



Behind the Empty Plate: A Phenomenological Exploration of Psychosocial Factors in Binge Eating Behavior Among University Students

A. Juwita Amal^{1*}, Adek Titik Chumaerah², Istiana Tajuddin³

^{1,2,3} Department of Psychology, Faculty of Medicine, Universitas Hasanuddin,
Makassar, Indonesia

Email: juwita.amal@unhas.ac.id¹

(Received: April-2025; Reviewed: April-2025; Accepted: May-2025;

Available Online: May-2024; Published: May-2025)

ABSTRACT

Binge eating behavior, characterized by loss of control during eating episodes, is increasing in prevalence among university students and can lead to serious physical and psychological consequences. According to the National Comorbidity Survey-Replication, approximately 1 in 25 individuals experience binge eating at some point in their lives, with higher rates in women (1 in 20) compared to men (1 in 25). This research aims to explore the psychosocial factors that contribute to binge eating behavior in university students in Indonesia, particularly in the context of changing patterns during the COVID-19 pandemic. Using a qualitative phenomenological approach with interpretative phenomenological analysis, we interviewed three female students (aged 21-23 years) who exhibited binge eating behavior based on the Binge Eating Scale (BES). Interviews were conducted both face-to-face and online between August and November 2022, with each session lasting 90-180 minutes. Five main psychosocial factors emerged: emotional eating (including stress, emotional stabilization, boredom, and sadness), social and cultural influences (including family eating habits and cultural beliefs about food waste), thoughts about food, external eating (including sensory pleasure and food availability), and the use of food as a stimulator (including diet retaliation, sleep induction, and weight gain efforts). These findings highlight the complex interaction between psychological and social factors in the development and maintenance of binge eating behavior. Understanding these factors can inform effective prevention and intervention strategies to address problematic eating behaviors among university students and potentially prevent the development of clinical eating disorders and related physical and psychological consequences.

Keywords: Binge eating behavior; emotional eating; university students; psychosocial factors; qualitative research

INTRODUCTION

Eating is a basic human need that not only functions as physical nutrition but is also laden with psychological and social meanings. However, some individuals consume food beyond physical hunger signals, exhibiting what is known as binge eating behavior. According to the

American Psychiatric Association (APA, 2015), binge eating behavior is a condition where someone consumes large amounts of food accompanied by a subjective feeling of loss of control. Unlike normal eating patterns, individuals with this behavior have difficulty stopping eating once started or resisting the urge to eat, even without feeling hungry. This behavior differs from normal eating because it involves difficulty in stopping eating after starting or difficulty in resisting the desire to eat, even without feeling hungry.

Binge eating behavior is often associated with negative psychological states such as guilt, shame, and distress. When these episodes occur regularly (at least once a week for three months) and are accompanied by significant distress, they may meet the criteria for binge eating disorder (BED) as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (APA, 2013). However, binge eating behavior exists on a spectrum, and many individuals experience subclinical forms that still impact their well-being.

The prevalence of binge eating behavior is increasing, especially among university students. According to the National Comorbidity Survey-Replication (NCS-R), approximately 1 in 25 individuals experience binge eating at some point in their lives, with higher rates in women (1 in 20) compared to men (1 in 25) (Wick et al., 2020). The prevalence is particularly high among young adults, making university students a high-risk group (Franko et al., 2013), making this phenomenon a mental health issue that deserves serious attention.

Binge eating behavior can trigger various physical health problems such as obesity, cardiovascular disease, and metabolic disorders (Ardella, 2020). Beyond that, this condition is also closely related to psychological problems such as low self-esteem (Rukmana, 2017), depression, anxiety, substance abuse, and obsessive-compulsive symptoms (Hooley et al., 2018). More concerning, binge eating often develops into a maladaptive mechanism for coping with stress, creating a vicious cycle that is difficult to break.

The COVID-19 pandemic has worsened the situation of binge eating behavior. Social restrictions and drastic changes in daily routines created "perfect" conditions for increased binge eating behavior. Research by Saragih and Saragih (2020) revealed that 54.5% of Indonesian respondents experienced an increase in eating frequency during the pandemic, while Ammar et al. (2020) found that anxiety and boredom during isolation periods encouraged higher consumption of low-quality food. When physical activity decreased due to social restrictions—as reported by the ECLB-COVID-19 survey with a 24% decrease in physical activity per week—the risk of energy imbalance and eating pattern disorders increased.

Previous research has identified various risk factors for binge eating, such as dietary restrictions, negative emotions, and interpersonal conflicts (Neyland et al., 2020), understanding of the complexity of psychosocial factors that contribute to this behavior, especially in the Indonesian context, remains limited. How do emotions, thoughts, social influences, and culture interact to shape excessive eating patterns? How do the life experiences of Indonesian students with binge eating differ from those reported in studies from Western countries?

