronic, it may lead to circumstances that are intolerable as well as painful, which can even foretell a person's future. The findings from the people who participated in this research within the context of the research make it abundantly evident that a large number of young people are experiencing a considerable amount

of stress, which has put them in a state in which they cannot easily be prevented by themselves.

Additionally, the result in table 5 from the finding of this study showed that stress is a predictor of life satisfaction, stress itself predicted life satisfaction. This argument, which is based on the result of this research, is also backed by studies done by Baldwin & Wicks, (2021) which showed that stress has a significant impact on the life satisfaction and as such the two variables are difficult to disentangle from one another. A research conducted Luque-Reca et al. (2022), the study result showed that stress is a determinant of life happiness, and stress itself indicates and correlates life satisfaction in totality.

According to the findings of a research conducted by Moksnes & Haugan. (2015), there is a statistically significant association between perceived stress and life satisfaction among teenagers in order to embrace circumstances. But the findings of a study by Crede et al. (2015) show that perceived stress was initially unrelated to life satisfaction, but that when the stressor was included in the model, perceived stress indicated a significant relation to adolescent life satisfaction. Crede et al. (2015) also found that perceived stress was unrelated to adolescent life satisfaction when the stressor was included in the model. It implies that perceived stress and life pleasure does not have a direct link with one another and do not have an impact on one another. Rather, it has an impact on a person's ability to cope with whatever circumstances they may face in his or her life.

Consequently, in a recent study conducted by the researcher, the outcome was similar to that of the study conducted by Crede et al. (2015). Lastly, the study conducted Karata et al. (2021), the finding correlates the significance of stress and life satisfaction, and that life satisfaction serve as a determine factor as a result of perceive stress. In view of all the related finding provided to back up the findings of this research, which states that there is a significant correlation between stress and life satisfaction; it can be strong agree that life satisfaction and stress have relationship that cannot be separated.

In conclusion to the findings of the research, it indicates that gender does not play a major role in the relationships between stress, eating disorders, and the level of life satisfaction experienced by adolescents. Also, there were no significant association

between perceived stress and any of the study's variables, including gender, eating disorders, or life satisfaction. However, there were a substantial negative correlation between perceived stress and eating disorders. According to the findings of the research, gender has an equivalent impact on each of the factors. It is proven, however, that stress is a driving force of life satisfaction within the results, and the age group of the research demonstrates that there is a considerable difference between the different age groups and felt stress. The argument between the results of this research, which is in accordance with all of the related findings that support the findings of this study, correlates in the same way.

CHAPTER VI

Conclusion and Recommendations

Conclusion

The link between perceived stress, eating disorders, and life satisfaction amongst youths in Monrovia, Liberia was investigated in this research. The results of this study are consistent with previous studies that revealed a link between perceived stress, eating disorders, and life satisfaction, indicating stress and life satisfaction play a major role in the happiness of youths in Monrovia, Liberia, West Africa.

However, it is vividly shown with the results of this study that many other variables contribute to Perceived stress, eating disorder and life satisfaction.

It is shown clearly in the results additionally that eating disorder has a non-significant relationship with Life Satisfaction of Liberian youths.

Furthermore, the results of this study indicate that both male and female adolescents perceived stressors in a relatively similar way. And that both genders are equally affected as relates to the level of eating disorders amongst adolescents. As well that both male and female adolescent in Monrovia, Liberia is content with life in a similar manner.

Subsequently, in relation to the three variables in this research, the results revealed that as the adolescents were being impacted by stress, they are prone to undergo eating disorders. Also, as the stressors of said adolescents living in Monrovia, Liberia tend to increase, their life satisfaction level significantly decreases. Moreover, the adolescents who've been impacted by eating disorders may not have any distinction in their satisfaction with life.

Recommendations According to Findings

Findings from the research reveal that stress is a key idea in this subject; however, it doesn't have a direct link to eating disorders, but rather life satisfaction.

