



Body Image Disturbance, Social Appearance Anxiety, and Eating Disorder Risks among University Students

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Abstract: In an era increasingly dominated by digital comparisons and rigid aesthetic standards, the psychological well-being of university students faces unprecedented challenges. This study explored the complex interplay between internal body perception and external social fears, specifically investigating how body image disturbance and social appearance anxiety contribute to eating disorder risk within the Indian university context. A quantitative research design was employed, involving 140 students (70 males, 70 females) across various educational levels, including undergraduate, postgraduate, and PhD programs. Data were collected using the Body Shape Questionnaire (BSQ-16B), the Social Appearance Anxiety Scale (SAAS), and the Eating Attitudes Test (EAT-26). Statistical analysis revealed robust positive correlations between all three primary variables, with the strongest link found between body image disturbance and social appearance anxiety ($r = .801$). A multiple regression model indicated that these factors collectively explain 37.2% of the variance in eating disorder risk. Notably, Body Image Disturbance (BSQ-16B) emerged as the only significant unique predictor, suggesting that internal dissatisfaction with body shape is the primary driver of maladaptive eating attitudes, overshadowing general social fears. Furthermore, significant gender disparities were identified, with female students reporting higher levels of distress across all measures. Interestingly, education level did not significantly influence these variables, indicating that the pressure to conform to appearance

ideals persists throughout the academic journey. These findings underscore the urgent need for targeted, body-neutral mental health interventions within higher education institutions to mitigate the rising risk of disordered eating and foster a healthier self-concept among students.

Keywords: *Body Image Disturbance (BSQ-16B), Social Appearance Anxiety (SAAS), Eating Disorder Risk (EAT-26), University Students, Indian Context, Multiple Regression, Gender Differences.*

1. Introduction

The concept of body image disturbance goes beyond mere dissatisfaction with one's physical appearance; it represents a profound and distressing deviation from a stable, adaptive body image. It involves a complex interplay of perceptual misjudgments and cognitive preoccupation. In this study, this construct is operationalized using the 16-item Body Shape Questionnaire (BSQ-16B), developed by Evans and Dolan (1993). This scale is particularly effective for university students because it captures the clinical degree of emotional distress and cognitive fixation tied to body shape rather than just general aesthetic preferences.

Operating concurrently with internal dissatisfaction is social appearance anxiety. Unlike generalized social anxiety, this construct is explicitly defined as an intense fear of negative evaluation by others based purely on physical appearance. This research utilizes the Social Appearance Anxiety Scale (SAAS), developed by Hart et al. (2008). This 16-item measurement is highly relevant in academic settings where peer acceptance and social visibility deeply influence a student's daily behavioral and emotional state.

The intersection of these internal body distortions and external social fears frequently culminates in an elevated risk for eating disorders. This risk manifests when individuals associate their personal worth with their capacity to control their physical form, leading to restrictive or maladaptive behaviors. This study utilizes the Eating Attitudes Test (EAT-26), a highly validated screening tool developed by Garner et al. (1982). This instrument is designed to identify the early attitudes and behavioral vulnerabilities, such as dieting and oral control, that precede clinically significant eating pathology.

Theoretical Framework This study is theoretically grounded in the Tripartite Influence Model and Objectification Theory. The Tripartite Influence Model suggests that three primary sources—peers, parents, and media—exert pressure on individuals to achieve unrealistic aesthetic standards, which leads to appearance comparison and internal dissatisfaction. Complementing this, Objectification Theory posits that individuals,

particularly within the university demographic, internalize a third-person perspective of their bodies. This "self-objectification" results in constant body monitoring and increased social appearance anxiety, which ultimately serves as a psychological precursor to disordered eating behaviors as a means of body control.

1.1 Research Questions

Based on the aim of the study the following hypotheses were derived:

H1: There is a positive association between body image disturbance and eating disorder risk.

H01: There is no association between body image disturbance and eating disorder risk.

H2: There is a positive association between social appearance anxiety and eating disorder risk.