This research seeks to answer these questions through an in-depth phenomenological approach. By exploring the lived experiences of students with binge eating, we can uncover the complex layers of psychosocial factors that shape and maintain this behavior. Understanding these factors not only enriches the scientific literature but also paves the way for the development of more effective and culturally appropriate interventions.

Amid growing awareness of the importance of mental health and holistic well-being, research on problematic eating behaviors becomes increasingly relevant. Especially among university students who are in a critical transition period with intense academic, social, and identity development pressures. An in-depth exploration of the psychosocial factors of binge eating in this group can provide valuable insights for targeted prevention and intervention efforts.

METHOD

Research Design

This research uses a qualitative approach with a phenomenological design to explore the lived experiences of students who exhibit binge eating behavior. Phenomenology allows researchers to describe participants' experiences of a phenomenon from their perspective (Creswell, 2016). Data was analyzed using Interpretative Phenomenological Analysis (IPA) to identify emerging themes related to the psychosocial factors of binge eating behavior.

Participants

Participants were recruited through purposive sampling using the Binge Eating Scale (BES) developed by Gormally et al. (1982) and validated by Audah (2018). BES measures the severity of binge eating behavior on a scale of 0-46, with scores categorized as minimal (0-17), moderate (18-26), or severe (≥ 27). Initial screening was conducted on 180 students aged 18-25 years, from which three female participants who met the inclusion criteria and provided informed consent were selected for in-depth interviews. Participants included two individuals with moderate binge eating (BES scores 22 and 19) and one with minimal binge eating (BES score 16). All participants were aged 21-23 years and were studying at universities in Makassar, Indonesia. Table 1 presents the demographic characteristics of the participants.

Table 1
Participant Characteristics

| Pseudonym | Age | Gender | BMI Category | BES Score | BES Category |
|-----------|-----|--------|--------------|-----------|--------------|
| DW | 21 | Female | Overweight | 22 | Moderate |
| PR | 23 | Female | Normal | 16 | Minimal |
| AY | 22 | Female | Normal | 19 | Moderate |

Data Collection

Semi-structured in-depth interviews were conducted between August and November 2022. The interview guide included questions about participants' eating patterns, experiences of loss of control during eating, thoughts and feelings about food and body image, and social influences on eating behavior. Interviews were conducted both face-to-face and online, recorded, and transcribed verbatim. Multiple interviews were conducted with each participant to ensure data saturation. Total interview duration ranged from 90 to 180 minutes per participant.

Data Analysis

Interview transcripts were analyzed using Interpretative Phenomenological Analysis (IPA) following the procedures outlined by Smith et al. (2009). The analysis involved: (1) repeated reading of transcripts, (2) making descriptive, linguistic, and conceptual notes, (3) developing emergent themes, and (4) identifying relationships between themes. MAX-QDA software was used to facilitate the coding and analysis process. To ensure trustworthiness, researchers used investigator triangulation, audit trail, and thick description of participants' experiences.

RESULTS AND DISCUSSION

Result

The analysis revealed five superordinate themes representing the psychosocial factors that contribute to binge eating behavior among university students: (1) emotional eating, (2) social and cultural influences, (3) thoughts about food, (4) external eating, and (5) food as a stimulator. Figure 1 illustrates these themes and their corresponding subthemes.

