

## Online Trauma Content's Role in Eating Disorder

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### ABSTRACT

The current study explored how young people's development of eating disorders is linked to trauma-related discomfort and their exposure to distressing content online. With the rise of social media, individuals are encountering more troubling digital material, which may impact their eating behaviors and mental well-being. The research involved 100 college students, evenly split between 50 males and 50 females, all aged 18 to 25, using a quantitative, cross-sectional approach. Participants completed three standardized assessments: the Eating Disorder Examination Questionnaire (EDE-O) to measure the severity of eating disorders, the PTSD Checklist for DSM-5 (PCL-5) to evaluate trauma symptoms, and the Social Media Engagement Questionnaire (SMEQ) to assess their online interactions.

**Keywords:** *Online Trauma Content, Social Media Engagement, PTSD, Eating Disorder, Vicarious Trauma, Young Adults*

The rapid rise of digital technology and online platforms has completely transformed the way we connect with the world, communicate, and gather information. Over the past two decades, social media platforms like Facebook, Instagram, Twitter, TikTok, and YouTube have become integral to the daily lives of millions of young adults around the globe. Recent statistics show that more than 90% of young adults aged 18 to 30 log onto social media every day, and the average time spent online is steadily increasing, with estimates ranging from three to five hours daily (Smith & Anderson, 2018). While these platforms provide opportunities for entertainment, socializing, and learning, they also come with a host of concerns, particularly regarding exposure to potentially harmful content.

The surge of online trauma content think graphic images of violence, stories of abuse, self-harm, cyberbullying, or distressing news events, is one of the most concerning trends we've seen in the digital world (Holland & Tiggemann, 2017). This type of content, which exposes viewers to deeply upsetting or potentially harmful information and images, is what we call online trauma content. What makes it particularly troubling is how easily accessible and unregulated it is, allowing people to view it repeatedly across various platforms, unlike traditional traumatic experiences. With the prevalence of internet trauma exposure, there are growing worries about its potential long-term impact on mental health, particularly for vulnerable groups like young adults. Research in mental health has long established a connection between traumatic events and various psychological disorders, including anxiety,

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depression, emotional dysregulation, and post-traumatic stress disorder (PTSD) (American Psychiatric Association [APA], 2013). Importantly, these psychological effects can play a significant role in how trauma exposure leads to unhealthy behaviors. One area where research has begun to explore this connection is in the rise of eating disorders. These disorders, which are intricate mental health issues, often manifest as severe disruptions in eating habits, an obsession with body weight and shape, and unhealthy coping strategies (Fairburn, 2008).

In today's digital landscape, the pressure to compare ourselves to others and focus on appearances can really ramp up. Social media platforms like Instagram and TikTok expose users to algorithms that prioritize eye-catching, emotionally charged content, along with what our peers are sharing. This mix of a looks-obsessed culture and distressing online content can reinforce unhealthy beliefs about self-worth, body image, and how we cope, potentially making individuals more vulnerable to eating disorders (Holland & Tiggemann, 2017). For example, a young adult might experience heightened stress and emotional turmoil if they often encounter posts about online bullying, personal abuse stories, or footage of disasters.

It's possible for someone to develop unhealthy eating habits as a way to cope with negative feelings or regain a sense of control, especially when they're influenced by diet culture or unrealistic body ideals. There's solid evidence supporting this idea, particularly from studies that explore the link between eating disorders and trauma. Research, whether conducted in person or online, consistently shows that individuals with a history of trauma are more prone to engage in harmful eating behaviors, like purging, binge eating, and restrictive dieting (Wonderlich et al., 2009; Brewerton, 2007).

There's still a significant lack of research out there, even as more people are starting to recognize the dangers of online trauma content. Most studies so far have either focused on offline trauma experiences or looked at the broader impact of social media on body image, without really diving into the specific effects of online trauma content. Additionally, we know very little about how psychological factors like anxiety, difficulties in emotion regulation, and PTSD symptoms play a role in this context. This gap in knowledge underscores the urgent need for research that carefully explores the link between young adults' exposure to online trauma and the development of eating disorders, considering both behavioral and cognitive outcomes.

The significance of this study extends far beyond just academic research. Grasping the psychological impacts of online trauma content is crucial for developing therapies grounded in evidence, launching educational programs, and implementing regulations aimed at minimizing risks as digital platforms become increasingly popular. There's a pressing need for empirical guidance on how internet exposure affects the well-being of young adults especially concerning their eating habits and body image so that mental health professionals, educators, and caregivers can better support them. This study explores the connection between the rise of eating disorders and online trauma content, aiming to provide practical insights that can inform both public health strategies and clinical practices.

To wrap things up, this study dives into the background of online trauma content, placing it within the broader context of how digital media affects mental health. It addresses an important yet often overlooked issue by exploring how this content might trigger or worsen symptoms of eating disorders. The hope is that the findings will not only enhance our

theoretical understanding but also provide practical strategies to help mitigate the negative effects that exposure to digital trauma can have on young adults.

### *Eating disorder*

The American Psychiatric Association (APA) in 2013 described eating disorders as a complex and multifaceted set of mental health issues. These disorders are characterized by ongoing disturbances in eating behaviors, an intense preoccupation with body weight and shape, and unhealthy coping strategies that can significantly impact social interactions, mental health, and physical well-being. Fairburn (2008) emphasizes that these disorders go beyond just issues with food; they often stem from deeper psychological struggles, problems with identity, and ineffective ways of managing emotions and coping with stress.

