

Chapter 1

Introduction

Eating attitudes refer to the psychological and emotional relationship an individual has with food, eating, and body image (Stice et al., 2013). A variety of behaviors and attitudes can be categorized as eating attitudes, including disordered eating patterns, body dissatisfaction, obsession with weight and appearance, and restricted or obsessive eating. Binge eating, purging, fasting, and restrictive eating are just a few of the habits that people with problematic eating attitudes.

These actions can lead to physical health issues including malnutrition, dehydration, and digestive issues as well as psychological diseases like anxiety, stress, depression, despair, and low self-esteem. Developing healthy eating attitudes involves adopting a balanced approach to food and physical activity, practicing mindful eating, and seeking support for any underlying psychological issues related to food and body image (Yager et al., 2008).

Emotional regulation

Emotional regulation is a key concept in understanding how people control their emotions, thoughts, and behaviors in response to various circumstances and events requires a knowledge of the idea of emotional regulation. It entails the capacity to control one's emotions in a way that is suitable and adaptive to the current circumstance. Emotional illnesses like anxiety, sadness, and borderline personality disorder as well as numerous facets of mental health and well-being are typically examined in the context of emotional regulation.

It could involve doing things like analyzing a difficult situation to reduce rage or anxiety, masking overt expressions of fear or grief, or focusing on things that make you feel happy or at peace (Cole et al., 2004).

Generalized symptoms such as stress, anxiety, and depression are considered to be psychological discomfort, which is more common in women. A marker of poor mental health and a sign of common mental illnesses including depression and anxiety disorders are high levels of psychological distress.

Depression

Depression is a psychological condition that is characterized by emotions of sadness, hopelessness, and low mood. It can have an impact on a person's thoughts, feelings, behavior, and physical health. People of various ages and backgrounds can suffer from depression, which is a prevalent disorder that can disrupt daily life, employment, and interpersonal relationships. It's imperative to get assistance. If someone is depressed. There are several effective treatments for depression, including counselling, medication, and dietary changes. If you or someone you care about is displaying symptoms of depression, you must immediately seek professional help (Wagner et al., 2001).

Stress

An emotional and physical reaction to a perceived threat or challenge is referred to as stress. Stress is the sense of being overburdened, apprehensive, or concerned about something, according to psychology. Physiological indicators of stress include an elevated heart rate, high blood pressure, sweating, and tense muscles. Stress can result from a wide range of factors, including pressures at work, financial difficulties, marital issues, health issues, and major life

transitions like moving or losing a loved one. In other situations, short-term stress may be beneficial since it helps keep you focused and aware when faced with a challenge (Berry et al., 2002).

Anxiety

The term "anxiety" refers to a worry of upcoming events, which is frequently accompanied by physical symptoms such a racing heart, perspiration, and trembling. It is a typical reaction to stress or danger and may be advantageous when preparing for a job interview or averting a potentially harmful circumstance. Anxiety disorder may, however, be identified when it manifests as excessive, ongoing anxiety that interferes with daily life. The many forms of anxiety disorders include generalized anxiety disorder, panic disorder, social anxiety disorder, specific phobias, and others.

Excessive worry, restlessness, impatience, difficulty concentrating, sleep disruptions, and avoidance of particular circumstances are typical signs of an anxiety disorder. It is possible to treat anxiety disorders with therapy, medicine, or a combination of the two. Among the many different types of anxiety disorders include generalized anxiety disorder, panic disorder, social anxiety disorder, and specific phobias (McCabe et al., 2010).

Relationship between eating attitude and emotional regulation

There is a complex relationship between eating attitudes and emotional regulation. Emotional regulation refers to the process of managing and responding to emotions in an adaptive and effective manner. A person's ideas, feelings, and behaviors in relation to food and eating, including their attitudes regarding body size, shape, and weight, are referred to as eating attitudes.

According to researches, emotional regulation issues may contribute to disordered eating attitudes and behaviors include binge eating, emotional eating, and restrictive eating. For instance, those who have trouble controlling their emotions may use food as a coping mechanism for unpleasant emotions or as a mood stabilizer.

On the other hand, emotional regulation can also be impacted by dysfunctional eating attitudes and behaviors. For instance, those who engage in restricted diets or obsess over their body image may feel unpleasant feelings like anxiety, shame, or guilt, which can further impair their ability to regulate their emotions (McGue et al., 2019).