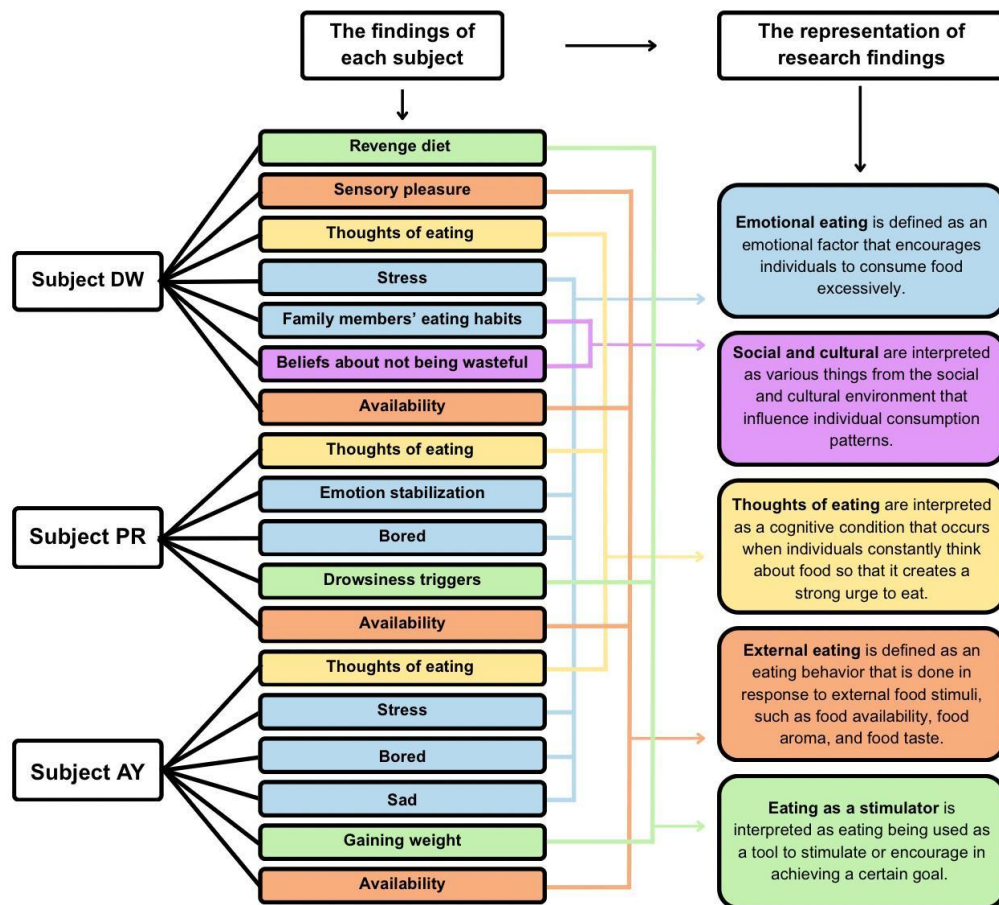


Figure 1. Psychosocial Factors Contributing to Binge Eating Behavior

Emotional Eating

Emotional eating emerged as a significant factor contributing to binge eating behavior among all participants. This theme encompasses eating in response to emotional states rather than physical hunger and includes four subthemes: stress, emotional stabilization, boredom, and sadness.

Stress. Participants described using food to cope with stress from academic pressures, interpersonal conflicts, and daily difficulties. They reported increased food consumption during periods of stress, especially during exam seasons and when working on college assignments. DW acknowledged that food became her primary solution for dealing with stress, especially approaching final exam periods. During these times, she tended to significantly increase food

consumption in response to academic pressure and the numerous final assignments that needed to be completed.

Emotional Stabilization. PR specifically described using food as a way to stabilize her emotions. She observed that when her food intake decreased, she became more emotional and had difficulty controlling her emotions. Conversely, after eating, she felt happiness and stress relief that made her even forget worries about her thesis. Food became an effective emotional regulation tool for her, helping to cope with negative feelings and creating a sensation of relief.

Boredom. All participants reported eating when bored or having no activities, using food as a way to fill time. AY observed the difference in her eating behavior when bored compared to normal conditions, with a clear tendency to always look for food when experiencing boredom. Meanwhile, PR admitted that she ate as a diversion activity when there was nothing else to do, making food consumption a solution to fill the emptiness of activities.

Sadness. AY specifically mentioned eating in response to sadness or negative moods. She described this phenomenon as "emotional hunger" that occurs when her mood is not good, which drives an increase in the frequency of her desire to eat. She observed that her eating behavior is significantly influenced by her emotional condition, with a greater tendency to seek food when experiencing negative emotions.

Social and Cultural Influences

This theme captures the impact of social and cultural factors on participants' eating behavior, including family eating habits and cultural beliefs about food waste.

Family Eating Habits. DW explained how her sibling's eating patterns influenced her own consumption, particularly the emergence of competitive eating behavior with her younger brother. When at home with her brother, there was a food competition that differed from when she was with her older sister. With her sister who didn't eat much, she wasn't worried about food being quickly consumed. However, the situation changed when with her younger brother, creating a competitive dynamic in food consumption that drove her to eat faster and more.

Belief in Not Wasting Food. Cultural beliefs about not wasting food (mubazir) contributed to overeating for DW. She often consumed large amounts of food when seeing a lot of food left over, feeling obligated to finish the food so it wouldn't be wasted. This cultural value became a strong driving factor in her eating behavior, overriding fullness signals from her body to avoid food waste.

Thoughts About Food

All three participants described continuous thoughts about food that created strong urges to eat, even when not physically hungry. DW explained her inability to resist when she started thinking about food, feeling compelled to continue eating until her desire was fulfilled. PR acknowledged that even though she already felt physically full, thoughts about food still drove her to consume more. Meanwhile, AY described this phenomenon as "eye hunger" - a desire to snack driven by thoughts, not physical need.