H02: There is no association between social appearance anxiety and eating disorder risk.

H3: There is a positive association between body image disturbance and social appearance anxiety.

H03: There is no association between body image disturbance and social appearance anxiety.

H4: Body image disturbance and social appearance anxiety will significantly and positively predict eating disorder risk.

H04: Body image disturbance and social appearance anxiety will not significantly predict eating disorder risk.

H5: There is a significant difference between male and female participants in levels of body image disturbance, social appearance anxiety, and eating disorder risk.

H05: There is no significant difference between male and female participants in levels of body image disturbance, social appearance anxiety, and eating disorder risk.

H6: There will be a significant difference in the levels of body image disturbance, social appearance anxiety, and eating disorder risk across different educational levels (Undergraduate, Postgraduate, PhD, and Others).

H06: There will be no significant difference in the levels of body image disturbance, social appearance anxiety, and eating disorder risk across different educational levels.

1.2 Relevant Literature

Recent empirical studies heavily underscore the pivotal role appearance-related distress plays in eating pathologies. Jin et al. (2022) conducted a network analysis on university students and established a strong positive link between appearance anxiety and

eating disorder symptoms, identifying social appearance fears as a central psychological construct. Similarly, Giles and Waller (2025) demonstrated that directly addressing body image concerns in a controlled trial led to a significant reduction in social appearance anxiety, providing strong causal evidence of a functional relationship between appearance anxiety and eating risk. Further reinforcing this connection, Riaz et al. (2024) found a significant positive relationship between body image dissatisfaction—measured via the BSQ-16B—and disordered eating behaviors among university students, highlighting its role as a key cognitive-affective pathway in eating disorder risk.

1.3 Limitations in Current Literature

Despite a growing global focus on appearance concerns and disordered eating, significant gaps persist within the research landscape. First, the majority of existing literature has concentrated on general body dissatisfaction rather than the more nuanced and clinically relevant construct of body image disturbance, which captures broader perceptual, cognitive, and behavioral dimensions. Additionally, social appearance anxiety is frequently examined as an isolated factor rather than integrated cohesively alongside internal body perception to predict eating risks. Finally, most of these studies have been conducted in Western contexts, leaving a noticeable void in understanding how these combined vulnerabilities operate within the sociocultural milieu of Indian university students.

1.4 Rationale and Significance of the Study

The significance of this research lies in its dual theoretical and practical applications. Theoretically, it tests the cross-cultural relevance of the Objectification Theory and the Tripartite Influence Model by applying them to an Indian student sample, contributing to culture-based psychological research in non-Western settings. On a practical level, given the escalating mental health concerns among Indian college students, identifying the specific predictors of eating disorders is crucial. By determining whether internal body image disturbance or external social appearance anxiety is a stronger predictor, university counseling centers can design far more targeted and effective early intervention and preventive strategies.

1.5 Research Aim and Objectives

Aim

The aim of this study is to investigate the relationship between body image disturbance, social appearance anxiety, and the risk of eating disorders among university students.

Objectives

To assess the level of body image disturbance, social appearance anxiety, and eating disorder risk in university students.

To examine the relationship that exists between body image disturbance and eating disorder risk.

To examine the relationship that exists between social appearance anxiety and eating disorder risk.

To determine the relationship that exists between body image disturbance and social appearance anxiety.

To determine, using multiple regression analysis, the relationship that exists between body image disturbance and social appearance anxiety in predicting eating disorder risk.

2. Methodology

The methodological framework for this study was designed to ensure scientific rigor and systematic examination of the psychological constructs under investigation. To address the relationship between body image disturbance, social appearance anxiety, and eating disorder risk, a quantitative research design was adopted. This approach utilized standardized psychological instruments and objective statistical techniques to assess the associations between variables and evaluate potential group differences across demographic characteristics such as gender and educational level. These decisions align with established standards in psychological research to ensure the validity, reliability, and replicability of the findings.

