ISSN: 2584-0142
PSYCHOPEDIA JOURNALS
International Journal of Interdisciplinary Approaches in Psychology (IJIAP)

A Study of Bullying and Eating Habits Young Youth

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Abstract: Bullying is a significant psychosocial stressor that can affect everyday health practices and mental health, particularly in the early stages of adulthood. The current quantitative study examined the relationship between eating patterns and bullying experiences in adolescents aged 18 to 26. Non-probability convenience sampling was used to select 210 participants, 51% of whom were female and 49% of whom were male, to complete a self-report questionnaire. Bullying experiences were measured using the Illinois Bully Scale, and eating patterns were examined using the Three Factor Eating Questionnaire, which focuses on cognitive restriction, uncontrolled eating, and emotional eating. Descriptive statistics were used to summarize eating patterns and bullying experience levels, and Pearson correlation analysis was used to look for relationships between the study variables.

The findings demonstrated a constant and strong correlation between bullying experiences and eating behaviors. Higher levels of cognitive restraint, uncontrolled eating, and emotional eating are correlated with bullying, suggesting that bullying may be associated with both distress-based or loss-of-control eating patterns and control-based eating patterns. The results support the hypothesis that food management is related to bullying experiences through stress, emotional strain, and self-regulation issues that are commonly observed in emerging adulthood. These findings align with contemporary theoretical perspectives that emphasize stress and coping strategies, difficulties regulating emotions, and problems with social evaluation as ways that negative peer experiences can affect eating patterns. The study covers a major research gap by focusing on young individuals between the ages of 18 and 26, a population that is less frequently researched in bullying research than adolescents, and by examining eating habit characteristics rather than just clinical eating disorder results. The findings highlight the need

for integrated preventive and intervention programs that consider bullying as a wellness issue with potential behavioral consequences, including eating disorders. Conclusions about causality are constrained by convenience sampling, the use of self-report data, and a cross-sectional correlational methodology. It is recommended that future study employ longitudinal designs, larger and more diverse samples, and meditational analysis to better understand mechanisms such as stress, body dissatisfaction, and emotion regulation.

Keywords: *Bullying, Eating Habits, Young Youth*

1. Introduction

Eating is more than just food, and bullying is not a "phase" that individuals eventually get over. Eating can subtly become a coping mechanism for many young adults whose everyday stress levels, self-worth, and coping mechanisms are shaped by peer bullying and peer judgment (Lazarus & Folkman, 1984; Van Strien et al., 1986).

Bullying, including online versions, is widespread and associated with mental health problems like anxiety, depression, and suicidality, with consequences that can persist into adulthood, according to the World Health Organization (World Health Organization, 2020), which acknowledges bullying as a key indicator of adolescent health on a global scale. Building on this public health issue, the current study investigates the relationship between eating habits and bullying experiences in young people between the ages of 18 and 26. 210 volunteers, ages 18 to 26, provided the data. Eating can subtly become a coping mechanism for many young adults whose everyday stress levels, self-worth, and coping mechanisms are shaped by peer bullying and peer judgment (Lazarus & Folkman, 1984; Van Strien et al., 1986). Bullying, including online versions, is widespread and associated with mental health problems like anxiety, depression, and suicidality, with consequences that can persist into adulthood (World Health Organization, 2020). Building on this public health issue, the current study investigates the relationship between eating habits and bullying experiences in young people between the ages of 18 and 26. Eating is more than just food and bullying in not a “phrase” that individuals eventually get over (Copeland et al., 2013).

The transition stage of emerging adulthood is one of great pressure (Arnett, 2000). People are developing their identities, relationships, and independence throughout this time, frequently while juggling the responsibilities of their jobs, their studies, their finances, and their changing social circles. Social aggressiveness can persist throughout this era in various ways, such as exclusion, humiliation, gossip, online harassment, and conflict in social organizations, colleges, or workplaces (Volk et al., 2014), even though bullying is frequently presented as a

school-age issue. Routines grow less organized at the same time. Mealtime becomes erratic, sleep patterns shift, and stress management becomes more independent. Eating is one of the most accessible coping mechanisms, so these factors are important since they can increase vulnerability to quick and easy coping practices (Michels et al., 2012). This study's eating dimensions capture various psychological reactions to stress and demand for self-control. Cognitive restraint, which is frequently associated with pressure to regain control over one's body image, indicates intentional attempts to monitor food, limit eating, and control intake (Stunkard & Messick, 1985). Difficulty controlling intake, such as feeling compelled to eat or finding it difficult to quit once eating has started, is reflected in uncontrolled eating (Stunkard & Messick, 1985). Eating in reaction to emotions like depression, anxiety, loneliness, rage, or stress is known as emotional eating (Van Strien et al., 1986). These are not only "habits" in the sense of a way of life. These are actions that frequently show how a person responds to stress, controls impulses, and attempts to regain equilibrium while feelings are running high (Baumeister et al., 1998).