External Eating

Refers to eating in response to external food cues rather than internal hunger signals. This theme includes two subthemes: sensory pleasure and food availability.

Sensory Pleasure. DW described how she ate for the sensory pleasure derived from delicious food. For her, tasty food provided a special pleasure sensation that became a strong

motivation to eat, regardless of hunger condition. She acknowledged always being driven to consume food that looked or tasted good, even when not feeling hungry. This hedonic aspect of food became a significant factor in her eating behavior.

Food Availability. All participants mentioned food availability as a factor influencing their eating behavior. Easy access to food, especially during the COVID-19 pandemic when they returned to their hometowns, contributed to increased consumption. DW observed that while in Enrekang, the combination of cold weather and constant food availability made her eat more frequently. PR explained the ease of food access at her parents' home in Pinrang, where she would just open the refrigerator and heat up already available food, including instant noodles that her parents always prepared for midnight consumption. AY simply stated that in her village home, the constant availability of food created a non-stop consumption pattern.

Food as a Stimulator

This theme reflects the use of food as a tool or stimulator to achieve certain goals. Three subthemes emerged: diet retaliation, sleep induction, and weight gain efforts.

Diet Retaliation. DW described patterns of excessive eating after trying strict diets, which she recognized as a form of "retaliation" against the diet. After periods of food restriction, she tended to return to consuming food in quantities larger than normal portions before dieting. She also acknowledged often promising herself to restart her diet the next day, but first feeling the need to return to her usual portion, which unknowingly became larger than the initial portion before dieting. This cyclical pattern became characteristic in her relationship with food and weight control efforts.

Sleep Induction. PR used large amounts of food, especially late at night, as a method to induce drowsiness. She admitted that her dinner consumption was not driven by hunger, but rather as an effort to overcome sleep difficulties. To achieve this effect, she explained the need to consume enough food until feeling overwhelmed in the process of eating and chewing, which then triggered fatigue and drowsiness.

Weight Gain Efforts. AY deliberately overate as a strategy to increase her weight. This motivation arose from her perception of her body shape as too thin, driving her to intentionally increase food intake in hopes of achieving body proportions she considered more ideal. This behavior shows how body image perception can influence eating patterns, even driving excessive consumption as a method to change physical appearance. This behavior was influenced by comments from others about her thin appearance.

Discussion

This research explores the psychosocial factors that contribute to binge eating behavior among university students. Five main themes emerged: emotional eating, social and cultural influences, thoughts about food, external eating, and food as a stimulator. These findings align with existing theoretical frameworks while offering unique insights into the lived experiences of Indonesian students with binge eating behavior.

Emotional eating emerged as a prominent factor across all participants, consistent with the Emotion/Affect Regulation Theory proposed by Neyland et al. (2020). This theory suggests that negative emotions can trigger binge eating as a maladaptive coping strategy. Our findings reveal that participants used food to manage various emotional states including stress, anger, boredom, and sadness.

Stress-induced eating was particularly evident among participants, especially during periods of academic pressure. This aligns with research by Gibson (2006) showing that individuals with binge eating tendencies may confuse emotional arousal with hunger or seek comfort from

emotional pressure through food. Physiologically, consuming high-carbohydrate foods can block the release of stress hormones, while improving mood (Gibson, 2006). Participants' use of food to stabilize emotions, particularly to manage irritability, represents an emotion-focused coping strategy (Myers & Dewall, 2015). Rather than addressing the source of emotional pressure, participants attempted to regulate emotional experience through eating. This pattern may perpetuate a cycle where food is increasingly relied upon for emotional regulation.

Eating in response to boredom, reported by all participants, may reflect low self-awareness and difficulty finding meaningful activities. According to Moynihan et al. (2015), boredom signals a situation lacking purpose, driving individuals to seek meaning or turn to pleasurable behaviors. For individuals with low self-awareness, this may manifest as a focus on bodily sensations and seeking immediate satisfaction through food (Heatherton & Baumeister, 1991).

Our findings highlight the importance of social and cultural context in shaping eating behavior. The impact of family eating patterns on participant DW demonstrates the social facilitation effect, where the presence of others increases food consumption (Meiselman, 2006). Family interactions during mealtimes created competition for food, especially with siblings who eat larger portions.

The cultural belief against waste (*mubazir*) represents a value-based influence on eating behavior. This aligns with Ajzen's theory (2005) that beliefs about behavioral consequences influence attitudes and subsequent actions. For participant DW, the cultural prohibition against food waste created a moral imperative to finish available food regardless of hunger level.

