DISORDERED EATING, STRESS, BODY IMAGE DISSATISFACTION AND EMOTION REGULATION

"Exploring Stress and Body Image Dissatisfaction as Predictors of Disordered Eating: The Mediating Impact of Emotion Regulation in a Non-Clinical Sample"

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I would like to thank everybody including friends, family and lecturers for helping me throughout my dissertation journey. Firstly, I would like to thank my participants who participated in my research and answer all the questions on the questionnaire. This research would not be possible without the participants. I would like to thank my supervisors Dr Fearghal O'Brien and Dr Michelle Kelly for their continuous support and guidance throughout the process of this dissertation. I would like to thank them for being so patient with me and answering all my questions. I would like to thank them for their kind words of encouragement which gave me motivation throughout the process of this dissertation and helped me in tough times. Finally, I would like to thank my parents, who have shown me incredible support throughout the journey of this dissertation.

DISORDERED EATING, STRESS, BODY IMAGE DISSATISFACTION AND EMOTION REGULATION

Abstract

Aims: The current study examined whether stress, emotion regulation and body image dissatisfaction predict scores on a subjective measure of disordered eating. The study also aimed to investigate whether stress and emotion regulation predict scores on a measure of body image dissatisfaction. Finally, the current study aimed to investigate if stress or body image dissatisfaction emerge as predictors of disordered eating; does emotion regulation mediate this relationship. **Methods:** Quantitative methodology was used for the current study. Participants (n = 86) had to fill out an online questionnaire that included some demographic questions followed by the EAT-26 scale, PSS-10 scale, DERS- 16 scale, and the AAI-10 scale. **Results:** Results indicated that body image dissatisfaction was the strongest predictor of disordered eating. Stress was also a significant predictor of disordered eating, but its effect size was smaller, and emotion regulation failed to reach significance. Emotion regulation significantly predicted body image dissatisfaction, interestingly stress was not a significant predictor of body image dissatisfaction. The mediation analysis revealed that emotion regulation did not mediate the relationship between body image dissatisfaction and disordered eating. **Conclusion:** These findings have important implications. Future research should use longitudinal designs to better understand causality and examine more specific aspects of emotion regulation that may be more relevant to disordered eating.

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Introduction

Health has long been a top priority over the world, and in recent years, several health issues have been linked to poor food and lifestyle choices (Deng et al., 2024). Modern culture is witnessing an increase in stress and disordered eating practices, which poses serious risks to the health of individuals as well as the public (Adam & Epel, 2007; Lodge et al. 2025; Sporea et al., 2025). Since disordered eating has become more common in recent years, there has been a greater emphasis on comprehending the psychological mechanisms that underlie it (Lavender et al., 2015; Schmidt et al., 2019; Sporea et al., 2025). The emergence and recurrence of disordered eating behaviours have been linked to stress, emotion regulation, and body image dissatisfaction (Lavender et al., 2015; Schmidt et al., 2019). The current study aims to build upon existing research by examining the predictive roles of stress and body image dissatisfaction on disordered eating, with emotion regulation as a potential mediating factor. Understanding these relationships is crucial for informing interventions that targets maladaptive eating behaviours.

Stress

Stress is a fundamental aspect of human experience and a key factor in understanding eating behaviours. It can be broadly categorized into emotional stress, which involves psychological strain, and physiological stress, which triggers physical responses in the body (Ringgold & Rohleder, 2024; Yau & Potenza, 2013). Research has shown that stress influences eating patterns in complex and sometimes contradictory ways (Devonport et al. 2017; Hill et al. 2021; O'Connor and Conner 2011; Rosen et al. 1993) . While some individuals tend to eat more during stressful periods, others reduce their food intake, each response being highly individualistic (Hill et al., 2021; Yau & Potenza, 2013). The work of

Yau and Potenza (2013) provides valuable insights into how stress affects eating behaviours, highlighting the complex relationship between psychological and physiological responses to stress.

Disordered eating

It is well established that people eat more when they are experiencing unpleasant emotions like stress, worry, boredom, rage, or despair (Godet et al. 2022; Güneş et al., 2017; Reichenberger et al. 2020). Furthermore, research has demonstrated that majority of people make a collective effort to limit their food intake (Godet et al. 2022; Güneş et al., 2017; Reichenberger et al. 2020). People's attempts to limit their food consumption may result in binge eating, which has the exact opposite impact and lead to excessive weight gain (Güneş et al., 2017; Neumark-Sztainer et al., 2011).

Adulthood is a critical time to establish and maintain healthy eating habits that might endure into adulthood because optimal nutrition is critical for healthy development and growth during this time. Adults who adopt good eating attitudes will profit in the short and long terms from improved health (Hou et al., 2013; Neumark-Sztainer et al., 2011; Stice, 2015). Adults often frequently associate good eating with transient activities to enhance their appearance or avoid the stigma associated with obesity. Attitudes about the relationship between food and eating attitudes, perceptions of conflicting food-related social influences, and perceptions of the notion of healthy eating itself were the four main obstacles to adults healthy eating (Hou et al., 2013; Stice, 2015).

Predictors of Disordered eating: Stress, Emotion Regulation and Body Image Dissatisfaction

Stress and Disordered Eating: Several studies have explored the connection between stress and eating attitudes, demonstrating that stress can significantly impact food intake and

eating behaviours. Research by Hill et al. (2021) highlights that stress influences food consumption patterns in adults. Similarly, O'Connor and Conner (2011) found that stress affects health both directly, through physiological mechanisms, and indirectly, by altering food choices. Their research indicates that stress can lead to both increased food intake. Additionally, Yau and Potenza (2013), along with Rosen et al. (1993), emphasized that stress contributes to problematic eating behaviours, including binge eating and an increased preoccupation with body image.

Psychological stress has been identified as a primary factor in the development of negative eating attitudes. Ball and Lee (2000) found that stress plays a crucial role in shaping unhealthy eating behaviours, including food restrictions and compulsive overeating. Devonport et al. (2017) supported these findings by demonstrating that individuals experiencing high levels of stress are more likely to develop negative eating attitudes. Their study also highlighted the role of emotions in influencing eating behaviours, reinforcing the idea that stress can lead to disordered eating patterns.

Other studies have specifically examined how stress contributes to emotional and uncontrollable eating. Järvelä-Reijonen et al. (2016) found that individuals with high perceived stress were more likely to eat emotionally and uncontrollably, had lower levels of intuitive eating, and displayed poorer eating competence. Similarly, Rouzitalab et al. (2015) found that stress was linked to higher levels of emotional and uncontrolled eating, reduced cognitive restraint, and lower intuitive eating. Both studies noted limitations, including reliance on self-reported data (Järvelä-Reijonen et al., 2016) and the cross-sectional study design (Rouzitalab et al., 2015), which limited their ability to determine causation.

Emotion regulation and Disordered Eating: Emotion regulation is a type of self-control that has been linked to studies on disordered eating (Monell et al., 2015; Preece et al.,

2025; Shriver et al., 2020; Sim & Zeman, 2006; Zhou et al., 2025). Behaviours, skills, or strategies used to modify emotional experiences and manifestations are referred to as emotion regulation (Preece et al., 2025). These behaviours and/or skills can be either conscious or unconscious, automatic or hard (Preece et al., 2025; Shriver et al., 2020). It has been researched that due to high levels of negative emotional regulation, it can lead to disordered eating. Studies reveal a robust correlation between emotional regulation and clinical or subclinical disordered eating (Sim & Zeman, 2006; Zhou et al., 2025). Individuals who struggle with emotional regulation could be a contributing factor to disordered eating (Monell et al., 2015; Zhou et al., 2025).

Deficits in emotion regulation have been consistently linked to disordered eating, with individuals engaging in disordered eating patterns to manage the negative effect (Aldao et al., 2009; Zhou et al., 2025). Maladaptive emotion regulation strategies, such as rumination and suppression, are prevalent among individuals with eating disorders and have been found to exacerbate symptoms of disordered eating (Svaldi et al., 2012; Zhou et al., 2025). Individuals who struggle with managing or controlling their emotions, are more likely to engage in disordered eating behaviours (Zhou et al., 2025).

Body Image Dissatisfaction and Disordered Eating: A person's intuitive perception of their body, independent of how they look, is known as their body image (Mallaram et al., 2023; Momeñe et al., 2023).Self-compassion, or considering one's abilities as a close friend might, exhibits beneficial correlations with disordered eating and body image (Braun et al., 2016; Mallaram et al., 2023; Momeñe et al., 2023). Disordered eating behaviours in adolescents have been linked to different experiences of body image dissatisfaction, such as appearance-based bullying, degrading comments from other individuals, media portrayals of thinness and unrealistic beauty standards (Chen et al., 2020; Fitzsimmons-Craft et al., 2012). Adolescents frequently experience body dissatisfaction, which has been proven to be a direct

contributing factor to disordered eating (Chen et al., 2020; Stice & Van Ryzin, 2018). It has been shown that individuals who carry negative body image and are unhappy with their body image are likely to engage in disordered eating (Chen et al., 2020; Stice & Van Ryzin, 2018). Body image dissatisfaction can lead to disordered eating patterns to alter body appearance (Mallaram et al., 2023).

According to recent research, preventive factors that change, improve or otherwise influence variables known to be connected to disordered eating and body image dissatisfaction should be investigated (Braun et al., 2016; Stice & Van Ryzin, 2018). To find possible protective variables that may be demonstrated in causal research to decrease or diminish the relationships described, it is crucial to first understand the connections established in correlational research (Braun et al., 2016; Stice & Van Ryzin, 2018).