Additionally, different roles within peer aggressiveness are represented by the bullying factors in this study. Being singled out or hurt by peers is known as victimization, and it can result in feelings of guilt, dread, social anxiety, and diminished control (Hawker & Boulton, 2000). Bullying behavior is defined as acting aggressively against others, which might be a reflection of reactive coping mechanisms, conflictual peer situations, or attempts to gain power or status (Salmivalli, 2010). Fighting captures engagement in both reactive conflict and more direct confrontation (Espelage & Holt, 2001). Because bullying dynamics are complicated, it is crucial to take these factors into account collectively. Individuals may engage in interpersonal conflict, be aggressors, or be victims, and each option may bring psychological burden that affects eating.

The connection between eating habits and bullying experiences is particularly likely due to a number of psychological hypotheses. The transactional model of stress and coping (Lazarus & Folkman, 1984) uses coping and evaluation to describe how stressful situations impact individuals. Experiences with bullying can be evaluated as dangers to identity, safety, and belonging. Coping mechanisms that swiftly lessen discomfort are frequently used while this stress persists. This tendency is supported by emotional eating since food can momentarily ease unpleasant emotions (Van Strien et al., 1986). Stress also inhibits self-control and depletes mental resources, which can lead to an increase in uncontrolled eating (Baumeister et al., 1998). When other aspects of life feel insecure, controlling one's eating habits can become a control-oriented coping mechanism that manifests as cognitive restriction (Polivy & Herman, 1985).

A second route is provided by emotion control theory (Gross, 1998). Intense emotional arousal, such as shame, wrath, worry, and frustration, can be triggered by bullying events, whether one is wounded or participating in aggressive behavior (Hawker & Boulton, 2000). People who have trouble controlling their emotions may turn to actions that immediately reduce their level of distress (Gross, 1998). Due to its accessibility, short-term reinforcement, and social acceptability, eating can fulfill this purpose (Van Strien et al., 1986). This helps explain uncontrolled eating when emotions take precedence over impulse control and directly explains emotional eating. When restriction is used as a means of lowering anxiety related to self-worth, appearance, or judgment, cognitive restraint can also be linked to emotion control (Polivy & Herman, 1985). The argument for cognitive constraint in particular is strengthened by social comparison theory (Festinger, 1954) and sociocultural models of body image (Thompson et al., 1999). Bullying frequently include public criticism, humiliation, and appearance-based taunting, all of which heighten self-observation and comparison with others (Festinger, 1954).

Restraint can become a tactic to "manage" the body and prevent more criticism when someone internalizes the notion that appearance affects acceptance or safety (Thompson et al., 1999). Increased body dissatisfaction and social anxiety, on the other hand, can exacerbate emotional eating and uncontrollable eating, particularly when people feel caught between peer pressure to regulate their looks and distress (Van Strien et al., 1986). By emphasizing fundamental psychological needs, self-determination theory (Deci & Ryan, 2000) offers a more profound motivating lens. Because bullying undermines connection and belonging, it poses a threat to relatedness (Deci & Ryan, 2000). Additionally, it can endanger autonomy by fostering social constraints and helplessness. While bullying behavior and fighting may be destructive attempts to regain power or status in reaction to insecurity or unstable peer situations (Salmivalli, 2010), victimization can directly frustrate these goals (Hawker & Boulton, 2000). When wants are not satisfied, people frequently turn to actions that give them comfort or control in order to find solace or compensation (Deci & Ryan, 2000). Eating can fulfill that function through rigorous control attempts to restore stability and self-worth (cognitive restraint), loss of control under stress (uncontrolled eating), or soothing (emotional eating) (Van Strien et al., 1986).

The research presents eating habits as psychologically significant consequences of peer antagonism rather than merely lifestyle decisions by basing it on these beliefs. It also emphasizes the importance of looking at various aspects of bullying. Fighting, bullying, and victimization can all lead to different types of stress and emotional strain, and they can all be logically linked to various types of eating regulation. By doing this, the study advances our

knowledge of how social harm and social conflict may manifest in everyday self-regulation patterns during emerging adulthood (Arnett, 2000), a developmental stage where health behaviors and coping mechanisms solidify and may have longterm effects (Moffitt et al., 2011).

