

ISSN: 2584-0142

PSYCHOPEDIA
JOURNALSInternational Journal of
Interdisciplinary Approaches
in Psychology (IJIAP)

The Impact of Perceived Stress on Binge Eating Among Young Adults

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Abstract: The aim of this study was to investigate the impact of perceived stress on binge eating behaviours among young adults. The research utilized a quantitative research design, with a sample of 100 participants (55 males and 45 females) aged 18-26 from the Delhi-NCR area. Data was collected using the Perceived Stress Scale (PSS-10) and the Binge Eating Scale (BES). The results revealed a significant positive correlation ($r = 0.613$) between perceived stress and binge eating, with higher levels of perceived stress predicting greater severity of binge eating behaviours. Linear regression analysis showed that perceived stress significantly predicts binge eating, emphasizing the role of stress as a potential trigger for maladaptive eating patterns. The study suggests that interventions targeting stress reduction may help mitigate binge eating behaviours in young adults, underscoring the need for a comprehensive approach to address both psychological and eating-related concerns.

Keywords: *Perceived Stress, Binge Eating, Young Adults, Stress Management, Eating Disorders, Quantitative Research, Correlation, Regression Analysis, Intervention Strategies.*

1. Introduction

Stress has slowly woven itself into the fabric of everyday life for young adults, often going unnoticed until its effects start to take a toll. Between the pressures of academic performance, career planning, financial independence, social relationships, and a growing need for self-definition, young adults today are navigating an incredibly demanding

landscape. In trying to keep up, many are left feeling emotionally exhausted, mentally overwhelmed, and physically drained. Amidst this chaos, food can serve as a temporary escape—a source of comfort, control, or distraction. For some, this reliance on food to cope spirals into a behavioural pattern known as binge eating, where individuals consume large amounts of food in a short period, often in response to emotional distress rather than physical hunger. These episodes are typically accompanied by a sense of loss of control and followed by guilt, shame, or regret.

While binge eating has often been discussed in the context of eating disorders, there is increasing recognition of its link to perceived stress, that is, how individuals subjectively experience and interpret stressors in their lives. Unlike objective stress, perceived stress is more personal and emotional. It's not always about how much pressure someone is under, but how overwhelming that pressure feels. Two people might face the same challenges but experience them very differently depending on their coping resources, mental health, and personal resilience. This distinction is crucial because perceived stress has been found to be more predictive of emotional and behavioural outcomes than objective stress itself. In other words, how people feel about their stress may influence how they respond to it—including whether or not they turn to food as a coping mechanism.

The transition from adolescence to adulthood is already a vulnerable phase, often marked by emotional highs and lows, identity exploration, and a search for autonomy. During this period, many young adults develop their lifelong habits—both healthy and unhealthy. With limited experience in managing intense emotions and stress in a sustainable way, some resort to food for comfort. Unfortunately, this coping strategy can become habitual, reinforcing a cycle where stress triggers binge eating, and the aftermath of guilt or shame from binge eating increases stress even further.

Research supports the idea that stress and binge eating are closely connected. Elevated stress levels are known to affect the body's hormonal balance, particularly increasing cortisol—a hormone that not only raises appetite but also promotes cravings for high-calorie, sugary, and fatty foods. This biological response, combined with psychological vulnerabilities such as low self-esteem, anxiety, or a lack of healthy coping skills, makes young adults especially susceptible to emotional eating and binge behaviours. Moreover, stress can impair decision-making, reduce self-regulation, and heighten impulsivity—all of which further contribute to the likelihood of binge eating episodes.

It's also worth noting that our society doesn't always make it easy to develop a healthy relationship with food. With the glorification of productivity, appearance-based validation,

and unrealistic beauty standards—especially on social media—young adults are often left feeling inadequate or under constant scrutiny. Food, in these cases, can become both a source of rebellion and relief. For example, a student pulling an all-nighter for an exam might binge on snacks not just because they're hungry, but because it provides a momentary distraction from stress and anxiety. These moments, though seemingly trivial, can compound over time into patterns that are hard to break.

