



Original Article

# Exploring the Relationship between Social-Self-Esteem, Psychological Distress, and Disordered Eating Patterns among University Students

**Khirman Khadija**

National University of Modern Languages (NUML) - Pakistan

 [syedakhirman1@gmail.com](mailto:syedakhirman1@gmail.com)

 <https://orcid.org/0009-0009-2292-1728>

**Sidra Azim**


National University of Modern Languages (NUML) - Pakistan

 [sidraazim@hotmail.com](mailto:sidraazim@hotmail.com)

 <https://orcid.org/0000-0002-5074-2083>

**Aftab Hussain**

Riphah International University - Pakistan

 [aftab\\_hussain12@yahoo.com](mailto:aftab_hussain12@yahoo.com)

 <https://orcid.org/0009-0001-2862-7273>

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## Abstract

*This study aimed to investigate the correlation between disordered eating patterns, psychological distress, and social self-esteem among university students in Rawalpindi and Islamabad. The study included University Students as participants and it utilized a correlational cross-sectional research design. The data collection involved administering a series of questionnaires, which included the Social Self Esteem Scale (SSES), Eating Disorder Examination Questionnaire (EDE-Q), and DASS-21 (Depression, Anxiety, and Stress Scale). The study adhered to ethical considerations in a rigorous manner. The results indicated a statistically significant and positive correlation between psychological distresses and disordered eating behaviors. Furthermore, a notable inverse relationship was identified between psychological distress and social self-esteem, as well as between psychological distress and disordered eating behaviors. The findings of this study carry significant implications for the design and implementation of targeted interventions aimed at promoting the mental and physical well-being of college students. Additionally, these results may contribute to the development of educational initiatives that seek to prevent the emergence and advancement of eating disorders within this susceptible group. Limitations of the study include the utilization of a cross-sectional design and the limited representativeness of the sample. These factors should be taken into account in future research endeavors.*

**Keywords:** Eating pattern, Psychological distress, Self-esteem, Social exclusion, University students

## INTRODUCTION

The prevalence of eating disorders has become a notable issue in the realm of public health, with a particular emphasis on university students who encounter distinct obstacles during this pivotal period of their development. The process of transitioning to university involves a range of stressors, such as academic demands, social adaptations, and body image preoccupations, which have the potential to contribute to the emergence or intensification of disordered eating behaviors. It is imperative to comprehend the intricate relationship among psychological distress, social self-esteem, and disordered eating behaviors within this specific demographic in order to formulate efficacious preventive and intervention approaches. The primary objective of this study is to examine the association between psychological distress, social self-esteem, and disordered eating patterns within the population of university students.

Numerous studies have consistently indicated an upward trend in the occurrence of eating disorders among individuals in the young adult age group, with a specific emphasis on university students as a population that is particularly susceptible to this issue (Siegel & Sawyer, 2019). The confluence of academic performance, financial strain, and social assimilation within the university milieu can potentially expose students to a heightened susceptibility toward the development of maladaptive dietary patterns. Moreover, the experience of university life frequently entails encountering unfamiliar social groups, which can result in individuals making comparisons with their peers and developing a heightened preoccupation with their physical appearance. The issue of body image concerns has the potential to have a negative effect on the self-esteem of students, especially when considering the factors of social acceptance and perceived attractiveness (Taylor, et al., 2007).

The experience of managing stress and emotional challenges during a significant life transition can potentially result in certain students resorting to maladaptive eating behavior as a strategy for coping with or avoiding distressing emotions. Hence, it is imperative to examine the significance of psychological distress in the context of disordered eating patterns among university students in order to gain insight into the intricate connection between mental well-being and eating habits. In addition, it is important to note that social self-esteem, which refers to an individual's subjective evaluation of their acceptance and value within social contexts, significantly influences the formation of body image perceptions and behaviors related to the body (Sowislo & Orth, 2013). The phenomenon of disordered eating behaviors can be attributed to the desire for social acceptance and the pressure to conform to cultural beauty ideals, particularly among individuals with low social self-esteem (Stack & Meredith, 2018). Hence, it is imperative to investigate the impact of social self-esteem on the emergence and perpetuation of disordered eating behaviors among college students in order to inform specific intervention strategies.

