

Mirror, Meal, and Mind: The Quiet Conflicts

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ABSTRACT

This research aims to study eating attitude, body attitude and self esteem among young women. For this purpose, a sample of 200 females between the age 16 to 20, selected through purposive sampling. The EATING ATTITUDE measured by Eating attitude test - 26 (EAT-26) Garner, D. M., Olmsted, M. P., Bohr, Y., & Garfinkel, P. E. (1982). SELF ESTEEM measured by Rosenberg Self-Esteem Scale (RSE) Morris Rosenberg (1979). BODY ATTITUDE measured by The Body Attitude Test (BAT) Michel Probst et al. (1984) Findings revealed a significant Negative Correlation between Eating Attitude and Body Attitude ($r = -0.367^{**}$, $p < 0.01$), Negative Correlation between Eating Attitude and Self esteem ($r = -0.264^{**}$, $p < 0.01$) no significant correlation between Body attitude and self esteem ($r = 0.468^{**}$, $p < 0.01$). Regression analysis revealed that 30.3%. This study highlights the struggles of young women which will help in designing intervention plans for them to understand their body concerns and boost their self esteem by implying healthy food habits.

Keywords: *Eating Attitude, Body Image, Self-Esteem, Young Women, Correlational Study*

In today's society, young women often face immense societal pressures related to physical appearance, leading to concerns about body attitude and eating attitude. These factors can significantly influence an individual's self-esteem and overall psychological well-being. Eating Attitude refers to an individual's thoughts, beliefs, and behaviors related to food, dieting, and body weight. They are often influenced by cultural norms, media portrayals of beauty, and social comparisons. Unhealthy eating attitudes may manifest as restrictive dieting, emotional eating, or even disordered eating patterns, which can contribute to negative self-perceptions and diminished self-esteem. Body attitude, a multidimensional construct, encompasses an individual's perceptions, thoughts, and feelings about their physical appearance. It is often shaped by societal standards and personal experiences. A positive body attitude reflects acceptance and satisfaction with one's body, while a negative body attitude may lead to dissatisfaction, body shame, and anxiety. Research suggests that young women, in particular, are more vulnerable to developing body dissatisfaction due to the constant exposure to idealized body standards in media and social platforms. Self-esteem, defined as an individual's overall sense of self-worth and value, plays a crucial role in

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determining emotional and psychological well-being. Low self-esteem is often associated with negative self-evaluation, anxiety, and depression, while high self-esteem promotes resilience and a positive outlook on life. Among young women, self-esteem is frequently influenced by perceived body attitude and eating attitude, as internalized societal standards can lead to feelings of inadequacy and dissatisfaction. The interplay between eating attitude, body attitude, and self-esteem is complex and multifaceted. Negative body attitude and maladaptive Eating Attitude can lead to diminished self-esteem, creating a cycle of self-criticism and unhealthy behaviors. Conversely, positive body acceptance and a healthy eating attitude can foster a stronger sense of self-worth and confidence. Understanding these relationships is essential for designing interventions that promote healthier attitudes and enhance psychological well-being among young women. This study aims to explore the correlation between eating attitude, body attitude, and self-esteem, providing valuable insights into how these factors interact and influence one another. By examining these relationships, the research seeks to contribute to the growing body of knowledge that can inform preventative measures and interventions targeted at improving the mental health and self-perception of young women.

Objectives

- a) To study the level of eating attitude, body attitude and self esteem among young women.
- b) To study the relationship between eating attitude and body attitude among young women.
- c) To study the relationship between body attitude and self esteem among young women.
- d) To study the relationship between eating attitude and self esteem among young women.

Hypotheses

H01: There will be a negative correlation between Self-esteem and Eating Attitude

H02: There will be a Negative correlation between Self-esteem and Body Attitude

H03: There will be a Negative correlation between Body Attitude and Eating Attitude.

METHODOLOGY:

Research design:

The present study follows a within-group quantitative research design. It is a correlational study.

Sample:

200 females (aged 16 - 20 years), aligning with the developmental stage of late adolescence to early adulthood, were selected using a purposive sampling method.