Understanding the impact of perceived stress on binge eating is not just a matter of addressing eating behaviour—it's about addressing the emotional roots that fuel it. By identifying how stress contributes to disordered eating patterns, mental health professionals, educators, and caregivers can develop more effective prevention and intervention strategies. Approaches like mindfulness-based stress reduction (MBSR), cognitive-behavioural therapy (CBT), emotional regulation training, and supportive peer environments can help young adults manage stress in healthier ways before it manifests through food.

In essence, binge eating among young adults is often not a matter of poor self-control, but a response to internalized emotional pressure and the struggle to cope with life's demands. This paper aims to delve deeper into this link between perceived stress and binge eating, shedding light on a silent but impactful issue that affects both physical and mental well-being. By recognizing and addressing this connection, we can take meaningful steps toward promoting emotional resilience, healthier eating behaviours, and overall psychological wellness in young people.

Stress is an inevitable part of human experience, affecting individuals in myriad ways across various domains of life. Defined as the body's response to perceived threats or challenges, stress can manifest both physically and psychologically, influencing behaviour, emotions, and cognitive functioning. This comprehensive overview aims to delve into the multifaceted nature of stress, exploring its physiological mechanisms, psychological correlates, and socio-environmental determinants. By examining the complex interplay between stressors, individual coping strategies, and adaptive outcomes, this review seeks to provide insights into the nature, impact, and management of stress in contemporary society.

At its core, stress is a physiological response mediated by the autonomic nervous system and the hypothalamic-pituitary-adrenal (HPA) axis. When confronted with perceived threats or challenges, the body activates its stress response system, releasing stress hormones such as cortisol and adrenaline. These hormones trigger a cascade of physiological changes, including increased heart rate, elevated blood pressure, heightened alertness, and enhanced metabolic activity. While this acute stress response is adaptive in the short term, chronic exposure to

stressors can lead to dysregulation of the stress response system, contributing to a range of health problems, including cardiovascular disease, immune dysfunction, and mental health disorders.

In addition to its physiological manifestations, stress also exerts a profound impact on psychological well-being, influencing mood, cognition, and behavior. Chronic stress has been linked to an array of psychological symptoms, including anxiety, depression, irritability, and cognitive impairments. Moreover, stress can disrupt adaptive coping mechanisms and undermine resilience, exacerbating the negative consequences of stressful experiences. Understanding the psychological dimensions of stress is essential for developing effective interventions to mitigate its adverse effects and promote psychological resilience in the face of adversity.

While stressors can arise from various sources, including work, relationships, finances, and health concerns, socio-environmental factors also play a critical role in shaping individuals' experiences of stress. Socioeconomic status, social support networks, cultural norms, and environmental conditions all influence the prevalence and impact of stress within communities. Moreover, systemic inequalities and structural injustices can exacerbate stress disparities, disproportionately affecting marginalized and disadvantaged populations. Recognizing the socio-environmental determinants of stress is essential for implementing targeted interventions to address social inequities and promote health equity for all.

Despite the ubiquity of stress, individuals vary in their ability to cope with and adapt to stressful situations. Coping strategies range from problem-focused approaches, such as problem-solving and seeking social support, to emotion-focused strategies, such as acceptance and cognitive reappraisal. Moreover, resilience, defined as the ability to bounce back from adversity, plays a crucial role in mitigating the negative effects of stress and promoting positive adaptation. By fostering resilience and enhancing coping skills, individuals can cultivate greater psychological well-being and navigate life's challenges with greater ease.

In a world that moves fast and demands even faster responses, food can sometimes become more than just nourishment—it becomes a coping mechanism, a source of comfort, or a momentary escape. For many young adults, eating isn't always about hunger anymore. It's often about trying to fill a deeper void—stress, anxiety, boredom, loneliness, or even just the weight of growing up. This emotional entanglement with food has led to a noticeable rise in binge eating behaviors among young people, a pattern that's quietly taking root during one of life's most formative stages.

Binge eating is characterized by consuming unusually large amounts of food in a short period of time, often accompanied by a sense of losing control. Unlike other eating disorders such as bulimia nervosa, binge eating episodes are not followed by purging behaviour's, which often causes the distress and physical consequences to build up over time. For young adults—especially those in college or newly navigating adulthood—these behaviour's may develop gradually. It might begin with occasional emotional eating, late-night snacking during study sessions, or eating out of habit rather than hunger. But over time, these habits can evolve into more frequent, compulsive binge episodes that leave behind shame, guilt, and confusion.

