








Bullying, Eating Disorders and Coping Strategies among Adolescents in Malaysia

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Abstract

Understanding how bullying leads to eating disorders can help develop effective intervention strategies. This phenomenological study examines the relationship between bullying and coping strategies Malaysian adolescents diagnosed with eating disorders use. Using the snowball sampling technique, 12 Kuala Lumpur participants, six females and six males aged 10 to 19, responded to interview questions based on the literature reviews, theories, and a published questionnaire. By using thematic analysis, the researcher found out that all 12 participants with EDs were bullied about their weight or size. Most of the bullying and teasing were verbal or via online platforms. The findings suggest that bullying can be a significant cause of the development of eating disorders among adolescents in Malaysia. Proper coping strategies can be essential in overcoming the trauma of being bullied and treating eating disorders.

Keywords: bullying, eating disorders, coping strategies, psychological well-being, mental health

1.0 Introduction

In both clinical and non-clinical groups, bullying has been linked to various eating disorder (ED) symptoms, including restrictive eating, bulimic behavior patterns, and binge eating (Kwan et al., 2017). Bullying leads to negative body perceptions, directly through weight and appearance teasing or indirectly through its impacts on overall self-esteem and emotions (Thomas et al., 2015). Eating disorders among adolescents are one of the world's most potentially serious issues (Erriu et al., 2020). Psychiatric illnesses such as depression, anxiety, and personality disorders, as well as comorbid ailments such as cystic fibrosis, insulin-dependent

diabetes mellitus (IDDM), and irritable bowel syndrome, frequently coexist with eating disorders. Medical issues caused by eating disorders necessitate frequent visits to the emergency room and subsequent treatment in the intensive care unit (Fairburn et al., 2005). Cardiovascular issues are prominent among anorexics in Malaysia, as cardiac arrest accounts for around 30% of anorexic deaths (Chua et al., 2022). Due to various significant cultural shifts, eating disorders are rising throughout Asia (Pettman, 2003; Pike & Dunne, 2015; Vuillier et al., 2021). Recent Malaysia discovered that in a population-based study of 818 individuals, more than half reported signs of eating disorders in

the publication *Estimated Prevalence of Eating Disorders in Malaysia*, based on a Diagnostic Screen (EDs) (Chua et al., 2022). This research aims to go beyond the idea that eating disorders are less common among Malaysian adolescents and establish the relationship between bullying and eating disorders. It is imperative to explore the participants' narratives to understand the specific role of bullying that leads to eating disorders.

Some consider bullying the most common form of youth violence (Smokowski & Kopasz, 2005). According to a recent study, bullying is also a common concern among Malaysian adolescents (Sabramani et al., 2021). Bullying is a type of targeted hostile behavior that tends to happen regularly and is aimed at a vulnerable person or someone who has trouble protecting themselves (Lie et al., 2019). Bullying can take many forms, including physical, verbal, and cyberbullying. According to a United Nations Children's Fund (UNICEF) report, Malaysia was ranked second in Asia for cyberbullying among adolescents in 2020 (Yap, 2020). Bullying leads to isolation among children and makes them feel wholly neglected, with long-term repercussions (for example, depressed or suicidal thoughts) that can last until adulthood (Gini et al., 2013). Disordered eating behaviors may provide a temporary sense of control or distraction from the emotional pain caused by bullying (Lie et al., 2019; Quintero-Jurado et al., 2021). The concept of pursuing an ideal weight initiated the rise in obesity. This was further exacerbated by weight stigma, misconceptions about healthy growth, and heightened concerns about obesity from health providers and caregivers, which collectively fueled the promotion of dieting (Macpherson-Sánchez, 2015).

Most studies on body dissatisfaction and eating disorders have mainly concentrated on teasing physical attractiveness or weight (Hooper et al., 2021; Jackson et al., 2000). Eating disorders are severe mental disorders that adversely impact millions of individuals, regardless of race, age,

