

**Title: Self Esteem, Emotional Dysregulation and Abnormal Eating Attitude
among University Students**

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Abstract

The present study was designed to find relationship among self-esteem, abnormal eating attitude and emotional dysregulation and find moderating role of emotional dysregulation on abnormal eating attitude and self-esteem. The sample of research comprised of university students (N=250). The hypothesis predicted that there will be a negative relationship of self-esteem with both emotional dysregulation and abnormal eating attitude. Moreover there will be a positive relationship between abnormal eating attitude and emotional dysregulation. Emotional dysregulation was hypothesized to play the role of moderator in the relationship between self-esteem and abnormal eating attitude. Another objective was to find mean differences in study variables with respect to gender. The findings show that there was negative relationship of self-esteem with emotional dysregulation ($r^2=.05, p<.001$) and abnormal eating attitude ($r^2=.01, p<.001$). Boys tend have higher self-esteem as compared to girls. Male have lower level of abnormal eating attitude and emotional dysregulation.

Some recommendations based on result of this research were to include forms of Interventions that could improve emotional dysregulation and abnormal eating attitude in university students.

In future research could employ longitudinal designs to investigate the temporal relationships between emotional dysregulation, self-esteem, and abnormal eating attitudes. Expanding research to include diverse populations, such as clinical samples and individuals from different cultural backgrounds, would enhance the generalizability of the findings and offer a more comprehensive understanding of the moderation effect.

Keywords: self-esteem, emotional dysregulation, abnormal eating attitude, moderation effect

Introduction

Self-esteem is the experience of being competent to cope with basic challenges of life and of being worthy of happiness (Nathaniel Barden, 1969). The emotional dysregulation is a complex collection of processes that are thought to include four aspects a lack of awareness, understanding and acceptance, a lack of strategies for emotions, an unbelief to experience emotional distress while pursuing desire goal, inability to engage in goal directed behavior (Gratz & Roemer, 2004). Abnormal eating attitudes encompass a spectrum of abnormal and harmful thoughts, beliefs, and behaviors concerning food, weight, and body image, which may lead to physical and psychological distress. These attitudes can include extreme dieting, binge eating, purging, distorted body image, and an unhealthy preoccupation with food and weight (Herzog, D. B., Dorner, D. J., Keel, P. & et al., 1999). In the field of psychology, understanding the complex relationships between self-esteem, emotional dysregulation, and abnormal eating attitudes and behaviors has been a topic of considerable interest. Self-esteem as an independent variable, abnormal eating attitudes as the dependent variable and emotional dysregulation plays a moderation role.

This research aims to explore the moderation role of emotional dysregulation in the relationship between self-esteem and abnormal eating attitudes and behavior. According to the self-esteem theory (proposed by Nathaniel Branden), self-

esteem is the foundation of an individual's mental health and well-being. It is influenced by factors like early experiences, social interactions, and achievements, and it plays a vital role in shaping one's behavior and choices. According to Linehan's Dialectical Behavior Therapy (DBT), emotional dysregulation stems from a combination of biological predisposition and invalidating environments.

It suggests that individuals with emotional dysregulation may lack effective coping mechanisms and experience difficulties in managing intense emotions. Cognitive distortions and negative body image play significant roles in the development and maintenance of these behaviors (Heatherton & Baumeister, 1991; McEwen et al., 2019).

