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Psychological Landscape of Eating Disorders: A Study of Self-Control, Mood, and Personality Traits in Adults

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ABSTRACT

Background and Aims: Eating disorders (EDs) pose significant challenges to individuals' psychological, physical, and social well-being, making early detection and intervention essential. This study aimed to examine the associations between eating disorder risk symptoms and key psychological constructs, including self-control, life satisfaction, mental health, and personality traits.**Methods:** Study I involved the translation and psychometric validation of the Turkish IOI Screener, including Confirmatory Factor Analysis, Measurement Invariance testing, and Item Response Theory analyses. Study II, conducted using a cross-sectional design, assessed criterion validity by examining correlations with related psychological measures and testing a structural equation model exploring the mediating role of anxiety and stress in the relationship between eating disorder risk symptoms and life satisfaction.**Results:** Findings confirmed the unidimensional factor structure of the Turkish IOI Screener, with strong reliability indicators. Anxiety and stress partially mediated the relationship between eating disorder risk symptoms and life satisfaction, acting as parallel mediators. Eating disorder risk symptoms were positively associated with neuroticism, depression, and impulsivity, and negatively linked to self-control, conscientiousness, and life satisfaction.**Conclusion:** These findings highlight the need for early detection and tailored interventions for individuals at risk of eating disorders, particularly addressing anxiety and stress to improve well-being.

1 | Introduction

Eating behavior is not merely a means of satisfying physical hunger; it also reflects an individual's emotional state and social relationships. When the functionality of this behavior is disrupted, eating disorders (EDs) may develop. The deterioration of eating habits significantly impacts individuals' body image, emotional well-being, and quality of life. This condition is not only a physical health issue but also a complex disorder that must be addressed from psychological and social perspectives.

According to the DSM-5 (American Psychiatric Association 2013), eating disorders are persistent and recurrent behavioral patterns that lead to severe disturbances in eating habits or energy intake, adversely affecting physical health and psychosocial functioning.

Research on eating disorders has primarily focused on Anorexia Nervosa (AN), Bulimia Nervosa (BN), and Binge Eating Disorder (BED). However, subthreshold conditions or Eating Disorder Not

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Otherwise Specified (EDNOS) have not been adequately investigated. According to the DSM-IV (American Psychiatric Association 2000), EDNOS was a heterogeneous category for individuals who did not fully meet the criteria for AN or BN. With the introduction of DSM-5, this category was redefined as other specified feeding or eating disorders (OSFED), which includes subtypes such as Atypical Anorexia Nervosa (Atypical-AN), Purging Disorder (PD), Subthreshold Bulimia Nervosa (Sub-BN), Subthreshold Binge Eating Disorder (Sub-BED), and Night Eating Syndrome (NES). This revision aimed to refine diagnostic criteria and facilitate more targeted research (Riesco et al. 2018).

Early detection of eating disorders is crucial, as it significantly improves treatment outcomes, similar to other major mental health disorders. However, despite the significant burden of eating disorders on individuals, caregivers, and healthcare systems, the rate of early detection in primary healthcare settings remains unacceptably low. This lack of early intervention is associated with delayed treatment initiation, exacerbating the physical, emotional, and psychosocial consequences of these disorders (Ivancic et al. 2020). A study conducted in Türkiye found that the prevalence of eating disorders among individuals aged 18–44 was 1.52%, with Bulimia Nervosa at 0.63% and Binge Eating Disorder at 0.81%. The study also indicated that eating disorders are more common in women (Semiz et al. 2013). However, these prevalence estimates are based on population-level studies and should be interpreted separately from findings obtained using convenience samples such as those in the present study. These disorders impose a substantial burden on individuals' lives, leading to prolonged hospital stays and recurrent relapse cycles. Although research on eating disorders has progressed significantly in recent years, the limited success of existing treatment methods highlights the need for a more comprehensive approach and the development of novel strategies (Cleland et al. 2023).