nationality, or gender, and also have profound psychological, personal, and socio-cultural repercussions (Schaumberg et al., 2017). However, eating disorders are most commonly diagnosed in adolescence or early adulthood (Currin et al., 2005; Keski-Rahkonen & Mustelin, 2016; Smink et al., 2012; Zerwas et al., 2015). When a person's self-esteem is weakened by external factors such as bullying, their weight, appearance, and eating concerns may worsen (Schlegl et al., 2020). Eating disorders can affect people of all ages, but 86% of those affected are under 20 (Fairburn & Bohn, 2005). Adolescents are even more pressured to conform to poor eating patterns when bullies criticize them because of their shape, weight, or other characteristics (Cho & DioGuardi, 2020). During this time, adolescents undergo rapid neurobiological and physical changes, which may be accompanied by growing concerns and attention on body size and shape as awareness of societal expectations for body ideals and more significant concern about social competence (Blodgett Salafia & Gondoli, 2011; Voelker et al., 2015). Adolescents who have experienced bullying may develop a desire for control over their lives to counteract the feelings of powerlessness (Side & Johnson, 2014). The strict control associated with eating disorders, such as rigid dieting or excessive exercise, may provide a sense of control and boost self-esteem, albeit temporarily, but not sustainable (Levine & Smolak, 1992; Vanderlinden et al., 2009).

Due to these factors, while EDs can affect people of all ages, adolescence represents a lifetime period of significantly greater vulnerability for the onset of developing EDs. Unfortunately, many people find it challenging to apply adaptive coping strategies when anxious, unhappy, or ashamed, and they may resort to eating disorder behaviors. When considering bully-victim concerns from the victim's perspective, the aspects linked to coping are likely the most essential (Cook-Cottone et al., 2016; Hunter & Boyle, 2004). Understanding the coping

mechanisms of bullying victims can help us better assist them since we will better understand how they cope (Fernández-Felipe et al., 2021).

Coping is accomplished by making conscious cognitive and behavioral efforts to control a stressor's internal and external pressures to reduce stress or emotional responses (Compas et al., 2001; Stanisławski, 2019). Coping strategies can act as a buffer between these adolescents' negative life experiences, such as bullying and eating disorders, their personal and social resources for dealing with them, and the outcomes of their mental health issues (Calvete et al., 2018; Chamberlain et al., 2019; Masten & Barnes, 2018). According to Folkman et al.'s (1984) Transactional Model, coping can be classified as problem- or emotion-focused. When people use problem-focused coping, they will act accordingly against their environment or themselves to eliminate the threat (Chaw & Tang, 2023; Flaskerud, 2012). Emotion-focused coping is when someone uses thoughts and actions to control unpleasant feelings brought on by a threat (Flaskerud, 2012). The present study investigates these different coping strategies and how they can be applied to victims of bullying and eating disorders.

To be effective, interventions or coping strategies aimed at reducing disordered eating habits in adolescents should promote a positive body image, healthy eating habits, and regular exercise (Balciuniene et al., 2022; Vanderlinden et al., 2009). Furthermore, understanding bullying victims' coping skills will help us effectively aid them because we will better understand how they cope (Hunter & Boyle, 2004; Potard et al., 2022).

The Socio-cultural Theory used in this study provides a framework that helps elaborate the relationship of bullying, eating disorders, and coping strategies. The theory demonstrates the link between social functioning and profound statements about the importance of beauty portrayed by the media, classmates, parents, and society. The pressure to adhere to these

unrealistic body ideals usually leads to body image dissatisfaction and eating disorders to get one's body closer to the standard of beauty (Brown & Bobkowski, 2011; Webb & Zimmer-Gembeck, 2014). As a result of the socio-cultural influence exerted by mass media, adolescents are at a greater risk for a particular psychological predisposition to developing eating disorders (Izydorczyk & Sitnik-Warchulska, 2018). Furthermore, in the context of bullying, the Socio-cultural Theory also accounts for the countless social and cultural structures in which an individual is positioned and collectively influences their development (Mauder & Crafter, 2018). In bullying and eating disorders, socio-cultural factors can interact and reinforce each other (Day et al., 2021). For example, appearance-based bullying can contribute to negative body image and eating disorders. In contrast, bullying experiences can lead to emotional distress that drives individuals to cope with disordered eating.

Understanding and addressing the socio-cultural factors is crucial for prevention and intervention efforts. This may involve promoting positive body image, challenging unrealistic beauty standards, fostering inclusive and respectful environments, and promoting media literacy to help individuals critically evaluate societal messages about appearance and behavior (Adeline et al., 2023; Farrow & Fox, 2011). Additionally, creating a supportive and empathetic society that values diversity and rejects bullying behavior can help mitigate the impact of these factors on adolescents' mental and physical well-being (Murphy et al., 2018; Puhl et al., 2019). Thus, it is evident that there is a robust theoretical foundation for a relationship between bullying and eating disorders in adolescents.