## Problem Statement

The prevalence of eating disorders among university students is becoming increasingly imminent, which

could have detrimental effects on both physical and mental health. A thorough assessment of the precise nature and scope of these linkages in this particular demographic is currently lacking, despite the fact that previous studies have demonstrated a link between eating disorders, psychological distress, and social self-esteem. The creation of focused preventative measures and intervention techniques for university students depends on an understanding of the complicated connections between psychological distresses, social self-esteem, and eating disorders. This study aims to fill this knowledge gap by investigating the relationships between these variables among university students in Rawalpindi and Islamabad. This research aims to provide information on practical steps to promote university students' mental health and well-being and lessen the potential negative effects of eating disorders on their academic and personal development by elucidating the fundamental factors that underlie the emergence and persistence of eating disorder behavior.

## **Objectives**

The primary objective of this research is to examine the factors that mitigate the negative outcomes of psychological distress, social self-esteem, and eating disorder behaviors among university students. In many different ways, students are impacted by these factors. So, the purpose of this study is:

- To study the relationship between psychological distresses, disordered eating pattern, and social self-esteem.
- To examine this relationship in two different genders (men and women)

## **Hypothesis**

The hypotheses of this study are as followed:

- H1: There is a positive association between psychological distress and disordered eating patterns among university students,
- H2: There is a negative correlation exists between social self-esteem and psychological distress among university students
- H3: There is a negative relationship exists between social self-esteem and eating disorders among university students
- H4: Gender differences exist in the relationship of psychological distress, eating pattern and social self-esteem, among both gender

## **LITERATURE REVIEW**

The incidence of eating disorders, which has been on the rise over the years, has become a significant public health concern, particularly affecting women (Hudson, et al., 2007). The classification of eating disorders encompasses three primary diagnostic categories: anorexia nervosa, bulimia nervosa, and binge eating disorder. The increasing prevalence of signs and symptoms related to eating disorders among college students has raised significant concerns.

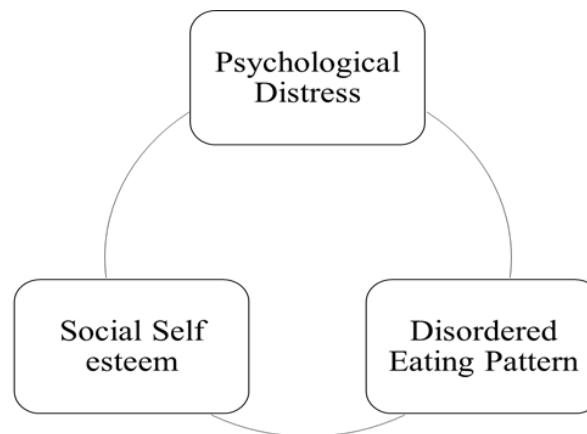
The disordered refers to eating patterns as eating habits that deviate from the norm and have detrimental effects on both physical and emotional well-being. Behaviors encompassing binge eating, purging, and restrictive eating are classified within this particular category and have been linked to significant health complications. Psychological distress and diminished social self-esteem have been recognized as potential risk factors for the development of disordered eating behaviors, particularly within the university student population. Psychological distress encompasses a range of negative emotional states, such as stress, worry, and depression. On the other hand, social self-esteem pertains to an individual's subjective evaluation of their own value relative to others. There exists a positive correlation between elevated stress levels and heightened engagement in binge eating and purging behaviors among female university students (Sharp & Theiler, 2018).

The emotion regulation model posits that individuals may employ disordered eating practices as a means of coping with negative emotions (Moharram-Nejadifard, et al., 2020). The presence of challenges in regulating emotions can potentially result in individuals resorting to maladaptive coping strategies, such as engaging in disordered eating behaviors, as a means to alleviate their distress. Moreover, there exists a correlation between social self-esteem and eating disorders, with a specific emphasis on the association with social anxiety. According to Shahar (2020), there exists a potential relationship between low social self-esteem and the development of eating problems. This connection may arise due to individuals' desire to achieve an

idealized body image or to gain social approval, leading them to engage in disordered eating behaviors. In a similar vein, the study conducted by Galanakis, et al., (2016) revealed that individuals with low social self-esteem were found to be more likely to engage in disordered eating behaviors, as observed among both male and female university students.

In summary, the existing body of literature as mentioned above, demonstrates a notable correlation between psychological distresses, social self-esteem, and disordered eating behaviors within the population of university students. There exists a positive correlation between psychological distress and disordered eating behaviors, while a negative association has been established between low social self-esteem and body dissatisfaction as well as eating disorders. Comprehending these associations is crucial in formulating efficacious prevention and treatment methodologies to tackle the escalating incidence of eating disorders among university students and enhance their holistic welfare.