Predictors of Body Image Dissatisfaction: Stress and Emotion Regulation

Research indicates that both stress and emotion regulation difficulties contribute to body image dissatisfaction (Asberg & Wagaman, 2010; Momeñe et al., 2023). ***Stress and body image dissatisfaction:*** high levels of stress are associated with negative body image dissatisfaction. Stress may exacerbate concerns about body appearance, leading to increased dissatisfaction (Asberg & Wagaman, 2010). Findings from a study conducted by Murray et al. (2010), suggests that stress accounted for significant proportion of variance in body image dissatisfaction among adults. Higher levels of stress were associated with greater body image dissatisfaction. The study highlights the significant role of stress in the development of body image dissatisfaction during adulthood and underscores the importance of addressing specific stressors in the prevention and intervention programs (Murray et al., 2010). The possible limitation of this study would be the generalisability of the sample. The sample consisted of

high school students from a specific age group and location, which may limit the generalisability of the findings to other populations.

Emotion Regulation and body image dissatisfaction: Individuals with poor emotion regulation abilities are more likely to experience body image dissatisfaction. Inability to manage negative emotion effectively can results in negative self-perceptions related to body image dissatisfaction (Momeñe et al., 2023). Emotion regulation plays a crucial role in predicting body image dissatisfaction, as individuals who struggle with managing their emotions may be more vulnerable to body image dissatisfaction (Svaldi et al., 2012). Body image dissatisfaction is significantly influenced by issues with emotion regulation. Research suggests that difficulties in emotion regulation, such as emotional suppression and rumination, are linked to higher levels of body image dissatisfaction (Momeñe et al., 2023; Prefit et al., 2019; Svaldi et al., 2012). Body image dissatisfaction may result from unpleasant emotional processes brought on by these issues with emotion regulation (Momeñe et al., 2023; Prefit et al., 2019). Maladaptive strategies, including avoidance and self-criticism, can exacerbate body image dissatisfaction by reinforcing feelings of shame and distress (Momeñe et al., 2023; Prefit et al., 2019). Therefore, enhancing emotion regulation skills may serve as a protective factor against body image dissatisfaction.

Emotion Regulation as a Mediator

The emergence and ongoing persistence of disordered eating, especially binge eating, are significantly influenced by emotion regulation (Khodabakhsh et al., 2015). Khodabakhsh et al. (2015) conducted a study examining the relationship between body image dissatisfaction and disordered eating behaviours, and how emotion regulation acts as a mediator between these variables. Findings from their study suggested that emotion regulation significantly mediated the relationship between body image dissatisfaction and

disordered eating. Their findings also indicated that disordered eating was found to be significantly predicted by difficulties with emotion regulation, particularly restricted access to techniques for emotion regulation and non-acceptance of emotional regulation. A key limitation of their study is that the research solely focused on women, which could introduce biases.

Overview of Findings

The psychological aspects that influence eating attitudes in individuals also need to be better addressed and considered when implementing preventative and treatment strategies, even if these techniques often focus on lifestyle changes and behaviours (Braun et al., 2016; Kamimura et al., 2016; Stice & Van Ryzin, 2018). Gaining more knowledge may not necessarily translate into making healthy food choices or eating well. Including psychological interventions can help promote the consumption of healthy foods (Braun et al., 2016; Kamimura et al., 2016; Stice & Van Ryzin, 2018).

The literature underscores the complex interplay between stress, emotion regulation, and body image dissatisfaction in predicting disordered eating behaviour (Braun et al., 2016; Shriver et al., 2020;). While prior studies have examined these variables independently, fewer studies have examined their interrelated effects within a predictive framework. The existing body of literature highlights strong links between stress, disordered eating, body image dissatisfaction and emotion regulation (Lavender et al., 2015; Schmidt et al., 2019). Additionally, literature deficits in emotion regulation have been implicated in the perpetuation of disordered eating. However, there is a need for research exploring whether emotion regulation serves as a mediating factor between these variables. Furthermore, the mediating role of emotion regulation remains unexplored, particularly in a non-clinical population. However, the inconsistencies in findings and methodological limitations

underscore the need for future research. By addressing these gaps, the current study aims to provide a more comprehensive understanding of these psychological predictors and addressing emotion regulation difficulties may be essential in interventions aimed at reducing body image dissatisfaction and disordered eating (Zhou et al., 2025).

The Current study

The current study aims to address this gap by examining the predictive relationships between stress, emotion regulation, body image dissatisfaction and disordered eating. If stress or body image dissatisfaction emerge as predictors of disordered eating, the research also aims to examine if emotion regulation can act as a mediator between the predictor and criterion variable.

The research questions are the following: 1) Does self-rated stress, emotion regulation, and body image dissatisfaction predict scores on a subjective measure of disordered eating? 2) Does self-rated stress and emotion regulation predict sores on a measure of body image dissatisfaction? 3) If stress or body image dissatisfaction emerge as predictors of disordered eating; does emotion regulation mediate the relationship between them?

For the current research hypothesis 1 will investigate whether self-rated stress (pv), emotion regulation (pv) and body image dissatisfaction (pv) will predict scores on a subjective measure of disordered eating (cv). Hypothesis 2 will investigate whether stress (pv), and emotion regulation (pv) will predict scores on a measure of body image dissatisfaction. Finally, hypothesis 3 will investigate whether emotion regulation (mediating variable) will act as a mediator between stress (pv) and/or body image dissatisfaction (pv) and disordered eating (cv). By addressing these research questions, the study has the potential

to inform targeted interventions aimed at improving emotion regulation skills to mitigate disordered eating.

Methods

Participants

The sample for the current study consisted of 86 participants (Males: *n* = 28; Females: *n* = 58) who were healthy adults over the age of 18. All my participants were not previously diagnosed with any kind of eating disorders. The required sample size was calculated using the Tabachnick and Fidell (2013) formula which is as follows: (N > 50 + 8m) n = number of participants and m = number of PVs, therefore calculating this with four predictors my minimum sample size had to be n = 82. Participants ranged in age from 18 to 57 years, with an average age of 20 (SD = 9.46). Considering the study recruited participants online and mainly depended on their consent to participate in the survey, it adopted a non-probability, convenience sampling and snowball sampling technique.

Materials

The online survey consisted of some demographic questions, followed by four distinct scales developed using a survey builder, Google Forms. The demographic questions consisted of age and gender (appendix C) . The demographic questions were used to obtain an overall profile of the study's participants.

The Eat Attitudes Test-26 (EAT-26) (appendix D) was used to measure disordered eating based on the feelings of individuals and their eating behaviours. It consists of 26 self-reporting questionnaires which assesses the general eating behaviours. This differs from a traditional 5- or 7-point Likert scale, where responses are typically evenly spaced numerically (e.g., 1 to 5). Instead, the EAT-26 only assigns points to the more extreme responses (Always 3, Usually 2, Often 1), while Sometimes, Rarely, and Never receive 0 points. So, while it uses a Likert-type response format, it does not follow the standard linear Likert scale scoring system (Garner at al., 1982). The scale's internal consistency was confirmed by reliability

analyses. When it came to eating attitudes detection, the EAT-26 showed moderate sensitivity and acceptable specificity (Rivas et al., 2010). The Eat-26 scale has been validated by Garner at al., (1982). The Cronbach's alpha for the Eating Attitudes Test-26 (EAT-26**)** varies across different studies and populations but generally falls within $\alpha = 0.90$, indicating good internal consistency Garner at al., (1982). The designers of the eat-26 note that this scale can be used for non-clinical purposes. Item 26 is reversed scored (Papini et al., 2022). The total score is calculated by summing up the points from all 26 items, with higher scores indicating greater eating disorder risk (Papini et al., 2022). The internal reliability was tested for the EAT-26 for the current study and the Cronbach's Alpha was $\alpha = 0.91$, which suggests high level of internal consistency.

The Perceived Stress Scale (PSS-10) (appendix E) was used to measure psychological stress. It is a self-report questionnaire that was designed to measure the situations in individuals' life which would be considered stressful. It is a 10-question scale. It is a Likert scale (where 0 = Never and 4 = Very Often) (Cohen et al., 1983). Items 4, 5, 7, 8 are reversed score. For measuring felt stress, the Persian version of the PSS-10 showed acceptable validity and reliability (Maroufizadeh et al., 2018). Significant consistency can be seen in the perceived self-efficacy factor and PSS 10 total score, respectively (Maroufizadeh et al., 2018). The Cronbach's alpha for the Perceived Stress Scale (PSS-10) typically falls within $\alpha = 0.91$, depending on the population and study sample. This value indicated good to excellent internal consistency, meaning that the PSS-10 is a reliable measure of perceived stress. The internal reliability was tested for the PSS-10 for the current study and the Cronbach's Alpha was $\alpha = 0.73$, which suggests an adequate level of internal consistency.