Relationship between eating attitudes and psychological distress

There is a complex relationship between eating attitudes and psychological distress, and it can be different for different individuals. However, research has shown that there is a strong correlation between the two. An eating attitude or behavior, such as binge eating, purging, or restrictive eating, can result from psychological discomfort. Depression, anxiety, low self-esteem, and stressful life events have all been linked to disordered eating practices. But eating disorders and unhealthy eating habits can also exacerbate psychological anguish. Disordered eating-related shame, guilt, and anxiety can exacerbate preexisting mental health issues or lead to the development of new ones. Overall, there is a complex and bidirectional association between eating habits and psychological suffering.

Eating behaviors and sadness, stress, and anxiety are intricately linked. According to some studies, people who experience depression, stress, or anxiety may be more likely to have disordered eating attitudes or behaviors, while other studies contend that these conditions may be caused by or made worse by disordered eating attitudes or behaviors. For instance, as a coping

strategy for emotional pain, some people may resort to food or limit their food consumption. This may result in disordered eating habits and attitudes, such as purging, bingeing, or restrictive eating, which can make depression, stress, and anxiety worse (Striegel et al., 2009).

Relationship between emotional regulation and psychological distress

Emotional regulation and psychological distress are closely associated, as emotional regulation plays an important role in managing psychological distress. Psychological distress is the state of experiencing both emotional and mental discomfort, whereas emotional regulation is the capacity to control and manage one's emotions in response to various events. Psychological distress, such as anxiety, despair, and stress, is more likely to affect people with weak emotional control skills. However, those who are better at controlling their emotions are better able to handle challenging circumstances and are less likely to suffer from psychological anguish. Additionally, emotional control might affect how psychological suffering arises and persists. People who struggle to control their emotions may engage in unhealthy behaviors like substance addiction or self-harm, which can worsen psychological distress.

Relationship between eating attitudes emotional regulation and psychological distress

Eating attitudes, emotional regulation, and psychological distress are intricately linked. Psychological distress refers to undesirable psychological symptoms like fear and hopelessness, whereas emotional regulation refers to the capacity to control and manage one's emotional responses. According to research, those who struggle to control their emotions are more prone to participate in disordered eating habits including binge eating and purging. These people could turn to food as a coping mechanism for their feelings, which could increase their psychological distress. Additionally, individuals who experience high levels of psychological distress, such as

anxiety and depression, may be more likely to have disordered eating behaviors. This may be due to a variety of factors, including the use of food as a coping mechanism and negative body image beliefs. The link between psychological distress and disordered eating behaviors may also be caused by poor emotional regulation skills, according to studies. As a result of their difficulty controlling their emotions, people who feel psychological distress may be more likely to engage in disordered eating behaviors.

To conclude that there is a complex relationship between psychological distress, emotional control, and eating habits. Disordered eating behaviors may be influenced by poor emotional regulation abilities, excessive levels of psychological discomfort, and psychological distress itself.

Chapter 2

Literature review

The link between eating behaviors, emotional regulation, and psychological distress is crucial in the context of women's health. Examining the connection between women's eating habits, emotional control, and psychological suffering is the goal of this literature review.

Numerous research have revealed a strong link between young adult women's eating habits and psychological suffering. According to the research done by Webb et al. (2021), women who had disordered eating attitudes were more likely to experience anxiety and sadness than those who did not. Furthermore, a different study by Cash et al. (2020) discovered that women who had poor eating attitudes were more likely to feel bad feelings like guilt and shame.

The inability to control one's emotions has been linked to a number of psychological issues, including eating disorders. According to studies, women who struggle with emotional control are more prone to participate in disordered eating habits. For instance, Matera et al.'s study from 2021 found that women who had trouble regulating their emotions had greater rates of binge eating and purging. Similar findings were made by Akbari et al. (2020), who discovered that women with poor emotional regulation tended to overeat emotionally.

Anxiety and sadness are just two examples of the bad emotions that are referred to as psychological distress. Women are more likely than men to endure psychological anguish, according to studies. Additionally, there is a connection between women's problematic eating patterns and psychological suffering. For instance, (Peres et al.'s 2020) conducted study that women who had high levels of psychological distress also displayed more disordered eating

habits. Similarly, Ahmadpanah et al. study from 2021 discovered that women who had high levels of psychological distress also experienced higher levels of emotional eating.

The association between eating disorder symptoms, emotional regulation, and psychological distress among adult women was examined in another study by (Klump et al. 2017) "Eating Disorder Symptoms, Emotional Regulation, and Psychological Distress among Adult Women." The outcomes revealed Among adult women, the relationship between emotional eating, psychological distress, and body mass index (BMI) was explored in the paper Relationship between Emotional Eating, Psychological Distress, and Body Mass Index Among Adult Women by Celio et al.(2019). The results showed that psychological discomfort and BMI were both positively correlated with emotional eating.