### Conceptual Framework



**Figure. 1.** Relationship between psychological distress, disordered eating pattern and social self esteem

The conceptual framework depicted in Figure 1 illustrates the intricate interplay between psychological distress, disordered eating patterns, and social self-esteem. It underscores how these three variables are interconnected and can mutually influence each other. Eating behavior disorders may result from psychological distress because people may turn to poor eating behaviors as a coping mechanism for feelings of worry, sadness, and stress. On the other hand, eating disorders can heighten psychological suffering and result in feelings of isolation and guilt. There is a reciprocal association between psychological distress and social self-esteem. Suffering can cause low self-esteem in social situations, while low self-esteem can cause suffering. The knowledge of one's body image and social self-confidence can also be impacted by eating disorders, and long-term behavior may result from low social self-esteem. This framework underscores the need for holistic interventions addressing mental health and self-esteem issues when addressing disordered eating patterns, recognizing the intricate web of influences at play.

## METHODOLOGY

The study design was correlational cross-sectional study. It examined the interrelationships spontaneously occur in disordered eating pattern, psychological distress and social self-esteem. The research was quantitative in nature and questionnaire method was used. The targeted population of this study was university students and the sample was selected from the universities of Rawalpindi and Islamabad. The sample size of this study was of 209 participants.

### Instruments

#### *Eating Disorder Examination Questionnaire*

The disordered eating pattern was measured using 'eating disorder examination questionnaire (EDE-Q 6.0)'. The EDE-Q provides for evaluation of the eating disorder psychopathology, on the four subscales of restraint, eating concern, weight concern, and shape concern. Higher scores indicate higher level of disordered eating pattern.

### DASS-21

DASS-21, was used to measure psychological distress among university students. This is a self-report measure developed by Lovibond and Lovibond and was originally developed in 1995 and later revised in the 2017 (Zanon, 2021). This is a 4-point Likert scale ranging from 0 (Did not apply to me at all) to 3 (Applied to me very much or most of the time), which aims to measure the 3 different dimensions of emotional states including depression, stress and anxiety. It consists of 21 items; each subscale is having 7 items measuring different dimension. The subscale, stress is being used in this research which contains the item of 1, 6, 8, 11, 12, 14, and 18 (e.g., I was intolerant of anything that kept me from getting on with what I was doing) (Moharram-Nejadifard, et al., (2020). This is highly used scale having well established reliability and validity with Cronbach Alpha values of 0.72 for the Depression subscale, 0.77 for the Anxiety subscale, 0.70 for the Stress subscale, and 0.88 for the total scale (Le, et al., 2017)

### Social Self-Esteem Scale

Social self-esteem scale (SSES) was used. This is a 6-point Likert scale and consisted of 30 items used to measure the social self-esteem. This is considered a reliable and valid measure of social self-esteem with  $\alpha = .837$ .

### Procedure

This study was based on a correlation cross sectional research design, it was quantitative in nature and Questionnaire method was used for data collection. Research sample comprised of 209 students of different Universities, was selected. Responses were collected from different universities for this research. All the ethical standards were strictly followed throughout the study. After the process of data collection was completed, data was then analyzed statistically using SPSS 21. Data was analyzed through IBM SPSS Statistics version 21 and statistical plan includes the frequency and descriptive analysis, Pearson correlation, and independent sample t-test analysis were conducted.

## RESULT & FINDINGS

The present research was carried to check the relationship between Psychological distress, social-self-esteem, and disordered eating patterns among university students. SPSS 20.0 has been utilized. Descriptive statistics, Correlation, Independent sample t-test were used to describe the terms into statistical terms.

**Table 1**

Frequency and percentages of the demographic characteristics of the sample (n=209)

	Frequency (f)	Percentage (%)
<b>Age of participants</b>		
17-19	42	20.1
20-22	99	47.4
23-25	59	28.2
26-28	9	4.3
<b>Gender</b>		
Male	98	46.8
Female	111	53.2

Table 1 indicates the demographic characteristics of the sample. The sample consisted of 209 members, out of which 42 (20.1%) lie between 17-19 years of age, 99 (47.4%) lie between 20-22 years of age and 59(28.2%) between the range of 23-25 years of age while 9 which is (4.3%) participants' age range from 26-28 years. 98 (46.8. %) were males and 111 (53.2%) were females.