The Difficulties in Emotion Regulation Scale (DERS-16) (appendix F) is a self-report measure that assesses the difficulties an individual might face during emotion regulation. It is a 16-item 5-point Likert scale (1 = Almost never, 5 = Almost always)

(Bjureberg et al., 2015). Sum all 16 item scores to get the total DERS-16 score. The possible total score range is 16 to 80, with higher scores indicating greater difficulties in emotion regulation. There are no reversed score items in the DERS-16 version (Skutch et al., 2019). In the initial validation sample, the DERS-16 showed significant correlation (r =.93) with the 36-item version and good internal consistency (Cronbach's alpha =.92) (Bjureberg et al., 2015). Excellent concurrent validity, good test-retest reliability, and acceptable internal consistency were all displayed by the Persian DERS-16 (Shahabi et al., 2018). The DERS-16 has 6 different subscales, but the hypothesis will be tested based upon the total score. The internal reliability was tested for the DERS-16 for the current study and the Cronbach's Alpha was $\alpha = 0.95$, which suggests a high level of internal consistency.

The Appearance Anxiety Inventory (AAI-10) (appendix G) will be used to measure the different aspects of body image anxiety in general. It is a 10-question self-report scale. Each item is rated on a 5-point scale (0 = Not at all to 4 = All the time) (Veale et al., 2013). It was discovered that the AAI had strong consistent validity, with correlations of.55. With a Cronbach's Alpha of 0.86, internal consistency was found to be high (Veale et al., 2013). The AAI-10 has three different subscales, but the hypothesis will be tested based upon the total scores. There are no Since all items assess appearance-related distress or avoidance, none are designed to be reverse-scored in the standard scoring procedure (Veale et al., 2013). The AAI-10 is not a diagnostic tool but helps screen for appearance-related distress. Higher scores suggest significant distress and may indicate a need for further clinical assessment. The internal reliability was tested for the AAI-10 for the current study and the Cronbach's Alpha was $\alpha = 0.93$, which suggests a high level of internal consistency. The following scales will be found the Appendices Section.

Design

The current study applied a quantitative methodology. This study utilized a multivariate cross-sectional design with a within-subject approach. Hyp1: Self-rated stress (PV), emotion regulation (PV), and body image dissatisfaction (PV) will predict scores on a subjective measure of disordered eating (CV). Hyp2: Stress (PV) and emotion regulation (PV) will predict scores on a measure of body image dissatisfaction (CV). Hyp 3: Emotion regulation (Mediating Variable) will act as a mediator in the relationship between stress and/or body image dissatisfaction (PVs) and disordered eating (CV).

Data analysis

As this current research was done using a quantitative method, the following statistical analysis was done using IBM SPSS software. The data collected from google form was recoded into excel first and then exported to IBM SPSS.

Firstly, descriptive analysis was carried out for age, stress, disordered eating, emotion regulation and body image dissatisfaction. Then descriptive analysis was carried out for gender, like frequencies. A correlation was done for the following four variable: Stress, Disordered eating, emotion regulation and body image dissatisfaction. Then for hypothesis 1, a multiple regression analysis was carried out to see whether Self-rated stress, emotion regulation, and body image dissatisfaction would predict scores on a subjective measure of disordered eating. For hypothesis 2, a multiple regression analysis was carried out to see whether Stress and emotion regulation will predict scores on a measure of body image dissatisfaction. Finally for hypothesis 3, a mediation analysis will be carried out using the PROCESS macro by Andrew F. Hayes. The PROCESS macro is a powerful tool because it simplifies calculations and provides bootstrapped confidence intervals, which improve the reliability of mediation analysis results Hayes, A. F. (2017).

Procedure

The potential participants for this research were healthy adults in Ireland, who were not previously diagnosed with any kind of eating disorders. Social media sites were used to recruit most study participants. The survey was shared in group chats in Whats App and posted to Instagram, and Snapchat. Using snowball sampling technique, some were enlisted by mutual acquaintances, who sent them an email with the link to the questionnaire or sent through Whats App.

This current research did not use a pilot study. This research used well-established and recognised scales to measure the variables in the study. The scales used in this study have been previously validated in other studies. Therefore, it could be relied upon the strength of these scales and measure the variable accurately. Multiple different studies have used the scales that have been used in this research. The pilot study did not suit the nature of this study.

Before the participants decided to take part in the research, they were directly provided with an information sheet (appendix A), which outlined the nature of the study and all the relevant information about the study such as the time duration of how long it should take the participants to fill out the survey (25-30 mins). They were given to withdraw participation at any point in the survey without penalty. Then after reading and understanding the information sheet, they were provided with an informed consent sheet (appendix B), with all the rights and responsibility of the participants. and what happens with all the data collected from the research. After reading the consent sheet the participants then had to tick the “yes” consenting if they have read and agree with all the above information and that they are providing informed consent to participate in this study. And then they also had to tick the box to confirm they were not previously diagnosed with eating disorders.

Once they had done that, the questionnaire started off with some demographic questions such as age and gender (appendix C). Participants were then required to fill out the Eat Attitudes Test-26 (EAT-26) (appendix D) questionnaire, followed by the Perceived Stress Scale (PSS-10) (appendix E) questionnaire, followed by the Difficulties in Emotion Regulation Scale (DERS-16) (appendix F) questionnaire. Then lastly the Appearance Anxiety Inventory (AAI-10) (appendix G) questionnaire. When they completed the full survey, they were provided with a debrief sheet (appendix H), which outlined further contacts such as mine and the supervisors, if the participants had any further queries or concerns. It also included helpline services, if they felt they need to reach out to somebody other than the researcher.

Results

Descriptive Statistics

The current data is drawn from a sample of 86 participants (n = 86). This consisted of 67.4% females (n = 58) and 32.6% males (n = 28), who were healthy adults over the age of 18. All the participants were not previously diagnosed with any kind of eating disorders.

Descriptives statistics was done for age, disordered eating, stress, emotion regulation and body image dissatisfaction as presented in Table 1. The mean age was found to be 27.51. Frequency was done for Gender/Sex and presented in Table 2. The frequency for gender was 100%.

Table 1

Descriptives statistics table for Age, Disordered eating, Stress, Emotion regulation and Body image dissatisfaction

Variable	*M* [95% CI]	*SD*	Range
Age	27.51 [25.48, 29.54]	9.46	18-57
Disordered eating	13.56 [10.87, 16.25]	12.54	0-55
Stress	21.16 [19.97, 22.35]	5.56	7-36
Emotion Regulation	42.84 [39.33, 46.34]	16.35	16-78
Body Image Dissatisfaction	13.44 [11.39, 15.50]	9.59	0-38

Table 2

Frequencies for Gender/Sex

Variable	Frequency	Valid %
Gender		
Male	28	32.6
Female	58	67.4

Inferential Statistics

Table 3

Pearson product-moment correlations between study variables

Variable	1.	2.	3.	4.
1. Disordered Eating	-			
2. Stress	-.02	-		
3. Emotion Regulation	.33**	.48**	-	
4. Body Image Dissatisfaction	.44**	.24*	.52**	-

Note: * p < .05; ** p < .01; *** p < .001

Hypothesis 1

A Multiple regression analysis was performed to investigate whether disordered eating scores were predicted by three variables: self-rated stress, emotion regulation and body image dissatisfaction. Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity, and homoscedasticity. The correlation between the predictor variables and criterion variable are presented in Table 3. The correlation between the predictor variables were assessed and *r* values ranged from <-0.2 to .52. Tests for multicollinearity also indicated that all Tolerance and VIF values were in an acceptable range.

Since no a priori hypothesis had been made to determine the order of entry of the variables a direct method was used for the analysis. The three predictors explained 24.4% variance in eating disorder scores ($F(3, 82) = 8.82$, $p < .001$). Stress and body image dissatisfaction were found to significantly predict disordered eating scores, while emotion regulation does not. Body image dissatisfaction was the strongest predictor in the model and

had a positive relationship with disordered eating scores (β = .37) (see Table 4 for full details).

Table 4

Multiple regression model predicting disordered eating scores.

Variable	R^2	*B*	*SE*	β	*t*	*p*
Model	.24***					
Stress		-.49	.25	-.22	-2.00	.049*
Emotion Regulation		.19	.10	.24	1.95	.055
Body Image Dissatisfaction		.48	.15	.37	3.25	.002***

Note: R^2 = R-squared; β = standardized beta value; B = unstandardized beta value; SE = Standard errors of B; N = 86; Statistical significance: ***p < .001; * p < .05

Hypothesis 2

A Multiple regression analysis was performed to investigate whether body image dissatisfaction scores were predicted by the two variables: stress and emotion regulation. Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity, and homoscedasticity. The correlation between the predictor variables and criterion variable are presented in Table 3. The correlation between the predictor variables were assessed and *r* values ranged from <-0.2 to .52. Tests for multicollinearity also indicated that all Tolerance and VIF values were in an acceptable range.

Since no a priori hypothesis had been made to determine the order of entry of the variables a direct method was used for the analysis. The two predictors explained 27.1% variance in the body image dissatisfaction scores (F (2, 83) = 15.39, p < .001). Out of the two predictor variables, emotion regulation was found to uniquely predict body image dissatisfaction to a statistically significant level, while stress did not. Emotion regulation was

the strongest predictor in the model and had a positive relationship with body image dissatisfaction (β = .53). Stress was a negative predictor of body image dissatisfaction (see Table 5 for full details).

Table 5

Multiple regression model predicting body image dissatisfaction scores.