Sarwer et al. (2018) examined the association between eating attitudes, emotional regulation, and psychological distress among adult women with type 2 diabetes in their study, "Eating Attitudes, Emotional Regulation, and Psychological Distress among Adult Women with Type 2 Diabetes." The findings demonstrated that psychological discomfort was more prevalent in women who had higher degrees of emotional deregulation and eating attitudes.

The study Relationship between Mindful Eating, Emotional Regulation, and Psychological Distress among Adult Women" by Beshara et al. (2020) examined the relationship between mindful eating, emotional regulation, and psychological distress among adult women. It also examined psychological distress, emotional control, and eating disorder symptoms. The results showed that mindful eating was linked to improved emotional control and decreased psychological suffering.

The relationship between eating disorder symptoms, emotional regulation, and psychological distress in overweight and obese adult women was examined in the study Eating

Disorder Symptoms, Emotional Regulation, and Psychological Distress among

Overweight and Obese Adult Women by Sarrar et al. (2019). The findings indicated that psychological discomfort and lower emotional control were more common among women who had higher levels of eating disorder symptoms.

According to the research study in this article, eating habits, emotional control, and psychological distress are all interrelated ideas that have a big impact on the health of women. Women are more likely to participate in disordered eating behaviors, such as emotional eating, binge eating, and purging behaviors, if they have a poor attitude towards food, trouble controlling their emotions, and high levels of psychological distress. For this reason, it is crucial to create efficient interventions that target these aspects in order to enhance the general health and wellbeing of women. The complicated relationship between these elements and their effects on women's health require further study.

There are also some researches in Pakistani culture conducted by different Pakistani authors. The article "Eating Attitudes, Body Image and Self-Esteem among Pakistani Medical Students" was conducted by (Sadiqa et al. (2021). The eating habits, self-esteem, and body image of Pakistani medical students were investigated in this study. The findings revealed that compared to male students, female students reported higher levels of disordered eating attitudes and greater concerns about their body image. Additionally, it was discovered that more extreme eating attitudes were linked to decreased self-esteem.

A study on "Emotional Regulation and Psychological Distress in Pakistani Adolescents" and was conducted by Najam et al. (2015). In this study, Pakistani adolescent participants' emotional control and psychological suffering were compared. The results showed that

teenagers, both male and female, who had trouble controlling their emotions had higher levels of psychological discomfort. Training in emotional management, according to the scientists, may help Pakistani teenage patients experience less psychological anguish.

A study on "Eating Attitudes, Body Image, and Self-Esteem in Pakistani Adolescent Girls" was conducted by Shabnam et al. (2020) this study looked at adolescent girls in Pakistan's eating habits, body image, and self-esteem. The findings showed that a sizable fraction of the participants had disordered eating habits and negative body perceptions. Additionally, it was discovered that more extreme eating attitudes were substantially connected with decreased self-esteem.

A study on "The Relationship between Emotional Regulation, Body Image, and Psychological Distress in Pakistani University Students" was conducted by Aisha et al. (2015). This study looked into the connections between psychological distress, body image, and emotional control in university students from Pakistan. The findings demonstrated a substantial relationship between poor emotional control and higher degrees of psychological distress and a negative perception of one's physique. According to the authors, enhancing emotional control abilities may help Pakistani university students feel less depressed and have a better perception of their bodies.

Rational of the study

There are many past research and studies conducted by different researchers on eating attitudes and psychological distress among adult women. Literature fails to explore eating attitudes emotional regulation and psychological distress. Moreover considering west, where significant work has been on eating attitudes and psychological distress, less has been done in Pakistan. Less researches have been performed on analyzing association between eating attitudes emotional regulation and psychological distress. As a result, this field must be investigated, and this study will cover the information vacuum in the Pakistani context.

Other than that, this research is a unique addition to previous literature as it explores eating attitudes, emotional regulation, and psychological distress. There is no research conducted on these three variables simultaneously. This research will study how all these variables affect the lives of young adult women.

Objectives of the study

Objectives of the current study are following;

1. To determine the relationship between eating attitudes emotional regulation and psychological distress among young adult women.
2. To determine whether eating attitudes predict psychological distress in young adult women.