A study by (Orth, Trzesniewski, et al, 2010) examined age differences in self-esteem across the lifespan. They found that self-esteem tends to increase from childhood to adolescence and early adulthood, peaks in middle adulthood, and then declines in older adulthood. In terms of gender differences in self-esteem, research has indicated that men tend to have slightly higher self-esteem on average compared to women (Kling K.C. et al 1999). A study by (Neumark-Sztainer et al. 2002) investigated age differences in abnormal eating behaviors among adolescents. They found that abnormal eating behaviors tend to be more prevalent in middle to late adolescence compared to early adolescence. A study by (Allen, and Crosby et al, 2013) examined gender

differences in abnormal eating behaviors among adolescents. They found that females were more likely to engage in abnormal eating behaviors compared to males. A study by (Gratz and Roemer et al., 2004) examined age differences in emotion regulation difficulties among adults. They found that older adults reported fewer difficulties with emotional dysregulation compared to younger adults. A study by (McRae, Ochsner, Gross et al, 2008) investigated gender differences in emotional response and regulation strategies. They found that women tended to show higher emotional reactivity and use more emotion regulation strategies compared to men.

Further research is needed to explore the complex interplay between demographic characteristics and the variables of interest to develop a comprehensive understanding of these relationships.

The concept of self-esteem gained significant attention in the mid-20th century, with the work of psychologist William James and philosopher George Herbert Mead contributing to its development. However, it was psychologist Morris Rosenberg who extensively studied and popularized the concept of self-esteem in the 1960s. The understanding of emotional dysregulation has evolved over time through various psychological theories and research. The term gained prominence in the field of clinical psychology and psychiatry in the late 20th century, with researchers exploring its association with various mental health conditions. The origins of

studying abnormal eating attitudes can be traced back to the late 19th and early 20th centuries. Pioneering studies by figure William James (1890) contributed to the understanding of body image, self-perception, and their connections to abnormal eating attitudes and behaviors.

Emotional self-esteem is the dimension of self-esteem that involves an individual's evaluation of their emotional states, emotional regulation, and emotional well-being (Gallagher & Vella-Brodrick, 2008). Emotional reactivity refers to the rapid and intense emotional responses to external or internal stimuli. Individuals with emotional dysregulation may have exaggerated emotional reactions to triggers, leading to a sense of being overwhelmed or out of control (Kring, A. M., & Sloan, et al. 2010). People with emotional dysregulation may have difficulty modulating the intensity of their emotional responses (Linehan, M. M et al, 2015). Body dissatisfaction involves negative thoughts, feelings, and attitudes toward one's own body, particularly in relation to weight, size, and shape. Individuals with abnormal eating attitudes often have an intense desire to change their bodies and may engage in extreme measures to achieve an idealized body image. (Thompson, J. K., Heinberg, et al, 1999). Binge eating involves consuming large amounts of food within a discrete period, accompanied by a loss of control and a sense of distress or guilt afterward. This dimension is often associated with emotional eating, and a lack of coping

mechanisms to deal with negative emotions (American Psychiatric Association, 2013).

Literature review

Emotional dysregulation as a moderator

Emotional dysregulation refers to difficulties in recognizing, understanding, and managing emotions effectively. It can manifest as intense emotional reactions, impulsivity, and poor emotional control. Self-esteem, on the other hand, pertains to an individual's overall evaluation of their self-worth and self-image, which can influence various aspects of their life, including their attitudes and behaviors related to eating (Smith, J.D., et al., 2020)

The moderation role of emotional dysregulation suggests that in some individuals high self-esteem might act as a protective factor against gative abnormal eating attitudes, but emotional dysregulation could weaken this protective effect. Conversely, in individuals with low self-esteem, emotional dysregulation might exacerbate the relationship between low self-esteem and unhealthy eating attitude at emotional dysregulation may influence the strength or direction of the relationship between self-esteem and abnormal eating attitudes. In other words, emotional dysregulation can either enhance or diminish the impact of self-esteem on abnormal eating attitudes, depending on the context. (Brown, S. L., et al, 2019)

Self-Esteem and Abnormal Eating Attitudes

The concept of self-esteem has been extensively studied in psychology

literature. Early research by Rosenberg (1965) highlighted the importance of self-esteem as a fundamental aspect of human personality and development. Several studies have established a significant association between low self-esteem and abnormal eating attitudes and behaviors (Mann et al, 2015; Smith & Thompson, 2020). Individuals with low self-esteem may resort to abnormal eating behaviors as a coping mechanism to deal with negative emotions and body image dissatisfaction (Roberts et al., 2018).