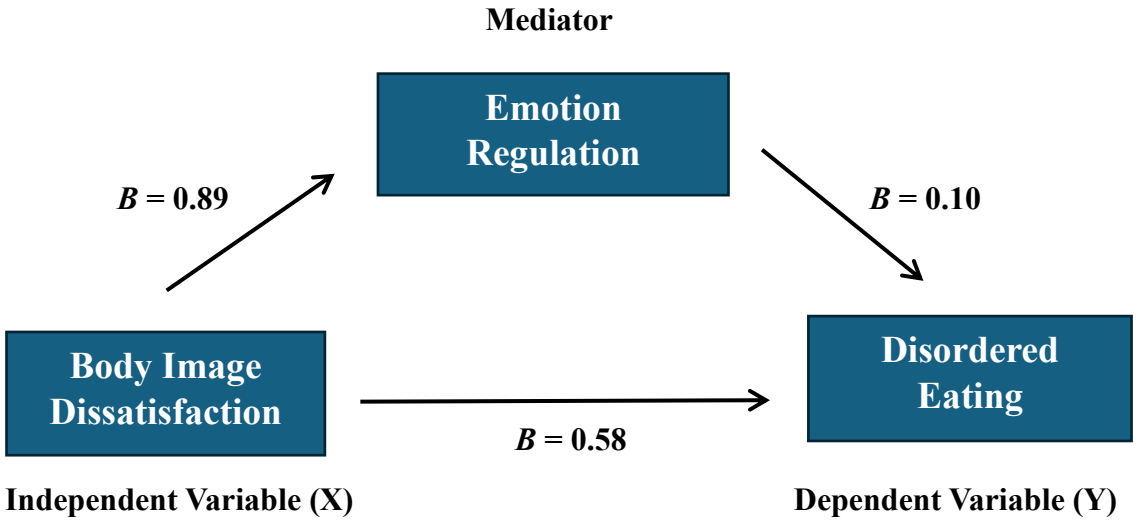
Variable	R^2	*B*	*SE*	β	*t*	*p*
Model	**.27*** **					
Stress		-.03	.18	-.02	-0.16	.875
Emotion regulation		.31	.06	.53	4.94	<.001***

***Note*:** R^2 = R-squared; β = standardized beta value; B = unstandardized beta value; SE = Standard errors of B; N = 86; Statistical significance: ***p < .001

Hypothesis 3

Figure 1

Model 4 for PROCESS macro mediation analysis



Note: There was no significant mediation

A mediation analysis was performed using Model 4 of the POCESS macro for SPSS (Hayes, 2017) to examine whether emotion regulation mediates the relationship between

body image dissatisfaction (independent variable) and disordered eating (dependant variable). A sample of 86 participants was used, and 5,000 bootstrap samples were generated to estimate confidence intervals.

Effect of Body image dissatisfaction on Emotion regulation (path a): The regression analysis showed that body image dissatisfaction significantly predicted emotion regulation, $B = 0.89$, $SE = 0.16$, $t\ (84) = 5.58$, $p < .001$, 95% CI [0.57, 1.20]. This indicates that higher body image dissatisfaction scores were associated with increased emotion regulation scores.

Effects of emotion regulation on disordered eating (path b) and Direct Effect of body image dissatisfaction on disordered eating (Path C): when both body image dissatisfaction and emotion regulation were included in the model predicting disordered eating, the overall model shared 20.7% of variance, the overall model was significant $F\ (2, 83) = 10.83$, $p < .001$. Body image dissatisfaction remained a significant predictor of disordered eating, $B = 0.48$, $SE = 0.15$, $t\ (83) = 3.23$, $p = .002$, 95% CI [0.19, 0.78]. However, emotion regulation did not significantly predict disordered eating, $B = 0.10$, $SE = 0.09$, $t\ (83) = 1.19$, $p = .239$, 95% CI [-0.07, 0.28].

Total Effect of body image dissatisfaction on disordered eating (path c'): the total effect of body image dissatisfaction on disordered eating (without emotion regulation in the model) was significant, $B = 0.58$, $SE = 0.13$, $t\ (84) = 4.49$, $p < .001$, 95% CI [0.32, 0.83], indicating a positive association between body image dissatisfaction and disordered eating.

Indirect Effect (Mediation): the indirect effect of body image dissatisfaction on disordered eating through emotion regulation was $B = 0.09$, with a bootstrap 95% CI [-0.10, 0.27]. Since the confidence interval includes zero, the indirect effect was not statistically significant. The normal theory test also indicated non-significance ($Z = 1.14$, $p = .25$). The results suggests that emotion regulation does not significantly mediate the relationship

between body image dissatisfaction and disordered eating. Instead, body image dissatisfaction has a direct effect on disordered eating. (See Table 6 for full details).

Table 6

PROCESS macro for mediation of Emotion regulation between Body image dissatisfaction and Disordered Eating

Variable	*B*	*SE*	*t*	*p*	*95% CI*
Outcome: Emotion Regulation					
Constant	30.92	2.62	11.81	<.001	[25.71, 36.13]
Body image Dissatisfaction	0.89	0.16	5.58	<.001	[0.57, 1.20]
Outcome: Disordered Eating					
Constant	2.16	3.43	0.76	.449	[-4.22, 9.44]
Body image dissatisfaction	0.48	0.15	3.23	.002	[0.19, 0.78]
Emotion Regulation	0.10	0.09	1.19	.239	[-0.07, 0.28]
Total Effect (Body image dissatisfaction → Disordered eating)					
Body image dissatisfaction	0.58	0.13	4.49	<.001	[0.32, 0.83]
Indirect Effect (Body image dissatisfaction → Emotion regulation → disordered eating)					
Effect	0.09	0.09	1.14	.254	[-0.10, 0.27]

***Note*:** B = unstandardized beta value; SE = Standard errors of B; t = t-value; Statistical significance: ***p < .001; 95% Confidence interval

Discussion

The current study aimed to investigate the relationship between stress, emotion regulation, body image dissatisfaction and disordered eating. Body image dissatisfaction emerged as a predictor of disordered eating, therefore the research also aimed to examine emotion regulation as a mediator in the relationship between body image dissatisfaction and disordered eating. So, the study investigated if emotion regulation would mediate the relation between body image dissatisfaction and disordered eating. Several key findings emerged that offer insights into the mechanisms underpinning disordered eating behaviours and body image dissatisfaction, while also contributing to the broader literature in the field. Previous literature has shown that the emergence and recurrence of disordered eating behaviours have been linked to stress, emotion regulation, and body image dissatisfaction (Lavender et al., 2015; Schmidt et al., 2019). The literature underscores the complex interplay between stress, emotion regulation, and body image dissatisfaction in predicting disordered eating behaviour (Braun et al., 2016; Shriver et al., 2020). While prior studies have examined these variables independently, fewer studies have examined their interrelated effects within a predictive framework. The existing body of literature highlights strong links between stress, disordered eating, body image dissatisfaction and emotion regulation (Lavender et al., 2015; Schmidt et al., 2019). Based upon this previous literature, three hypotheses were formulated to address the aims of this current study.

The first hypothesis investigated whether self-rated stress, emotion regulation, body image dissatisfaction will predict scores on a subjective measure of disordered eating. Hypothesis 1 was analysed using a standard multiple regression. Consistent with hypothesis 1, the standard multiple regression analysis revealed that stress and body image dissatisfaction significantly predicted disordered eating scores, whereas emotion regulation did not significantly predict disordered eating scores. Importantly, body image dissatisfaction

emerged as the strongest predictor, suggesting that individuals with greater body image dissatisfaction are more likely to engage in disordered eating behaviours. Interestingly, although stress was also a significant predictor, its effect size was smaller, and emotion regulation failed to reach significance, suggesting that, when body image dissatisfaction is present, other psychological factors may play a secondary role in predicting disordered eating.

Hypothesis 2 investigated whether stress and emotion regulation will predict scores on a measure of body image dissatisfaction. hypothesis 2 was also analysed using a standard multiple regression analysis. Consistent with hypothesis 2, the standard multiple regression revealed that emotion regulation significantly predicted body image dissatisfaction, interestingly stress was not a significant predictor of body image dissatisfaction. Emotion regulation emerged as the strongest predictor of body image dissatisfaction. This suggests that individuals who report poorer emotion regulation skills are more likely to be dissatisfied with their bodies.

Finally, hypothesis 3 examined whether emotion regulation will act as a mediator between stress and/or body image dissatisfaction and disordered eating. Based on the outcome for hypothesis 1, it revealed that body image dissatisfaction was the strongest predictor of body image dissatisfaction, hypothesis 3 examined whether emotion regulation will act as a mediator between body image dissatisfaction and disordered eating. Hypothesis 3 was analysed with a mediation analysis using the PROCESS macro, model 4. The mediation analysis revealed that emotion regulation did not mediate the relationship between body image dissatisfaction and disordered eating, as the indirect effect between body image dissatisfaction and disordered eating through emotion regulation was non-significant. Instead, body image dissatisfaction had a direct effect on disordered eating, independent of emotion regulation. The total effect of body image dissatisfaction on disordered eating was significant,

indicating a positive association between body image dissatisfaction and disordered eating. This is an important finding that suggests that body image dissatisfaction is a direct pathway to disordered eating behaviours, even when accounting for emotion regulation. Thus, while emotion regulation is associated with body image dissatisfaction, it does not appear to explain how body image dissatisfaction leads to disordered eating.

Consistent with the finding from the current study, several studies have the explored the relationship between stress and disordered eating, demonstrating that stress can significantly impact food intake and disordered eating (Ball & Lee, 2000; Hill et al., 2021; O'Connor & Conner, 2011). The current study found that stress was a significant predictor of disordered eating, this aligns with previous study findings that have also found a relationship between stress and disordered eating (Ball & Lee, 2000; Devonport et al., 2017).