- **Inclusion:** Age and Gender
- **Exclusion:** Previous Diagnosis of Mental Disorder

Tools:

1. **Eating Attitude Test (EAT-26):** The eating attitude scale given by Garner, D. M., Olmsted, M. P., Bohr, Y., & Garfinkel, P. E. in 1982. It is a 26-item self-report inventory widely used for assessing symptoms and concerns characteristic of eating disorders. The scale measures three factors: Dieting, Bulimia and Food Preoccupation, and Oral Control. Respondents answer on a 6-point Likert scale

ranging from “Always” to “Never.” Higher scores on the EAT-26 indicate greater levels of disordered eating behaviors and attitudes. The scale demonstrates excellent internal consistency, with Cronbach’s alpha values typically ranging from 0.79 to 0.94. Test-retest reliability over a two-week period is strong ($r = 0.84$). Construct validity is supported through high correlations with clinical diagnoses of eating disorders, and convergent validity is confirmed by positive associations with other measures of eating pathology.

2. **Body Attitude Test (BAT)** : The Body Attitude Test (BAT) was developed by Probst, Vandereycken, Van Coppenolle, and Vanderlinden in 1995. It is a 20-item self-report questionnaire designed to assess individuals’ subjective experiences and attitudes toward their body. The BAT evaluates several aspects, including body dissatisfaction, depersonalization, and lack of familiarity with one's own body. Respondents rate items on a 6-point Likert scale ranging from “Never” to “Always.” Higher scores suggest greater levels of negative body attitude. The scale shows high internal consistency, with Cronbach’s alpha values ranging from 0.85 to 0.93. Test-retest reliability is also robust ($r = 0.83$). Construct validity is demonstrated by its ability to differentiate clinical (eating disorder) groups from non-clinical groups, and convergent validity is supported through correlations with other measures of body image disturbance.
3. **Rosenberg Self-Esteem Scale (RSES)** : The Rosenberg Self-Esteem Scale (RSES) was developed by Rosenberg in 1965. It is a 10-item self-report measure designed to assess global self-esteem by measuring both positive and negative feelings about the self. Responses are given on a 4-point Likert scale ranging from “Strongly Agree” to “Strongly Disagree.” Higher scores reflect higher levels of self-esteem. The scale has demonstrated good internal consistency, with Cronbach’s alpha values typically between 0.77 and 0.88. Test-retest reliability is strong ($r = 0.82$). Construct validity is supported through significant correlations with related constructs such as self-worth and personal confidence, while convergent validity is confirmed by its positive relationship with indicators of psychological well-being.

Procedure

The researcher approached females across Pune. Willing females who fulfilled the inclusion criteria were selected as the sample. Participants were informed about the confidentiality of their responses and an informed consent was taken from them. They were asked to fill a form which consisted of demographic details followed by the questionnaires.

RESULTS

Statistical Analysis:

The data was analysed using SPSS version 30.0.0.0. Descriptive statistics were calculated and normality tests were conducted. The Shapiro-Wilk test of normality indicated that the data did not follow normality. As a result, the Spearman’s correlation coefficient was used to measure the correlation between the variables. Regression analyses were performed to predict the variances between the variables.

Table 1 Descriptive Statistics for Eating Attitude, Body Attitude, and Self-Esteem among Participants (N = 200)

| Descriptives | Eating Attitude | Body Attitude | Self Esteem |
|-------------------------|-----------------|---------------|-------------|
| Number (N) | 200 | 200 | 200 |
| Mean | 12 | 72 | 17 |
| Median | 11 | 79 | 17 |
| Mode | 6 | 79 | 17 |
| Standard Deviation (SD) | 8.20 | 20.37 | 6.27 |
| Range | 40 | 89 | 69 |
| Skewness | 0.859 | -1.203 | 3.429 |
| Kurtosis | 0.474 | 0.634 | 28.849 |
| Shapiro-Wilk W | 0.940 | 0.869 | 0.793 |
| Shapiro-Wilk p | <0.001 | <0.001 | <0.001 |