Liberians who engage in stress-relieving activities are more likely to have an eating disorder and report higher levels of life satisfaction. The lack of concern is just one aspect of contentment. The following therapies are strongly recommended by the

researcher in order to counteract stress's harmful impacts on life satisfaction. A data-driven review of the issue and study questions led us to these findings:

-) According to research, the effects of stress on Liberians' overall feeling of well-being have been shown. When it comes to stress management and their life satisfactions, Liberians must take care of themselves constantly to have a good attitude toward life.
-) As a way to maintain a healthy sense of self-worth, Liberians should put a great priority on retaining their individual self-esteem. The effect will be a decrease in their overall degree of happiness in life.
-) Conversation with a confidante during stress disorders is a natural stress reliever since we all seek social connections. In this regard, the researcher recommends that Liberians follow suit as a surest way of reducing stress disorders, and underpinning life satisfaction.

Recommendations for Practice:

-) It is recommended that the Ministry of Health-Care in Liberia devote resources to helping adolescents with problems of perceived stress so as to improve their self-esteem. When this is done, their interpersonal relations and lifestyle won't easily be affected.
-) The stressor can be the next cardinal concept that can be important for the well-being of adolescent's life satisfaction. As such the Ministry of Health-Care of Liberia and all health sectors need to be more aware of it, by providing educative, social events that would help adolescents retain from stressful problems.
-) Private and public health care sectors in Monrovia, Liberia, should organize a clinical contact with adolescents who are impacted by eating disorders. It is feasible to discuss the adolescent's body image and weight issues during the clinic appointment. It is also possible to discuss his or her experiences with weight abuse, as well as ideas for living healthy weight management. However, in order to provide it, the health care practitioner will need to

establish a secure and pleasant setting in which the patient may spend sufficient time while investigating the problem.

-) It is recommended that the research be broadened to include additional Liberian cities in order to get more generalizations about the distinct culture of the research.
-) The research should be duplicated with a bigger sample, allowing the researcher to generalize the new facts from the finding in order to determine if the findings are generalizable.
-) The research should be duplicated with a large sample of adolescents outside the Liberia context. Meantly it should be conducted in other cultures and nations to see whether the findings are comparable.

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Appendices

Appendix A

Perceived Stress Scale

The scale contains 10 items and on a 5-points Likert ranging from 0 = Never to 4 = Very Often. This scale has better internal reliability (Cronbach alpha coefficient is .78). The criterion validity was assessed in the scale and it has a strong correlation with the components of health status (Cohen & Janicki-Deverts, 2012).

Gender Male Female

Age 15-17 18-21 22-24

0 = Never 1=Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often

- 1 In the last month, how often have you been upset because of something that happened unexpectedly? 0 1 2 3 4 5
- 2 . In the last month, how often have you felt that you were unable to control the important things in your life? 0 1 2 3 4 5
- 3 . In the last month, how often have you felt nervous and “stressed”? 0 1 2 3 4 5

Appendix B

Eating Disorder Diagnostic Scale

This questionnaire was used to screen the participants based on eating disorders. The scale was developed by Stice et al. (2000). This questionnaire contains 22 questions that are designed in a 4-points Likert format ranging from 0-Not at all to 3-Extremely.

0=Not at all 1=Slightly 2=Moderately 3= Extremely

- | | | |
|---|--|---------|
| 1 | Over the past 3 months, have you felt fat? | 0 1 2 3 |
| 2 | Over the past 3 months, have you had a definite fear that you might gain weight or become fat? | 0 1 2 3 |
| 3 | Over the past 3 months, has your weight influenced how you judge yourself as a person? | 0 1 2 3 |

Appendix C

Life Satisfaction Scale

This scale was used to assess the life satisfaction level of adolescents and young adults living in Monrovia, Liberia. It was designed by Wood et al. (1969) and it contained 20 items which were designed in a dichotomous format ranging from 0-disagree to 1-agree. This scale was used to measure the adolescents according how satisfied they are with life and it has a good internal reliability with alpha coefficient of .75 and good construct validity (Wood, et al., 1969).