Types of eating disorder are;

- **Anorexia nervosa (AN):** An intense fear of gaining weight, a skewed perception of one's body, and a constant restriction on calorie intake leading to a significantly low body weight are the defining features of anorexia nervosa (AN). People with anorexia often resort to extreme diets, excessive exercise, or purging as ways to manage their weight, which stems from their deep-seated anxiety and desire for control (Treasure et al., 2020).
- **Bulimia nervosa (BN):** On the other hand, bulimia nervosa (BN) is marked by frequent binge-eating episodes followed by compensatory behaviors like vomiting, overexercising, or using laxatives to prevent weight gain. Emotional instability, negative feelings, and dissatisfaction with one's body often create a vicious cycle in bulimia nervosa (Fairburn, 2008)
- **Binge-eating disorder (BED):** The text discusses binge eating disorder (BED), which is characterized by recurring episodes of binge eating along with feelings of helplessness and a lack of compensatory behaviors. As noted by Hudson et al. (2007), individuals with BED often experience guilt, shame, and significant distress regarding their eating patterns.
- **Other specified feeding or eating disorders (OSFED):** Additionally, there are Other Specified Feeding or Eating Disorders (OSFED), which encompass clinically significant eating disorders like atypical anorexia nervosa, purging disorder, and night eating syndrome. These disorders don't completely meet the criteria for anorexia nervosa (AN), bulimia nervosa (BN), or BED, yet they are associated with considerable psychological distress (APA, 2013).

When it comes to eating disorders, it's essential to recognize their variety. We need to consider both the behavioral aspects like restricting, bingeing, and purging and the cognitive-emotional factors, such as body dissatisfaction, negative self-evaluation, and anxiety. With the rise of digital stressors that can amplify harmful thought patterns linked to disordered eating, this comprehensive approach is particularly relevant when examining the effects of online trauma content.

### **The study of epidemiology:**

The significance of eating disorders as a pressing global public health concern is gaining more recognition. Research in epidemiology shows that bulimia nervosa impacts about 1-2% of women and less than 1% of men over their lifetimes, while anorexia nervosa affects approximately 1-4% of young women and 0.3-2% of young men (Smink et al., 2012).

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Binge-eating disorder is the most prevalent eating disorder, affecting around 2–5% of young adults globally, and its numbers are climbing due to a mix of psychological, sociocultural, and environmental influences (Hudson et al., 2007). These disorders often begin in youth or early adulthood, a time when individuals are particularly vulnerable to social pressures, identity development, and the impact of digital media. There's a notable gender gap here: women are disproportionately affected, which highlights society's obsession with thinness and beauty. However, recent studies indicate that eating disorders are increasingly being recognized in men, often linked to concerns about muscularity (Murray et al., 2017). Cultural factors also play a role; while anorexia and bulimia have traditionally been more common in Western countries, they are now appearing more frequently in non-Western nations, driven by globalization, exposure to Western media, and shifting beauty ideals (Becker et al., 2010).

Cultural differences play a significant role here; while anorexia and bulimia have traditionally been more prevalent in Western societies, we're now seeing a rise in these disorders in non-Western countries, largely due to globalization, the influence of Western media, and shifting beauty ideals (Becker et al., 2010). The rise of internet access and digital media has become a crucial factor in these changing trends. Especially for impressionable young adults, social media platforms that emphasize appearance, peer comparisons, and viral content can contribute to unhealthy eating behaviors and feelings of body dissatisfaction (Holland & Tiggemann, 2017). Moreover, exposure to online trauma can increase stress, lead to emotional instability, and promote unhealthy coping strategies, which may further heighten the risk of developing eating disorders. A lot of folks think that eating disorders are complex issues that arise from a mix of biological, psychological, and societal influences. To really grasp how online trauma content might trigger or worsen these disorders, we need to dive into these different aspects.

### **1. factor affecting:**

Eating disorders are heavily influenced by our genetics and brain biology. Research involving families and twins has revealed a significant genetic link, with heritability estimates ranging from 40–60% for anorexia nervosa and 30–50% for bulimia nervosa (Trace et al., 2013). On the neurobiological side, disordered eating behaviors have been associated with imbalances in neurotransmitters like dopamine, serotonin, and neuropeptides that play key roles in hunger and reward systems (Kaye et al., 2013).

### **2. Aspects of Psychology:**

Eating disorders often stem from various psychological vulnerabilities, including anxiety, difficulty managing emotions, dissatisfaction with one's body, low self-esteem, and a tendency toward perfectionism (Fairburn, 2008). Whether in person or online, individuals with a history of trauma frequently turn to unhealthy coping strategies like purging, bingeing, or restricting their food intake as a way to manage their emotions and regain a sense of control over their lives (Wonderlich et al., 2009). Cognitive-behavioral models suggest that disordered eating behaviors are driven and maintained by a mix of stress, trauma, and negative beliefs about one's body and self-worth.

### **3. Aspects of Socioculture factor:**

The development of eating disorders is heavily influenced by societal pressures regarding thinness, beauty standards, and body image. The media, through magazines, television, and increasingly social media, promotes unrealistic beauty ideals, which can exacerbate feelings of body dissatisfaction and the internal pressure to conform (Stice, 2002).