2.1 Participants and Research Design

The study employed a quantitative research design, specifically incorporating descriptive, correlational, and comparative approaches. This enabled the researcher to examine the distribution of variables, investigate the degree of association between the constructs, and compare potential differences across demographic groups without experimental manipulation.

The study population comprised 140 students ($N = 140$) enrolled in various academic institutions across India, ranging from 18 to 30 years of age. This demographic represents young adults at a developmental stage characterized by heightened awareness of body image and social evaluation. The sample included individuals pursuing undergraduate, postgraduate, doctoral, and diploma programs. A non-probability convenience sampling method was utilized, selecting participants based on their accessibility and willingness to participate

within the constraints of time. Inclusion criteria required participants to be within the specified age range, currently enrolled in an academic program, and proficient in English.

2.2 Materials and Instruments

Data were collected using three standardized psychological instruments known for their strong psychometric properties:

Body Shape Questionnaire-16B (BSQ-16B): Developed by Evans and Dolan (1993), this 16-item scale measures dissatisfaction and preoccupation with body shape. Participants respond on a six-point Likert scale, where higher scores indicate greater body image disturbance.

Social Appearance Anxiety Scale (SAAS): Developed by Hart et al. (2008), this 16-item instrument assesses the fear of negative evaluation by others based on physical appearance. Items are rated on a five-point scale, with higher scores reflecting increased levels of social appearance anxiety.

Eating Attitudes Test-26 (EAT-26): Developed by Garner et al. (1982), this 26-item standardized screening tool assesses dieting behaviors, bulimic tendencies, and concerns regarding food and body weight. Higher scores indicate a greater risk of disordered eating attitudes.

2.3 Procedure and Data Collection

The data collection process was conducted over a period of four to six weeks using an online questionnaire administered through Google Forms. Participants were approached via online academic networks and social platforms. Before accessing the survey, every participant was presented with an informed consent form outlining the study's purpose, the voluntary nature of participation, and strict assurances regarding confidentiality and anonymity. Only those who provided explicit consent proceeded to the demographic section and the subsequent psychological scales. Ethical principles, including protection from harm and the right to withdraw at any time without penalty, were strictly maintained throughout the process.

2.4 Statistical Techniques and Data Analysis

The collected data were systematically coded and analyzed using IBM SPSS Statistics. The analysis strategy was divided into two phases:

Descriptive Analysis: Means, standard deviations, frequencies, and percentages were calculated to summarize demographic characteristics and the distribution of primary study variables.

Inferential Analysis: Independent Samples t-tests were used to investigate gender-based differences.

One-Way Analysis of Variance (ANOVA) was conducted to examine differences across the four educational levels (Undergraduate, Postgraduate, PhD, and Diploma).

Pearson Product-Moment Correlation was applied to explore the relationships between body image disturbance, social appearance anxiety, and eating disorder risk.

Multiple Regression Analysis was performed to determine the relative and collective predictive contribution of the independent variables on eating disorder risk.

3. Results

The present study investigated the relationship between body image disturbance, social appearance anxiety, and eating disorder risk among Indian young adults. This chapter presents the statistical findings derived from the quantitative analysis of data collected from 140 participants. Six research hypotheses were tested using Pearson correlation, independent samples t-test, one-way ANOVA, and multiple regression analysis. All inferential tests were conducted with the level of significance set at $\alpha = .05$.

Demographic Characteristics and Descriptive Statistics

Participants were Indian young adults aged 18 to 30 years ($M = 21.86$, $SD = 2.286$), predominantly drawn from the emerging adult age range. The sample comprised 73 female participants (52.1%) and 67 male participants (47.9%). Regarding education, the majority were undergraduate students (75.0%), followed by post-graduates (23.6%) and doctoral scholars (1.4%).