Continuous thoughts about food creating strong urges to eat were reported by all participants. These thoughts reflect the cognitive component of binge eating and have similarities to obsessive thoughts in addiction models (Hebebrand et al., 2014). The inability to resist food-related thoughts until eating occurs demonstrates impaired inhibitory control, a key feature of binge eating disorder (Higgs, 2006).

External eating encompasses responses to environmental food cues rather than internal hunger signals. The sensory pleasure derived from delicious food reported by participant DW aligns with research showing that taste and hedonic eating can override satiety signals (Pompili & Laghi, 2017). For individuals with reduced sensitivity to internal fullness cues, external food properties may exert stronger influence on eating behavior (Cin & Chong, 2014). Additionally, food availability emerged as a significant factor, especially during the COVID-19 pandemic when participants returned to their family homes. Easy access to food without requiring substantial effort contributed to increased consumption. These findings are consistent with research by Bennet et al. (2012) showing that environmental food accessibility influences eating patterns among university students. The relationship between food availability and consumption may be mediated by self-regulation, which involves impulse control and rejection of immediate gratification (Baumeister & Vohs, 2007).

The use of food as a tool to achieve certain goals represents a novel finding from our research. Diet retaliation experienced by participant DW aligns with dietary restraint theory, which suggests that restrictive eating activates physiological mechanisms that ultimately lead to overeating (Neyland et al., 2020). The pattern of strict dieting followed by "retaliatory" eating creates a cycle that maintains problematic eating behavior. Using food to induce sleep, as described by participant PR, reflects the instrumental use of food beyond nutritional purposes. Though unconventional, this strategy developed as a response to sleep difficulties during the pandemic. Similarly, deliberately overeating to gain weight as reported by participant AY represents an attempt to address body image concerns but through potentially maladaptive means.

Theoretical Contribution

The findings from this research can be integrated into a comprehensive understanding of binge eating behavior that acknowledges the complex interaction between psychological, social, and physiological factors. Figure 2 presents a proposed model of how these factors interact to maintain binge eating behavior.

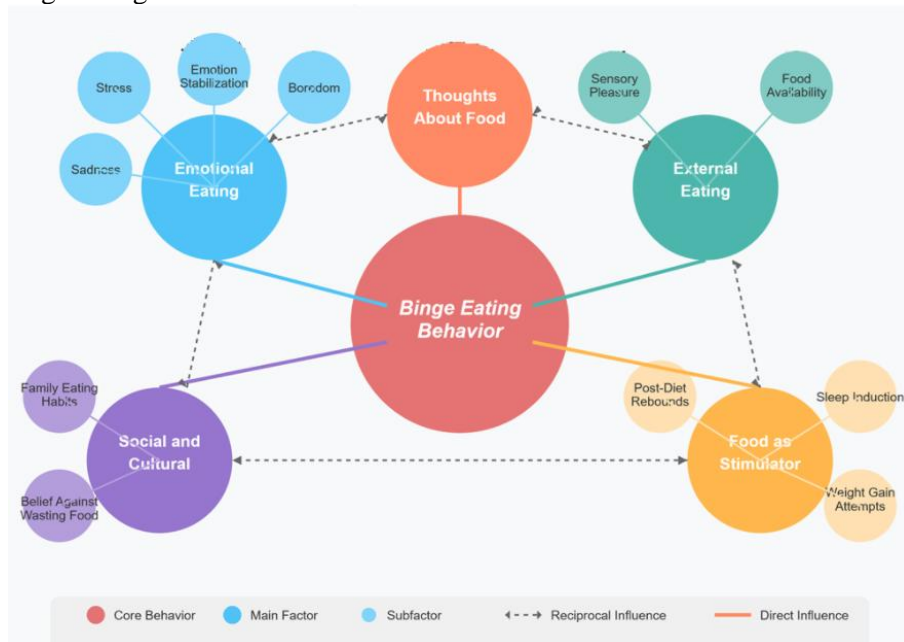


Figure 2. Model Of Psychosocial Factors Interaction in Binge Eating Behavior

Our findings suggest that binge eating behavior among university students is maintained through several pathways. Emotional pressure, whether from academic stress, interpersonal conflicts, or boredom, can trigger eating as a coping mechanism. This is facilitated by cognitive factors such as continuous thoughts about food and beliefs about food's ability to regulate emotions. Social and cultural influences, including family eating patterns and cultural values about food waste, provide additional pathways to overconsumption. External cues such as food availability and sensory properties further contribute to eating beyond physiological need. Finally, the instrumental use of food to achieve certain goals creates additional motivation for overeating. These various pathways may operate simultaneously or independently, creating multiple reinforcement channels that maintain binge eating behavior over time. Therefore, interventions targeting binge eating behavior among university students should address these various contributing factors.