**Table 2**

Descriptive statistics of the variables (n=209)

Variables	No. of items	$\alpha$	M	SD	Range		Skewness	Kurtosis
					Actual	Potential		
SSES	9	.86	38.08	8.37	41	6-54	-.32	-.30
Stress	7	.81	15.09	9.59	42	0-21	.40	-.50
Anxiety	7	.82	14.28	10.25	42	0-21	.48	-.78
Depression	7	.85	12.43	10.03	42	0-21	.74	-.12
EDE-Q	24	.93	1.49	1.37	6	0-144	.88	-.06
Restraint	5	.85	1.25	1.58	6	0-30	1.28	.72
Eating Concern	5	.79	1.07	1.04	6	0-30	1.42	1.36
Shape Concern	8	.87	1.87	1.67	6	0-48	.68	-.63
Weight Concern	5	.81	1.78	1.67	6	0-30	.74	-.51

Note: EDE-Q= Eating Disorder Examination Questionnaire, SSES = Social Self Esteem Scale

Table 2 shows the reliability of different questionnaires used in the study. Reliability statistics of different questionnaires are, DASS subscales, Stress ( $\alpha = .81$ ), Anxiety ( $\alpha = .82$ ), and depression ( $\alpha = .85$ ). The Eating Disorder questionnaire has  $\alpha$  coefficient of .93, and its subscale also showed good internal consistency of: Restraint ( $\alpha = .85$ ), Eating Concern ( $\alpha = .79$ ), Shape concern ( $\alpha = 0.87$ ), and Weight concern had a reliability of ( $\alpha = 0.81$ ). Lastly, the Social self-esteem scale had ( $\alpha = 0.82$ ).

**Table 3**

Pearson correlation of the study variables (n=209)

	1	2	3	4	5	6	7	8	9
SSES	-	-.188**	-.242**	-.317**	-.165*	-.076	-.171*	-.166*	-.161*
Stress		-	.789**	.792**	.442**	.264**	.442**	.404**	.427**
Anxiety			-	.813**	.475**	.278**	.462**	.445**	.464**
Depression				-	.462**	.261**	.462**	.426**	.458**
EDQ					-	.773**	.832**	.922**	.932**
Restraint						-	.521**	.588**	.567**
Eating Concern							-	.773**	.832**
Shape Concern								-	.910**
Weight Concern									-

Note: SSES = Social Self-esteem scale

EDQ= Eating Disorder Questionnaire

Psychological distress = stress, anxiety and depression

Table 3 shows the results of Pearson correlation analysis among the study variables. There is a highly significant and negative relationship exist between social self-esteem with the predictors of psychological distress including stress ( $r = -.188$ ,  $p > 0.01$ ), anxiety ( $r = -.242$ ,  $p > 0.01$ ), and depression ( $r = -.317$ ,  $p > 0.01$ ). There is a positive and highly significant relationship exist between predictors of psychological distress with eating disorder questionnaire and its subscales. The stress showed positive and highly significant relationship with eating disorder questionnaire ( $r = .442$ ,  $p > 0.01$ ), with anxiety ( $r = .475$ ,  $p > 0.01$ ), and showed highly significant relation with depression ( $r = .462$ ,  $p > 0.01$ ). Social self-esteem and eating disorder questionnaire also showed highly significant and positive relationship ( $r = -.165$ ,  $p > 0.01$ ).

**Table 4**

Independent Sample t-test of gender (n=209).

Variables	Male		Female		t	p	95% CI		Cohen's d
	M	SD	M	SD			LL	UL	
SSES	39.65	8.74	37.51	8.19	1.63	.10	-.44	4.72	.25
Stress	15.60	10.48	14.91	9.28	.45	.64	-2.28	3.66	.06
Anxiety	13.75	10.24	14.47	10.28	-.44	.65	-3.90	2.46	.11
Depression	13.35	10.72	12.10	9.78	.78	.43	-1.86	4.35	.12
EDE-Q	1.48	1.34	1.49	1.38	-.07	.93	-.44	.40	.00
Restraint	1.22	1.48	1.26	1.62	-.15	.88	-.53	.45	.00
Eating concern	1.12	1.41	1.06	1.40	.29	.77	-.37	.49	.03
Shape concern	1.83	1.66	1.88	1.67	-.20	.83	-.57	.46	.02
Weight concern	1.75	1.73	1.79	1.65	-.15	.87	-.55	.47	.02

Note: SSES= Social Self-esteem scale, EDE-Q= Eating Disorder Check Questionnaire, Psychological distress=stress, anxiety and depression.