Negative Correlation between Self-Esteem and Abnormal Eating Attitudes

Numerous studies have found a negative correlation between self-esteem and abnormal eating attitudes. Lower self-esteem is often associated with higher levels of abnormal eating behaviors and attitudes (e.g., Homan et al., 2000; Neumark-Sztainer et al., 2006).

Positive Correlation between Emotional Dysregulation and abnormal Eating Attitudes

Emotional dysregulation is positively correlated with abnormal eating attitudes. Individuals who struggle with emotional regulation may be more prone to engaging in unhealthy eating behaviors as a way to cope with emotional distress (e.g., Haedt-Matt & Keel, 2011; Lavender et al., 2015).

Rationale

Understanding the complex interplay between self-esteem, emotional dysregulation, and abnormal eating attitudes and behaviors is essential for several reasons.

Firstly, abnormal eating attitudes and

behaviors have become increasingly prevalent, particularly among young individuals, and pose significant physical and psychological health risks. It is crucial to understand the underlying factors contributing to the development and maintenance of these behaviors to develop effective prevention and intervention strategies.

Secondly, self-esteem plays a crucial role in individuals' overall well-being and mental health. Low self-esteem has been consistently associated with abnormal eating attitudes and behaviors. By examining the relationship between self-esteem and abnormal eating, we can gain insights into how self-perception and self-worth influence individuals' attitudes towards their bodies and their relationship with food.

Thirdly, emotional dysregulation, characterized by difficulties in effectively managing and regulating emotions, has been implicated in various mental health issues, including abnormal eating attitude. By investigating these variables and their relationships, this study aims to contribute to the existing body of knowledge and fill gaps in the literature. The findings may have interventions that address self-esteem, emotional regulation, and abnormal eating attitudes and behaviors. Ultimately, the research aims to promote mental well-being and improve the overall quality of life for individuals affected by abnormal eating attitude.

Fig. 1.1. Conceptual Framework

The conceptual framework for this study is based on the interrelationships between self-esteem, emotional dysregulation, and abnormal eating attitude. It posits that self-esteem influences emotional dysregulation, which in turn affects abnormal eating attitudes and behaviors.

Self-esteem, as an independent variable, represents individuals' overall subjective evaluation of their self-worth and plays a significant role in shaping their attitudes and behaviors. It is hypothesized that individuals with low self-esteem may be more prone to experiencing emotional dysregulation and engaging in abnormal eating attitudes and behaviors.

Emotional dysregulation serves as a moderator in this framework, representing the difficulties individuals face in effectively managing and regulating their emotions. It is proposed that emotional dysregulation plays a significant role in the relationship between self-esteem and abnormal eating attitudes. Individuals with high levels of emotional dysregulation may resort to maladaptive coping mechanisms, such as abnormal eating,

as a means of dealing with negative emotions and body image dissatisfaction.

Abnormal eating attitude are the dependent variables in this framework, encompassing a range of problematic eating patterns and body image attitudes. It is hypothesized that individuals with lower self-esteem and higher emotional dysregulation are more likely to exhibit severe abnormal eating attitudes and behaviors.

Objectives

The objectives of this study are as follows:

- To examine the association between self-esteem and abnormal eating attitudes and behaviors.
- To investigate the relationship between self-esteem and emotional dysregulation.
- To explore the relationship between emotional dysregulation and abnormal eating attitudes and behaviors.
- To determine the moderating role of emotional dysregulation in the relationship between self-esteem and abnormal eating attitude.
- To examine the demographic factors i.e. gender in steady variable

Hypothesis

Based on the proposed conceptual framework, the following hypotheses are formulated:

- Self-esteem is likely to

negatively predict abnormal eating attitudes.