2. Review of Literature

Purpose of the Review of Literature

This review examines research on bullying experiences and eating habits in youth and young adults, with emphasis on how bullying and peer aggression connect to cognitive restraint, uncontrolled eating, and emotional eating. Importance of reviewing earlier studies Reviewing prior work clarifies what is already established, what mechanisms are repeatedly supported (stress, emotion dysregulation, shame, body dissatisfaction), and what gaps remain for emerging adults and Indian samples.

Scope and organization of the chapter

The literature is reviewed thematically and variable-wise. It begins with the conceptual and theoretical framework, then international studies, national (India) studies, studies related to Variable I (bullying), Variable II (eating habits), the relationship between both variables, followed by a research gap and summary.

Conceptual and Theoretical Framework

The present study examines the association between bullying experiences (assessed using the *Illinois Bully Scale*) and eating habits (assessed using the *Three-Factor Eating Questionnaire*). Bullying is treated as a social stressor involving victimization and aggression, while eating habits are treated as self-regulation patterns that often reflect coping under stress.

Theoretical Perspectives

Stress and Coping (Transactional Model): Bullying is appraised as a threat to safety, identity, and belonging. Coping responses may include restrictive control (cognitive restraint) or comfort-based/loss-of-control eating (emotional/uncontrolled eating).

Emotion Regulation Theory: Peer harm increases negative affect (shame, fear, anxiety, anger). When emotion regulation is strained, eating may become a fast, accessible way to manage distress. Evidence from young adult samples supports emotion dysregulation as a pathway from victimization to disordered eating.

Social Comparison and Sociocultural Body Image Models: Appearance-based bullying and teasing increase body dissatisfaction and social anxiety, which can promote restraint or dysregulated eating. Studies show body dissatisfaction mediates bullying-to-eating risk pathways.

Shame and Social Rank Models: Relational bullying can increase shame (feeling socially inferior), which in turn predicts disordered eating; self-compassion may buffer this pathway.

Review of International Studies

International research strongly supports links between bullying experiences and eating-related outcomes. The studies below are organized thematically around bullying-to-eating pathways (stress, depression, body dissatisfaction, shame) and population relevance (adolescents and young adults).

Heras et al. (2018) examined longitudinal links between bullying by peers, disordered eating, and depressive symptoms over five years using a cascade model. Findings showed bullying and disordered eating were connected both concurrently and across time, with depression playing an important role. A limitation was reliance on self-report measures for some constructs.

Day, Bussey, Trompeter, and Mitchison (2021) conducted a systematic review integrating evidence on teasing and bullying victimization as risk factors for disordered eating. The review concluded that bullying victimization is consistently associated with increased eating disorder risk, though measurement differences and varied designs limited comparability.

Mitchison et al. (2021) reviewed evidence on bullying as a risk factor for eating disorders, emphasizing bullying as a relevant psychosocial contributor across diagnostic groups. The review highlighted heterogeneity in bullying measures and the need for more longitudinal research.

Xie et al. (2024) studied Chinese college students and found that bullying roles were associated with eating disorder risk, with body dissatisfaction mediating key pathways. The study used convenience sampling and was limited by cross-sectional design.

Frontiers study (2023) tested a mechanism model in young adults showing recalled relational bullying linked to current disordered eating through shame, with self- compassion as a potential buffer. Limitations included retrospective recall of bullying.

Cyberbullying longitudinal study (2022) investigated young adults and found cyberbullying victimization predicted disordered eating over time through psychological mechanisms (including body-related evaluations), addressing a gap in young adult samples. Limitations included cultural specificity and measurement constraints.

Peer victimization and eating behaviors in college students (2023) showed peer victimization predicted eating-related problems in emerging adulthood, with perceived stress

acting as a mediator. The study emphasized intervention relevance but was limited by sample characteristics (university population).

Fowler et al. (2021) examined bullying victimization, body esteem, and body dissatisfaction, finding bullying experiences linked to poorer body-related outcomes, with patterns varying by weight status. Limitations included cross-sectional design and subgroup differences.

Weight-based teasing and disordered eating (2021) found weight-based teasing associated with disordered eating behaviors, with negative affect mediating these relationships, supporting emotion-based coping pathways.

Côté et al. (2023) used longitudinal data from childhood to young adulthood and showed peer victimization and body-related factors shaped trajectories of disordered eating across ages 12 to 20, supporting developmental pathways.

Cyberbullying victimization predictor study (2017) examined cyber victimization as a predictor of outcomes including body image dissatisfaction and dieting behaviors, supporting the link between online victimization and appearance-focused coping.

Marco et al. (2018) examined cyber victimization in relation to body dissatisfaction, depression, and eating disorder psychopathology, supporting a body image and internal distress pathway. Limitations included correlational design.

Review of National Studies (India)

Indian research on bullying is growing, while eating-disorder-related research is increasing but still uneven. Importantly, direct studies connecting bullying and eating habits in India remain limited, making the present research timely.