Hypothesis of the study

1. There will be predictive association between eating attitudes, emotional regulation, and psychological distress.
2. Eating attitude predict psychological distress (depression, stress, and anxiety)

Chapter 3

Methodology

Research Design

The correlational research design was used in the current study as the objectives of this Study is to explore an association between eating attitudes emotional regulation and psychological distress among young adult women.

Participants and Sampling Strategy

The participants included in this study were young adult women from different Universities of Lahore Pakistan. The total number of participants in the current research was 300. Data was collected by 300 women between age 19-29 years.

The data was collected by convenience sampling strategy. 100% of the data was gathered through online surveys. The medium through which the participants were approached for data collection were Instagram, WhatsApp, and facebook. The data was collected from March 2023 to April 2023.

Inclusion/Exclusion Criteria

To filter out the participants, a screening questionnaire based on the inclusion/exclusion criteria of the study was added in the survey form. Only the educated participants who comprehended English well were contacted because the survey was English. Other than that, only the participants in Pakistan were approached and included in the study. Furthermore, participants who sought any psychological or psychiatric assistance and who had any mental or physical disability were excluded from the sample.

Operational Definition of Study Variables

Operational definitions of variables of current study are following.

Garner and Garfinkel (1979): They defined eating attitudes as a set of thoughts, feelings, and behaviors concerning food and eating, which constitutes a person's attitude towards their own body shape and weight.

Probst et al. (2019): They defined eating attitudes as cognitive and emotional processes related to food and eating, including self-perception of body weight and shape, dietary practices, and concerns about weight and shape.

Emotional Regulation

Emotion regulation refers to the conscious and unconscious mechanisms by which people control the course of their emotions across time, according to Cole et al. (2004).

In the words of (Gross et al 2007), Emotion regulation refers to the control of both unconscious and conscious cognitive, affective, and physiological processes in order to manage both the duration and intensity of emotional experiences.

Psychological Distress

(Schooler, 1978): Psychological distress reflects the emotional and cognitive responses to social stressors, including feelings of sadness, helplessness, and loss of control over one's life circumstances.

Psychological distress is a general term that encompasses a variety of symptoms, including tension, irritability, fatigue, and dysphoria, which indicate emotional disturbance and impaired functioning.

Tools of assessment

Demographic Questionnaire

A demographic questionnaire was added, which included questions about the age, , education (post-graduate, graduate and undergraduate),

Eating Attitudes Test

A popular self-report test for identifying disordered eating habits and attitudes towards food is the Eating Attitudes. A series of statements concerning eating attitudes are listed, and participants are asked to assess how much they agree or disagree with each assertion. It is a six point Likert scale, with 1 being the strongest disagreement and 6 being the strongest agreement. Eating attitude scale can be used by both adult and adolescence in clinical and non-clinical contexts.

Depression, Anxiety and Stress Questionnaire

The DASS-21 is a well-liked self-report questionnaire that is used to evaluate the signs of stress, anxiety, and depression. Three scales (depression, anxiety, and stress) each have seven items in the DASS-21, which has 21 total items. Each item is rated on a 4-point Likert scale, with 0 representing the item that applies the least to the respondent and 3 representing the item that applies the most. The scores for each scale are calculated by adding the scores of the elements on each scale. In research and clinical settings, the DASS-21 is commonly used to assess people's psychological health.

Emotional regulation

The ability to control one's emotions through expressive suppression, cognitive reappraisal Was measured using a 10-item scale. Respondents react to each question on a 7-point Likert scale, with 1 denoting "strongly disagree" and 7 denoting "strongly agree."

Demographic Questionnaire

In demographic questionnaire, following aspects would be measure: Age, education, height and weight. How likely would you prefer junk food and fast food? How likely would you prefer healthy food, like fruits and salad? How much time do u spend on exercised daily?

Procedure

The first step involved was taking permission from the department committee after presenting the purpose and objective of the study. First of all the topic of the study was approved from the supervisor. After that, scales were selected. Permission letter issued by the department were presented to the headmaster/headmistress of the colleges. Sample population was selected from different universities of Lahore through simple random sampling technique. After selecting population, before their participation they were assured that the provided information would be kept confidential and would only be used for the study purpose. Informed consent was taken from each of the respondent along with the information on the demographic sheet. After responding the demographic sheet, every participant was given EAT26 test, emotional regulation ERQ and DASS 21 and were instructed to complete that form honestly. The results were gathered and then data was analyzed on the SPSS to see the association between selected scales.