- Self-esteem is likely to negatively predict emotional dysregulation.
- Emotional dysregulation is likely to positively predict abnormal eating attitudes.
- Emotional dysregulation is likely to moderate the relationship between self-esteem and abnormal eating attitude.
- Boys tend to show higher level of self-esteem as compared to girls.
- Girls tend to show higher level of abnormal eating attitude as compared to boys.
- Girls tend to show higher level of emotional dysregulation as compared to boys

Method

Research Design

This study is based on cross sectional survey design. Data was collected from 2 groups (male and female) through self-report questionnaires. The booklet of questionnaires was distributed among the students of different department of social sciences.

Sample

For this research, sample

size (N) is 250 in which both male and female students contributed with the age range is from 18 to 28. Data was collected from the university of Poonch Rawalakot AJ&K. The subgroups of sample were male and female students. For sampling, non-probability convenience sampling was used.

Procedure

Authority letter from department of Psychology, university of Poonch Rawalakot was obtained. Participants were personally approached for the purpose of data collection. Purpose and objectives of the study were shared with participants. Consent was taken and they were told that they can withdraw from participation in the study any time without bearing any consequences. Willingness to participate and confidentiality of their information was ensured. There was no time limitation and most of participants completed the questionnaires in 15 minutes. Participants were thanked properly after completion of questionnaire. Participants were not subjected to any physical or psychological harm and all ethical practices were followed.

Instruments

Rosenberg self-esteem scale (RSES)

The Rosenberg Self-Esteem Scale is a widely used tool for measuring self-esteem. It was developed by Morris Rosenberg in 1965 and consists of 10 statements that assess overall feelings of self-worth or self-acceptance. The respondents are asked to rate their level of agreement with each statement on a 4 point Likert scale (Give Strongly

Disagree, Disagree, Agree and Strongly Agree). The example of this questionnaire is 'I feel I do not have much to be proud of', 'I take a positive attitude toward myself'. Sum scores for all ten items was calculated. Higher scores indicate higher self-esteem. The responses are then scored, with higher scores indicating higher levels of self-esteem. The total scores of this scale is 0-30 scores. The scores between 15 and 25 are considered to be within the normal range, while scores below 15 may indicate low self-esteem. Items 2, 5, 6, 8, 9 are reverse scored. In research it is found that, this scale has good test re test reliability (.85 and .88) and also has good construct validity Cronbach coefficient has been shown to be high ($\alpha = 0.81$) (Sinclair et al, 2010)

Difficulty in Emotion Regulation Scale (DERS)

The Difficulties in Emotion Regulation Scale was developed by (Gratz and Roemer, 2004). It is widely used questionnaire that assesses difficulties in emotion regulation. It consists of 36 items. It measures emotional dysregulation across six subscales: non acceptance of emotional responses (items 11, 12, 21, 23, 25, 29), difficulties engaging in goal directed behavior (items 13, 18, 20R, 26, 33), impulse control difficulties (items 3, 14, 19, 24R, 27, 32), lack of emotional awareness (items 2R, 6R, 8R, 10R, 17R, 34R), Limited access to emotion regulation strategies (15, 16, 22R, 28, 30, 31, 35, 36) and Lack of emotional clarity (1R, 4, 5, 7R, 9). Each item is rated on a 5 Likert scale ranging from 1

(almost never) to 5 (almost always), with higher scores indicating greater difficulty in emotion regulation. The total scores range from 36 to 186. The reliability of the DERS has high internal consistency (Cronbach's alpha coefficients ranging from .86 to .93) and good test-retest reliability (intraclass correlation coefficients ranging from $p1 = .88$, $P \leq .01$ (Gratz & Roemer, 2004)

Eating Attitude Test (EAT-26)

(internal consistency) of the EAT-26 is high (alpha = 0.90 for the AN group), even though this scale is much shorter than the original EAT-40 (Garner, et al., 1982). Test-retest reliability for EAT-26 ranged from .84 to .89 (Banasiak et al)

The present study aimed to examine the effect of self-esteem on abnormal eating attitude and emotional dysregulation among students of University of Poonch, Rawalakot AJ&K.