The current study found that emotion regulation was not a significant predictor of disordered eating. This contrasts with previous studies who have examined the relationship between emotion regulation and disordered eating. It has been researched that due to high levels of negative emotional regulation, it can lead to disordered eating. Studies reveal a robust correlation between emotional regulation and disordered eating (Sim & Zeman, 2006; Zhou et al., 2025). Studies have found a significant relationship between emotion regulation and disordered eating (Khodabakhsh et al., 2015; Monell et al., 2015; Zhou et al., 2025). Previous literature suggests that individuals who struggle with emotion regulation, that tends to lead to disordered eating behaviours (Monell et al., 2015; Zhou et al., 2025). Interestingly findings from the current study does not align with this previous research. Emotion regulation was measured as a global construct, which may overlook specific facets (e.g., emotional awareness, impulsivity under distress) that are more directly relevant to disordered eating. Future research should investigate specific emotion regulation strategies that are relevant to disordered eating.

Body image dissatisfaction was found to be a significant predictor of disordered eating and emerged as the strongest predictor of disordered eating. These findings align with substantial previous research highlighting body image dissatisfaction as a robust predictor of disordered eating and is well supported by previous literature (Chen et al., 2020; Fitzsimmons-Craft et al., 2012; Grogan, 2016). Multiple studies have shown that body image dissatisfaction is among the most consistent risk factors for disordered eating behaviours especially in women (Chen et al., 2020; Fitzsimmons-Craft et al., 2012; Grogan, 2016; Stice, 2002). The current study extends this literature by confirming this relationship in a healthy, mixed-gender adult sample, underscoring its relevance beyond adolescents or clinical populations.

Interestingly the current study looked at if stress predicted body image dissatisfaction and found no significant relationship. Stress did not predict body image dissatisfaction, this finding from the current study contrasts with previous studies. Previous studies have found that higher levels of stress have been associated with body image dissatisfaction (Asberg & Wagaman, 2010; Momeñe et al., 2023; Murray et al., 2010). Findings from the study conducted by Murray et al. (2010), suggests that stress accounted for a significant proportion of variance in predicting body image dissatisfaction. This discrepancy may suggest body image dissatisfaction is more influenced by emotion regulation than by momentary stress levels in healthy adults. Future research could look at different types of stressors that could lead to body image dissatisfaction.

The current study found that there was a significant association between emotion regulation and body image dissatisfaction. This aligns with previous literature that have also found an association between body image dissatisfaction and disordered eating (Momeñe et al., 2023; Prefit et al., 2019; Svaldi et al., 2012). Previous literature suggests that difficulties in emotion regulation are linked to higher levels of body image dissatisfaction (Momeñe et

al., 2023; Prefit et al., 2019; Svaldi et al., 2012). The current study's findings also indicates that body image dissatisfaction is significantly influenced by issues with emotion regulation. These findings contribute to the scientific research and provide a more comprehensive understanding of how difficulties in emotion regulation can impact body image dissatisfaction.

The current study found that emotion regulation did not mediate the relationship between body image dissatisfaction and disordered eating. The results indicated that there was a direct relationship between body image dissatisfaction and disordered eating, but emotion regulation failed to mediate this relationship. These results contradict previous literature, that have demonstrated significant roles of emotion regulation between body image dissatisfaction and disordered eating (Khodabakhsh et al., 2015). Findings from a study conducted by Khodabakhsh et al. (2015), indicated that emotion regulation played a significant role in mediating the relationship between body image dissatisfaction and disordered eating. Future research should investigate emotion regulation as a mediator between body image dissatisfaction and disordered eating in a clinical sample. This would suggest that emotion regulation might not be the main predictor in a non-clinical sample.

Strengths and Limitations

A key strength of this study is its use of standard multiple regression and mediation analysis to examine the complex interrelations between the study variables, enhancing the robustness of the findings. The standard multiple regression was a robust statistical analysis that helped examine multiple predictors of an outcome variable. Additionally, the inclusion of both males and females broadens generalisability. The participants for this current study were a healthy adult population across Ireland which eliminates any biases amongst the study participants.

However, several limitations of the research should be notes. First, the cross-sectional design prevents causal inference, limiting the ability to determine whether body image dissatisfaction leads to disordered eating or disordered eating leads to body image dissatisfaction. Longitudinal studies may be needed to clarify temporal relationships. The reliance on self-report measures could have potentially introduced bias, such as social desirability or inaccurate self-assessment. Emotion regulation was measured as a global construct, which may have overlooked specific facets that are more directly relevant to disordered eating. One key limitation of the study would be investigating on a non-clinical healthy sample, results could have potentially been very different if done on a clinical sample. Another possible explanation or limitation for a non-significant mediation analysis could be an insufficient sample size. Mediation analysis, especially bootstrapping, requires a sufficiently large sample size to detect small effects.

Future Research

Future research should explore other potential mediators, such as internalisation of appearance ideals, perfectionism or self-esteem, and examine whether specific emotion regulation strategies might serve as more accurate mediators. Additionally, experimental designs could offer more dynamic insights into how these variables interact in real-time. This study was done using a quantitative approach, replicating the study using a qualitative approach could suggest different perspectives. The participants of this study were healthy adults from a non-clinical group, therefore future research should replicate the study using a clinical sample which could offer a different perspective. Since emotion regulation was measured as a global construct and did not predict disordered eating, future research may focus on specific components of emotion regulation.

Given that body image dissatisfaction was a strong predictor of disordered eating even in a healthy, mixed gender adult sample, prevention programs should not only target adolescents or clinical populations but also focus on the general adult population. Public health initiatives could focus on promoting body positivity and media literacy to reduce societal and internalised appearance pressures that contribute to body image dissatisfaction.

Conclusion

In conclusion, the current study provided some important insights into the complex relationships between disordered eating, stress, emotion regulation and body image dissatisfaction. The findings highlight that body image dissatisfaction was the strongest predictor of disordered eating, reinforcing the critical role that body image dissatisfaction in the development of disordered eating. Although stress was a significant predictor of disordered eating, its influence was weak, and emotion regulation did not emerge as a significant predictor of disordered eating.

Interestingly, emotion regulation was found to significantly predict body image dissatisfaction, suggesting that individuals who struggle with emotion regulation are more likely to experience body image dissatisfaction. Surprisingly, emotion regulation did not significantly predict disordered eating. Contrary to expectations and some previous research, emotion regulation did not mediate the relationship between body image dissatisfaction and disordered eating. This finding suggested that body image dissatisfaction may directly lead to disordered eating, independent of emotion regulation difficulties, at least in a non-clinical sample.

Overall, this study adds to the growing body of literature by demonstrating that body image dissatisfaction is a direct and robust predictor of disordered eating and is closely associated with emotion regulation. These findings have important implication and

interventions, highlighting that targeting body image dissatisfaction directly may be crucial in preventing disordered eating. Future research should further explore these relationships in clinical samples, use longitudinal designs to better understand causality, and examine more specific aspects of emotion regulation that may be more relevant to disordered eating. Additionally, considering other potential mediators such as perfectionism or self-esteem may provide a more comprehensive understanding of pathways leading to disordered eating.

References

Adam, T. C., & Epel, E. S. (2007). Stress, eating and the reward system. *Physiology & Behavior*, *91*(4), 449–458. https://doi.org/10.1016/j.physbeh.2007.04.011

Aldao, A., Nolen-Hoeksema, S., & Schweizer, S. (2009). Emotion-regulation strategies across psychopathology: A meta-analytic review. *Clinical Psychology Review*, *30*(2), 217–237. https://doi.org/10.1016/j.cpr.2009.11.004

Asberg, K. K., & Wagaman, A. (2010). Emotion Regulation Abilities and Perceived Stress as Predictors of Negative Body Image and Problematic Eating Behaviors in Emerging Adults. *American Journal of Psychological Research*. http://www.mcneese.edu/f/c/eeda5554/AJPR%2010-18%20Asberg%20Wagaman%207-01.pdf

Ball, K., & Lee, C. (2000). Relationships between psychological stress, coping and disordered eating: A review. *Psychology & Health*, *14*(6), 1007–1035. https://doi.org/10.1080/08870440008407364

Bjureberg, J., Ljótsson, B., Tull, M. T., Hedman, E., Sahlin, H., Lundh, L. G., Bjärehed, J., DiLillo, D., Messman-Moore, T. L., Gumpert, C. H., & Gratz, K. L. (2015). Development and validation of a brief version of the difficulties in emotion regulation scale: the DERS-16. *Journal of Psychopathology and Behavioral Assessment*, *38*(2), 284–296. https://doi.org/10.1007/s10862-015-9514-x

Braun, T. D., Park, C. L., & Gorin, A. (2016). Self-compassion, body image, and disordered eating: A review of the literature. *Body Image*, *17*, 117–131. https://doi.org/10.1016/j.bodyim.2016.03.003

Chen, X., Luo, Y., & Chen, H. (2020). Body Image Victimization Experiences and Disordered Eating Behaviors among Chinese Female Adolescents: The Role of Body Dissatisfaction and Depression. *Sex Roles*, *83*(7–8), 442–452. https://doi.org/10.1007/s11199-020-01122-4

Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, *24*(4), 385. https://doi.org/10.2307/2136404