Thakkar, van Geel, & Vedder (2021) "Bullying and Victimization Among Adolescents in India" Systematic review summarizing prevalence, correlates, and methodological issues; emphasizes need for stronger designs and standardized tools.

Prabhu et al. (2025) "Anti-bullying Interventions in Indian Secondary Schools" Systematic review reporting limited rigorous evaluation designs and a need for culturally tailored programs, highlights implementation gaps.

Mukherjee & Hussain (2022) "Peer Victimization, Emotion Dysregulation, Social Anxiety, and Disordered Eating in Young Adults." Indian undergraduate sample: emotion dysregulation mediated peer victimization links to social anxiety and disordered eating; limitation is cross-sectional design.

Maurya et al. (2022) "Cyberbullying Victimization, Depression, and Suicidal Ideation (India Cohort)" Large cohort from Uttar Pradesh and Bihar: cyberbullying predicts later mental health outcomes; supports stress pathway relevant to maladaptive coping behaviors.

Krishna et al. (2025) "Eating Disorder Risk Among College Students in Kerala" Estimated eating disorder risk and associated factors among college students; limitation includes cross-sectional design and context specificity.

Orpinas-related Indian bullying dataset study (2024) "Survey Data on Bullying Involvement Among School-going Adolescents in India" Provides Indian adolescent bullying involvement patterns (traditional and virtual classrooms); limitation is dataset focus rather than causal testing.

Review of Studies Related to Variable I (Bullying Experiences)

Research consistently treats bullying as a social stressor with mental health impacts. Meta- analytic work supports bullying as widespread and psychologically harmful.
Longitudinal and developmental studies emphasize that peer victimization can persist in impact over time and may shape later self-perception and coping.

Review of Studies Related to Variable II (Eating Habits and Disordered Eating)

Recent studies show disordered eating risk is relevant in college populations and is shaped by psychological and social factors (self-esteem, body dissatisfaction, stress).

Social media and appearance pressures also contribute to body image disturbance and binge-like eating, which is relevant because bullying often overlaps with appearance-based evaluation.

Review of Studies Related to the Relationship Between Variables

Across countries and designs, bullying victimization and cyber victimization are repeatedly associated with disordered eating and eating-related dysregulation. Mechanism studies frequently identify body dissatisfaction, emotion dysregulation, shame, and self-esteem as key explanatory pathways.

2.1 ***Research Gap Analysis***

Limited Indian evidence directly linking bullying and eating habits: Most Indian work examines bullying outcomes or eating risk separately, with fewer integrated studies in emerging adults.

Emerging adulthood is under-studied: Many studies focus on adolescents, while the 18–26 period still carries strong peer evaluation and coping vulnerability.

Need for standardized measurement: Using established tools improves comparability and strengthens interpretation across contexts.

Summary of Review of Literature

The literature supports a consistent association between bullying experiences and eating-related problems, often explained through stress, emotion dysregulation, shame, body dissatisfaction, and self-esteem. The next chapter explains the methodology used to test these relationships among Indian youth aged 18–26.

3. Methodology

3.1 *Aim*

To evaluate the association between eating practices (cognitive restriction, uncontrolled eating, and emotional eating) and bullying events (victimization, bullying conduct, and fighting) among young people aged 18 to 26.

3.2 *Objectives*

1. To characterize the victimization, bullying, and fighting events of young people between the ages of 18 and 26.
2. To characterize the eating patterns of young people between the ages of 18 and 26 in terms of emotional, uncontrolled, and cognitive restriction.
3. To determine the relationship between victimization and emotional eating, uncontrolled eating, and cognitive constraint.
4. To ascertain the relationship between bullying behavior and emotional eating, uncontrolled eating, and cognitive constraint.
5. To investigate the relationship between fighting and emotional eating, uncontrolled eating, and cognitive constraint.

3.3 *Hypothesis*

H1. There will be significant association between victimization and cognitive restraint, uncontrolled eating and emotional eating among youth aged 18-26.

H2. There will be significant association between bullying and cognitive restraint, uncontrolled eating and emotional eating among youth aged 18-26.

H3. There will be significant association between bullying behavior/ perpetration and cognitive restraint, uncontrolled eating and emotional eating among youth aged 18-26. **H4.** There will be significant association between fighting aggressive behavior and cognitive restraint, uncontrolled eating and emotional eating among youth aged 18-26.

3.3 *Variables*

Independent variables: The predictors included bullying-related experiences, such as fighting, bullying conduct, and victimization. Greater levels of bullying-related experiences are reflected in higher ratings.