What makes binge eating in young adults particularly concerning is how easily it hides in plain sight. Unlike restrictive eating or dramatic weight loss, binge eating doesn't always have visible signs. A person might appear to be functioning well on the outside while struggling deeply with emotional eating cycles behind closed doors. In many cases, binge eating is not even recognized as a problem by those experiencing it. It's brushed off as "stress eating" or "just being hungry," even though it often involves significant psychological distress and impaired daily functioning.

This age group—roughly between 18 to 25—is especially vulnerable because it marks a period of intense transition. Young adults are expected to make major life decisions, adjust to new independence, balance academic or professional responsibilities, and maintain social relationships, often without well-developed emotional coping mechanisms. Add to this the societal pressures of body image, dieting culture, and social media comparisons, and it's easy to see how one's relationship with food can quickly become complicated. In such an environment, binge eating can provide short-term emotional relief, even if it leads to longer-term psychological and physical harm.

Psychologically, binge eating is closely linked to low self-esteem, poor body image, perfectionism, anxiety, and depression. Biologically, dysregulation in hunger and satiety hormones, such as leptin and ghrelin, may play a role in perpetuating this behaviour. The cycle is often reinforced by guilt after a binge, which can trigger further episodes, creating a loop that is hard to break. Unfortunately, many young adults hesitate to seek help, either because they don't see it as serious enough or because of the stigma surrounding eating disorders.

Despite how common it is, binge eating in young adults remains under-discussed and under-treated. That's why it's crucial to raise awareness about its signs, triggers, and long-term consequences. Understanding binge eating as more than just a lack of willpower—but

rather a complex interaction between emotional, social, and biological factors—can help reduce stigma and encourage early intervention. Supportive environments, mental health resources, and psychoeducation can play a key role in empowering young people to build healthier relationships with food and themselves.

This paper aims to explore binge eating in young adults in depth—examining its causes, psychological patterns, risk factors, and the importance of early recognition and treatment. By shedding light on this often-overlooked issue, we can move toward greater awareness, empathy, and support for those silently struggling with food, body image, and emotional wellbeing.

2. Review of Literature

Giel et al. (2022) provided an in-depth overview of binge eating disorder (BED), emphasizing its complex etiology involving genetic, environmental, neurobiological, and neuroendocrinological factors. The study highlighted impairments in reward processing, inhibitory control, and emotion regulation as key neurobiological contributors to BED. It also discussed the significant burden of BED on individuals' quality of life and the challenges in detection and treatment. The review underscored the need for targeted interventions addressing these neurobiological domains to improve treatment outcomes.

Freizinger et al. (2022) explored the impact of the COVID-19 pandemic on binge-eating behaviour's among adolescents and young adults, shedding light on how these behaviour's escalated during the pandemic. The study highlights the significant influence of stress, isolation, and disrupted routines on eating patterns, leading to an increase in binge-eating episodes. Previous research has shown that adolescents are particularly vulnerable to such behaviours due to developmental and environmental factors. This study contributes to the growing body of literature that underscores the need for targeted interventions to address eating disorders, especially in the context of global crises like the pandemic.

Smith et al. (2021) explored the dynamic relationship between stress and binge eating disorder by examining how stress responses and BED symptoms unfold in real-time. The study revealed that the accumulation of stress throughout the day is a significant trigger for binge eating episodes. Additionally, individuals with higher overall stress levels and those who struggle to recover from stress tend to experience more severe binge eating and cravings. This research highlights the importance of considering the dynamic nature of stress in understanding and treating BED.

Lim et al. (2021) examined how anxiety and stress predict binge eating in teens. The study used a prospective approach, looking at these factors over time. It explored the link between these negative emotions and increased binge eating tendencies. The findings contribute to understanding risk factors for disordered eating in adolescence.