Limitation and Future Research

This research has several limitations that should be considered. First, the small sample size, although appropriate for an in-depth phenomenological study, limits the generalizability of findings. Second, all participants were female students from the same university, potentially missing gender and cultural variations in binge eating experiences. Third, this research relied on self-reported data, which may be subject to memory bias and social desirability effects.

Future research should examine these psychosocial factors in larger and more diverse samples, including male students and those from different cultural backgrounds. Longitudinal

studies tracking the development and maintenance of binge eating behavior over time would provide valuable insights into causal relationships. Additionally, research exploring effective interventions targeting the specific psychosocial factors identified in this study is needed.

CONCLUSION

This research identifies five main psychosocial factors that contribute to binge eating behavior among university students: emotional eating, social and cultural influences, thoughts about food, external eating, and food as a stimulator. These findings highlight the complex interaction between psychological and social factors in the development and maintenance of problematic eating behavior. Understanding these factors can inform the development of targeted prevention and intervention strategies to address binge eating behavior among university students, potentially preventing the development of clinical eating disorders and related physical and psychological consequences.

REFERENCES

- Adamus-Leach, H. J., Wilson, P. L., O'Connor, D. P., Mama, S. K., & Lee, R. E. (2013). Depression, stress and body fat are associated with binge eating in a community sample of African American and Hispanic women. *Eating and Weight Disorders*, 18(2), 221-227.
- Ajzen, I. (2005). *Attitudes, personality, and behavior* (2nd ed.). Open University Press.
- Alhuwaydi, A. M. (2024). A cross-sectional evaluation of binge-eating behavior and its correlation with anxiety disorders among adolescents in Northern Saudi Arabia: Implications for future generations. *Frontiers in Psychiatry*, 15, 1384218. <https://doi.org/10.3389/fpsyt.2024.1384218>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Association.
- American Psychiatric Association. (2015). *APA dictionary of psychology* (2nd ed.). American Psychiatric Association.
- Ardella, K. B. (2020). Risiko kesehatan akibat perubahan pola makan dan tingkat aktivitas fisik selama pandemi COVID-19. *Jurnal Medika Utama*, 2(1), 292-297.
- Audah, N. (2018). Uji validitas konstrak pada instrumen the Binge Eating Scale dengan metode confirmatory factor analysis (CFA). *Jurnal Pengukuran Psikologi dan Pendidikan Indonesia*, 7(1), 71-77.
- Azmi, M. N. L., Junidah, R., Siti Mariam, A., Safiah, M. Y., Fatimah, S., Norimah, A. K., ... & Ruzita, A. T. (2012). Social and psychological factors affecting eating habits among university students in a Malaysian medical school: A cross-sectional study. *Nutrition Journal*, 11(1), 48. <https://doi.org/10.1186/1475-2891-11-48>
- Badrasawi, M. M., & Zidan, S. J. (2019). Binge eating symptoms prevalence and relationship with psychosocial factors among female undergraduate students at Palestine Polytechnic University: A cross-sectional study. *Journal of Eating Disorders*, 7(1), 33. <https://doi.org/10.1186/s40337-019-0263-1>
- Baranaukas, M., Kupčiūnaitė, I., & Stukas, R. (2022). Potential triggers for risking the development of eating disorders in non-clinical higher-education students in emerging adulthood. *Nutrients*, 14(11), 2293. <https://doi.org/10.3390/nu14112293>
- Baumeister, R. F., & Vohs, K. D. (2007). *Encyclopedia of social psychology*. SAGE Publications.
- Bennet, J., Greene, G., & Schwartz-Barcott, D. (2012). Perceptions of emotional eating behavior: A qualitative study of college students. *Appetite*, 60(1), 187-192.