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There's a growing interest in the scientific community about how digital media influences the risk of eating disorders. Research shows that frequent social media use is associated with increased body dissatisfaction, unhealthy eating habits, and the internalization of ideals around being slender or muscular (Fardouly et al., 2015). This effect is even stronger on visual platforms like Instagram and TikTok, where users are bombarded with carefully curated and edited images that promote unrealistic beauty standards. Moreover, there are pro-eating disorder communities on social media that normalize and reinforce dangerous behaviors, creating feedback loops that heighten the risk (Perloff, 2014). These influences from digital media can also interact significantly with online trauma content. Factors like anxiety, depression, and emotional dysregulation are known to increase the risk of disordered eating, and exposure to distressing or graphic content can make these issues even worse (Riehm et al.). A young adult who often finds themselves surrounded by violent movies, stories of abuse, or experiences of cyberbullying might feel heightened stress and struggle more with coping. This can lead them to develop unhealthy eating habits as a way to deal with their emotions. To wrap it up, eating disorders are complex mental health issues influenced by a mix of social, psychological, and biological factors. They're becoming increasingly prevalent among young adults, and the role of digital media especially content that focuses on appearance and online trauma has emerged as a significant environmental factor.

Given that digital platforms can expose individuals to ongoing stressors and interact with sociocultural norms that heighten vulnerability, it's crucial to explore eating disorders within the framework of online trauma. The upcoming sections of this study delve into psychological mechanisms, mediating factors, and theoretical frameworks, all of which are shaped by this overview. This foundation is essential for examining how content related to online trauma might trigger or worsen disordered eating behaviors. The psychological processes that mediate the impact of negative digital experiences on behavior and thought patterns offer the best lens for understanding the link between online trauma and the development of eating disorders. Trauma can elicit a range of emotional, cognitive, and behavioral responses, whether it's experienced firsthand offline or encountered indirectly through online exposure. When it comes to young adults navigating those pivotal developmental stages where they're figuring out their identities, dealing with emotional ups and downs, and are especially influenced by their peers it's not uncommon for them to resort to unhealthy coping strategies, like disordered eating (Fairburn, 2008; Rodgers et al., 2020).

### 4. Trauma and Its Effects on the Mind:

Trauma refers to an event or series of events that threaten someone's physical or mental health, leaving them feeling intense fear, helplessness, or terror (APA, 2013). While we often think of trauma in terms of direct experiences like abuse, accidents, or violence, it can also be felt indirectly, especially through constant exposure to distressing content online. Online trauma content, like graphic movies, stories of abuse, or disaster images, can lead to some serious psychological effects, including hyperarousal, intrusive thoughts, and increased stress responses (Riehm et al., 2019). When people are exposed to vicarious trauma, it can activate the hypothalamic-pituitary-adrenal (HPA) axis, which plays a key role in our stress-response system. This activation can result in emotional responses that are out of whack, higher cortisol levels, and an overall increase in physiological arousal (Heim & Nemeroff, 2001). If these stress circuits keep firing repeatedly, it can throw off healthy coping strategies in young people, making them more susceptible to unhealthy behaviors like purging, bingeing, or restricting their eating. Plus, online trauma is unique because it's always there and everywhere, with information flooding in from various platforms and

algorithms that keep pushing upsetting content, along with peer discussions and constant notifications.

### **5. Symptoms of Post-Traumatic Stress:**

Post-traumatic stress symptoms (PTSS) play a significant role in linking trauma to eating disorders, and they can be triggered by both offline and online experiences. Signs of PTSS include emotional numbness, hypervigilance, avoidance behaviors, intrusive thoughts, and flashbacks (APA, 2013). These symptoms can heighten a person's vulnerability to psychological issues, often appearing alongside other mood disorders like anxiety and depression. Research shows that individuals with more pronounced PTSS are at a greater risk of developing disordered eating habits. For instance, some may limit their food intake as a way to exert control, while others might binge-eat to cope with the emotional turmoil and intrusive thoughts stemming from their trauma (Wonderlich et al., 2009).

Even if someone hasn't experienced personal trauma firsthand, just being exposed to traumatic content online can lead to post-traumatic stress disorder (PTSS). This is particularly true when the material is visual, emotionally intense, or encountered frequently (Riehm et al., 2019). Young adults are particularly vulnerable to developing PTSS from online trauma since they often depend heavily on digital platforms for both information and social interaction.

### **6. Depression and Anxiety as Mediating Factors:**

Common psychological effects of trauma exposure include anxiety and depression, which are key players in the link between the emergence of eating disorders and online trauma content. Research shows that being exposed to trauma online can lead to increased anxiety and depression, particularly among young adults who are heavy social media users (Vannucci et al., 2020). For example, coming across stories of violent abuse or images of disasters can trigger persistent feelings of anxiety, overthinking, and a sense of helplessness, which can make individuals more vulnerable psychologically. These emotional challenges might manifest as restrictive eating, binge eating, or other compensatory behaviors, especially when combined with the societal pressures around appearance and dieting that are prevalent on social media. This highlights how anxiety and depression can play a crucial role in linking online trauma to the development of eating disorders.