0=Disagree 1=Agree

- | | | | |
|---|--|---|---|
| 1 | As I grow older, things seem better than I thought they would be. | 0 | 1 |
| 2 | I have gotten more of the breaks in life than most of the people I know. | 0 | 1 |
| 3 | My life could be happier than it is now. | 0 | 1 |

Appendix D

Participant Informs Consent

Greetings, participant

As part of a master's degree thesis, this study looked at "The Effect of Stress on Eating Disorder and Life Satisfaction Amongst Youths." If you accept to take part in this study, you will be asked to complete three questionnaires.

Please be aware that your participation in this study is completely voluntary, and if you decide not to continue, you can simply stop filling out the questionnaires and notify the researcher. Your personal information will be kept absolutely private, and your identity will never be divulged to third parties. The information gathered during this study will be utilized solely for academic research and may be shared at national and international academic gatherings and/or publications. If you choose to opt out of the study, your information will be removed from our database and will not be used in any subsequent stages of the research. Please read and sign the permission form below if you agree to participate in the study. Please contact us using the information below if you have any questions or concerns.

Thank you for taking your time to participate.

I accept to participate in this study after hearing about it.

Date and signature of participant

Elijah C. M. Nawa

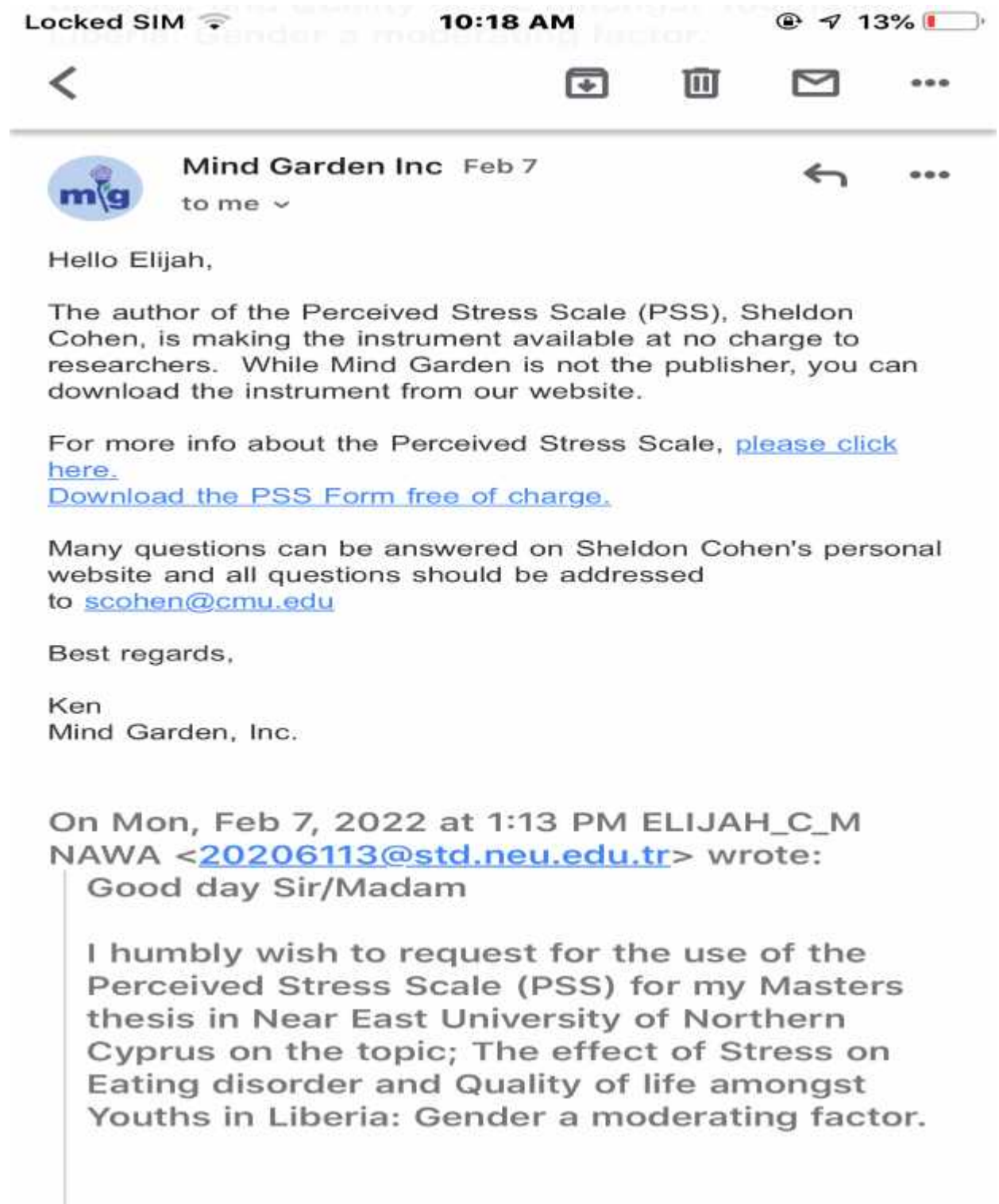
Email address: elijahchabymonitonnawa@gmail.com