- Berg, K. C., Frazier, P., & Sherr, L. (2009). Change in eating disorder attitudes and behavior in college women: Prevalence and predictors. *Eating Behaviors*, 10(3), 137-142. <https://doi.org/10.1016/j.eatbeh.2009.03.003>
- Caldirolì, A., La Tegola, D., Manzo, F., Scalia, A., Affaticati, L. M., Capuzzi, E., Colmegna, F., Argyrides, M., Giaginis, C., Mendolicchio, L., Buoli, M., Clerici, M., & Dakanalis, A. (2023). The impact of the COVID-19 pandemic on binge eating disorder: A systematic review. *Nutrients*, 15(17), 3777. <https://doi.org/10.3390/nu15173777>
- Cin, C. T., & Chong, M. C. (2014). Stress and emotional eating: The mediating role of eating dysregulation. *Appetite*, 80, 1-4.
- Cooper, M., Reilly, E. E., Siegel, J. A., Coniglio, K., Sadeh-Sharvit, S., Pisetsky, E. M., ... & Anderson, L. M. (2022). Eating disorders during the COVID-19 pandemic and quarantine: An overview of risks and recommendations for treatment and early intervention. *Eating Disorders*, 30(1), 54-76. <https://doi.org/10.1080/10640266.2020.1790271>
- Creswell, J. W. (2016). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). SAGE Publications.
- Dingemans, A., Danner, U., & Parks, M. (2017). Emotion regulation in binge eating disorder: A review. *Nutrients*, 9(11), 1274. <https://doi.org/10.3390/nu9111274>
- Eisenberg, D., Nicklett, E. J., Roeder, K., & Kirz, N. E. (2011). Eating disorder symptoms among college students: Prevalence, persistence, correlates, and treatment-seeking. *Journal of American College Health*, 59(8), 700-707. <https://doi.org/10.1080/07448481.2010.546461>
- Franco, D. L., Lovering, M. E., & Brenner, H. T. (2013). Ethnicity, race and binge eating disorder. In J. Alexander, A. B. Goldschmidt, & D. Le Grange (Eds.), *A clinician's guide to binge eating disorder* (pp. 14-25). Routledge.
- Ganson, K. T., Tsai, A. C., Weiser, S. D., Benabou, S. E., & Nagata, J. M. (2021). Weight status and restrictive eating disorders among young adults: Findings from the National Health and Nutrition Examination Survey. *International Journal of Eating Disorders*, 54(5), 768-778. <https://doi.org/10.1002/eat.23475>
- Gibson, L. E. (2006). Mood, emotions, and food choice. In R. Shepherd & M. Raats (Eds.), *The psychology of food choice*.
- Gormally, J., Black, S., Daston, S., & Rardin, D. (1982). The assessment of binge eating severity among obese persons. *Addictive Behaviors*, 7(1), 47-55.
- Grilo, C. M. (2017). Psychological and behavioral treatments for binge-eating disorder. *The Journal of Clinical Psychiatry*, 78(S1), 20-24. <https://doi.org/10.4088/JCP.sh16003su1c.04>
- Haedt-Matt, A. A., & Keel, P. K. (2011). Revisiting the affect regulation model of binge eating: A meta-analysis of studies using ecological momentary assessment. *Psychological Bulletin*, 137(4), 660-681. <https://doi.org/10.1037/a0023660>
- Hay, P., Aouad, P., Le, A., Marks, P., Maloney, D., National Eating Disorder Research Consortium, Touyz, S., & Maguire, S. (2023). Epidemiology of eating disorders: Population, prevalence, disease burden and quality of life informing public policy in Australia—A rapid review. *Journal of Eating Disorders*, 11(1), 23. <https://doi.org/10.1186/s40337-023-00738-7>
- Hay, P., Mitchison, D., Collado, A. E. L., González-Chica, D. A., Stocks, N., & Touyz, S. (2017). Burden and health-related quality of life of eating disorders, including Avoidant/Restrictive Food Intake Disorder (ARFID), in the Australian population. *Journal of Eating Disorders*, 5(1), 21. <https://doi.org/10.1186/s40337-017-0149-z>
- Hudson, J. I., Hiripi, E., Pope, H. G., & Kessler, R. C. (2007). The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication. *Biological Psychiatry*, 61(3), 348-358.
- Keel, P. K., Gomez, M. M., Harris, L., Kennedy, G. A., Ribeiro, J., & Joiner, T. E. (2020). Gaining "The Quarantine 15": Perceived versus observed weight changes in college students in the wake of COVID-19. *International Journal of Eating Disorders*, 53(11), 1801-1808. <https://doi.org/10.1002/eat.23375>