The current study investigates the research objective, primarily determining how bullying is associated with eating disorders among Malaysian adolescents. Second, the study investigates the various verbal and nonverbal bullying types

reported by the participants. Finally, the current research focuses on identifying coping strategies used by adolescents to deal with bullying and eating disorders. The findings allow for a more in-depth understanding of the relationship between bullying and eating disorders, as well as coping strategies utilized by adolescents today.

2.0 Methods

The study adopted a phenomenological research method to understand the relationship between bullying and eating disorders among adolescents and their coping strategies. The phenomenology research method focuses on real-life experiences while providing indirect access to participants' background information (Elliott & Timulak, 2021). Upon institutional ethical approval (Approval code: DEC/PSY/2022/05/RP2/016), 12 residents aged 10-19-year-old from Kuala Lumpur, composed of six females and six males who met the study's criteria, were invited to take part in the study based on the snowball sampling technique. The study participants provided written consent and reported clinical eating disorder experiences. In-depth interview was conducted individually. Participants in this age range were picked because adolescents are defined by the World Health Organization (n.d.) as everyone between the ages of 10 and 19.

The researcher constructed interview questions based on the literature review as guidelines. They were primarily open-ended to allow participants to communicate their thoughts more freely in addressing sensitive topics while providing adequate information about the research topic (Sarantakos, 1998). Subsequently, the data collected will be analyzed using thematic analysis as it provides greater insight into the context of learning and allows for flexibility and interpretation when analyzing the data (Castleberry & Nolen, 2018). The participants are voluntarily participating in the study. Though they were provided an

informed consent form before the interview, they were allowed to withdraw from the study without any obligation or commitment.

To address ethical dilemmas and ensure the ethical conduct of our research, the current study implemented a comprehensive set of ethical protocols:

Informed Consent: Researchers of the current study provided the participants with detailed information about the research objectives, procedures, potential risks, and benefits. Furthermore, they were assured of their right to withdraw at any point without repercussions. During the informed consent process, participants were informed of the precautions to be taken to protect the confidentiality of the data and of the parties who would have access (e.g., the Principal Investigator (PI), the supervisory committees, and the relevant authority from the University (as required) to the data. This process would allow the participants to decide about the adequacy of the protections and the acceptability of the possible release of private information to the interested parties. After collecting data, the PI would key all the data into an Excel file. All the Excel files would be encrypted accordingly. During the result reporting, no personal information would be disclosed or reported. The information sheet and consent form would have been given to the parents of the participants below 18 years old before the session was conducted. Only when the parents' consent had been obtained the participants would be eligible for interview.

Confidentiality and Anonymity: Researchers in the current study provide extensive measures to protect the confidentiality and anonymity of the respondents. All data collected were de-identified, and any information that could lead to the identification of participants was removed. Only authorized researchers of the current study had access to the raw data. The data would be kept for at least five years from publication. After

that period, the data should be destroyed. Paper-based data should be shredded. Data in digital form should be deleted entirely.

Mental Health Support: Researchers of the current study knew that discussing topics like bullying and eating disorders could trigger emotional responses. If participants are concerned about their responses to the project being distressing, they can contact the school counselor. The school counselor would discuss these concerns with the students confidentially and suggest appropriate follow-up, if necessary.

Also, there would be several helplines available for the participants, such as Be-frienders (03-76272929), Life Line Association Malaysia (03-42657995), and Agape Counselling Center Malaysia (03-7785 5955).

3.0 Results and Discussion

The analysis process involved repeated reading of the interview transcripts. Then, finding, labeling, grouping, and finalizing the codes into themes to match these with the original transcripts. Quotes were assigned in pseudonyms to preserve participant anonymity. From the statements, the coding process included open, axial, and selective coding by looking for any words or phrases relevant to the research questions. The themes were the most critical aspects that fit the study's goals and aims. The quotes used were the ones that fit best with the themes and their meaning. Throughout the interviews, five primary themes emerged as highly congruent: adverse psychological well-being, verbal bullying, eating behaviors, self-acceptance of body image, and limited coping strategies.