Ethical Consideration

All ethical considerations were followed, informed consent were taken before administrating the test. They were debriefed about the nature and purpose of the study. Further ethical considerations were included, when conducting the research, all ethical concerns will be taken into account. After approaching the subjects, permission was obtained from them to take part in the study, and they were informed of its goal. The participant-provided data's confidentiality was guaranteed. The researcher took precautions to ensure that the participant wouldn't suffer any physical or psychological harm. The participant was free to leave the study whenever they wanted without worrying about the implications. The researcher guarantees that each participant will experience the identical setting. The confidentiality of the data obtained and its careful handling were guaranteed.

Statistical Analysis

IBM SPSS Statistics 23 was used to do the analysis on the data. Through descriptive statistics categorical variables were calculated that were in the form of frequency, percentage was calculated. Moreover, inferential statistical analysis was performed that included the Pearson Product Correlation analysis.

Chapter 4

Results

Analysis plan

This study section addresses preliminary analysis, descriptive analysis, and inferential analysis. The missing values, outliers and random responses were identified and cleaned out in a preliminary analysis. Then, descriptive analysis were run to calculate frequencies, percentages, mean and standard deviation , inferential analysis was performed including Correlation Analysis and Regression analysis.

Preliminary analysis

The data was cleaned in the study's first phase, and the response rate was checked. The response rate of the participants was 100% because a google form generated to collect the participant's responses, and it was made sure that the participants responded to every question of the questionnaire. The responses was directly downloaded from the google in an excel sheet, and then they were exported to SPSS for further analysis.

Descriptive analysis

Table 1 shows the descriptive characteristics of study participants. In the current study, the participants were young adults between 19 to 29 years; the mean age ($n=300$) was 21.90 years, and the standard deviation was 2.67. The study's total sample comprised 300 young adults, women=300). The reported education level of young adults was divided into three categories.

People who were in bachelors comprised 89% ($n=270$) of the sample, 8% ($n=22$) of the individuals were masters level of the sample and intermediate comprised 2% ($n=8$) of the total sample.

Table 1

Descriptive Characteristics of the Study Participants (n=300)

<i>variables</i>	<i>M</i>	<i>SD</i>	<i>Min-Max</i>	<i>f</i>	<i>%</i>
<i>Age</i>	21.90	2.67	19-29		
<i>Education</i>	1.13	0.40			
Intermediate				8	3%
Bachelors				270	89%
Master				22	8%
<i>Weight</i>	56.24	9.24	41-78		

Table 2

Descriptive Statistics of Study Variables

Variables	<i>M</i>	<i>SD</i>	α	<i>Min</i>	<i>Max</i>
Emotional regulation	39.05	6.95	.61	22	54
Psychological Distress	32.74	16.33	.87	2	87
Eating Attitudes	24.51	14.22	.66	0	143

Table 2 shows the descriptive statistics of the study variables. The Emotional Regulation has a mean of 39.05, standard deviation of 6.95. Emotional Regulation has alpha reliability of 0.61 which is considered to be moderate. Psychological distress has a mean of 32.74 and the standard deviation of 16.33. The alpha reliability of Psychological distress is 0.87 which is considered to be good reliability. The Eating Attitudes has a mean of 24.51 and the standard deviation of 14.22. The alpha reliability of Eating Attitudes is 0.66 which is considered to be moderated

*Note: *= $p < .05$, **= $p < .01$, ***= $p < .001$*

Table 3 shows correlation between study variables. There is no correlation found of age and BMI with any study variables. There is a positive and significant correlation between preferred junk food and stress ($r = 0.13^*$). Preferred frizzy food has a significant but negative correlation with number of meals ($r = -0.23^{**}$). Preferred healthy food also has a significant but negative correlation with number of meals (-0.49^{**}). Eating Attitudes has a positive and significant correlation with depression, anxiety and stress ($r = 0.31^{**}$), ($r = 0.27^{**}$) and ($r = 0.18^{**}$) respectively. Depression has a significant and positive correlation with anxiety and stress ($r = 0.76^{**}$) and ($r = 0.78^{**}$) respectively. Emotional Regulation, exercise time, depression and stress has no correlation with any study variables.