Table no. 1 shows the descriptive statistics including the central tendencies for Eating Attitude (EAT), Body Attitude (BAT), and Rosenberg Self-Esteem (RSE) among the participants. The mean eating attitude score was 12.04 (SD = 8.20), with a median of 11.00 and a mode of 6.00, suggesting a slightly positively skewed distribution (skewness = 0.859) and a moderate variability. The kurtosis value of 0.474 indicates a relatively flat (platykurtic) distribution. For body attitude, the mean score was 72.53 (SD = 20.37), with both the median and mode at 79.00, indicating a negatively skewed distribution (skewness = -1.203) and a high level of dispersion. The kurtosis value of 0.634 also reflects a flatter distribution compared to the normal curve. Self-esteem scores had a mean, median, and mode of 17.00, suggesting a central tendency; however, a strong positive skew (skewness = 3.429) and a high kurtosis (28.849) were observed, indicating a highly peaked and heavy-tailed (leptokurtic) distribution. The Shapiro-Wilk test for all three variables yielded p-values less than 0.001, confirming significant deviations from normality.

Table 2 Correlation between Eating Attitude, Body Attitude, and Self-Esteem among Participants (N = 200)

| Correlation Matrix | | Eating Attitude | Body Attitude | Self Esteem |
|--------------------|----------------|-----------------|---------------|-------------|
| Eating Attitude | Spearman's rho | 1.000 | -0.367** | -0.264** |
| | p-value | <0.001 | <0.001 | <0.001 |
| | N | 200 | 200 | 200 |
| Body Attitude | Spearman's rho | | | 0.468** |
| | p-value | <0.001 | <0.001 | <0.001 |
| | N | 200 | 200 | 200 |

Table no. 2 shows the correlation between Eating Attitude (EAT), Body Attitude (BAT), and Self-Esteem (RSE). The results indicated that there were significant relationships between the variables. Eating attitude was negatively correlated with body attitude, suggesting that higher

eating attitude problems were associated with poorer body attitudes. Similarly, self-esteem showed a significant negative correlation with eating attitude, indicating that lower self-esteem was associated with higher disturbances in eating attitude. A significant positive correlation was observed between self-esteem and body attitude, suggesting that higher self-esteem was linked with better body attitudes among participants. All correlations were statistically significant at the 0.001 level.

Table 3 Regression Analysis Predicting Body Attitude from Eating Attitude and Self-Esteem among Participants (N = 200)

| Model | R | R Square | Adjusted R Square | Standardised coefficients Beta | t | Sig |
|-------|------|----------|-------------------|--------------------------------|--------|--------|
| 1 | .557 | .310 | .303 | -.419 | -6.972 | <0.001 |
| 2 | .557 | .310 | .303 | .302 | 5.027 | <0.001 |

Table no. 3 shows the regression analysis where Body Attitude (BAT) was predicted from Eating Attitude (EAT) and Self-Esteem (RSE). The overall model was statistically significant ($F(2,197) = 44.239$, $p < 0.001$), with an R square value of 0.310, indicating that eating attitude and self-esteem together explained 31% of the variance in body attitude scores. The standardized regression coefficients suggested that both eating attitude and self-esteem were significant predictors, implying that lower self-esteem and problematic eating attitudes are important factors negatively influencing body attitude among participants.

FINDINGS

There is a negative correlation between eating attitude and self-esteem exam, anxiety, career pressure, family and financial pressure are some examples of stresses that affect the eating attitude of the population negatively. Most of the participants suffered from unhealthy eating habits because of guilt which affects their self-esteem. This slight relief or coping from stress. After eating, it makes it an addictive habit, which might need to increase in the number of Mens and unhealthy food every day by finding a line with Gupta et. al. (2018) who observed and discussed that emotional eating triggered by stress, such as academic pressure and family expectations was associated with negative attitude towards food and decreasing self esteem.

Qualitative data from the current research further supports this: one respondent shared, “I know I am eating a lot because I’m stressed all the time, but I also feel worse about myself after bingeing. It’s a cycle I can’t break.” Another participant noted that her Eating Attitude worsened during exam season, and her self-image suffered as a result. Interestingly, some participants challenged this pattern. A few young women expressed confidence in their identities despite recognizing their eating was influenced by emotional distress. For instance, one participant shared, “Even though I eat when I’m stressed, I don’t think it makes me any less of a person. I know who I am.”