Dependent variables: The results were eating behaviors, including emotional eating, uncontrolled eating, and cognitive restriction. Stronger inclinations toward each eating habit are indicated by higher ratings.

3.4 *Sample Size*

Non-probability convenience sampling was used to gather data from 210 individuals, ages 18 to 26 (49% male and 51% female), as well as basic demographic details such education, relationship status, and average daily work/study hours.

3.5 *Inclusion/ Exclusion criteria*

Those who could read and comprehend the language of the questionnaire, were between the ages of 18 and 26, and gave their informed consent were eligible to participate. Participants who did not give their consent, were under 18 or over 26, or provided inaccurate or incomplete answers were not allowed to participate.

3.6 *Research Design*

A quantitative, cross-sectional correlational research design will be used for this investigation. By gathering data at one moment in time using self-report questionnaires, it seeks to investigate the relationship between eating habits (cognitive restraint, uncontrolled eating, and emotional eating) and bullying experiences (victimization, bullying conduct, and fighting) among youth aged 18–26. The questionnaire will include standardized measures of eating behavior and bullying.

3.7 *Measures*

Illinois Bully Scale (IBS): The Illinois Bully Scale to record experiences linked to bullying. The 18-item tool examines three topics: victimization, fighting, and bullying conduct. On a 5-point frequency scale ranging from 0 (never) to 4 (seven or more times), participants indicated the frequency of each event during the previous 30 days. Higher totals indicate greater exposure to or involvement in bullying-related situations. Scores were computed by summing item responses. With Cronbach's alpha values of roughly.87 for bullying,.88 for victimization, and.83 for fighting, prior research has shown that the sub scales have strong internal consistency.

Three-Factor Eating Questionnaire (TFEQ-R18): 18-item Three-Factor Eating Questionnaire (TFEQ-R18) was used to examine eating behaviors (2000). Three common

eating behaviors are evaluated by this questionnaire: emotional eating (eating in reaction to emotions), uncontrolled eating (difficulty limiting intake), and cognitive restraint (intentional control overeating). Higher scores indicate a stronger predisposition toward that particular eating habit. Items are answered using a 4-point response style, and responses are added up to create distinct scores for each area. While cognitive constraint can vary slightly depending on the population, the TFEQ-R18 has generally shown acceptable to good reliability (around.88 in previous studies), with particularly strong consistency being observed for uncontrolled and emotional eating.

3.8 *Procedure*

This study examined the relationship between bullying experiences and eating habits in young people aged 18 to 26 using a quantitative, cross-sectional correlational method. Non-probability convenience sampling was used to recruit the study's 210 participants, 51% of whom were female and 49% of whom were male. An online survey made with Google Forms was used to gather data. Basic demographic questions preceded measures evaluating eating behaviors (cognitive restriction, uncontrolled eating, and emotional eating) and bullying experiences (victimization, bullying conduct, and fighting).

Participants gave their informed consent before completing the questionnaire. They were made fully aware that participation was completely voluntary, that their answers would remain private and anonymous, and that they might discontinue participation at any moment if it made them uncomfortable. Participants' questions were answered both prior to and during their involvement. Following receipt of the responses, the data was coded and arranged in an Excel sheet after being verified for completeness. In order to produce descriptive statistics and examine relationships between bullying experiences and eating habit variables, the final dataset was examined in SPSS.

4. Result

Descriptive Statistics

Table 1. Descriptive Statistics (N = 210)

Descriptives

[DataSet1]

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
victim_total	210	0	16	2.62	2.999
bully_total	210	0	36	6.17	5.493
fight_total	210	0	20	3.54	3.416
Cognitive_restraint	210	0	24	3.21	4.136
Uncontrolled_eating	210	0	36	6.78	5.983
Emotional_eating	210	0	12	2.33	2.672
Valid N (listwise)	210				

```
CORRELATIONS
  /VARIABLES=victim_total Cognitive_restraint Uncontrolled_eating Emotional_eating
  /PRINT=TWOTAIL NOSIG
  /MISSING=PAIRWISE.
```

Interpretation

- Participants reported average scores of victim_total (M = 2.62, SD = 2.999), bully_total (M = 6.17, SD = 5.493), and fight_total (M = 3.54, SD = 3.416).
- For eating habits, mean scores were Cognitive_restrain (M = 3.21, SD = 4.136), Uncontrolled_eating (M = 6.78, SD = 5.983), and Emotional_eating (M = 2.33, SD = 2.672).
- The minimum and maximum values show variability across participants, supporting meaningful correlational testing.