- Kessler, R. C., Berglund, P. A., Chiu, W. T., Deitz, A. C., Hudson, J. I., Shahly, V., ... & Xavier, M. (2013). The prevalence and correlates of binge eating disorder in the World Health Organization World Mental Health Surveys. *Biological Psychiatry*, 73(9), 904-914.
- Keski-Rahkonen, A. (2021). Epidemiology of binge eating disorder: Prevalence, course, comorbidity, and risk factors. *Current Opinion in Psychiatry*, 34(6), 525-531. <https://doi.org/10.1097/YCO.0000000000000750>
- Li, C., Gu, J., Li, Y., Xia, B., & Meng, X. (2024). The effect of perceived stress on binge eating behavior among Chinese university students: A moderated mediation model. *Frontiers in Psychiatry*, 15, 1351116. <https://doi.org/10.3389/fpsy.2024.1351116>
- Mars, J. A., Iqbal, A., & Rehman, A. (2024). Binge eating disorder. In *StatPearls* [Internet]. StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK551700/>
- Mills, J. S., & Fuller-Tyszkiewicz, M. (2020). Eating disorders during emerging adulthood: A systematic scoping review. *Frontiers in Psychology*, 10, 3062. <https://doi.org/10.3389/fpsyg.2019.03062>
- Mond, J., Hay, P., Rodgers, B., & Owen, C. (2006). Eating disorder examination questionnaire (EDE-Q): Norms for young adult women. *Behaviour Research and Therapy*, 44(1), 53-62. <https://doi.org/10.1016/j.brat.2004.12.003>
- Morales Pernalet, A. R., Gordillo Gutierrez, C. A., Pérez Alvarado, C. J., Marcano Flores, D. A., Pérez Pérez, F. A., Flores Navas, H. L., ... & Meléndez Flores, P. M. (2014). Binge eating disorder: Prevalence, associated factors and obesity in university students [Trastorno por atracón: Prevalencia, factores asociados y obesidad en estudiantes universitarios]. *Gaceta Médica de México*, 150(Suppl. 1), 125-131.
- Mulders-Jones, B., Mitchison, D., Girosi, F., & Hay, P. (2017). Socioeconomic correlates of eating disorder symptoms in an Australian population-based sample. *PLOS ONE*, 12(1), e0170603. <https://doi.org/10.1371/journal.pone.0170603>
- Murray, S., Barakat, S., Chopra, S., & Nagata, J. M. (2021). Sociocultural perspectives on eating disorders and body image: A 30-year update. *Eating Behaviors*, 43, 101564. <https://doi.org/10.1016/j.eatbeh.2021.101564>
- Murray, S. B., Ganson, K. T., Chu, J., Jablonski, M., Al-Shoaibi, A. A., Shao, I. Y., & Nagata, J. M. (2023). The social epidemiology of binge-eating disorder and behaviors in early adolescence. *Journal of Eating Disorders*, 11(1), 112. <https://doi.org/10.1186/s40337-023-00904-x>
- Nagata, J. M., Chu, J., Cervantez, L., Ganson, K. T., Testa, A., Jackson, D. B., Murray, S. B., & Weiser, S. D. (2023). Food insecurity and binge-eating disorder in early adolescence. *International Journal of Eating Disorders*, 56(6), 1233-1239. <https://doi.org/10.1002/eat.23944>
- Pacanowski, C. R., Skubisz, C., Borton, D., O'Rourke, L., Schluterman, E., Green, E., ... & Loth, K. A. (2024). Prevalence and correlates of disordered eating at a large state university before and after the onset of the COVID-19 pandemic. *Journal of Eating Disorders*, 12(1), 153. <https://doi.org/10.1186/s40337-024-01056-2>
- Pemberton, K., & Fox, J. R. (2013). The experience and management of emotions on an inpatient setting for people with anorexia nervosa: A qualitative study. *Clinical Psychology & Psychotherapy*, 20(3), 226-238. <https://doi.org/10.1002/cpp.794>
- Qian, J., Wu, Y., Liu, F., Zhu, Y., Jin, H., Zhang, H., Wan, Y., Li, C., & Yu, D. (2022). An update on the prevalence of eating disorders in the general population: A systematic review and meta-analysis. *Eating and Weight Disorders*, 27(2), 415-428. <https://doi.org/10.1007/s40519-021-01162-z>
- Santomauro, D. F., Melen, S., Mitchison, D., Vos, T., Whiteford, H., & Ferrari, A. J. (2021). The hidden burden of eating disorders: An extension of estimates from the Global Burden of Disease Study 2019. *The Lancet Psychiatry*, 8(4), 320-328. [https://doi.org/10.1016/S2215-0366\(21\)00040-7](https://doi.org/10.1016/S2215-0366(21)00040-7)
- Smith, J. A., Flowers, P., & Larkin, M. (2021). *Interpretative phenomenological analysis: Theory, method and research* (2nd ed.). SAGE Publications.
- Smith, J. A., & Osborn, M. (2007). Pain as an assault on the self: An interpretative phenomenological analysis. *Psychology and Health*, 22(5), 517-534. <https://doi.org/10.1080/14768320600941756>

- Stice, E., & Agras, W. S. (1998). Predicting onset and cessation of bulimic behaviors during adolescence: A longitudinal grouping analysis. *Behavior Therapy*, 29(2), 257-276. [https://doi.org/10.1016/S0005-7894\(98\)80006-3](https://doi.org/10.1016/S0005-7894(98)80006-3)
- Striegel-Moore, R. H., & Bulik, C. M. (2007). Risk factors for eating disorders. *The American Psychologist*, 62(3), 181-198. <https://doi.org/10.1037/0003-066X.62.3.181>