There is a negative correlation between eating attitude and body attitude among females of age between 16 to 20. An individual is having negative thoughts about their body attitude, then the person might go for the Maladaptive ways of eating behaviour such as eating in a more quantity or in an inappropriate pattern. Hence the eating attitude will act negatively on the body attitude of this age. The analysis also confirmed a negative correlation between self-esteem and body image, supporting previous research by Chugh & Puri (2019) and Sharma &

Muthuswamy (2021), which highlighted how body dissatisfaction often coincides with lower self-worth among adolescents and young women. Participants who viewed their bodies negatively tended to report feelings of inadequacy and diminished self-respect. Several qualitative responses echoed this finding. One participant admitted, “When I look in the mirror, I see all the parts of me that I want to change. And then I feel like I don’t deserve good things because of how I look.” Another shared, “It’s hard to have confidence when I constantly feel like my body isn’t good enough.” Such accounts point to the powerful role body image plays in shaping self-perception during emerging adulthood, particularly within a sociocultural environment that prioritizes appearance. However, it is important to highlight a contrasting perspective from a group of participants who expressed high self-esteem despite their negative body image. “I know I don’t look like the girls on Instagram,” one respondent said, “but I don’t care. I love myself for my abilities, not my looks.” This reflects the influence of self-compassion and internal validation, which may act as protective factors, mitigating the impact of body dissatisfaction on self-esteem.

There is no correlation between Body attitude and Eating attitude among females, aged 16 - 20. The study did not find a significant correlation between body image and Eating Attitude. While numerous studies (e.g., Fortes et al., 2016) have identified strong links between body dissatisfaction and maladaptive eating patterns, this result suggests that, at least in this sample, body image and Eating Attitude may operate more independently. This unexpected outcome is further illuminated by qualitative responses. Several participants indicated that their eating behaviors were driven more by emotional stress and academic pressure than by dissatisfaction with their bodies. One student explained, “I eat junk food because I’m anxious, not because I’m trying to look a certain way.” Another added, “When my family pressures me to succeed, I rebel by eating whatever I want. It has nothing to do with how I feel about my body.” Such insights suggest that emotional regulation and stress coping may be more central to Eating Attitude in this age group than body image. The presence of cultural and psychological factors, such as familial expectations, academic stress, or even resistance to societal norms could be influencing these behaviors independently of body dissatisfaction. This may also reflect a cultural shift where body image is no longer the primary lens through which eating behavior is understood.

The present study was conducted in order to understand the correlation between the eating attitude, body attitude and self-esteem among young women aged between 16 to 20. The study has certain limitations. Firstly, it was conducted on a small sample size of only 200 girls. It provides guidelines for future researchers to replicate the study on a larger sample size. Secondly, random sampling could have been used instead of the purposive sampling method for better results. Future research can highlight gender differences between males and females. As well as its useful to create awareness programs related to healthy eating habits and body attitudes which will promote better wellbeing for the people.

CONCLUSION

In this analysis, the relationships between Eating Attitude, Body Attitude, and self-esteem were assessed using Spearman's rank-order correlation.

1. The hypothesis stated “There is a negative significant correlation between eating attitude and self-esteem among females, aged between 16 to 20”
2. The hypothesis stated “There is a positive correlation between body attitude and self-esteem among females, aged between 16 to 20”
3. The hypothesis stated “There is a negative significant correlation between eating attitude and body attitude among females, aged between 16 to 20”

Implications

1. Low self-esteem in young women may lead to harmful eating habits and negative body image, showing the need for early emotional support.
2. Schools and colleges should run mental health programs that build self-worth and challenge unrealistic beauty ideals.
3. Therapists can use self-esteem-focused and creative approaches to help young women express and manage body image struggles.
4. Society must promote diverse, realistic representations of beauty to reduce pressure and support positive self-image.
5. The strong voices of resilient participants highlight the power of strength-based psychological approaches to healing.

Limitations and Future Directions

1. The study was limited to young women in Pune, so future research should include diverse regions and age groups.
2. Since the data was self-reported, there's a chance that participants answered in socially desirable ways, not always truthfully.
3. Because the study only captured one point in time, we can't say for sure how these factors change or cause each other over time.
4. Future studies should explore how social media, family, and friends influence body image and eating habits.
5. Adding factors like emotional regulation and stress coping can help us better understand the full picture of self-esteem and body image issues.

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Conflict of Interest

The author(s) declared no conflict of interest.

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