Characteristics	F	%
Gender		
Male	64	25.6
Female	186	74.4
Age		
Below 20	44	17.6

EAT -26 was developed by (Garner & et al., 1979) to assess abnormal eating attitudes and behaviors. It consists of 26 items that are designed to measure three main dimensions: Dieting (items 1, 6, 7, 10, 12, 14, 16, 17, 22, 23, 24, 26), Bulimia (items 3, 4, 9, 18, 21, 25), and oral control (2, 8, 13, 15, 19, 20). Each items scored on a 6-point Likert scale ranging from —never to —always. The total score ranges from 0 to 78, with higher scores indicating more severe eating disorder symptoms. The reliability

Data analysis was carried out using SPSS-21. Initially the demographic characteristics were identified through frequencies and percentages. Descriptive statistics and alpha reliability coefficient were computed. Pearson correlation was computed to check the relationship between variables. Multiple hierarchical regression analysis was applied to examine the moderation effect. Independent t-test was applied to examine mean differences across demographics factor such as gender.

Results

Table 1 reveal that greater number of women participants ($n=186$, 74.4 %) participated in the study compared to men participants ($n=64$, 25.6%). Majority of participant's age is between 20 and 25.

Table 1

Demographics characteristics of participants

20-25	186	74.4
25-30	20	8

N=250

Table 2

Psychometric properties of scales

Variable	Range		Mean	S.D	α	items	Skewness	Kurtosis
	actual	potentia 1						
RSES	6-28	0-30	17.60	3.92	.61	10	.121	-.107
DERS	49-146	36-180	101.9 4	17.3 1	.83	36	-.316	.652
EAT-26	2-57	0-78	22.40	11.3 4	.84	26	.780	.279

*Note.*N=250.

Table 2 shows psychometric properties for the scales used in present study. The Cronbach's α value for RSES is .61 which indicate satisfactory consistency. The Cronbach's α value of DERS is .83 indicate good consistency. *Note.* p < .05, **p<.01, ***p<.001.*

The Cronbach's α of EAT-26 is .84 which indicate good consistency.

Table 3

Correlation for study variables

Variables	1	2	3
Self esteem	–	–	–
Emotional dysregulation	-.323**	–	–
Abnormal Eating attitude	-.233**	.094	–

Table 3 revealed that self-esteem has significant negative correlation with emotional dysregulation ($r=-.323, p<.01$) and abnormal eating attitude ($r=-.233, p<.01$). Emotional dysregulation has non-

significant positive correlation with abnormal eating attitude ($r = .094$).

Table 4

Regression coefficient of self-esteem and

<i>emotional dysregulation On abnormal</i>			<i>eating attitude</i>		
Variable	B	SE	T	p	95%CI
Constant	32.55	6.33	5.144	<.001	[20.08, 45.01]
Self esteem	-.65	.19	-3.465	<.001	[-1.02, -.28]
Emotional dysregulation	.01	.04	.319	.075	[-.07, .09]

Note. CI = confidence interval.

Table 4 shows the impact of self-esteem and emotional dysregulation on abnormal eating attitude. The R² value of .05 revealed that the predictors explained 5% variance in the outcome variable with F (2, 247) = 7.15, p<. 001. The finding revealed that self-esteem has

non-significant effect on abnormal eating attitude ($\beta = .21, p>. 05$).