### **7. Coping Strategies and Emotion Dysregulation:**

One crucial psychological process that connects trauma exposure to unhealthy behaviors, like disordered eating, is emotion dysregulation. This term refers to the difficulty in recognizing, understanding, and managing intense emotions. On the flip side, emotion regulation is all about the ability to adjust emotional responses in helpful ways (Gratz & Roemer, 2004).

When someone experiences trauma, especially if it's repeated or prolonged—like what can happen with online trauma content—it can really overwhelm their ability to handle emotions in a healthy manner. This makes them more vulnerable to using unhealthy coping strategies. Many people turn to emotion-focused coping strategies when dealing with disordered eating. When life feels chaotic due to trauma, restrictive eating can create a false sense of control over one's body. Similarly, bingeing or purging might serve as a maladaptive way to soothe oneself, providing temporary relief from stress or negative feelings (Pearlstein et al., 2019).

### **8. Behavioral and Cognitive Routes:**

The impact of online trauma on eating disorders is largely shaped by behavioral patterns and cognitive distortions, along with emotional factors. Traumatic experiences can lead to harmful attitudes such as heightened self-criticism, feelings of low self-worth, and a skewed body image all of which are key cognitive traits associated with eating disorders (Fairburn, 2008). These negative thoughts can be reinforced by repeated exposure to online trauma content, creating a persistent sense of inadequacy or danger. On the behavioral side, habits of avoidance or excessive control may also be influenced by this online trauma. To regain a sense of control amid unpredictable stressors, individuals might engage in avoidance behaviors like withdrawing socially, which can be paired with compensatory actions such as eating, exercising, or closely monitoring their bodies (Brewerton, 2007).

### **9. Combining Psychological Processes:**

The relationship between online trauma content and the development of eating disorders is influenced by a complex mix of psychological factors. These include post-traumatic stress symptoms (PTSS), anxiety, depression, emotion dysregulation, and unhelpful cognitive-behavioral patterns. When someone struggles with emotion regulation, they often turn to unhealthy coping strategies. Distorted thoughts can worsen body dissatisfaction and lead to disordered eating habits, while heightened stress and intrusive thoughts can intensify feelings of anxiety and depression. Young adults exposed to online trauma may experience a chain reaction of emotional, cognitive, and behavioral responses. This holistic perspective highlights the importance of considering both direct and indirect pathways when exploring how digital trauma can increase the risk of eating disorders.

To sum it up, psychological processes play a crucial role in linking exposure to online trauma with the development of eating disorders. Trauma, whether experienced firsthand or through a screen, can trigger issues like emotional dysregulation, anxiety, depression, and PTSD. These challenges can make individuals more susceptible to unhealthy coping strategies, such as disordered eating. This connection is further reinforced by certain behavioral patterns and cognitive biases, creating a harmful cycle that can exacerbate eating disorder symptoms and psychological distress. The upcoming sections of this study will delve into theoretical frameworks, mediating factors, and potential interventions aimed at mitigating the negative effects of online trauma on the mental health of young adults, all made possible by a deeper understanding of these mechanisms.

### ***The Impact of Digital and Sociocultural Factors on Eating Disorders***

Eating disorders are influenced by a mix of individual vulnerabilities, environmental stressors, and societal factors; they don't just appear out of nowhere. In today's world, our digital environment has become a common sociocultural backdrop that shapes our behaviors, body image, and how we see ourselves. The intersection of social pressures and the trauma often found online offers a crucial lens to understand how eating disorders can develop and worsen among young adults.

#### **1. Body Image and Sociocultural Pressures:**

Sociocultural theories suggest that our eating habits and perceptions of body image are heavily shaped by the norms of our peers, the way media portrays us, and the aspirations set by society (Stice, 2002). In many cultures, particularly in the West, muscularity and fitness are often celebrated for men, while women are typically valued for being thin or lean. These ideals are propagated through various channels, including television, magazines, advertisements, and increasingly, digital media. Adolescence and early adulthood are pivotal

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periods for shaping identity, developing self-concept, and being sensitive to peer feedback, making young people particularly vulnerable to these societal pressures (Tiggemann & Slater, 2014).

### 2. The Role of Online Trauma in Digital Spaces

Social dynamics and online trauma content interact in various ways. Disturbing videos showcasing abuse, instances of cyberbullying, or graphic disaster footage can heighten psychological distress, leading to increased anxiety, sadness, and emotional dysregulation (Riehm et al., 2019). These emotional challenges can diminish people's coping abilities, pushing them towards unhealthy behaviors like binge eating or restrictive diets as a way to manage negative emotions. Moreover, the normalization of feelings like fear, helplessness, and hypervigilance through online trauma content can seep into other aspects of life, affecting things like eating habits and self-image.

Take, for instance, someone who frequently encounters harsh bullying stories; they might become increasingly sensitive to feelings of social rejection and how their peers perceive them. This heightened sensitivity can lead to a cycle of body monitoring and restrictive eating as a way to cope. In this way, experiencing trauma alongside the pressure of appearance-focused online spaces creates a combined risk factor for developing eating disorders.

### 3. Communities Supporting Eating Disorders

Another significant element of sociocultural influence in the digital realm is the presence of pro-eating disorder (pro-ED) communities. These blogs, social media groups, and online forums often normalize restrictive dieting, provide peer support for unhealthy eating habits, and share extreme weight-control strategies (Perloff, 2014). Being involved in these communities can foster harmful thoughts and behaviors, particularly for individuals already grappling with the stress of trauma or emotional instability.