Correlations: Victimization

Table 2. Pearson Correlations: victim_total and Eating Habits (N = 210)

Correlations

Correlations

		victim_total	Cognitive_restraint	Uncontrolled_eating	Emotional_eating
victim_total	Pearson Correlation	1	.860**	.599**	.472**
	Sig. (2-tailed)		.000	.000	.000
	N	210	210	210	210
Cognitive_restraint	Pearson Correlation	.860**	1	.558**	.484**
	Sig. (2-tailed)	.000		.000	.000
	N	210	210	210	210
Uncontrolled_eating	Pearson Correlation	.599**	.558**	1	.403**
	Sig. (2-tailed)	.000	.000		.000
	N	210	210	210	210
Emotional_eating	Pearson Correlation	.472**	.484**	.403**	1
	Sig. (2-tailed)	.000	.000	.000	
	N	210	210	210	210

**. Correlation is significant at the 0.01 level (2-tailed).

Interpretation

- Victimization is strongly and positively related to cognitive restraint (r = .860, p < .001).
- Victimization is positively related to uncontrolled eating (r = .599, p < .001) and emotional eating (r = .472, p < .001).
- The strongest link for victimization is with cognitive restraint, suggesting higher victimization is associated with higher efforts to control or restrict eating.

Correlations: Bullying Behavior

Table 3. Pearson Correlations: bully_total and Eating Habits (N = 210)

Correlations

Correlations

		Cognitive_restraint	Uncontrolled_eating	Emotional_eating	bully_total
Cognitive_restraint	Pearson Correlation	1	.558**	.484**	.750**
	Sig. (2-tailed)		.000	.000	.000
	N	210	210	210	210
Uncontrolled_eating	Pearson Correlation	.558**	1	.403**	.808**
	Sig. (2-tailed)	.000		.000	.000
	N	210	210	210	210
Emotional_eating	Pearson Correlation	.484**	.403**	1	.754**
	Sig. (2-tailed)	.000	.000		.000
	N	210	210	210	210
bully_total	Pearson Correlation	.750**	.808**	.754**	1
	Sig. (2-tailed)	.000	.000	.000	
	N	210	210	210	210

**. Correlation is significant at the 0.01 level (2-tailed).

Interpretation

- Bullying behavior is strongly and positively related to cognitive restraint (r = .750, p < .001).
- Bullying behavior shows a strong positive association with uncontrolled eating (r = .808, p < .001) and emotional eating (r = .754, p < .001).
- The strongest link for bullying behavior is with uncontrolled eating, indicating higher bullying behavior is associated with higher loss-of-control eating tendencies.

Correlations: Fighting

Table 4. Pearson Correlations: fight_total and Eating Habits (N = 210)

Correlations

Correlations

		Cognitive_restraint	Uncontrolled_eating	Emotional_eating	fight_total
Cognitive_restraint	Pearson Correlation	1	.558**	.484**	.606**
	Sig. (2-tailed)		.000	.000	.000
	N	210	210	210	210
Uncontrolled_eating	Pearson Correlation	.558**	1	.403**	.917**
	Sig. (2-tailed)	.000		.000	.000
	N	210	210	210	210
Emotional_eating	Pearson Correlation	.484**	.403**	1	.447**
	Sig. (2-tailed)	.000	.000		.000
	N	210	210	210	210
fight_total	Pearson Correlation	.606**	.917**	.447**	1
	Sig. (2-tailed)	.000	.000	.000	
	N	210	210	210	210

**. Correlation is significant at the 0.01 level (2-tailed).

Interpretation

- Fighting is positively related to cognitive restraint ($r = .606$, $p < .001$), uncontrolled eating ($r = .917$, $p < .001$), and emotional eating ($r = .447$, $p < .001$).
- The strongest relationship in the full set of results is between fighting and uncontrolled eating ($r = .917$), indicating a very strong association.
- Overall, higher fighting scores are associated with higher eating dysregulation, especially loss-of-control eating.

5. Discussion

The results of the current investigation are discussed in this chapter along with their implications for the goals and hypotheses of the research. The study looks at the relationship between eating habits and bullying experiences in young people between the ages of 18 and 26. A self-report questionnaire and non-probability convenience sample were used to gather data from 210 individuals (51% female and 49% male). The Illinois Bully Scale (Espelage & Holt, 2001) was used to measure bullying experiences, and the Three Factor Eating Questionnaire (Stunkard & Messick, 1985), which focuses on cognitive restraint, uncontrolled eating, and emotional eating, was used to measure eating patterns.