Deng, W., Yi, Z., & Lee, J. C. (2024). The Demographic Variation in Nutrition Knowledge and Relationship with Eating Attitudes among Chinese University Students. *International Journal of Environmental Research and Public Health/International Journal of Environmental Research and Public Health*, *21*(2), 159. https://doi.org/10.3390/ijerph21020159

Devonport, T. J., Nicholls, W., & Fullerton, C. (2017). A systematic review of the association between emotions and eating behaviour in normal and overweight adult populations. *Journal of Health Psychology*, *24*(1), 3–24. https://doi.org/10.1177/1359105317697813

Fitzsimmons-Craft, E. E., Bardone-Cone, A. M., & Harney, M. B. (2012). Development and validation of the Body, Eating, and Exercise Comparison Orientation Measure (BEECOM) among college women. *Body Image*, *9*(4), 476–487. https://doi.org/10.1016/j.bodyim.2012.07.007

Garner, D. M., Olmsted, M. P., Bohr, Y., & Garfinkel, P. E. (1982). The Eating Attitudes Test: psychometric features and clinical correlates. *Psychological Medicine*, *12*(4), 871–878. https://doi.org/10.1017/s0033291700049163

Godet, A., Fortier, A., Bannier, E., Coquery, N., & Val-Laillet, D. (2022). Interactions between emotions and eating behaviors: Main issues, neuroimaging contributions, and innovative preventive or corrective strategies. *Reviews in Endocrine and Metabolic Disorders*, *23*(4), 807–831. https://doi.org/10.1007/s11154-021-09700-x

Grogan, S. (2016). Body image. In *Routledge eBooks*. https://doi.org/10.4324/9781315681528

Güneş, A. O., Alikaşifoğlu, M., Demirdöğen, E. Ş., Erginöz, E., Demir, T., Kuçur, M., & Ercan, O. (2017). The Relationship of Disordered Eating Attitudes with Stress Level, Bone Turnover Markers, and Bone Mineral Density in Obese Adolescents. *JCRPE*, *9*(3), 237–245. https://doi.org/10.4274/jcrpe.3794

Hayes, A. F. (2017). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach*. Guilford publications.

Hill, D., Conner, M., Clancy, F., Moss, R., Wilding, S., Bristow, M., & O'Connor, D. B. (2021). Stress and eating behaviours in healthy adults: a systematic review and meta-analysis. *Health Psychology Review*, *16*(2), 280–304. https://doi.org/10.1080/17437199.2021.1923406

Hou, F., Xu, S., Zhao, Y., Lu, Q., Zhang, S., Zu, P., Sun, Y., Su, P., & Tao, F. (2013). Effects of emotional symptoms and life stress on eating behaviors among adolescents. *Appetite*, *68*, 63–68. https://doi.org/10.1016/j.appet.2013.04.010

Järvelä-Reijonen, E., Karhunen, L., Sairanen, E., Rantala, S., Laitinen, J., Puttonen, S., Peuhkuri, K., Hallikainen, M., Juvonen, K., Myllymäki, T., Föhr, T., Pihlajamäki, J., Korpela, R., Ermes, M., Lappalainen, R., & Kolehmainen, M. (2016). High perceived stress is associated with unfavorable eating behavior in overweight and obese Finns of working age. *Appetite*, *103*, 249–258. https://doi.org/10.1016/j.appet.2016.04.023

Kamimura, A., Tabler, J., Nourian, M. M., Jess, A., Stephens, T., Aguilera, G., Wright, L., & Ashby, J. (2016). Promoting healthy eating attitudes among uninsured primary care patients. *Journal of Community Health*, *41*(4), 805–811. https://doi.org/10.1007/s10900-016-0157-y

Khodabakhsh, M. R., Borjali, A., Sohrabi, F., & Farrokhi, N. a. F. (2015). The Role of Emotion Regulation Difficulties as a Mediator of the Relationship between Body Image Disturbance and Disordered Eating Behavior. *DOAJ (DOAJ: Directory of Open Access Journals)*. https://doi.org/10.22038/ijp.2015.3995

Lavender, J. M., Wonderlich, S. A., Engel, S. G., Gordon, K. H., Kaye, W. H., & Mitchell, J. E. (2015). Dimensions of emotion dysregulation in anorexia nervosa and bulimia nervosa: A conceptual review of the empirical literature. *Clinical Psychology Review*, *40*, 111–122. https://doi.org/10.1016/j.cpr.2015.05.010

Lodge, M., Cirella, S., Hartman, M., Logan, N., & Ward-Ritacco, C. (2025). Risk of low energy availability, disordered eating, eating disorders, and bone stress injuries in United States female track and field. *Journal of Exercise and Nutrition*, *8*(1). https://doi.org/10.53520/jen2025.103192

Malinowska-Borowska, J., Waldera, K., & Głogowska-Gruszka, A. (2022). Binge eating disorder and stress level among patients attending nutrition counseling. *Nutrición Hospitalaria*. https://doi.org/10.20960/nh.03899

Mallaram, G. K., Sharma, P., Kattula, D., Singh, S., & Pavuluru, P. (2023). Body image perception, eating disorder behavior, self-esteem and quality of life: a cross-sectional study among female medical students. *Journal of Eating Disorders*, *11*(1). https://doi.org/10.1186/s40337-023-00945-2

Maroufizadeh, S., Foroudifard, F., Navid, B., Ezabadi, Z., Sobati, B., & Omani-Samani, R. (2018). The Perceived Stress Scale (PSS-10) in women experiencing infertility: A reliability and validity study. *Middle East Fertility Society Journal/Middle East Fertility Society Journal*, *23*(4), 456–459. https://doi.org/10.1016/j.mefs.2018.02.003

Momeñe, J., Estévez, A., Herrero, M., Griffiths, M. D., Olave, L., & Iruarrizaga, I. (2023). Emotional regulation and body dissatisfaction: the mediating role of anger in young adult women. *Frontiers in Psychiatry*, *14*. https://doi.org/10.3389/fpsyt.2023.1221513

Monell, E., Högdahl, L., Mantilla, E. F., & Birgegård, A. (2015). Emotion dysregulation, self-image and eating disorder symptoms in University Women. *Journal of Eating Disorders*, *3*(1). https://doi.org/10.1186/s40337-015-0083-x

Murray, K. M., Byrne, D. G., & Rieger, E. (2010). Investigating adolescent stress and body image. *Journal of Adolescence*, *34*(2), 269–278. https://doi.org/10.1016/j.adolescence.2010.05.004

Neumark-Sztainer, D., Wall, M., Story, M., & Standish, A. R. (2011). Dieting and Unhealthy weight control behaviors during Adolescence: Associations with 10-Year Changes in Body Mass Index. *Journal of Adolescent Health*, *50*(1), 80–86. https://doi.org/10.1016/j.jadohealth.2011.05.010

O'Connor, D. B., & Conner, M. (2011). Effects of stress on eating behavior. *The Handbook of Stress Science: Biology, Psychology, and Health, 275-286.* https://psycnet.apa.org/record/2010-21826-021

Papini, N. M., Jung, M., Cook, A., Lopez, N. V., Ptomey, L. T., Herrmann, S. D., & Kang, M. (2022). Psychometric properties of the 26-item eating attitudes test (EAT-26): an application of rasch analysis. *Journal of Eating Disorders*, *10*(1). https://doi.org/10.1186/s40337-022-00580-3

Preece, D. A., Ditzer, J., & Gross, J. J. (2025). Emotion regulation. *Oxford Research Encyclopedia of Psychology*. https://doi.org/10.1093/acrefore/9780190236557.013.923

Prefit, A. B., Cândea, D., & Szentagotai-Tătar, A. (2019). Effects of acceptance and reappraisal on body dissatisfaction: an experimental comparison of two adaptive emotion regulation strategies. *Eating and Weight Disorders - Studies on Anorexia Bulimia and Obesity*, *25*(3), 803–809. https://doi.org/10.1007/s40519-019-00691-y

Reichenberger, J., Schnepper, R., Arend, A., & Blechert, J. (2020). Emotional eating in healthy individuals and patients with an eating disorder: evidence from psychometric, experimental and naturalistic studies. *Proceedings of the Nutrition Society*, *79*(3), 290–299. https://doi.org/10.1017/s0029665120007004

Ringgold, V., & Rohleder, N. (2024). Stress and resilience: associations of stress biomarkers with different conceptualizations of resilience. *Current Opinion in Behavioral Sciences*, *61*, 101463. https://doi.org/10.1016/j.cobeha.2024.101463

Rivas, T., Bersabé, R. M., Jiménez, M., & Berrocal, C. (2010). The Eating Attitudes Test (EAT-26): Reliability and validity in Spanish female samples. *the Spanish Journal of Psychology*, *13*(2), 1044–1056. https://doi.org/10.1017/s1138741600002687

Rosen, J. C., Compas, B. E., & Tacy, B. (1993). The relation among stress, psychological symptoms, and eating disorder symptoms: A prospective analysis. *the International Journal of Eating Disorders/International Journal of Eating Disorders*, *14*(2), 153–162. https://doi.org/10.1002/1098-108x(199309)14:2

Rouzitalab, T., Gargari, B. P., Amirsasan, R., Jafarabadi, M. A., Naeimi, A. F., & Sanoobar, M. (2015). The relationship of disordered eating attitudes with body composition and anthropometric indices in physical education students. *Iranian Red Crescent Medical Journal*, *17*(11). https://doi.org/10.5812/ircmj.20727