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By amplifying feelings of distress, inadequacy, or a sense of losing control, online trauma content can make individuals more susceptible to pro-ED communities. These groups often attract those seeking coping mechanisms for their emotional turmoil, as they provide a sense of belonging and validation for unhealthy behaviors. This interaction highlights how sociocultural factors in digital environments can exacerbate and perpetuate eating disorder behaviors over time, alongside their interplay with psychological vulnerabilities.

### *Cultural Aspects*

The impact of digital and social influences on eating disorders is also shaped by cultural norms and values. In collectivist cultures, social conformity, peer judgment, and family expectations can heighten sensitivity to online content and standards of appearance.

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Conversely, in individualist cultures, the focus on self-presentation and personal achievement can lead to increased social media comparison behaviors (Becker et al., 2010).

To wrap things up, it's clear that the digital landscape and sociocultural influences play a crucial role in linking online trauma exposure to the rise of eating disorders. The impact of online trauma is intensified by constant exposure to appearance-driven content, peer comparisons, and pro-eating disorder communities found online. These elements contribute to increased stress, emotional instability, and a greater likelihood of turning to unhealthy coping strategies. Additionally, vulnerability is shaped by cultural and gender-specific expectations, highlighting the need for a comprehensive approach that considers both environmental and individual factors. The theoretical frameworks that underpin this study illustrate how trauma, societal influences, and digital media intertwine to affect eating disorder development, making them essential to this discussion.

As we start to recognize the impact of digital media on mental health, there's still a lot we don't know about how exposure to online trauma content can lead to eating disorders. Most research has focused on two main areas: how social media influences our eating habits and body image, and the effects of traumatic events that happen offline. However, the complex interplay of psychological factors, social influences, and exposure to online trauma hasn't been explored in depth, particularly among young adults who are heavy users of digital platforms (Rodgers et al., 2020).

### ***Research Gap***

The existing literature highlights several notable gaps: First, there's a lack of focus on internet trauma content as a distinct factor. Most research surrounding eating disorders and trauma has concentrated on offline or direct experiences, such as childhood maltreatment or interpersonal violence. While it's clear that narratives of abuse, graphic films, and cyberbullying can trigger symptoms akin to PTSD, the concept of vicarious or indirect trauma exposure through online content remains poorly understood (Riehm et al., 2019).

Additionally, there's an inadequate exploration of the psychological mechanisms at play. Although some studies have established connections between eating disorders trauma, we still know very little about how post-traumatic stress symptoms (PTSS), anxiety, depression, and emotional dysregulation act as mediators in the context of online trauma. To effectively identify targets for intervention and prevention, we need a deeper understanding of these psychological systems.

The lack of integration with the digital and sociocultural context is a significant issue. For instance, pro-eating disorder communities, peer comparisons, algorithm-driven content, and various social media platforms all represent unique digital risk factors. Yet, it's rare for studies to bring these elements together with psychological processes to explore how they interact and contribute to the development of eating disorders. Additionally, there are very few studies that focus specifically on certain populations. Young adults, particularly those in college, are among the heaviest users of digital platforms and are more vulnerable to disordered eating and trauma. Unfortunately, there's a major gap in our understanding of age-specific risk and protective factors, largely due to the lack of empirical research that directly addresses this demographic.

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### ***Intervention:***

Let's talk about intervention tactics in education and policy, focusing on prevention and early detection.

Research indicates that a mix of personal, psychological, social, and technological factors can lead to eating disorders. However, we still don't fully understand how online trauma content specifically impacts these disorders, particularly among young adults who are heavy users of digital platforms.

This study is crucial because it aims to fill that knowledge gap, exploring the psychological mechanisms at play and how trauma, social pressures, and internet exposure intertwine.

Beyond just theoretical insights, it also offers valuable recommendations for therapy, education, and policy development, enhancing our understanding of trauma and eating disorders in today's digital landscape.

### ***Significance***

The way we encounter and deal with distressing content has really evolved with the rapid rise of digital spaces. Just like experiencing trauma firsthand, coming across traumatic material online like violent images, stories of abuse, or heart-wrenching personal accounts can lead to significant psychological distress. According to Lewis and Arbuthnott (2019), frequent exposure to trauma-related content on the internet can lead to more intrusive thoughts, emotional numbness, and symptoms that resemble post-traumatic stress disorder (PTSD).

This type of exposure can act as a pathway for vicarious trauma, especially among young adults who are active on social media. Moreover, even if these horrific events didn't happen to them directly, individuals who encounter trauma content online often report feeling higher levels of secondary traumatization, as noted by Rzeszutek et al. (2021).

## **REVIEW OF LITERATURE**

### ***Theoretical literature review:***

According to Lewis and Arbuthnott (2019), frequent exposure to trauma-related content on the internet can lead to more intrusive thoughts, emotional numbness, and symptoms that resemble post-traumatic stress disorder (PTSD). This type of exposure can act as a pathway for vicarious trauma, especially among young adults who are active on social media.

Moreover, even if these horrific events didn't happen to them directly, individuals who encounter trauma content online often report feeling higher levels of secondary traumatization, as noted by Rzeszutek et al. (2021).