The study primarily aimed to investigate whether various aspects of bullying are substantially linked to eating behavior patterns during emerging adulthood (Arnett, 2000), guided by the research objectives. As a result, it was predicted that victimization would be significantly correlated with emotional eating, uncontrolled eating, and cognitive constraint (H1) (Hawker & Boulton, 2000; Van Strien et al., 1986). Additionally, it was predicted that bullying would significantly correlate with emotional eating, uncontrolled eating, and cognitive constraint (H2) (Salmivalli, 2010; Stunkard & Messick, 1985). Furthermore, the study suggested that emotional eating, uncontrolled eating, and cognitive restraint would all be strongly linked to bullying behavior or perpetration (H3) (Salmivalli, 2010). Lastly, it was

predicted that combating aggressive behavior would be strongly linked to emotional eating, uncontrolled eating, and cognitive constraint (H4) (Espelage & Holt, 2001).

After summarizing the main conclusions, the chapter analyzes the findings in light of these theories and the main study issue. It also defines the research gap that the study fills, places the findings within the body of existing literature, emphasizes the theoretical and practical significance of the results, and ends with a discussion of the study's limitations and suggestions for further research.

The outcomes exhibit a recurring pattern. Among young people between the ages of 18 and 26, bullying experiences are strongly linked to eating behaviors. Individuals who have experienced bullying more frequently also report higher levels of emotional eating, uncontrolled eating, and cognitive constraint. As a result, the theories that suggested there would be no meaningful connection between eating habits and bullying experiences are unsupported. Rather, the results show that bullying experiences are associated with both distress-based or loss-of-control eating behaviors (emotional eating and uncontrolled eating) and control-based eating patterns (cognitive restriction) (Lazarus & Folkman, 1984; Polivy & Herman, 1985). Additionally, the descriptive data demonstrate adequate variation among participants, demonstrating the importance of looking at these characteristics collectively in emerging adulthood (Arnett, 2000).

The goal of the current study was to determine whether eating behaviors among young people in emerging adulthood are related to bullying experiences. The results show that all three eating dimensions evaluated in the study emotional eating, uncontrolled eating, and cognitive restraint are significantly correlated with bullying experiences. These findings imply that bullying experiences are not just discrete social incidents but may also permeate regular self-regulation behaviors, impacting how young adults handle stress, emotions, and control during a developmentally delicate time (Baumeister et al., 1998).

The link between bullying experiences and emotional eating suggests that some young people may eat in reaction to emotions rather than hunger in order to cope with stress and unpleasant emotional states brought on by bullying (Van Strien et al., 1986). Coping mechanisms for anxiety, depression, humiliation, loneliness, or overwhelm are frequently reflected in emotional eating (Van Strien et al., 1986). Experiences with bullying can exacerbate these feelings by eroding one's sense of value, heightening social insecurity, and fostering a lingering sense of menace or condemnation (Hawker & Boulton, 2000). Eating may serve as a quick and easy way to provide emotional solace or diversion in such a situation. Evidence currently available points to emotional discomfort as a major mechanism by which bullying

victimization relates to disordered eating through affective pathways (Copeland et al., 2013). Studies on relational and appearance-based bullying also show that the relationship between peer victimization and shame and bad affect may be mediated (Hawker & Boulton, 2000).

Coping mechanisms for anxiety, depression, humiliation, loneliness, or overwhelm are frequently reflected in emotional eating (Van Strien et al., 1986). Experiences with bullying can exacerbate these feelings by eroding one's sense of value, heightening social insecurity, and fostering a lingering sense of menace or condemnation (Hawker & Boulton, 2000). Eating may serve as a quick and easy way to provide emotional solace or diversion in such a situation. Bullying-related stress may also impair regulating capacity, as evidenced by the positive correlation between bullying events and binge eating (Baumeister et al., 1998). Eating beyond hunger cues, having trouble quitting, and being susceptible to cravings or impulsive consumption are all indicators of uncontrolled eating (Stunkard & Messick, 1985).

Academic demands, social changes, changing routines, and identity-related inquiry are already characteristics of emerging adulthood (Arnett, 2000). Stress can build up when bullying experiences are added to these developmental stresses, which may weaken self-control and make one more prone to binge eating (Baumeister et al., 1998). Previous studies have shown that eating-related issues are predicted by peer victimization through psychological distress and perceived stress (Hawker & Boulton, 2000). This stress pathway is further supported by longitudinal research, which demonstrates that bullying experiences might predict later disordered eating through psychological processes and body-related assessments (Copeland et al., 2013). Together, these results imply that stress brought on by bullying may interfere with adaptive control. Eating beyond hunger cues, having trouble quitting, and being susceptible to cravings or impulsive consumption are all indicators of uncontrolled eating (Stunkard & Messick, 1985).