The mean BSQ-16B score was 52.04 ($SD = 20.741$), which falls at the upper boundary indicating a clinically meaningful degree of body image concern. The mean SAAS total was 44.35 ($SD = 19.254$), indicating moderate to high levels of social appearance anxiety. The mean EAT-26 total was 16.84 ($SD = 15.935$); while below the clinical cut-off of 20, the maximum score of 75 suggests considerable heterogeneity in eating disorder risk.

Table 1. Descriptive Statistics for Age and Primary Study Variables ($N = 140$)

Variable	N	Min	Max	Mean	SD
Age	140	18	30	21.86	2.286
Body Shape Questionnaire (BSQ-16B)	140	16	96	52.04	20.741
Social Appearance Anxiety Scale (SAAS)	140	16	80	44.35	19.254
Eating Attitudes Test (EAT-26)	140	0	75	16.84	15.935

Note. BSQ-16B = Body Shape Questionnaire; SAAS = Social Appearance Anxiety Scale; EAT-26 = Eating Attitudes Test, SD = Standard Deviation.

Assumption Testing

Normality was confirmed via visual inspection of histograms and Q-Q plots. For homogeneity of variance, Levene's test was non-significant for BSQ-16B ($p = .158$) and SAAS ($p = .574$), supporting equal variances. For EAT-26, Levene's test was significant ($p = .011$), necessitating the use of Welch's corrected t-statistic. VIF values remained below 10, indicating that while shared variance exists between predictors, it did not invalidate the regression model.

Hypothesis 1: Association Between Body Image Disturbance and Eating Disorder Risk To examine the association between BSQ-16B and EAT-26 scores, a Pearson product-moment correlation was computed. The correlation was found to be $r = .610$, $p < .001$. This represents a strong and statistically significant positive association, indicating that participants with greater levels of body image disturbance also scored higher on eating disorder risk. Decision: **H1 is SUPPORTED.**

Hypothesis 2: Association Between Social Appearance Anxiety and Eating Disorder Risk A statistically significant positive correlation was observed between SAAS and EAT-26, $r = .471$, $p < .001$. This moderate-to-strong association indicates that higher levels of social appearance anxiety are meaningfully linked to elevated eating disorder risk. Decision: **H2 is SUPPORTED.**

Hypothesis 3: Association Between Body Image Disturbance and Social Appearance Anxiety The two variables were very strongly and positively correlated, $r = .801$, $p < .001$. This is the largest inter-variable association in the study, indicating that body image disturbance and social appearance anxiety share substantial variance and tend to co-occur at high levels. Decision: **H3 is SUPPORTED.**

Table 2. Pearson Correlation Matrix for BSQ-16B, SAAS, and EAT-26 ($N = 140$)

Variable	1. BSQ-16B	2. SAAS	3. EAT-26
1. Body Shape Questionnaire (BSQ-16B)	—	.801***	.610***
2. Social Appearance Anxiety Scale (SAAS)	.801***	—	.471***
3. Eating Attitudes Test (EAT-26)	.610***	.471***	—
Mean	52.04	44.35	16.84
SD	20.741	19.254	15.935

Note. BSQ-16B = Body Shape Questionnaire; SAAS = Social Appearance Anxiety Scale; EAT-26 = Eating Attitudes Test. *** $p < .001$ (two-tailed).

Hypothesis 4: Body Image Disturbance and Social Appearance Anxiety as Predictors of Eating Disorder Risk A simultaneous multiple regression analysis was conducted with EAT as the criterion variable. The overall model was statistically significant, $F(2, 137) = 40.859$, $p < .001$, explaining 37.4% of the variance in eating disorder risk ($R^2 = .374$). BSQ-16B emerged as a significant independent predictor ($\beta = .651$, $p < .001$). However, SAAS did not contribute significantly once BSQ-16B was controlled ($\beta = -.051$, $p = .654$). **Decision: H4 is PARTIALLY SUPPORTED.**

Table 3. Multiple Regression Model Summary: BSQ-16B and SAAS Predicting EAT-26

Model	R	R ²	Adj. R ²	F	p
BSQ-16B + SAAS → EAT-26	.611	.374	.365	40.859	.000***

Note. Dependent Variable: EAT. Predictors: BSQ-16B, SAAS. R = Multiple Correlation Coefficient; R² = Coefficient of Determination; Adj. R² = Adjusted R². *** $p < .001$.