The unique effect of online trauma lies in how easily accessible and repetitive it is. As noted by Bryant and Thompson (2020), the immediate nature of social media can amplify emotional contagion, causing users to absorb trauma stories and feel heightened anxiety and guilt about themselves. In these situations, people often turn to unhealthy coping strategies like restricting their food intake or binge eating. As a result, one of the key environmental risk factors for developing disordered eating habits is the exposure to distressing content online.

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Social media platforms like Reddit, Instagram, and TikTok have become treasure troves for sharing trauma stories and forming "trauma communities." While these spaces can offer support and validation, they also risk normalizing unhealthy behaviors and trauma symptoms. According to Keles et al. (2020), constant exposure to online discussions about trauma and harmful coping mechanisms can heighten psychological distress and lead to unhealthy self-comparisons. Additionally, vulnerable individuals might develop unhelpful thought patterns due to the way algorithms amplify emotional and traumatic content, as noted by Fardouly et al. (2021). For instance, hashtags related to eating disorders often intersect with those about trauma, blurring the lines between communities focused on healing and those that engage in disordered behaviors.

The recent surge in internet trauma content presents a new and complex pathway to psychological distress, even though traditional trauma exposure has been extensively studied. Online trauma content, like disturbing films, stories of abuse, or discussions about recovery, can unintentionally lead to or normalize unhealthy coping mechanisms.

Research by Lewis and Arbutnott (2019) found that frequent exposure to online trauma-related material was linked to an increased chance of intrusive thoughts, emotional exhaustion, and disordered eating habits. After encountering distressing online content, participants reported turning to restrictive eating as a way to regain emotional control.

This issue was further examined by Rodgers et al. (2020), who investigated the connection between the risk of eating disorders in adolescents and exposure to trauma content on social media. They found that feeling dissatisfied with one's body and engaging in restrictive dieting were linked to seeing posts about trauma, like stories of abuse or recovery. It seems that those who are already at risk become even more susceptible due to something called the emotional contagion effect, where witnessing someone else's experiences can lead to personal discomfort. The authors suggest that being exposed to trauma online can amplify feelings of emotional dysregulation and self-blame, similar to what happens with vicarious trauma.

In a related study, Fardouly et al. (2021) looked into how social media normalizes trauma and its impact on unhealthy coping mechanisms. Their findings revealed that users who frequently engaged with trauma-themed hashtags were more likely to exhibit self-punishing behaviors, like disordered eating. Within these trauma communities, feelings of guilt and the need for social validation played a significant role in this dynamic.

Similarly, Rzeszutek et al. (2021) found that individuals exposed to secondary trauma through digital media reported more severe PTSD symptoms, which were linked to increased emotional dysregulation and body image issues. Overall, our findings indicate that exposure to online trauma acts as a modern form of indirect trauma, heightening the risk of eating disorders through both cognitive and emotional pathways. The notion that being exposed to distressing or appearance-focused information can mess with our emotional regulation and how we see our bodies leading to unhealthy eating habits is backed by solid evidence across three key areas: trauma, social media, and online trauma content. Social media acts like a megaphone for these issues, while trauma serves as the psychological foundation. It's in online trauma groups that we really see the clash between body control discussions and troubling narratives.

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People tend to adopt behaviors they learn in these online environments, especially when those behaviors get a thumbs-up from others, as highlighted by Bandura's (1977) social learning theory. The cognitive-behavioral approach also sheds light on how negative self-assessments, stemming from trauma exposure and online comparisons, can perpetuate disordered eating patterns (Fairburn et al., 2019).

While research has established a connection between trauma exposure and the risk of developing eating disorders, we still know very little about the impact of online trauma as a distinct factor. Many earlier studies (like those by Levinson et al., 2020; Rodgers et al., 2020) have examined the broader effects of social media, but they often overlook the specific influence of trauma-related content.

From a sociocultural standpoint, one of the biggest influences on eating disorders and body dissatisfaction is the ever-present thin ideal that the media and online platforms push.

Research by Fardouly and Vartanian (2016) shows that women who frequently see idealized body images on social media tend to self-objectify and keep a close eye on their bodies, which can lead to disordered eating habits and restrictive dieting.

Abnormal eating habits, feelings of dissatisfaction with one's body, and struggles with emotional regulation are key features of eating disorders (EDs), which encompass conditions like anorexia nervosa, bulimia nervosa, and binge eating disorder. Over the past decade, a wealth of research has delved into the psychological, social, and biological roots of disordered eating behaviors, revealing how these factors intertwine to shape these behaviors. Psychological theories often highlight the roles of perfectionism, low self-esteem, and poor emotional control. For instance, Racine and Wildes (2015) found that restrictive eating and purging behaviors are often linked to maladaptive perfectionism, suggesting that rigid cognitive standards contribute to a harsh self-evaluation of body image.

Additionally, there's a significant gap in our understanding of how emotional dysregulation and PTSD symptoms act as mediators in digital environments. We urgently need empirical research to assess how much trauma content people are exposed to online and its unique contribution to eating disorder symptoms, particularly among young individuals. Such investigations could shed light on how unhealthy coping mechanisms and body image issues are influenced by online trauma communities.

### **METHODOLOGY**

**Aim:** To examine the relationship between exposure to online trauma-related content and the development of eating disorder symptoms among young adults.