Psychological well-being

When participants were asked to explore the relationship between bullying and eating disorders, the most often mentioned notion was that bullying could hurt a person's psychological well-being. Concerns about psychological well-being were

also raised in the context of feeling left out of social groups and events. Bullying and other factors played a role, such as losing touch with friends, isolating oneself, or being purposely left out of social groups. Most participants who participated in the study also had low self-esteem. Additionally, most of those who participated in the study reported feeling worried and irritable just before and after meals. Another prevalent concern expressed by participants was distorted body image.

For instance,

"I always felt self-conscious about my body and how others perceived me. I was bullied for my weight in high school, and I was deeply hurt by it. I felt powerless to defend myself, and ever since, I have struggled with anxiety and low self-esteem."
-Participant 3, male, 17

"My ED prevented me from being happy for most of my life. I was miserable since I often worried about my weight." -Participant 8, male, 19

"There were times when I thought, "Urgh. I know I should eat again, but I don't want to. I guess it was kind of a punishment to not eat. My self-esteem was so low because I was teased and shamed about my body all the time, so I thought I didn't deserve to eat." -Participant 9, female, 18

"I always compare my body to celebrities on social media and I would spend so long just looking in the mirror and judging my body. I hated it."
-Participant 11, female, 17

Verbal bullying

Besides, the participants said that their friends and family commonly said hurtful things to them about their body image without realizing it, thinking they were kidding. All the participants reported verbal bullying as the most common form of bullying that they had endured. Regardless of who was harassing whom, verbal bullying could begin harmlessly enough with mockery or a tiny remark, but it would quickly accumulate and have a profound harmful effect on the individuals involved.

Another commonly mentioned form is online bullying, called cyberbullying. The participants were worried because it would be hard to get rid of hurtful or inappropriate messages, texts, or images once they were posted online.

For example,

"Even in class I was given a nickname. They called me "Baby Piggy". So mean lah. It hurt me so much to the point I even started skipping meals to lose weight."-Participant 5, female, 19

"It kind of hurt when my friends and sometimes even family would tease me about my weight. I just pretended like I didn't care but I remember crying often in my room because of all the teasing."-Participant 9, female, 16

"Yeah. People have hurt my feelings and said awful things about my body on Instagram. If I'm being honest, it still makes me feel bad. I even started using Photoshop to make my body look slimmer in pictures."-Participant 2, female, 10

"Some of the mean body-shaming comments I would get on my Instagram are from anonymous users. Just having the screen... You know being anonymous will make you more aggressive... Willing to say hurtful things you normally would not say to someone in person."-Participant 12, male, 16

Eating behaviors

As for eating behaviors, the participants said that they were constantly pressured and judged not only for the food they ate but also for their appearance. Most interviewees stated that they were used to declining invitations or making decisions that did not involve eating in front of others. Eating in public is demanding. It added to the participants' worries about how others viewed them. Concerns about what others thought might heighten anxiety and make eating in social settings more difficult. Based on the interview, most participants also said that bullying and mocking about their weight and body image frequently influenced how much they ate.

For example, a participant stated.

"You get the feeling they're going to be watching you... Is she eating something? Is she going hungry? Is she overeating?... You don't want them to constantly make judgements on you."-Participant 1, female, 14

"As if I didn't have enough stress to deal with already, food guilt started to take over my daily life. It's even affecting how I get along with other people."-Participant 8, male, 16

"Usually my parents will go to the restaurant at shopping mall for gathering with other relative during weekend, but I just don't feel I want to join the dinner. It was so weird in the restaurant, and I don't want other saw me eating in the restaurant, it was too embarrassing."-Participant 10, female, 17

"I couldn't just go to a restaurant and order different things, and I couldn't eat anything at my friend's house. And those foods would always make me feel disgusted."-Participant 12, male, 17

Self-acceptance of body image

Participants also expressed discomfort in exposing their bodies or figures in public. They were dissatisfied with their appearance and weight. Body dissatisfaction is an internal mental and emotional process that can be influenced by external influences, such as being bullied into achieving a particular physical ideal. Participants reported feeling unhappy with their bodies and attempted to lose weight in undesirable ways through disordered eating habits.