Varma et al. (2021) conducted a global survey during the COVID-19 pandemic and found that younger individuals were significantly more vulnerable to stress, anxiety, and depression. These heightened emotional states can disrupt coping mechanisms, potentially increasing the likelihood of stress-related behaviors like binge eating in young adults.

3. Research Methodology

3.1 Aim

The aim Of this research is to investigate the Impact Of Perceived Stress On Binge eating in Young Adults.

3.2 Research Objective

- a) To Study the association of perceived stress with binge eating.
- b) To study the impact of perceived stress on binge eating.

3.3 Hypothesis

H1: There will be a significant association Of perceived stress with binge eating among young adults.

H2: There will be a significant impact Of perceived stress On binge eating among young adults.

3.4 Variables

Criterion Variable: Perceived Stress

Predictor Variable: Binge Eating

3.5 Research Design

Quantitative Research Design

This type Of research frequently utilizes statistical analysis to identify patterns, relationships, and cause-and-effect relationships between variables. The research question for this study is whether there is an association and impact Of perceived stress and binge eating among young adults. The Criterion variable is perceived stress. 10-13 researcher papers were taken On each variable and a total Of 26 researches were reviewed from a credible scientific database. Purposive sampling technique has been used to collect the data and correlation and regression is applied to analyse the data. Final report was prepared.

3.6 Sample

The study included 100 participants, 55 males, and 45 females between 18-26 years of age. For this study, element selection criteria have been deployed and the representation basis is non-probability, hence it is purposive sampling (Kothari, 2004). A sample of 100 participants aged between 18 and 26 years was taken for this study. This study will use 100 college young adults from the Delhi-NCR area (55 male and 45 female).

Inclusion Criteria: In this study, we included those individuals who are young adults. These individuals belonged to a certain age group (18–26 years).

Exclusion Criteria: All those who were not in the age group were excluded. And those who were not showing interest they were also not included in order to have accurate results.

3.7 Measures

The Perceived Stress Scale (PSS-10; Cohen, Kamarck, & Mermelstein, 1983) is widely used to assess psychological stress levels by gauging perceptions of unpredictability, controllability, and overload in respondents' lives. Respondents rate their experiences on a 5-point scale ranging from 0 to 4, indicating 'never' to 'very often', respectively, with a maximum score of 40. The scale demonstrates satisfactory reliability, as evidenced by Cronbach's alpha coefficients typically exceeding 0.70. Moreover, it exhibits good construct validity and has been validated across diverse populations.

The Binge Eating Scale (BES; Gormally, Black, Daston, & Rardin, 1982) is a widely utilized self-report instrument designed to assess the severity of binge eating behaviours, particularly in individuals with eating-related concerns. It comprises 16 items that explore both behavioural manifestations and emotional/cognitive aspects associated with binge eating episodes. Respondents select statements that best describe their experiences, with scores ranging from 0 to 46. Higher scores reflect greater severity of binge eating. The BES demonstrates strong internal consistency, with Cronbach's alpha coefficients typically above 0.85. It also shows solid construct validity and has been validated across clinical and non-clinical populations, making it a reliable tool for both research and clinical assessment.

3.8 Procedure

Made a survey using Google Forms, dividing it into three sections that matched the questionnaires. Before participants could answer the questions, they had to agree to take part. Sent out the survey to the participants. Collected data by purposefully selecting participants through a method called Purposive Sampling Technique. After gathering the data, scored it using the guidelines provided with the questionnaires.

3.9 Statistical Analysis

Computed the mean and standard deviation for the collected scores to understand the central tendency and variability of the data. Additionally, we conducted a correlation analysis to examine the relationship between the two variables. This analysis helped us determine the strength and direction of the association between them. Furthermore, we performed regression analysis to explore how one variable predicts another. This analysis allowed us to assess the extent to which changes in one variable are related to changes in the other, providing insights into their predictive relationship. Overall, these statistical procedures enabled us to gain a comprehensive understanding of the data and draw meaningful conclusions regarding the variables under investigation.

3.10 Ethical Considerations

Participants are fully informed about the nature and purpose of the study, potential risks and benefits, and their rights as participants. They are provided voluntary, informed consent before participating, and consent forms are clear and understandable.