Academic demands, social changes, changing routines, and identity-related inquiry are already characteristics of emerging adulthood (Arnett, 2000). However, bullying may also cause control oriented eating reactions, as seen by the positive correlation between bullying events and cognitive restraint (Polivy & Herman, 1985). Deliberately limiting and monitoring food consumption is known as cognitive restraint, and it is frequently motivated by worries about one's body image, fear of being judged, or an effort to reclaim control (Stunkard & Messick, 1985). Bullying can exacerbate social comparison processes and increase self-consciousness, especially when it involves criticism, humiliation, or peer evaluation (Festinger, 1954). Controlling food consumption may become one area in which people try to regain stability and agency when they feel socially helpless or rejected (Deci & Ryan, 2000).

According to earlier research, bullying is linked to an increased risk of eating disorders, frequently as a result of self-evaluation and body dissatisfaction (Copeland et al., 2013). According to additional studies, body dissatisfaction and eating-related disorders are associated with cyber victimization and peer harassment through internal processes (Hawker & Boulton, 2000). Deliberately limiting and monitoring food consumption is known as cognitive restraint, and it is frequently motivated by worries about one's body image, fear of being judged, or an effort to reclaim control (Stunkard & Messick, 1985). Bullying can exacerbate social comparison processes and increase self-consciousness, especially when it involves criticism, humiliation, or peer evaluation (Festinger, 1954).

The fact that bullying experiences were linked to all three eating aspects rather than just one is a significant implication of the current findings. This implies that both loss-of-control (emotional and uncontrolled eating) and over-control (cognitive restraint) tendencies may be influenced by bullying (Polivy & Herman, 1985; Van Strien et al., 1986). Depending on the level of stress, the social environment, and the coping mechanisms at their disposal, young individuals may alternate between limiting their intake and eating to feel better (Lazarus & Folkman, 1984). The intricacy of regulatory processes in emerging adulthood is reflected in these changing patterns (Arnett, 2000). Although methodological limitations sometimes limit causal inferences, broader research consistently identifies bullying victimization as a psychosocial risk factor for disordered eating across various manifestations (Copeland et al., 2013). Peer victimization and body-related factors can influence the course of disordered eating starting in adolescence, according to longitudinal data (Copeland et al., 2013).

There is still little research in the Indian setting that explicitly links eating habits and bullying, which emphasizes the significance and relevance of the current study. Previous evaluations highlight methodological flaws and the need for standardized methods while documenting the frequency and correlates of bullying in India (Thakkar et al., 2021). There is a need for culturally appropriate programs and few rigorous assessment designs, according to intervention studies conducted in Indian schools (Prabhu et al., 2025). Research on eating disorders is steadily growing in India, although it has mostly focused on psychological aspects and prevalence rather than pathways unique to bullying. Emerging research suggests emotion dysregulation may modulate relationships between peer victimization, social anxiety, and disordered eating among Indian undergraduates (Gross, 1998).

The notion that bullying experiences may affect eating patterns through emotional discomfort, stress dysregulation, body dissatisfaction, and humiliation is supported by both national and international literature (Hawker & Boulton, 2000; Copeland et al., 2013). There

are still shortages, nevertheless, especially in studies that look at several aspects of eating behavior at once and in Indian developing adult populations. The current study adds to a more complex understanding of how bullying experiences may connect to various regulatory responses by evaluating cognitive restraint, uncontrolled eating, and emotional eating collectively (Stunkard & Messick, 1985; Van Strien et al., 1986). The results highlight the significance of considering bullying as a psychosocial element that affects daily health behaviors and self-regulation during emerging adulthood (Arnett, 2000), in addition to being a social problem.

6. Conclusion

The purpose of this study was to determine whether eating behaviors among young adults between the ages of 18 and 26 are related to bullying experiences. The Illinois Bully Scale was used to quantify bullying, and the Three Factor Eating Questionnaire was used to measure eating behaviors based on responses from 210 individuals. A distinct pattern emerged: youth who reported more instances of bullying also reported more dietary modifications. Stronger inclinations to regulate food intake, a greater loss of control over eating, and an increase in eating in reaction to emotions were all examples of this. To put it another way, bullying is not just a social issue. It can affect how people handle stress and their everyday routines.

These results imply that young adults may turn to food as a coping mechanism when they experience pressure, hurt, or judgment from their peers. While some may resort to food for solace or find it difficult to manage their eating during stressful situations, others may attempt to recover control through restriction. This study contributes to the literature in an area that is currently understudied, particularly in Indian adolescents, by concentrating on emerging adulthood and daily eating habits.

However, the study has certain limitations. The use of convenience sampling, reliance on self-report measures, and the cross-sectional research design restrict the strength of the conclusions. As a result, the findings indicate associations between variables rather than establishing causal relationships. In order to gain a deeper understanding of the process, future research can build on this by employing larger samples, monitoring changes over time, and examining elements like stress, self-esteem, and body image.

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