**Research topic:** The role of online trauma content in the development of eating disorders among young adults.

#### ***Hypotheses:***

- There would be a positive correlation between exposure to online trauma-related content and eating disorder symptom severity among young adults.
- Exposure to online trauma-related content will be positively associated with post-traumatic stress symptoms.

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- Individuals with lower emotion regulation and social support will exhibit a greater vulnerability to developing disordered eating behaviors having trauma content exposure.
- Women will show higher PTSD symptoms and eating disorder scores than men.

### **Independent variable:**

Online trauma content, social media engagement.

### **Dependent variable:**

Eating disorder symptom severity.

### **Sample:**

The current study explored how young people's development of eating disorders is linked to trauma-related discomfort and their exposure to distressing content online. With the rise of social media, individuals are encountering more troubling digital material, which may impact their eating behaviors and mental well-being. The research involved 100 college students, evenly split between 50 males and 50 females, all aged 18 to 25, using a quantitative, cross-sectional approach. Participants completed three standardized assessments: the Eating Disorder Examination Questionnaire (EDE-O) to measure the severity of eating disorders, the PTSD Checklist for DSM-5 (PCL-5) to evaluate trauma symptoms, and the Social Media Engagement Questionnaire (SMEQ) to assess their online interactions.

### **Research design:**

- The current study looked into how eating disorder symptoms relate to trauma-related distress and the impact of online trauma content, using a quantitative correlational approach.
- Researchers conducted surveys with standardized self-report questionnaires in a cross-sectional format. This design allowed the researcher to assess how trauma symptoms might predict and mediate the relationship between young adults' social media use and their eating disorder behaviors.

### **Inclusion criteria:**

- Male and female who are aged between 18-30 years. Male and female who are active users of social media.
- Male and female who are willing to consent, and are resident in Bangalore.

### **Exclusion criteria:**

- Male and female who are current inpatient of psychiatric treatment. Those who have severe cognitive impairment or neurological condition.
- Those who are not the users of social media, currently diagnosed of eating disorder or under treatment.

### **Materials used:**

The SMEQ includes five items that assess how frequently individuals engage with social media in different daily situations, like right before going to sleep, right after waking up, and even during meals. Each item is rated on an eight-point Likert scale, which goes from 0 ("Not one day") to 7 ("Every day"). To find the total engagement score, you simply add up the scores, which can range from 0 to 35; higher scores indicate greater exposure to online

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content and social media activity. In this study, the internal consistency was found to be  $\alpha = .86$ .

The PCL-5 consists of twenty items that assess how often and how intensely someone has experienced symptoms related to post-traumatic stress disorder over the past month. You get a total score ranging from 0 to 80 by rating each item on a scale of 0 to 4, where 0 means "not at all" and 4 means "extremely." Higher scores indicate more significant trauma-related distress. In this particular sample, the PCL-5 demonstrated excellent reliability, with a score of  $\alpha = .94$ .

The EDE-Q consists of 28 items that capture the nuances of eating disorder psychopathology. Out of these, 22 items are divided into four key subscales: weight concern, eating concern, shape concern, and restraint. To evaluate the responses, a 7-point rating scale (ranging from 0 to 6) is employed, where higher scores signify more severe symptoms related to eating disorders. The average scores from the four subscales are then combined to create an overall score. In this study, the EDE-Q demonstrated a strong internal consistency with a reliability coefficient of  $\alpha = .91$ .

### ***Procedure:***

Depending on what the participants preferred, we either held in-person lab sessions or used a secure online survey platform like Qualtrics to collect data. At the start of the survey, we provided an information sheet and obtained electronic permission. After filling out the demographics section, participants completed the SMEQ (to avoid priming their responses about eating), the PCL-5, and the EDE-Q. Given the sensitive nature of the topics related to trauma and eating disorders, we made sure to debrief participants at the end and offered them access to mental health resources and contact information for support agencies. Every step of the process was approved by the institutional research ethics board, and participants had the freedom to skip any parts or withdraw from the study at any time without any repercussions.

### ***Statistical tool:***

Descriptive statistics used are mean and standard deviation to describe the sample distribution and scale reliabilities for EDE-Q, PCL-5, SMEQ. For testing hypothesis correlation, multiple regression, mediation analysis and group comparisons are used.

### ***Ethical consideration:***

All participants will be assured of confidentiality and the right to withdraw from the study at any time.

## **RESULTS AND DISCUSSION**

This chapter deals with the statistics of the research study and the tables of the analysis that was done are included in this part. The analysis is done in order to find the relationship between the variables and the degree to which the variables influence each other.

We used IBM SPSS 26.0 to analyze data collected from 100 participants, evenly split between 50 men and 50 women. To test our hypotheses, we employed a variety of methods including multiple regression, ANOVA, t-tests, descriptive statistics, Pearson's correlations, and mediation analysis. We treated Trauma Symptoms (PCL-5), Eating Disorder Severity (EDE-Q), and Social Media Engagement (SMEQ) as continuous variables. For all tests, we set a significance threshold at  $p < .05$ .

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### *Descriptive analysis:*

Variable	N	M	SD	Minimum	Maximum
Social media Engagement (SMEQ)	100	22.47	638	8	35
PTSD Symptoms (PCL-5)	100	32.64	14.02	6	76
Eating Disorder Severity (EDE-Q)	100	3.01	1.23	0.8	5.8

### **Interpretation:**

- Participants reported moderate levels of social media engagement, mild to moderate trauma related distress, and mild eating disorder severity.