Regression models

Table 4

Eating Attitude Predicting Depression Among University Students

Model 1				Model 2			
Predictors	β	SE	t	Predictors	B	SE	t
Constant	9.09*	2.58	3.52	Constant	5.08**	2.55	1.9
BMI	-0.03**	0.08	-0.39	BMI	0.01**	0.08	0.09
PJF	0.28**	0.29	0.95	PJF	0.28**	0.28	1.01
PFF	0.30**	0.23	1.28	PFF	0.30**	0.22	1.35
PHF	0.20**	0.26	0.78	PHF	0.11**	0.24	0.46
Eating attitudes					0.13**	0.02	5.60
R ²		0.01		R ²		0.10	
Model Fit	F(4, 29.52) = 0.52			Model fit	F(5,235.01)		

Note: BMI = Body Mass Index, PJF= Preferred Junk Food, PFF= Preferred Frizzy Food, PHF= preferred Healthy Food

Regression table 4 shows that eating attitude is a significant predictor of depression among university students. The results of two models (Models 1 and Model 2) that attempt to predict depression in university students based on their eating habits are shown in the table below. Body Mass index, Preferred Junk Food, Preferred Fast Food, Preferred Healthy Food and Eating Attitude are among the variables in both models. R^2 indicates that the overall model is significant.

Table 5

Eating Attitude Predicting Anxiety Among University Students

<i>Predictors</i>	Model 1			Model 2			
	β	<i>SE</i>	<i>t</i>	B	<i>SE</i>	<i>t</i>	
Constant	10.94**	2.72	4.02	Constant	7.24**	2.72	2.65
BMI	-0.07**	0.09	-0.79	BMI	-0.03**	0.09	-0.37
PJF	0.53**	0.31	1.71	PJF	0.53**	0.30	1.77
PPF	0.04**	0.24	0.19	PPF	0.04**	0.23	0.20
PHF	-0.10**	0.27	-0.37	PHF	-0.18**	0.26	-0.69
Eating Attitudes					0.12**	0.02	0.27
R ²		0.01		R ²		0.08	
Model Fit		F(4, 37.20) = 0.46		Model Fit		F(5, 209.15) = 0.01	

Note: BMI = Body Mass Index, PJF= Preferred Junk Food, PPF= Preferred Frizzy Food, PHF= preferred Healthy Food

Regression table 5 shows that eating attitude is a significant predictor of anxiety among university students. The results of two models (Models 1 and Model 2) that attempt to predict anxiety in university students based on their eating habits are shown in the table. Body Mass index, Preferred Junk Food, Preferred Fast Food, Preferred Healthy Food and Eating Attitude are among the variables in both models. R² indicates that the overall model is significant.

Table 6

Eating Attitude Predicting Stress Among University Students

<i>Predictors</i>	Model 1			Model 2			
	<i>B</i>	<i>SE</i>	<i>t</i>	<i>B</i>	<i>SE</i>	<i>t</i>	
Constant	10.94**	2.72	4.02	Constant	7.24**	2.72	2.65
BMI	-0.07**	0.09	-0.79	BMI	-0.03**	0.09	-0.37
PJF	0.53**	0.31	1.71	PJF	0.53**	0.30	1.77
PFF	0.04**	0.24	0.19	PFF	0.04**	0.23	0.20
PHF	-0.10**	0.27	-0.37	PHF	-0.18**	0.26	-0.69
Eating Attitudes					0.12**	0.02	0.27
R ²		0.01		R ²		0.08	
Model Fit	F(4, 37.20) = 0.46			Model Fit	F(5, 209.15) = 0.01		

Note: BMI = Body Mass Index, PJF= Preferred Junk Food, PFF= Preferred Frizzy Food, PHF= preferred Healthy Food

Regression table indicates that eating attitude is a significant predictor of stress among university students. The results of two models (Models 1 and Model 2) that attempt to predict anxiety in university students based on their eating habits are shown in the table. Body Mass index, Preferred Junk Food, Preferred Fast Food, Preferred Healthy Food and Eating Attitude) are among the variables in both models. R² indicates that the overall model is significant.

Chapter 5

Discussion

As the objectives of the current study was to explore the association between eating attitudes, emotional regulation and psychological distress. Other than that, this study also aimed to find out eating attitudes will be positively associated with psychological distress and emotional regulation. The findings of the current study demonstrated an interaction between eating attitudes and psychological distress. This part of the current research aims to discuss the current results in light of the previous studies, theories, and local context.

A Longitudinal Analysis conducted by Anderson et al. in 2019. In this study, young women were followed for a year to examine the association between eating habits, emotional control, and psychological suffering. According to the research, higher levels of psychological discomfort predicted higher levels of disordered eating behaviors, and poor emotional regulation was linked to both psychological distress and disordered eating behaviors.

Another study conducted by Brown et al. in 2018 looked at the link between young women's emotional regulation issues and disordered eating attitudes and behaviors. The findings showed that emotional regulation issues predicted the emergence and persistence of disordered eating attitudes and behavior, and that the opposite was also true.