For instance,

"I always stay away from sleeveless tops and skinny jeans because I feel like my arms and thighs are too big. I just don't want people to stare at my figure and judge my body."-Participant 1, female, 14

"The constant bullying had affected how I view my body. For example, I always check my reflection to make sure I look less bloated. I

also avoid tight-fitting clothes.” -Participant 2, female, 16

“Until this day, I will count calories of anything I eat or drink. I can’t help it, I just feel like no matter what I do, I still feel like that fat kid who was bullied in school. Excessive exercise to lose weight has also become a habit of mine.” -Participant 4, male, 19

“I don’t like to look at the mirror, because I looks very fat, and I always feel that I am having a big tummy, it is just too embarrassing.”

-Participant 7, male, 18

my anxiety take over and avoided seeking help all together.” -Participant 5, male, 18

“I had tried everything else I know to do, like going to a counselor and trying to work things out. That didn’t work and with my lack of other coping skills, I felt that by restricting my eating habits, I could somehow avoid facing the real issue.” -Participant 10, female, 17

“I really don’t know what else I can do. I don’t dare to tell my mum and my friends. I cry a lot, and I can’t helped with it. Eventually, I don’t want to talk to anyone.” -Participant 11, female, 15

Limited coping strategies

Lastly, the participants diagnosed with eating disorders were asked about their coping strategies for bullying. After analyzing the interview transcripts, the researchers discovered that most respondents lacked the proper coping skills to deal with their health issues. The participants stated that discussing a bullying problem with a close friend or a family member could gain emotional support or get advice on how to deal with the bully. Externalization was the second most commonly mentioned coping method. This strategy highlighted a coping mechanism that relieved tension and displacement of energy. It also involved trying to ease existing tension through soothing and stress-reduction exercises. Participants who employed externalization as a coping strategy reported shouting at others, reading a book to relax, or having deep breathing.

A participant stated,

“I didn’t consider myself to be overweight, but I also didn’t consider myself to be extremely skinny lah... My mother led me into the restroom one day and told... “look at your bones.” And when I saw them, I simply started crying... I cried because I had no idea what to do.” -Participant 3, male, 17

“You know, there are different ways to respond. You should fight back. It’s like when a lion attacks you and you must decide whether to fight or run away. You think about it for a split second and decide, “Should I fight it or just run away? I just let

The current study shows a link between bullying and EDs, such as binge eating, anorexia nervosa (AN), and bulimia nervosa (BN). Individuals with a history of any ED had significantly more school-age bullying overall and much more bullying before the onset of the ED. In addition, the research highlighted that participants in the ED group used limited coping strategies to deal with their ED and bullying. In the study, exceptionally verbal and indirect bullying was prevalent among people with EDs. Individuals with any ED have experienced verbal and digital bullying victimization at some point. These effects were mainly observed for bullying before the onset of the ED, supporting the notion that bullying is a risk factor for EDs. Previous studies on adolescent eating disorders provided a limited picture of whether disordered eating behaviors were connected to bullying or whether suitable coping techniques mediated such connections. Prior findings indicated that weight-related bullying positively affects adolescent EDs (Haines et al., 2010; Puhl et al., 2019). As a response, this study was conducted on earlier research by examining specific types of bullying and the coping mechanisms used by participants with EDs.

Even though there was limited research on the perceived efficacy of individuals’ preferred coping mechanisms, the participants regularly reported that their coping strategies were ineffective in

dealing with bullying and recovering from EDs (Camodeca & Goossens, 2005). Throughout the study, tension reduction and externalization were associated with dissatisfaction, angry expression, and violence. To deal with bullying, individuals engaged mainly in problem-focused coping methods, notably externalization. However, they had limited perceived success as they developed EDs later on. As a result, this study opens the door for additional research to understand why victims were unsuccessful in addressing bullying-related challenges by utilizing problem-focused coping methods and what they could do differently in the future to have better success. The current study also discovered that victims' self-reported coping approaches did not always fall into emotion-focused and problem-focused coping categories and that adolescents commonly used multiple strategies concurrently. Respondents reported two coping techniques, such as seeking social support and distancing, both problem-focused and emotion-focused perspectives. For example, some respondents acknowledged seeking emotional support from a friend and problem-solving guidance to deal with bullying. Emotion-focused coping was often unsuccessful for participants in this study, which was consistent with the literature (Ben-Zur & Yagil, 2005; Causey & Dubow, 1992; Kwek et al., 2022). However, some people reported using emotion-focused coping strategies such as calming down during a bullying incident or relaxing at home after a rough day at school. This study indicates that adolescent coping is a complex phenomenon that should be investigated in a way that allows the concurrent use of many approaches by documenting the unison utilization of various coping strategies and analyzing the efficacy of various coping strategy combinations. This is because the trajectory between those two ages involves a profound change in all developmental domains: biological, cognitive, psychosocial, and emotional.