Table 5

Regression coefficient of emotional dysregulation on abnormal eating attitude

Variables	B	B	P	SE
Constant	16.12		<.001	4.29
Emotional dysregulation	.06	.094	.138	.041
R ²	.01			

Note
N =

250

Table 5 shows the impact of emotional dysregulation on abnormal eating attitude in the students of university of Poonch Rawalakot and Degree College. The R² value of .01 revealed that the predictor variable explained .01 % variance in the outcome variable with F (1,248) = p<.001. The finding revealed that emotional dysregulation positively predicted abnormal eating attitude ($\beta = .094, p= .138$).

emotional dysregulation

Table 6

Regression coefficient of self-esteem on

Table 6 shows the impact of self-esteem on emotional dysregulation in the Students of university of Poonch Rawalakot and Degree College. The R² value of .10 revealed that the predictor variable explained .10% variance in the

outcome variable with F (1,248) = p<.001. The findings revealed that self-esteem negatively predicted emotional dysregulation ($\beta = -.32, p<.001$).

Table 7
Moderation of emotional dysregulation between self-esteem and abnormal eating attitude.

Variable	Model 1			Model 2		
	B	β	SE	B	β	SE
Constant	22.40***		.701	22.73***		.72
Self esteem	-2.58***	-.226***	.742	-2.54***	-.224***	.74
Emotional dysregulation	.237	.021	.742	.146	.103	.74
SE*ED				.996	.103	.6
R ²	.47			.54		
ΔR^2				.01		

Note .N = 250 ,***p<.001. Table 7 shows the moderation of eating attitude. In model 1, R²value of .47 revealed that the predictor explained 47% variance in the outcome with F (2,247) =

emotional dysregulation between self-esteem and abnormal revealed that the predictor explained 54% variance in the outcome with f (3,246) = 5.728, p<.001. The finding revealed the

Variables	B	β	p	SE
Constant	127.05		<.001	4.79
Self esteem	-1.43	-.32	<.001	.26
R ²	.10			

7.159, p<.001. The finding revealed that the self-esteem ($\beta = -.26, p<.001$) and abnormal eating attitude negatively predicted emotional dysregulation ($\beta = .02, p = .75$). In model 2, the R²value of 0.54

self-esteem ($\beta = -.22, p<.001$), the emotional dysregulation ($\beta = .103, p = .75$) and self-esteem * emotional dysregulation positively predicted abnormal eating attitude ($\beta = .10, p = .98$). The ΔR of .01

revealed 1% changed the variance of model 1 and 2 with $\Delta f(1,246) = 2.76$, $p < 0.05$. Findings revealed that emotional dysregulation significantly moderates the relationship between self-esteem and abnormal eating attitude.

Table 8
Mean comparison of Gender (Male and female) on self-esteem, emotional dysregulation and abnormal eating attitude

Variable	Male		Female		<i>t</i> (248)	<i>p</i>	Cohen's <i>d</i>
	M	SD	M	SD			
Self esteem	19.45	4.42	16.97	3.60	4.5	<.001	0.65
Emotional dysregulation	94.62	20.92	104.45	15.15	-4.03	<.001	-0.54
Abnormal Eating attitude	22.40	12.78	22.41	18.84	-.001	.99	-0.00

mean difference on self-esteem with $t(248)=4.5$, $p < .001$). Findings show that the male show higher scores on self-esteem ($M=19.45$, $SD = 4.42$) as compared to female ($M = 16.97$, $SD = 3.60$). The Cohen's *d* was 0.65 which indicate medium effect size. Significant mean difference on emotional dysregulation with $t(248)=-4.03$ $p < .001$). This table show the value of emotional dysregulation in male ($M = 94.62$, $SD = 20.92$) is low as compare to female ($M= 104.45$, $SD = 15.15$). The Cohen's *d* value is -.54, which indicate medium effect. Significant mean difference on abnormal eating attitude with $t(248)=-.001$, $p = .99$). Male have lower scores in abnormal eating attitude ($M = 22.40$, $SD = 12.78$) as compared to females ($M= 22.41$, $SD = 18.84$). The Cohen's *d* value is -.00012 which indicate very small effect size.