Table 4 shows that no significant gender differences occur across, social self-esteem, self-esteem, disordered eating, stress, anxiety and depression

## Discussion

Correlation analysis indicated that social self-esteem has a negative relationship with eating disorder proving the first hypothesis of the study. And the results of the study indicate that social self-esteem and eating disorder questionnaire also showed highly significant and positive relationship. Individual with low self-esteem evaluate the social situations negatively causing disordered eating, and the disordered patterns adversely affect how they perceive themselves in social situations and the surroundings around them, which create a never-ending vicious cycle (Raykos, et al., 2017). The present study indicated a negative relationship meaning that low self-esteem increases the disordered patterns in eating and vice versa. A study conducted on university students of medical science indicated that eating disorder risk is greatly affected by low levels of self-esteem and the role of perceived body image.

According to the findings, there is a negative detrimental correlation between social self-esteem and psychological distress, which was evaluated using measures of stress, anxiety, and depression. The results demonstrated that there is a highly significant and negative relationship exist between social self-esteem with the predictors of psychological distress including stress, anxiety, and depression. This proved the hypothesis. Psychological distress includes depressive emotions, anxiety, and distinctive bad emotional states. As psychological distress is measured through stress, anxiety, and depression. Results show that depression has a negative relationship with social self-esteem which is in line with the previous study. The study concluded that low social self-esteem indicates high levels of depression predicting a negative relationship between them (Orth & Robins, 2013; Li, et al., 2021).

Anxiety is also negatively related to self-esteem indicating that low self-esteem will increase anxiety levels. Sowislo and Orth in their meta-analysis also support these findings. Anxiety and depression have a negative relationship with social self-esteem. Both of them predict low social self-esteem (Sowislo & Orth, 2013). Another study also reported a negative relation of anxiety with social self-esteem. Low self-esteem and a lower and poor self-concept cause severe emotional responses and increased self-defense efforts, making the person more sensitive to environmental or other cues, whereas high self-esteem is associated with a positive self-concept, a clear understanding of an ability to remain calm under pressure (Ahmad, et al., 2013). Stressful situations affect social self-esteem and is affected by stress. Low self-esteem and stress have been related to mood disorders and depression in a series of researches. Low self-esteem and low self-worth are related to stress and depression, according to a study by Carter and Garber. These are sources of stress since people are unable to control and cope with stressful experiences (Carter & Garber, 2011). Stress and social self-esteem have a negative relationship that is also reported in recent studies (Galanakis, et al., 2016).

The other hypothesis of this was also accepted that there is a positive relationship exist between Psychological distress and disordered eating pattern. After running the correlation analysis, it was demonstrated that there is a positive and highly significant relationship exist between predictors of psychological distress with eating

disorder questionnaire and its subscales. The stress showed positive and highly significant relationship with eating disorder questionnaire with anxiety, and also showed highly significant relation with depression. Psychological distress has been associated with disordered patterns in eating. Another study also proves a significant relation of psychological distress and eating disorders (Gruber, et al., 2019). It has been determined that the onset of an eating disorder is predicted by stressful life situations (Shahar 2020).

## CONCLUSION

This study investigated the relationship between psychological distress, social self-esteem, and eating disorders among college students. According to the results, there is a link between low social self-esteem and eating disorders as well as a link between low social self-esteem and psychological discomfort, such as sadness, anxiety, and stress. Additionally, a link between disturbed eating habits and psychological suffering was discovered. The connections between these variables, however, did not show any gender differences. The study underlines the significance of addressing psychological wellbeing and self-esteem concerns to promote better mental health outcomes among university students.

## Recommendations

This study paved the path for future academic development and research by examining the relationship between psychological distress, social self-esteem, and eating disorders among college students. The study's compelling findings highlight the significance of mental health in the academic setting and the necessity of more extensive and focused interventions.

## Limitations

Although the results are insightful, future research should take into account the study's limitations, such as sample size and sampling technique, to increase the generalizability of the conclusions. Limitations of the study include the utilization of a cross-sectional design and the limited representativeness of the sample. These factors should be taken into account in future research endeavors.

## Future Directions

Future studies can go more deeply into the conceivable processes underlying the connections that have been found and look into additional risk factors for eating disorders and psychological discomfort. Studies that follow these variables over a long period of time can shed light on how they evolve and have an impact over the long run. The universality of research findings can also be improved by broadening the scope of the study to include a more varied and substantial sample, which leads to a deeper comprehension of these intricate connections in various cultural and socioeconomic circumstances. Researchers can help to the creation of more successful initiatives to support college students' and other groups' mental health and healthier lives by continually improving their understanding of these relationships.

## Competing Interest

The authors have declared no competing interest.

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