The privacy and confidentiality of participants are protected by ensuring that data is kept secure and anonymized whenever possible. Participants' personal information will be kept confidential, and data will be reported in aggregate form to prevent identification of individual participants.

4. Results

Table 1: Descriptive Statistics

	Mean	Standard Deviation	N
Stress	21.20	8.522	100
Binge Eating	17.61	10.335	100

Table 2: Correlation

	Stress	Binge Eating
Stress	1	.613**
Binge Eating	.613**	1

*: $p < 0.01$ (statistically significant at the 0.01 level).

Table 2 indicates that there is a moderate positive correlation between perceived stress and motivation ($r = 0.613^{**}$), ($p < 0.01$)

Table 3: Regression

			Predictor -	Binge Eating		
Criterion	B	SE	Beta	T	Sig.	R

Stress	0.506	0.66	0.613	7.683*	<0.01	0.613

B (Unstandardized Coefficient): 0.506, SE (Standard Error): 0., 66, Beta (Standardized Coefficient): 0.613, T (T-value): 7.683, Sig. (Significance): <0.01, R(p-value): 0.613

*: $p < 0.01$ (statistically significant at the 0.01 level)

Table 3 shows the linear regression for predicting motivation using perceived stress. The model presented best fit ($p < 0.05$ for motivation).

The results of the study demonstrate a significant relationship between perceived stress and binge eating behaviours among young adults. The descriptive statistics show moderate levels of both stress ($M = 21.20$, $SD = 8.522$) and binge eating ($M = 17.61$, $SD = 10.335$), with considerable variability across participants. The correlation analysis reveals a moderate positive relationship ($r = 0.613$, $p < 0.01$) between stress and binge eating, indicating that higher stress levels are associated with more severe binge eating behaviours. The regression analysis further supports this finding, showing that perceived stress significantly predicts binge eating, with an unstandardized coefficient ($B = 0.506$) and a standardized coefficient (Beta = 0.613), indicating that stress accounts for a substantial portion of the variability in binge eating. These results underscore the important role of stress in influencing binge eating and suggest that managing stress could be crucial in addressing binge eating behaviours.

5. Discussion of Results

The aim of this research was to investigate the impact of perceived stress on binge eating among young adults. The study employed a quantitative research design and utilized the Perceived Stress Scale (PSS-10) and the Binge Eating Scale (BES) to measure perceived stress and binge eating, respectively. The sample consisted of 100 young adults from the Delhi-NCR area, including 55 males and 45 females aged between 18 and 26 years.

The hypothesis proposed for this study was as follows-

H1. There will be a significant association of perceived stress with binge eating.

We employed regression analysis to delve deeper into the connection between perceived stress and binge eating. The regression model unveiled that perceived stress significantly predicted binge eating ($\beta = 0.613$, $p < 0.01$). This outcome validates the

hypothesis positing a notable link between perceived stress and binge eating among young adults.

The outcomes of this study enhance our comprehension of the intricate interplay between perceived stress and binge eating among young adults. The noteworthy positive correlation detected suggests that heightened levels of perceived stress correspond to increased binge eating levels. This finding resonates with prior studies emphasizing the effects of acute stress in binge eating disorder (Naish, K. R., Laliberte, M., MacKillop, J., & Balodis, I. M., 2019).

H2. There will be a significant Impact of perceived stress with binge eating.

The results revealed a mean perceived stress score of 21.20 with a standard deviation of 8.522, indicating moderate to high levels of perceived stress among the participants. On the other hand, the mean binge eating score was 17.61 with a standard deviation of 10.335, suggesting a relatively high level of binge eating among the sample. The correlation analysis indicated a moderate positive correlation between perceived stress and binge eating ($r = 0.613$ $p < 0.01$). This finding suggests that as perceived stress levels increase, binge eating levels also tend to increase among young adults. However, it's essential to note that the correlation coefficient is statistically significant.

The current findings on stress and binge eating among young adults align with a substantial body of literature demonstrating a complex and bidirectional relationship between psychological stress and binge eating behaviours. The descriptive statistics reveal moderate average levels of both stress and binge eating, with high variability in the sample. These trends suggest that while some individuals may manage stress effectively, others may engage in maladaptive coping strategies such as binge eating—a pattern widely supported in existing research.