Schmidt, U., Adan, R., Böhm, I., Campbell, I. C., Dingemans, A., Ehrlich, S., Elzakkers, I., Favaro, A., Giel, K., Harrison, A., Himmerich, H., Hoek, H. W., Herpertz-Dahlmann, B., Kas, M. J., Seitz, J., Smeets, P., Sternheim, L., Tenconi, E., Van Elburg, A., . . . Zipfel, S. (2016). Eating disorders: the big issue. *The Lancet Psychiatry*, *3*(4), 313–315. https://doi.org/10.1016/s2215-0366(16)00081-x

Shahabi, M., Hasani, J., & Bjureberg, J. (2018). Psychometric properties of the brief Persian version of the Difficulties in Emotion Regulation Scale (The DERS-16). *Assessment for Effective Intervention*, *45*(2), 135–143. https://doi.org/10.1177/1534508418800210

Shriver, L. H., Dollar, J. M., Calkins, S. D., Keane, S. P., Shanahan, L., & Wideman, L. (2020). Emotional eating in adolescence: effects of emotion regulation, weight status and negative body image. *Nutrients*, *13*(1), 79. https://doi.org/10.3390/nu13010079

Sim, L., & Zeman, J. (2006). The contribution of emotion regulation to body dissatisfaction and disordered eating in early adolescent girls. *Journal of Youth and Adolescence*, *35*(2), 207–216. https://doi.org/10.1007/s10964-005-9003-8

Skutch, J. M., Wang, S. B., Buqo, T., Haynos, A. F., & Papa, A. (2019). Which brief is best? Clarifying the use of three brief versions of the difficulties in emotion regulation scale. *Journal of Psychopathology and Behavioral Assessment*, *41*(3), 485–494. https://doi.org/10.1007/s10862-019-09736-z

Sporea, C., Morcov, M., Vasile, C. I., Cioca, I. E., Apostol, O. A., Mirea, A., & Punga, A. (2025). The Interplay between stress and eating Attitudes: A Cross-Sectional Study among Romanian Physical therapy students. *Journal of Clinical Medicine*, *14*(5), 1755. https://doi.org/10.3390/jcm14051755

Stice, E. (2002). Risk and maintenance factors for eating pathology: A meta-analytic review. *Psychological Bulletin*, *128*(5), 825–848. https://doi.org/10.1037/0033-2909.128.5.825

Stice, E. (2015). Interactive and Mediational Etiologic Models of Eating Disorder Onset: Evidence from Prospective Studies. *Annual Review of Clinical Psychology*, *12*(1), 359–381. https://doi.org/10.1146/annurev-clinpsy-021815-093317

Stice, E., & Van Ryzin, M. J. (2018). A prospective test of the temporal sequencing of risk factor emergence in the dual pathway model of eating disorders. *Journal of Abnormal Psychology*, *128*(2), 119–128. https://doi.org/10.1037/abn0000400

Svaldi, J., Griepenstroh, J., Tuschen-Caffier, B., & Ehring, T. (2012). Emotion regulation deficits in eating disorders: A marker of eating pathology or general psychopathology? *Psychiatry Research*, *197*(1–2), 103–111. https://doi.org/10.1016/j.psychres.2011.11.009

Veale, D., Eshkevari, E., Kanakam, N., Ellison, N., Da Costa, A. C. C., & Werner, T. (2013). The Appearance Anxiety Inventory: validation of a process measure in the treatment of body dysmorphic disorder. *Behavioural and Cognitive Psychotherapy*, *42*(5), 605–616. https://doi.org/10.1017/s1352465813000556

Yau, Y., & Potenza, M. N. (2013). Stress and eating behaviors. *PubMed*. https://pubmed.ncbi.nlm.nih.gov/24126546

Zhou, R., Zhang, L., Liu, Z., & Cao, B. (2025). Emotion regulation difficulties and disordered eating in adolescents and young adults: a meta-analysis. *Journal of Eating Disorders*, *13*(1). https://doi.org/10.1186/s40337-025-01197-y

Appendices

Appendix A

Information Sheet

INVITATION

You are being invited to take part in a research study. Before deciding whether to take part, please take the time to read this document, which explains why the research is being done and what it would involve for you. If you have any questions about the information provided, please do not hesitate to contact me using the details at the end of this sheet.

I am Hafsa Fahim, an undergraduate student, in the Department of Psychology, National College of Ireland. I am a final year student. As part of our degree, we must carry out an independent research project.

You are being asked to take part in a research study on the relationship between stress levels and disordered eating and the potential mediating factors such as emotion regulation and body image dissatisfaction. So how emotion regulation and body image dissatisfaction will mediate the relationship between stress levels and disordered eating.

This project has been approved by the Psychology Research Ethics Committee.

WHAT WILL HAPPEN

If you decide to take part in this research, you will be asked to complete an online questionnaire. This may take up to 30 minutes to complete. There is no follow up to this research. If you may have any questions related to this research, do not hesitate to contact me with my contact details provided at the end.

This online questionnaire will include some demographic information such as age and gender.

Then scale 1 measuring Eating Attitudes Test-26 (EAT-26), a series of questions asking about eating attitudes.

Then scale 2 measuring Perceived Stress Scale (PSS-10), a series of questions measuring psychological stress.

Then scale 3 measuring Difficulties in Emotion Regulation Scale (DERS-16), a series of questions assessing emotion regulation.

Then scale 4 measuring Appearance Anxiety Inventory (AAI-10), a series of questions assessing general body image anxiety.

This project has been approved by the Psychology Research Ethics Committee. This study has also been approved by the ethics committee at the National College of Ireland.

There is also an informed consent sheet following this information sheet if you decide to take part in this research.

WHO CAN TAKE PART

DISORDERED EATING, STRESS, BODY IMAGE DISSATISFACTION AND EMOTION REGULATION

You can take part in this study if you are aged over 18. You will not be able to take part in this study if you are currently diagnosed with any eating disorders, such as anorexia or bulimia etc.

PARTICIPANTS' RIGHTS

You may decide to stop being a part of the research study at any time without explanation. You have the right to ask that any data you have supplied to that point be withdrawn/destroyed without any penalty.

You have the right to omit or refuse to answer or respond to any question that is asked of you without penalty.

You have the right to have your questions about the procedures answered (unless answering these questions would interfere with the study's outcome). If you have any questions because of reading this information sheet, you should ask the researcher before the study begins.

You do not have to take part in this research. However, we hope that you will agree to take part in this research and give us some of your time to complete this online questionnaire. It is totally up to you whether you want to take part in this research or not. If you decide to take part in this research, you will be asked to sign a digital consent form. If you decide to take part in this, you are still free to withdraw at any time without giving a reason.

One you have submitted your questionnaire, it will not be possible to withdraw your data from the study, because the questionnaire is anonymous, and individual responses cannot be identified.

This questionnaire includes items asking about your stress levels, eating attitudes, emotion regulation and body image. There is a small risk that these questions may cause some individuals upset or distress. If you feel that these questions may cause you to experience an undue level of distress, you should not take part in the study.

BENEFITS AND RISKS

Although there are no direct benefits to you for taking part in this research. However, the information gathered will contribute to research that helps us to understand the relation between low or high stress levels that effects positive or negative eating attitudes.

There is a small risk that some of the questions contained within this survey may cause minor distress for some participants. If you experience this, you are free to discontinue participation and exit the questionnaire. Contact information for relevant support services are also provided at the end of the questionnaire.

COST, REIMBURSEMENT AND COMPENSATION

Your participation in this study is voluntary. You will receive appreciation in return for your participation.

CONFIDENTIALITY/ANONYMITY

The questionnaire is anonymous, it is not possible to identify a participant based on their responses to the questionnaire. All data collected for the study will be treated in the strictest confidence.

DISORDERED EATING, STRESS, BODY IMAGE DISSATISFACTION AND EMOTION REGULATION

Responses to the questionnaire will be stored securely in a password protected/encrypted file on the researcher's computer. Only the researcher and their supervisor will have access to the data. Data will be retained for 5 years in accordance with the NCI data retention policy.

All information that is collected about you during the research will be kept confidential.

Anonymised data will be stored on NCI servers in line with NCI's data retention policy. It is envisaged that anonymised data will also be uploaded to a secondary data repository to facilitate validation and replication, in line with Open Science best practice and conventions.

WHAT WILL HAPPEN TO THE RESULTS OF THE STUDY?

The results of this study will be presented in my final dissertation, which will be submitted to National College of Ireland.

The results of the project may be presented at conferences and/or submitted to an academic journal for publication.

FOR FURTHER INFORMATION

If you have any further questions do not hesitate to contact me:

Principal Investigator
Hafsa Fahim

x22328413@student.ncirl.ie

BA candidate

Dept. of psychology

National College of Ireland

If you agree to take part in this study, please complete and sign the consent form overleaf or click yes on the online from.

-

Supervisor

Dr Fearghal O'Brien

Associate professor in Psychology

Dept. of psychology

National College of Ireland

Fearghal.obrien@ncirl.ie

Thank you for taking the time to read this!