Phone Contact: +905338522903

WhatsApp Contact: +905338522903

Appendix E

Permission from Ken to use Perceived Stress Scale (PSS):



Appendix F

Free access for the use of Eating disorder Diagnostic Scale (EDDS):



Access

The EDDS is freely available following this link: <http://www.ori.org/files/Static%20Page%20-Files/EDDS.pdf>. Information regarding scoring and interpretation may be found here: <http://www.ori.org/files/Static%20Page%20-Files/SticeTelch00.pdf>.

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Shrout, P. (1998). ~~Measurement reliability and~~

Appendix G

Free Access for the use of the Quality of Life Scale (QOLS):



Health and Quality of Life Outcomes



Review

Open Access

The Quality of Life Scale (QOLS): Reliability, Validity, and Utilization

Carol S Burckhardt^{*1} and Kathryn L Anderson²

Address: ¹School of Nursing Oregon Health & Science University, Portland, Oregon, USA and ²School of Nursing Seattle University, Seattle, Washington, USA

Email: Carol S Burckhardt* - burckhac@ohsu.edu; Kathryn L Anderson - kathryn@seattleu.edu

* Corresponding author

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Abstract

The Quality of Life Scale (QOLS), created originally by American psychologist John Flanagan in the 1970's, has been adapted for use in chronic illness groups. This paper reviews the development and psychometric testing of the QOLS. A descriptive review of the published literature was undertaken and findings summarized in the frequently asked questions format. Reliability, content and construct validity testing has been performed on the QOLS and a number of translations have been made. The QOLS has low to moderate correlations with physical health status and disease measures. However, content validity analysis indicates that the instrument measures domains that diverse patient groups with chronic illness define as quality of life. The QOLS is a valid instrument for measuring quality of life across patient groups and cultures and is conceptually distinct from health status or other causal indicators of quality of life.

Why assess Quality of Life in chronic illness?

Quality of life (QOL) measures have become a vital and often required part of health outcomes appraisal. For populations with chronic disease, measurement of QOL provides a meaningful way to determine the impact of health care when cure is not possible. Over the past 20 years, hundreds of instruments have been developed that purport to measure QOL [1]. With few exceptions, these instruments measure what Fayers and colleagues [2,3] have called causal indicators of QOL rather than QOL itself. Health care professionals need to be clear about the conceptual definition of QOL and not to confound it with functional status, symptoms, disease processes, or treatment side-effects [4-7]. Although the definition of QOL is still evolving, Revicki and colleagues define QOL as "a broad range of human experiences related to one's overall

well-being. It implies value based on subjective functioning in comparison with personal expectations and is defined by subjective experiences, states and perceptions. Quality of life, by its very nature, is idiosyncratic to the individual, but intuitively meaningful and understandable to most people [8, p. 885]. This definition denotes a meaning for QOL that transcends health. The Quality of Life Scale (QOLS) first developed by American psychologist, John Flanagan, [9,10] fits this definition of QOL.