Stress has consistently been shown to be a critical factor contributing to binge eating behaviours. Smith et al. (2021) found that the accumulation of daily stress is a strong trigger for binge eating episodes, particularly among individuals who struggle to regulate stress responses. Similarly, Srivastava et al. (2021) emphasized that it is not just the presence of stress, but its perception and subsequent emotional response, that significantly predict binge eating episodes. This is further reinforced by Cohen et al. (2017), who asserted that perceived stress plays a more central role in behavioural outcomes than objective stressors, directly influencing maladaptive coping mechanisms such as binge eating.

The COVID-19 pandemic has magnified these issues. Freizinger et al. (2022) reported increased binge eating among adolescents and young adults during the pandemic, attributing

this spike to heightened stress, social isolation, and routine disruption. Varma et al. (2021) added that younger individuals experienced elevated levels of stress, anxiety, and depression during this time, potentially exacerbating stress-related behaviors like binge eating.

Beyond the immediate effects of stress, long-term patterns are also of concern. Goldschmidt et al. (2023) demonstrated the stability of binge eating from adolescence into adulthood, influenced by risk factors such as body image dissatisfaction and family dynamics. This highlights the importance of early prevention strategies to disrupt the persistence of disordered eating behaviours. The same authors, in another study, identified psychosocial vulnerabilities—like depressive symptoms and weight-related teasing—as key predictors of binge eating among dieters (Goldschmidt et al., 2020), emphasizing that stress and social context must be considered when assessing risk.

Neurobiological and emotional regulation deficits also contribute to the stress–binge eating cycle. Giel et al. (2022) identified impairments in reward processing and inhibitory control as central to the development of binge eating disorder (BED). These neurological factors, often exacerbated by chronic stress, may compromise an individual's ability to resist binge urges. Leppink et al. (2020) also noted that high stress is linked with poor impulse control and risky behaviours, reinforcing the view that stress undermines self-regulation, potentially leading to binge eating.

Environmental and developmental contexts are equally critical. Hampel and Petermann (2018) and Bovier et al. (2018) found that adolescents and young adults with poor coping skills and limited social support are more vulnerable to stress and, consequently, to disordered eating. Lim et al. (2021) further confirmed that stress and anxiety are predictive of binge eating tendencies over time, particularly during adolescence—a sensitive developmental period marked by emotional fluctuation.

Effective interventions should address both psychological and physiological components of BED. Brownley et al. (2020) demonstrated that cognitive behavioural therapy (CBT) and pharmacological treatments like lisdexamfetamine are effective in reducing binge eating. Furthermore, Wilson et al. (2018) found that CBT and interpersonal psychotherapy (IPT) significantly outperform weight loss–focused treatments, especially among individuals with low self-esteem.

Finally, while the biological underpinnings of binge eating are gaining clarity (Mathes et al., 2018), the need for holistic, individualized treatment approaches remains paramount. As Hilbert (2019) argues, understanding BED requires not just clinical assessment but also empathy for the complex personal experiences underlying disordered eating. This is echoed

by Guerdjikova et al. (2017), who emphasize the link between BED and broader mental health issues, calling for integrated care.

5.1 Limitations

Sampling Bias: The study used a purposive sampling technique, which may limit the generalizability of the findings. Since participants were not randomly selected and were limited to the Delhi-NCR area, the results may not represent all young adults across different regions or cultural backgrounds.

Self-Report Measures: The data was collected using self-report questionnaires (PSS and BES), which are subject to social desirability bias and recall errors. Participants may underreport or overreport their stress levels or binge eating behaviors due to stigma or memory issues.

Cross-Sectional Design: This study employed a cross-sectional research design, meaning data was collected at one point in time. As a result, it limits the ability to draw causal conclusions about the impact of perceived stress on binge eating.

Limited Control of Confounding Variables: Factors such as dieting history, emotional coping mechanisms, pre-existing mental health conditions, or sleep patterns were not controlled for, which might influence both stress levels and binge eating tendencies.