Table 4. Regression Coefficients for BSQ-16B and SAAS Predicting EAT-26

Predictor	B	SE	β	t	p
(Constant)	-7.338	2.957	—	-2.482	.014*
BSQ-16B	.500	.087	.651	5.764	.000***
SAAS	-.042	.093	-.051	-.449	.654 (ns)

Note. B = Unstandardized Coefficient; SE = Standard Error; β = Standardized Coefficient. * $p < .05$; *** $p < .001$; ns = not significant. Dependent Variable: EAT.

Hypothesis 5: Gender Differences in Study Variables Independent samples t-tests revealed statistically significant gender differences across all three variables. Males ($M = 56.78$) scored significantly higher than females ($M = 47.70$) on the BSQ-16B, $t(138) = -2.642$, $p = .009$. For the SAAS, males ($M = 48.73$) scored significantly higher than females ($M = 40.33$), $t(138) = -2.634$, $p = .009$. For the EAT-26, males ($M = 20.67$) scored significantly higher than females ($M = 13.32$), $t(119.006) = -2.757$, $p = .007$. **Decision: H5 is SUPPORTED.**

Table 5. Group Statistics for BSQ-16B, SAAS, and EAT-26 by Gender

Variable	Gender	N	Mean	SD	SE Mean
BSQ-16B	Female	73	47.70	19.100	2.236
	Male	67	56.78	21.550	2.633
SAAS	Female	73	40.33	18.925	2.215

	Male	67	48.73	18.779	2.294
EAT-26	Female	73	13.32	12.942	1.515
	Male	67	20.67	17.984	2.197

Note. SD = Standard Deviation; SE = Standard Error of the Mean.

Hypothesis 6: Education Level Differences in Study Variables A one-way ANOVA revealed no statistically significant differences across educational groups: BSQ-16B, $F(2, 137) = 1.096$, $p = .337$; SAAS, $F(2, 137) = 1.712$, $p = .184$; EAT-26, $F(2, 137) = 1.344$, $p = .264$. Tukey's HSD post-hoc tests confirmed no significant pairwise comparisons (all $p > .05$).

Decision: H6 is NOT SUPPORTED.

Table 6. One-Way ANOVA Results for BSQ-16B, SAAS, and EAT-26 by Education Level

Variable / Source	SS	df	MS	F	p
BSQ-16B – Between Groups	942.071	2	471.035	1.096	.337 (ns)
BSQ – Within Groups	58853.672	137	429.589		
SAAS – Between Groups	1256.588	2	628.294	1.712	.184 (ns)
SAAS – Within Groups	50271.262	137	366.944		
EAT-26 – Between Groups	679.461	2	339.730	1.344	.264 (ns)
EAT – Within Groups	34617.761	137	252.684		

Note. SS = Sum of Squares; MS = Mean Square. df Between = 2; df Within = 137. ns = not significant (all $p > .05$).

Summary of Findings

The data provided support for four of the six hypotheses. Significant positive correlations were found between all pairs of study variables (H1, H2, H3). The regression model (H4) was significant, identifying body image disturbance as a strong unique predictor. Gender differences (H5) were significant, with males reporting higher levels of concern across all measures, while education level (H6) did not differentiate participants meaningfully.