The fact that this research uses qualitative research methodologies to investigate the coping strategies utilized by adolescents who are victims of bullying and EDs is an additional significant discovery that emerged from this investigation. Using a qualitative method provided full knowledge of the perspectives of persons as expressed in their own words (Corbin & Strauss, 2008; Schensul et al., 1999; Varjas et al., 2009; Yilmaz, 2013). The complexity of these qualitative data highlighted the difficulties of the coping mechanisms utilized by adolescents. This study does not imply that preventing bullying would eradicate eating disorders. However, it does suggest that a frequent visible bullying experience as a child might develop eating disorders in some people. Furthermore, bullying and EDs can be examined and monitored by parents, health professionals, and school personnel, and there are different bullying prevention programs available to reduce victimization (Ttofi & Farrington, 2011; Puhl et al., 2016).

Acknowledging that some of these coping strategies may provide short-term relief but ineffective or sustainable solutions is crucial. Healthy coping strategies for eating disorders and bullying include seeking professional help, developing positive self-esteem, cultivating supportive relationships, and learning effective emotional regulation skills (Rai et al., 2019; Sweetingham & Waller, 2008).

Limitations

There are some things that could be improved in this study. Firstly, diagnostic classification was based solely on self-report. This may affect the data's validity and precision. The researcher used a comprehensive and previously validated means of assessing ED case categories based on DSM-5 criteria. Furthermore, the researcher relied on self-reported and retrospective bullying evaluations, which could sometimes lead to recall bias.

Also, the findings may not apply to those living in Malaysia's outlying regions because all of the participants in this study are concentrated in cities. This implies that the number of participants constrains the study. As a result, the study's findings cannot be generalized to conclude that bullying causes eating disorders among adolescents in Malaysia. The results indicate that bullying victimization may be a risk factor for developing ED subtypes; however, more study is needed to address this and investigate the underlying mechanisms involved. Since the consequences of bullying can be severe, more research correlated to bullying, such as self-harm, is required.

Implications

The previous study on bullying coping has been undertaken with students from a variety of social, religious, and ethnic backgrounds; however, future researchers will need to investigate and comprehend bullying coping in a much more diverse population (Kanesuta et al., 2006; Olweus, 1994; Sapouna, 2008). Besides, while weight and shape-related bullying is a purposeful type of weight stigma among individuals whom their peers bully, more study is needed on subtle, structural forms of weight stigma, which are more likely to be socially acceptable and may contribute to the development of disordered eating patterns (Puhl & Suh, 2015; Vartanian & Porter, 2016). In addition, future studies should explore the effects of bullying in traditional (face-to-face) vs. virtual spaces and from sources such as family and friends. It is also crucial for future research to investigate whether or not victims' perceptions about how they might recover from their traumas are realistic. Findings from this research will improve intervention and prevention programs focused on enhancing individuals' resistance to bullying and eating disorders (Varjas et al., 2009). The rise in disordered eating behaviors and their symptoms in Malaysia is particularly concerning,

mainly because very little is known about eating disorders here (Chua et al., 2022). As Malaysia continues to undergo social, cultural, and other relevant changes, more effort must be taken to comprehend, fund, and promote research and services that can assist us in preventing and treating the growing problem of disordered eating (Chua et al., 2022). Finally, the findings emphasize the importance of making a complete model of eating disorder development stages that considers the interaction of individual body image beliefs and the environmental factors in developing disordered eating behaviors. Integrative socio-cultural approaches help understand the results of this study. However, additional work is required to prove that social pressures lead to disordered eating because people internalize harmful beauty standards (Burton & Abbott, 2019).

4.0 Conclusion

In conclusion, this research does not suggest preventing bullying would eliminate eating disorders. However, it does show that persistent, prominent childhood trauma from bullying could anticipate and aggravate eating disorders in some people. The prevalence of bullying victimization in people with EDs also stresses the importance of including bullying encounters in coping with EDs to understand better the elements that lead to the development and persistence of EDs in each individual.

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