Age Range Constraint: The study only included participants aged 18–26 years. While this focuses the research on young adults, it excludes insights from older adolescents or slightly older adults who may also experience similar patterns of stress and eating behavior.

5.2 Future Research Directions

Longitudinal Studies: Future research should adopt a longitudinal design to track changes in perceived stress and binge eating over time. This would help in understanding the causal relationship and temporal patterns between the two variables.

Diversified and Larger Samples: Expanding the sample size and including participants from different geographic regions, socio-economic backgrounds, and cultural contexts would enhance the generalizability of the findings.

Gender and Age Comparisons: Further studies could explore gender differences and expand the age range to include adolescents and older adults, allowing for a more nuanced understanding of how stress and binge eating manifest across life stages.

Mixed-Method Approaches: Integrating qualitative methods (e.g., interviews, focus groups) alongside quantitative tools can provide deeper insight into the personal experiences, emotional triggers, and contextual factors influencing binge eating.

5.3 Implications

Enhancing Psychological Awareness and Mental Health Education: The study highlights the significant role that psychological stress plays in influencing eating behaviours. This calls for increased psychological awareness among young adults. Educational institutions can integrate mental health awareness campaigns into their orientation and ongoing student support programs to educate students about the effects of stress on health, including disordered eating behaviours like binge eating. This can empower students to recognize early signs and seek timely help.

Development of Targeted Intervention Programs: The findings indicate a moderate to strong correlation and impact of perceived stress on binge eating, suggesting the need for personalized interventions. Mental health professionals, especially those working in college settings, can design and implement cognitive-behavioral therapy (CBT) and mindfulness-based stress reduction (MBSR) programs. These approaches can be effective in helping students develop healthy coping strategies, regulate emotions, and reduce binge eating tendencies.

Supportive Policy and Institutional Infrastructure: Universities and colleges may consider revisiting their policies regarding student mental health. The results suggest a pressing need to address stress at a systemic level, such as academic pressure, competition, financial concerns, and social dynamics. Institutions can introduce wellness weeks, flexible deadlines, and enhanced access to counselling centers as part of stress-reduction initiatives.

Applications in Clinical Psychology Practice: For clinical psychologists and counselors, these findings reinforce the importance of screening for eating behaviours when treating patients with high levels of perceived stress. Binge eating may serve as a maladaptive coping mechanism, and therefore, comprehensive assessment tools should include both psychological distress and behavioral symptoms to design more effective treatment plans.

Public Health and Preventive Care Strategies: From a broader public health perspective, this study supports the inclusion of stress management as part of eating disorder prevention programs. Campaigns targeting youth and young adults can promote balanced lifestyles, stress reduction techniques, and positive body image, helping reduce the societal burden of eating disorders and obesity-related conditions.

Promotion of Holistic Health Programs in Educational Settings: The research suggests that binge eating can be mitigated through holistic well-being initiatives. Institutions could provide structured programs involving physical activity (e.g., yoga, sports), emotional support groups, mindfulness meditation, and guided journaling, which can collectively aid in reducing stress and promoting healthier coping mechanisms.

6. Conclusion

This study explored the relationship between perceived stress and binge eating among young adults, revealing a significant and positive association between the two. The data indicate that higher levels of perceived stress are strongly linked to more severe binge eating behaviours, which may act as a maladaptive coping mechanism in response to stressors. The regression analysis further supports the notion that perceived stress can predict the severity of binge eating, suggesting that stress plays a critical role in the onset and continuation of disordered eating patterns.

The findings have important implications for mental health practitioners, educational institutions, and public health policymakers. They underscore the need for targeted interventions that address both the psychological stress and eating behaviours of young adults. Such interventions should include stress management techniques, coping strategies, and effective support systems to reduce binge eating tendencies. By recognizing the impact of stress on eating behaviours, individuals can be better equipped to manage both their psychological well-being and physical health.

This research provides valuable insights into the dynamic interplay between stress and binge eating. It highlights the importance of early detection, proactive intervention, and holistic support systems to mitigate the harmful effects of stress-induced eating behaviours in young adults. Addressing these factors could significantly reduce the prevalence of binge eating and improve the overall mental health and quality of life for this age group.

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