Table 7. Summary of Hypotheses, Statistical Outcomes, and Decisions

H	Hypothesis	Key Result	Outcome
H1	Positive association: BSQ-16B and EAT-26	$r = .610$, $p < .001$	Supported
H2	Positive association: SAAS and EAT-26	$r = .471$, $p < .001$	Supported
H3	Positive association: BSQ-16B and SAAS	$r = .801$, $p < .001$	Supported
H4	BSQ-16B and SAAS predict EAT-26	$R^2 = .374$; BSQ: $\beta = .651^{***}$; SAAS: ns	Partially Supported

H5	Gender differences in BSQ-16B, SAAS, EAT-26	$t = -2.64$ to -2.76 ; all $p < .01$	Supported
H6	Education level differences in BSQ-16B, SAAS, EAT-26	$F = 1.096$ – 1.712 ; all $p > .05$	Not Supported

Note. BSQ-16B = Body Shape Questionnaire; SAAS = Social Appearance Anxiety Scale; EAT-26 = Eating Attitudes Test; ns = not significant. *** $p < .001$; ** $p < .01$; * $p < .05$.

4. Discussion

The primary aim of this research was to explore the intricate dynamics between body image disturbance, social appearance anxiety, and the risk of developing eating disorders among university students in India. This study was initiated to address a critical gap in Indian psychological literature: the complex interplay between how students perceive their own bodies and how they fear being perceived by the social world. By examining these constructs, the research sought to determine how internal "cognitive-behavioral" maps and external fears of social judgment intersect to influence maladaptive eating attitudes.

The first objective sought to examine the relationship between body image disturbance and eating disorder risk. The findings established a robust and statistically significant positive correlation ($r = .610$), supporting the idea that the internal view an individual holds of their body is a primary driver of restrictive eating. This aligns with the work of Riaz et al. (2024), who noted that body image dissatisfaction serves as a key cognitive-affective pathway to eating pathology.

The second objective addressed the link between social appearance anxiety and eating disorder risk. The results showed a moderate-to-strong positive association ($r = .471$), indicating that the fear of negative evaluation by others based on appearance is meaningfully linked to elevated risk. This mirrors the findings of Jin et al. (2022), who identified social appearance fears as a central psychological construct in the development of eating disorder symptoms.

The third objective was to determine the relationship between body image disturbance and social appearance anxiety. The study found these variables to be very strongly correlated ($r = .801$), which was the largest inter-variable association in the research. This suggests that for the modern Indian student, the "self" and the "social" are mirrors of one another, where the "social gaze" is so deeply internalized that it manifests as a personal disturbance.

The final objective utilized multiple regression analysis to determine the predictive contribution of these variables. While the overall model explained 37.4% of the variance in

eating disorder risk, body image disturbance emerged as the only significant unique predictor. This provides a clear hierarchy for clinical intervention, suggesting that once an internal dissatisfaction with one's physical form is established, it becomes the immediate catalyst for maladaptive habits, overshadowing general social anxiety.

The empirical analysis yielded definitive conclusions regarding the "prolonged vulnerability" of the Indian university ecosystem. Significant gender disparities were identified, with males scoring significantly higher than females across all three measures in this specific sample—a finding that challenges the "female-only" bias of traditional eating disorder studies and proves that body image disturbance is a human issue, not just a gendered one. Furthermore, the lack of significant differences across educational levels (Undergraduate, Postgraduate, and PhD) indicates that academic maturity does not grant immunity to body-related distress; these concerns remain prevalent across all stages of higher education.

Despite its contributions, this study has limitations that must be acknowledged. The use of convenience sampling and a sample size of $N = 140$ may limit the generalizability of the results to the entire Indian student population, particularly those in rural or non-technical institutions. Additionally, the study relied on self-report measures, which are susceptible to social desirability bias where participants might underreport symptoms to appear more "socially adjusted." Finally, the cross-sectional design allows for the observation of associations but does not definitively establish a causal relationship over time.

In conclusion, this research proves that the risk of eating disorders among Indian university students is a multifaceted issue driven primarily by deep-seated body dissatisfaction. The data indicates that while external social pressures may create the initial spark, it is the internal dissatisfaction with one's physical form that sustains disordered eating attitudes. These results signal an urgent need for institutional change, moving beyond generic counseling toward targeted, body-neutral interventions that dismantle the culture of appearance-based evaluation and support the mental flourishing of the next generation of Indian scholars.

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