What does the Quality of Life Scale (QOLS) measure?

The QOLS was originally a 15-item instrument that measured five conceptual domains of quality of life: material and physical well-being, relationships with other people, social, community and civic activities, personal

Appendix H

Ethic Committee Approval



BİLİMSEL ARAŞTIRMALAR ETİK KURULU

09.03.2022

Dear Elijah C. M. Nawa

Your application titled “**The Effect Of Stress On Eating Disorder And Life Satisfaction Amongst Youths In Liberia: Gender A Moderating Factor**” with the application number NEU/SS/2022/1244 has been evaluated by the Scientific Research Ethics Committee and granted approval. You can start your research on the condition that you will abide by the information provided in your application form.

Assoc. Prof. Dr. Direnç Kanol

Rapporteur of the Scientific Research Ethics Committee

Note: If you need to provide an official letter to an institution with the signature of the Head of NEU Scientific Research Ethics Committee, please apply to the secretariat of the ethics committee by showing this document.

Appendix I

Turnitin Similarity Report

ELIJAH NAWA

ORJİNALLIK RAPORU

%6

BENZERLİK ENDEKSİ

%3

İNTERNET KAYNAKLARI

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YAYINLAR

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ÖĞRENCİ ÖDEVLERİ

BİRİNCİL KAYNAKLAR

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3

Daniela Degortes, Paolo Santonastaso, Tatiana Zanetti, Elena Tenconi, Angela Veronese, Angela Favaro. "Stressful Life Events and Binge Eating Disorder", European Eating Disorders Review, 2014

Yayın

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commons.ln.edu.hk

İnternet Kaynağı

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5

Kristina Holmqvist Gattario, Ann Frisén, Tanya Luanne Teall, Niva Piran. "Embodiment: Cultural and gender differences and associations with life satisfaction", Body Image, 2020

Yayın

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6

Julia Reichenberger, Rebekka Schnepfer, Ann-Kathrin Arend, Jens Blechert. "Emotional

<%1

CURRICULUM VITEA

Personal Data

Name: Elijah C. M. Nawa
 Date of Birth: September 28, 1996
 Place of Birth: Nyaaken, River Gee County
 Marital Status: Single
 Nationality: Liberian
 Current Address: Egemen Sokak, Gonyeli, Nicosia, Northern Cyprus
 Contact: +905338522903
 Email Address:
elijahchabymontonnawa@gmail.com/20206113@std.neu.edu.tr

Educational Background

- Certificate Trauma Healing/ BATES Foundation Trauma Healing Studies-2019
- BA Psychosocial Counseling/ African Methodist Episcopal University/Bryant Collage-2020
- M.Sc. General Psychology/ Near East University/Graduate School of Social Sciences-2022

Work Experience

- Super Revenue Task Enforcer-Monrovia City Cooperation (MCC)/Revenue Task Force-2016
- Intern Student GBOWEE Peace Foundation Africa/ Research Department - 2019
- Program Manager Brighter Mind for Progressive Future 2019
- CEO & Founder Psycho-Talk Show/ Psychosocial dialogue Media Platform-2019
- Internship Redemption Hospital/Mental Health Department-2020
- Office Assistant African Methodist Episcopal University/Department of Counseling-2020
- Secretary General Liberia Student Association in Northern Cyprus (LSANC)/Turkish Republic of Northern Cyprus (TRNC) 2022

Skills

- Vibrant Public Speaker/Leadership Expert
- Innovative Character
- Computer Literate
- Strategic Planner
- Piece Builder
- Good Communication Skills
- Patient Oriented