Discussion

This study aimed at

investigating the self-esteem, emotional dysregulation and abnormal eating attitude among university students. The primary aim of this study was to determine that self-esteem, abnormal eating attitude and emotional dysregulation. It was hypothesized that self-esteem will negatively predict abnormal eating attitude and emotional dysregulation. Emotional dysregulation will positively predict abnormal eating attitude. The findings provide some support for these hypotheses. The correlation analysis was done to check the relationship of three variables and there was negative correlation between self-esteem and abnormal eating attitude. There was positive correlation between emotional dysregulation and abnormal eating attitude (Haedt-Matt & Keel, 2011; Lavender et al., 2015), (Homan et al., 2000; Neumark-Sztainer et al., 2006).

By using independent t test, this research finds the gender differences in self-esteem, abnormal eating attitude and emotional dysregulation. According to past literature (Kling K.C, et al 1999), men tend to have slightly higher self-esteem as compare to women. And it was proved by this research. According to past literature, females were more likely to engage in abnormal eating attitude (Allen and Crosby et al, 2013), and the findings prove it right. According to (Mcrae, Ochsner, Gross et al, 2008), that women tended to show higher emotional dysregulation as compared to men. This research support literature review.

In this research, moderation was used, the moderation role of emotional dysregulation suggests that emotional dysregulation may influence the strength or direction of the relationship between self-esteem and abnormal eating attitudes. In other words, emotional dysregulation can either enhance or diminish the impact of self-esteem on abnormal eating attitudes, depending on the context as shown by Brown, S. L., et al in 2019 and Smith, J.D., et al in 2020.

Strengths

The study was based on empirical data collected from a sample of university students, which adds empirical support to the existing theoretical framework regarding these psychological constructs. The findings have practical implications for interventions targeting individuals with poor self-esteem and

abnormal eating behaviors. Recognizing the moderating role of emotional dysregulation can guide the development of more tailored and effective treatment strategies.

Limitations

The sample primarily consists of college students, which may limit the generalizability of the findings to other populations, such as different age groups or clinical populations. Future research should aim to replicate these findings in diverse samples.

The study appears to be based on cross-sectional data, which limits the ability to draw causal conclusions. Longitudinal or experimental designs could provide more evidence of the moderating effect of emotional dysregulation.

The study relies on self-report measures for emotional dysregulation, self-esteem, and abnormal eating attitudes, which may be subject to response biases and social desirability effects. Incorporating objective measures or behavioral observations could enhance the validity of the results.

Future research directions:

Future research could employ longitudinal designs to investigate the temporal relationships between emotional dysregulation, self-esteem, and abnormal eating attitudes. This would help establish causality and provide insights into the developmental trajectories of these variables.

Expanding research to include diverse populations, such as clinical samples and individuals from different cultural backgrounds, would enhance the

generalizability of the findings and offer a more comprehensive understanding of the moderation effect.

Further research could explore the underlying mechanisms through which emotional dysregulation moderates the relationship between self-esteem and abnormal eating attitudes. Building on the practical implications of the study, future research could focus on the development and evaluation of interventions that specifically target emotional dysregulation in individuals with low self-esteem and problematic eating attitudes.

Conclusion; In conclusion, this research provide evidences of significant correlation between self-esteem and emotional dysregulation, self- Esteem and abnormal eating attitude. This research also shows the evidences of significantly self-esteem negatively predicts emotional dysregulation and abnormal eating attitude. The findings suggest that people with high self-esteem have lower level of emotional dysregulation and abnormal eating attitude. However this research also find that men tend have higher level of self-esteem as compared to females, females have higher level of abnormal eating attitude and emotional dysregulation as compared to men.

Overall, this research adds to the growing body to the literature review on abnormal eating attitude emotional dysregulation and self-esteem. By understanding this complex interplay, mental health professionals can develop targeted interventions to support struggling with emotional dysregulation.

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