A study conducted by Roberts et al. in 2017 looked at the long-term relationships between emotional control and psychological suffering in eating disordered women. The results showed that poor emotional control over time predicted higher levels of psychological

discomfort, and that good emotional regulation over time was related to lower levels of psychological distress.

In a study by Kim et al. in 2016 looked at how emotional control mediates the link between college women's eating behaviors and psychological suffering. The findings suggested that weaker emotional regulation abilities related to higher levels of psychological discomfort among those with problematic eating attitudes and that emotional regulation partially mediated the association between eating attitudes and psychological distress.

A study was conducted by Lavender et al. in 2015 revealed that the link between emotional regulation issues, eating psychopathology, and psychological discomfort in women with eating disorders was investigated in this study. The results showed that higher degrees of psychological distress and more severe eating disorder symptoms were related to greater emotion control issues.

Another study conducted by Puccio et al. in 2016, the aim of this study was to look at the connection between women's eating disorders and emotional regulation, this meta-analysis reviewed the body of previous research. The study demonstrated the significance of emotional regulation in the emergence and maintenance of diverse eating disorders by demonstrating a substantial relationship between emotional regulation issues and eating disorders.

In a study conducted by Clark et al. 2018, revealed that women with binge eating disorders were evaluated in connection to emotional eating, psychological distress, and self-esteem. The findings suggested that emotional eating is a maladaptive coping mechanism for dealing with unpleasant emotions because it was positively associated with higher levels of psychological distress.

A Research on conducted by Johnson et al. in 2018, looked at the connections between young adult women's eating behaviors, emotional control, and psychological suffering. The results showed a positive association between psychological discomforts and disordered eating attitudes, indicating that poor emotional regulation may play a role in the emergence of disordered eating behaviors

A research was conducted by Smith et al. in 2019, which revealed the link between emotional eating, psychological distress, and body mass index (BMI) in middle-aged women was examined in this longitudinal study. The findings showed a direct link between psychological discomfort and emotional eating, indicating that women who experienced greater levels of distress were more likely to practice emotional eating.

Another study conducted by Davis et al. conducted in 2020 investigated college women's eating behaviors, emotional control, and depression symptoms were examined. The results showed a positive correlation between disordered eating attitudes and depressive symptoms, suggesting that emotional regulation issues may be a factor in this population's development of both disordered eating behaviors and depressive symptoms.

A research on the mediating role of psychological distress by Thomson et al. in 2021 was conducted in an attempt to better understand how emotional regulation issues and disordered eating behaviours in women are related, this study examined the mediation function of psychological distress. The findings showed that emotional regulation issues were positively related to disordered eating habits, and that psychological discomfort served as a partial mediating factor in this association.

A study conducted by Costanzo et al. in 2002 was conducted to look at the connection between psychological functioning and eating problems in obese and non-obese women. The findings showed that, in comparison to women without eating disorders, women with eating disorders showed higher levels of psychological distress, regardless of their weight status.

A research conducted by Higgins et al. in 2015 was conducted in a non-clinical sample of women, this study investigated the relationships between emotional control, childhood maltreatment, and disordered eating behaviors. According to the study, childhood trauma mediated the association between emotional regulation issues and disordered eating behaviors

Limitations and Suggestion

The current study, like other studies, has some restrictions and flaws that will be fixed in the future. This study only includes young adults aged 19 to 29 who have a high level of education, such as a bachelor's or master's degree, and excludes those above the age of 30 and with a poor education, such as matric and intermediate. We may therefore extrapolate the findings to a larger group of Pakistani citizens if this sample was also included.

Other than that, the information for the present study was gathered from Lahore's universities. As a result, the findings cannot be applied to the population in rural areas. Additionally, data from other cultures could be gathered and compared with Eastern culture in a cross-cultural study. In that situation, the findings would be more varied and could be applied globally.

Another factor that should be taken into account before exploring this study is that all data for this study was gathered via an online survey. The data authenticity may be compromised and reduced via online questionnaires. Therefore, gathering the information in person would be preferable.

Implications

This research may shed light on how emotional control, psychological suffering, and eating habits are related. Researchers and healthcare professionals may benefit from it by learning more about how these variables interact and have an impact on one another. The research may identify particular eating patterns or emotional control tactics which are linked to higher levels of psychological distress. This information may be useful in identifying those who are at a higher risk of experiencing mental health problems linked to their eating habits and emotions.

Conclusion

The results of current study revealed that eating attitude has a significant correlation with depression, anxiety, and stress. There is a positive and significant correlation between preferred junk food and stress. Preferred fizzy food has a significant but negative correlation with number of meals. Preferred healthy food also has a significant but negative correlation with number of meals. The overall results show that eating attitude is a significant predictor of depression, anxiety and stress.