### *Gender comparison (Independent sample t-test)*

Variable	Gender	M	SD	T(98)	p	Interpretation
SMEQ	Male	21.84	6.40	1.42	.16	No significant gender difference
	Female	23.12	6.20			
PCL-5	Male	29.36	14.21	2.12	.04	Women show higher trauma symptom
	Female	35.92	13.40			
EDE-Q	Male	2.60	1.19	3.30	.001	Women show higher eating disorder severity
	Female	3.42	1.15			

### **Interpretation:**

- Women scored significantly higher than men on trauma symptoms and eating disorder measures, indicating greater emotional vulnerability and body-images distress.

### *Correlation analysis (Pearson's r)*

Variables	1	2	3
SMEQ	-	.52**	.41**
PCL-5		-	.64**
EDE-Q			-

Note N=100; p<.01\*\*

### **Interpretation:**

- All correlations are positive and significant.
- Higher social media engagement was related to greater trauma symptoms (r=.52)
- Higher PTSD symptoms were strongly related to more severe eating disorder behaviours.
- Frequent exposure to online trauma content was linked to both emotional distress and disordered eating.

### *One -way ANOVA for social media levels*

Source	SS	df	MS	F	P	η <sup>2</sup>
Between groups	29.63	2	14.81	8.47	<.001	.15
Within groups	168.89	2	1.74			

### **Interpretation:**

- Eating disorder severity differed significantly across social media engagement levels (F(2,97) = 8.47, p<.001)

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- Participants with high social media use (M= 3.74) had significantly higher EDE-Q scores than moderate (M=3.05) and low users (M=2.22).

### Multiple regression analysis:

Predictor	B	SE B	$\beta$	T	p
Constant	0.71	0.38	-	1.87	.065
Social media engagement	0.042	0.014	.24	3.00	.003
PTSD symptoms	0.031	0.005	.59	6.84	<.001

### Interpretation:

- Social media engagement and trauma symptoms jointly explained 46% of the variance in eating disorder severity. PTSD symptoms were the strongest predictor ( $\beta = .59$ ), followed by social media engagement ( $\beta = .24$ ).

## DISCUSSION

Research shows that regularly encountering trauma-related content online can lead to more serious eating disorders and increased trauma symptoms. One psychological factor that helps explain this connection is the presence of PTSD symptoms, which can arise from online distress. Interestingly, women appear to be especially vulnerable to these effects, highlighting the need for trauma-informed digital awareness and mental health support that specifically addresses the discomfort linked to social media.

### Limitations:

This study has some limitations which might have affected the study.

1. The size of the sample may challenge the generalization of the result.
2. In the study population are only chosen from Bangalore. Hence this study can't be generalised fully to general population.

### Recommendations:

1. For future studies, the research can be expanded and sample can be diversified.
2. For future studies, the research can integrate physiological and behavioral measures.
3. For future studies, the research can be explored with co-occurring mental health factors.

### Implications:

1. This study leads to the following implications.
2. The study can help in contributing a deeper understanding of how digital trauma exposure is associated with mental health.
3. This study can help clinicians and mental health professionals recognise online trauma exposure as relevant factor when assessing and treating individuals with eating disorders or trauma-related distress.

## SUMMARY

The current study explored how young adults develop eating disorders in relation to posttraumatic stress symptoms and their exposure to trauma online. Researchers identified a clear and recurring trend using tools like the Social Media Engagement Questionnaire (SMEQ), the PTSD Checklist for DSM-5 (PCL-5), and the Eating Disorder Examination Questionnaire (EDE-Q). They found that frequent social media use and increased exposure to trauma-related content online were significantly associated with higher levels of eating

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disorder severity and trauma-related distress. In fact, social media use was positively linked to PTSD symptoms, and both factors were predictors of the severity of eating disorders, as shown by correlation and regression analyses. It's important to note that the link between online engagement and eating disorders is significantly influenced by PTSD symptoms. This suggests that the emotional impact of experiencing trauma online plays a crucial role in the development of disordered eating habits. The study highlights that trauma's effects can stem from both direct experiences and indirect ones, such as vicarious trauma encountered in digital environments. Consistent with earlier findings that show female users are more prone to body dissatisfaction and emotional influence from social media, the research found that women reported higher levels of trauma symptoms and more severe eating disorders compared to men. These findings really emphasize that digital spaces aren't just neutral; they can actually heighten emotional struggles and promote unhealthy coping mechanisms, especially for those who are already vulnerable. In short, this study provides solid evidence that exposure to online trauma content could be a significant psychosocial risk factor for developing eating disorders. It underscores the importance of using trauma-informed approaches in both clinical settings and digital health environments by broadening the trauma-focused understanding of eating disorders to include experiences in virtual spaces. To boost media literacy, reduce exposure to triggering content, and provide timely support for individuals showing signs of distress or unhealthy coping online, mental health professionals, educators, and social media platforms need to work together.

In the end, the findings shed light on a growing psychological reality in our digital world: constant exposure to distressing online content can worsen trauma-related discomfort, which might contribute to the onset or persistence of disordered eating habits. To foster healthier emotional spaces both online and offline, it's crucial for prevention efforts, policy-making, and future research to grasp this interconnected process.

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### ***Conflict of Interest***

The author(s) declared no conflict of interest.

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