Appendix B

Consent Form

In agreeing to participate in this research I understand the following:

- The method proposed for this research project has been approved in principle by the Departmental Ethics Committee, which means that the Committee does not have concerns about the procedure itself as detailed by the student. It is, however, the above-named student's responsibility to adhere to ethical guidelines in their dealings with participants and the collection and handling of data.
- If I have any concerns about participation, I understand that I may refuse to participate or withdraw at any stage by exiting my browser.
- I understand that once my participation has ended, that I cannot withdraw my data as it will be fully anonymised.
- I have been informed as to the general nature of the study and agree voluntarily to participate.
- All data from the study will be treated confidentially. The data from all participants will be compiled, analysed, and submitted in a report to the Psychology Department in the School of Business.
- I understand that my data will be retained and managed in accordance with the NCI data retention policy, and that my anonymised data may be archived on an online data repository and may be used for secondary data analysis. No participants data will be identifiable at any point. Anonymised data will be stored on NCI servers in line with NCI's data retention policy. It is envisaged that anonymised data will also be uploaded to a secondary data repository to facilitate validation and replication, in line with Open Science best practice and conventions.
- At the conclusion of my participation, any questions or concerns I have will be fully addressed.

☐ Please tick this box if you have read and agree with all the above information.

☐ Please tick this box to indicate that you are providing informed consent to participate in this study.

FOR FURTHER INFORMATION

If you have any further questions do not hesitate to contact me:
Principal Investigator
Hafsa Fahim
x22328413@student.ncirl.ie

DISORDERED EATING, STRESS, BODY IMAGE DISSATISFACTION AND EMOTION REGULATION

BA candidate

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-

Supervisor

Dr Fearghal O'Brien

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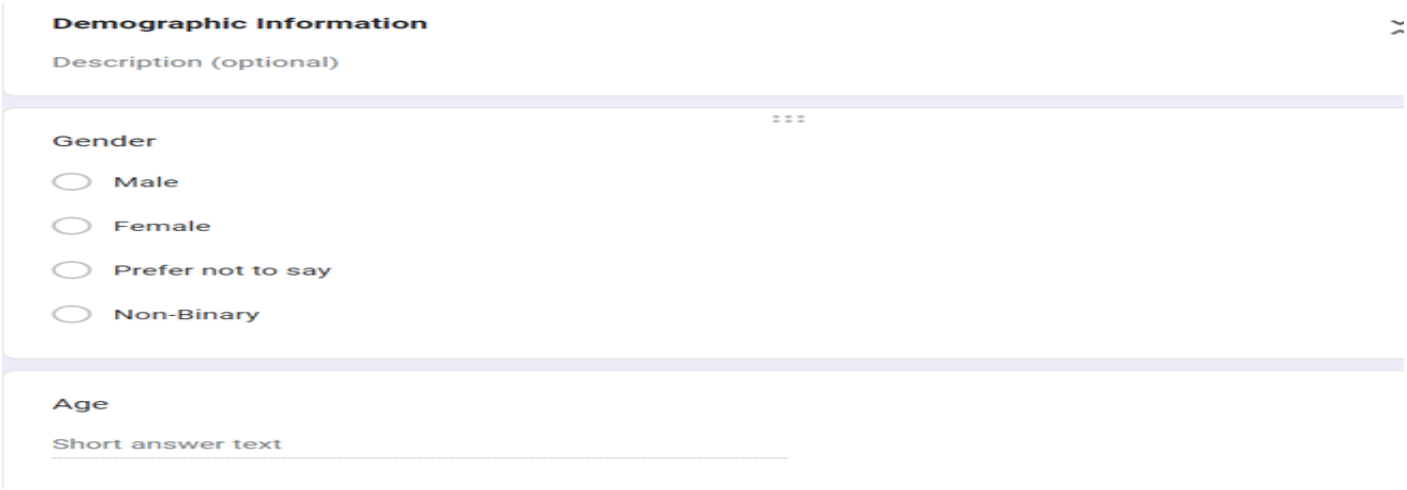
Appendix C

Demographic Questions



Appendix D

Scale 1 (Eating Attitudes Test-26 (EAT-26))

(3) Always, (2)Usually, (1)Often, (0)Sometimes, (0)Rarely, (0)Never

1) Am terrified about being overweight.
2) Avoid eating when I am hungry.
3) Find myself preoccupied with food.
4) Have gone on eating binges where I felt that I may not be able to stop.
5) Cut my food into small pieces.
6) Aware of the calorie content of foods that I eat.
7) Particularly avoid food with a high carbohydrates content (i.e. bread, rice, potatoes, etc.)
8) Feel that others would prefer if I ate more.
9) Vomit after I have eaten.
10) Feel extremely guilty after eating.
11) Am preoccupied with a desire to be thinner.
12) Think about burning up calories when I exercise.
13) Other people think that I am too thin.
14) Am preoccupied with the thought of having fat on my body.
15) Take longer than others to eat my meals.
16) Avoid foods with sugar in them.
17) Eat diet foods.
18) Feel that food controls my life.
19) Display self-control around food.
20) Feel that others pressure me to eat.
21) Give too much time and thought to food.
22) Feel uncomfortable eating sweets.
23) Engage in dieting behaviour.
24) Like my stomach to be empty.
25) Have the impulse to vomit after meals.
26) Enjoy trying new rich foods.

1) In the past 6 months have you gone on eating binges where you feel that you may not be able to stop?
2) Defined as eating much more than most people would under the same circumstances and feel that eating is out of control.
3) In the past 6 months have you ever made yourself sick (vomited) to control your weight or shape? Or ever used laxatives, diets pills or diuretics (water pills) to control your weight or shape?

Appendix E

Scale 2 (Perceived Stress Scale (PSS-10))

(0)Never, (1)Almost Never, (2)Sometimes, (3)Fairly Often, (4)Very Often

1) been upset because of something that happened unexpectedly?
2) felt that you were unable to control the important things in your life?
3) felt nervous and "stressed"?
4) felt confident about your ability to handle your personal problems?
5) felt that things were going your way?
6) found that you could not cope with all the things that you had to do?
7) been able to control irritations in your life?
8) felt that you were on top of things?
9) been angered because of things that were outside of your control?
10) felt difficulties were piling up so high that you could not overcome them?

Appendix F

Scale 3 (Difficulties in Emotion Regulation Scale (DERS-16))

(1)Almost Never, (2)Sometimes, (3)About half the time, (4)Most of the time, (5)almost always

1) I have difficulty making sense out of my feelings.
2) I am confused about how I feel.
3) When I am upset, I have difficulty getting work done.
4) When I am upset, I become out of control.
5) When I am upset, I believe that I will remain that way for a long time.
6) When I am upset, I believe that I'll end up feeling very depressed.
7) When I am upset, I have difficulty focusing on other things.
8) When I am upset, I feel out of control.
9) When I am upset, I feel ashamed of myself for feeling that way.
10) When I am upset, I feel like I am weak.
11) When I am upset, I have difficulty controlling my behaviours.
12) When I am upset, I believe that there is nothing I can do to make myself feel better.
13) When I am upset, I become irritated with myself for feeling that way.
14) When I am upset, I start to feel very bad about myself.
15) When I am upset, I have difficulty thinking about anything else.
16) When I am upset, my emotions feel overwhelming.

Appendix G

Scale 4 (Appearance Anxiety Inventory (AAI-10))

(0) Not at all, (1)A little, (2)Often, (3)A lot, (4)All the time

1) I compare aspects of my appearance to others.
2) I check my appearance (e.g. in mirrors, by touching with my fingers, or by taking photos of myself).
3) I avoid situations or people because of my appearance.
4) I brood about past events or reasons to explain why I look the way I do.
5) I THINK about how to camouflage or alter my appearance.
6) I am focussed on how I feel I look, rather than on my surroundings.
7) I avoid reflective surfaces, photos, or videos of myself.
8) I discuss my appearance with others or question them about it.
9) I try to camouflage or alter aspects of my appearance.
10) I try to prevent people from seeing aspects of my appearance within situations (e.g., by changing my posture, avoiding bright lights).

Appendix H

Debrief Sheet

I would like to thank you for your time and for taking a part in this research.

The aim of this study is to investigate the association between stress levels and eating attitudes. To explore potential mediating factors such as emotion regulation and body image dissatisfaction in the relationship between stress and disordered eating.

All information will be anonymised; therefore, you cannot withdraw information after participation.

The results of this study will be presented in my final dissertation, which will be submitted to National College of Ireland.

The results of the project may be presented at conferences and/or submitted to an academic journal for publication.

All information that is collected about you during the research will be kept confidential.

Anonymised data will be stored on NCI servers in line with NCI's data retention policy. It is envisaged that anonymised data will also be uploaded to a secondary data repository to facilitate validation and replication, in line with Open Science best practice and conventions.

At any point if you have any questions don't hesitate to contact me through the contact details provided below.

You can also contact the support resources if you need any help or just need to talk to somebody.

Thank you for taking part in this study!

FURTHER RESOURCES

DISORDERED EATING, STRESS, BODY IMAGE DISSATISFACTION AND EMOTION REGULATION

If you felt any distress or any type of psychological distress during completing this survey, please feel free to contact any of the resources below. I have included some helplines that might be helpful in this situation.

The Samaritans: 116 123

It is a confidential helpline, that is available for 24 hours, everyday of the week. They offer support for individuals going through tough times or stressful situations. They have fully trained volunteers who are always ready to help.

Body whys: (01) 2107906

This is a helpline for individuals suffering for or affected by disordered eating. It offers non-judgemental and confidential support.

FOR FURTHER INFORMATION

If you have any further questions do not hesitate to contact me:

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