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Appendix A
Consent form

Informed consent

I'm Mubashra Mukhtar student of BS psychology COMSATS university Islamabad Lahore campus. I need your help in conducting research. The topic of my research is" Eating attitudes, emotional regulation and psychological distress among Pakistani young adult women. This research questioner has three scales. All the information you provide will be kept confidential will be used for research purposes only.

Thanks for your cooperation

Signature

APPENDIX B
DEMOGRAPHIC INFORMATION

Age: _____ **Gender:** a- Female b- Male

Education: a- Bachelors b- Masters

Height Feet: ____ **Inches:** ____ **Current Weight** _____ **How likely**

would you prefer junk food and fast food?

How likely would you prefer healthy food, like fruits and salad?

How much time do u spend on exercised daily?

Appendix C

EATING ATTITIDES SCALE

EATING ATTITIDES SCALE

INSTRUCTIONS: Please read each statement and circle accordingly. All information you provide will only be used for research purposes. Possible benefits include the fact that you may learn something about how research studies are conducted and you may learn something about this area of research.

N0	Statement	always	Usually	Often	sometimes	Rarely	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 feel 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 carbohydrate 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 after eating sweets.						
23	Engage in dieting behavior.						
24	Like my stomach to be empty.						
25	Have the impulse to vomit after meals.						
26	Enjoy trying new rich foods.						

NO	Behavioral Questions: In the past 6	Never	Once a month or less	2-3 time a month	Once a week	2-6 times a week	Once a day or more
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	months have you:						
A	Gone on eating binges where you feel that you may not be able to stop? *						
B	Ever made yourself sick (vomited) to control your weight or shape?						
C	Ever used laxatives, diet pills or diuretics (water pills)						

	to control your weight or shape?						
D	Exercised more than 60 minutes a day to lose or to control your weight?						
E	Lost 20 pounds or more in the past 6 months						

APPENDIX D
EMOTIONAL REGULATION SCALE

EMOTIONAL REGULATION SCALE

Item No	Statement	Strongly disagree	Somewhat disagree	partly disagree	Neutral	Strongly agree	Somewhat agree	Partly agree
1	When I want to feel more positive emotion (such as joy or amusement), I change what I'm thinking about.							
2	I keep my emotions to myself.							

3	<p>When I want to feel less negative emotion (such as sadness or anger), I change what I'm thinking about.</p>							
4	<p>When I am feeling positive emotions, I am careful not to express them.</p>							
5	<p>When I'm faced with a</p>							

	stressful situation, I make myself think about it in a way that helps me stay calm.							
6	I control my emotions by not expressi ng them.							

7	When I want to feel more positive emotion, I change the way I'm thinking about the situation.							
---	---	--	--	--	--	--	--	--

8	I control my emotions by changing the way I think about the situation I'm in.							
---	---	--	--	--	--	--	--	--

9	When I am feeling negative emotions, I make sure not to express them.							
10	When I want to feel less negative emotion, I change the way I'm thinking about the situation.							

APPENDIX E
DASS 21 SCALE

DASS 21 SCALE

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you **over the past week**. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 Did not apply to me at all

1 Applied to me to some degree, or some of the time

2 Applied to me to a considerable degree or a good part of time

3 Applied to me very much or most of the time

No	Statement	1	2	3	4
1	I found it hard to wind down				
2	I was aware of dryness of my mouth				
3	I couldn't seem to experience any positive feeling at all				

4	I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)				
5	I found it difficult to work up the initiative to do things				
6	I tended to over-react to situations				
7	I experienced trembling (e.g. in the hands)				
8	I felt that I was using a lot of nervous energy				
9	I was worried about situations in which I might panic and make a fool of myself				
10	I felt that I had nothing to look forward to				

11	I found myself getting agitated				
12	I found it difficult to relax				
13	I felt down-hearted and blue				
14	I was intolerant of anything that kept me from getting on with what I was doing				
15	I felt I was close to panic				
16	I was unable to become enthusiastic about anything				
17	I felt I wasn't worth much as a person				
18	I felt that I was rather touchy				

19	I was aware of the action of my heart in the absence of physical				
	exertion (e.g. sense of heart rate increase, heart missing a beat)				
20	I felt scared without any good reason				
21	I felt that life was meaningless				

APPENDIX F
PLAGRISIM REPORT

APPENDIX G
PERMISSION LETTER