Personality traits are cognitive, emotional, and behavioral patterns that shape how individuals interact with their environment and perceive the world around them (Costa Jr and McCrae 1992). Eating disorders, on the other hand, are psychological disorders characterized by persistent disturbances in eating behaviors and distressing thoughts and emotions associated with food (Keel 2016). Research suggests that personality traits play a significant role in the development and maintenance of eating disorders. For instance, neuroticism is positively associated with eating disorders, while extraversion and conscientiousness tend to show a negative relationship (Cassin and von Ranson 2005; Farstad et al. 2016).

The Big Five Model of Personality classifies personality traits into five dimensions: Openness, Conscientiousness, Extraversion, Agreeableness, and Neuroticism (Costa Jr and McCrae 1992) and eating disorders have been specifically linked to high neuroticism and low agreeableness. These personality traits influence individuals' susceptibility to emotional distress and their ability to cope with stress, thereby increasing the likelihood of developing an eating disorder (Cassin and von Ranson 2005; Farstad et al. 2016).

Eating disorders are closely associated with life satisfaction, which reflects an individual's overall sense of happiness and

fulfillment in life. Life satisfaction provides a general evaluation of one's life and is linked to happiness, mental well-being, and quality of life. Research suggests that low levels of life satisfaction can be a significant risk factor for the development of eating disorders. The World Health Organization (World Health Organization 1997) defines life satisfaction as an essential indicator of general well-being and quality of life, based on individuals' subjective evaluations of their lives. Similarly, the American Psychological Association (American Psychiatric Association, n.d.) highlights that enhancing life satisfaction is often a key goal in treatment processes, particularly among adults. Recent studies indicate that individuals with eating disorders report lower levels of life satisfaction compared to healthy individuals (Claydon et al. 2020). Furthermore, the DSM-5 (American Psychiatric Association 2013) defines eating disorders as conditions characterized by difficulties in regulating eating behaviors, often accompanied by poor self-control. Loss of self-control is especially evident in Binge Eating Disorder (BED), where individuals struggle to regulate their eating patterns, frequently experiencing uncontrollable episodes of overeating followed by guilt, shame, or regret (American Psychiatric Association 2013).

Self-control indicates to an individual's capacity to regulate behaviors, emotions, and impulses. Deficits in self-control have been linked to numerous forms of disordered eating, particularly binge eating. According to Heatherton and Baumeister (1991), binge eating serves as a coping mechanism for individuals attempting to escape negative emotions and self-critical thoughts. This model emphasizes the role of low self-control in the development of eating disorders. Building upon these findings, this study aims to examine the relationships between eating disorders, self-control, life satisfaction, depression, anxiety, stress, and personality traits. These relationships are examined within the present sample and should not be interpreted as population-level estimates. Specifically, it seeks to validate the Turkish adaptation of the InsideOut Institute Screener for Eating Disorders and provide a comprehensive perspective on eating behaviors in the Turkish population.

1.1 | The Present Study

This study aims to examine the relationships between eating disorders, self-control, life satisfaction, depression, anxiety, stress, and personality traits and to explore how these factors interact with one another. In this context, the study focuses on the adaptation of the InsideOut Institute Screener for Eating Disorders into Turkish and the evaluation of its psychometric properties. This screening tool is expected to serve as a practical and reliable instrument for identifying risk factors and potential eating disorders. The research is anticipated to contribute significantly to both academic and clinical settings.

2 | Study I

The primary objective of Study I is to translate and adapt the IOI Screener for Eating Disorders into Turkish and assess its psychometric properties. To achieve this goal, Confirmatory Factor Analysis (CFA) will be conducted to validate the factor structure of the scale. Additionally, Measurement Invariance Testing will be performed to determine whether the scale functions

consistently across different groups. Furthermore, Item Response Theory (IRT) Analysis will be applied to evaluate the discrimination, difficulty, and informativeness of the scale items. Finally, reliability analyses, including Cronbach's alpha, McDonald's omega, and Guttman's lambda coefficients, will be used to assess the internal consistency of the scale.

2.1 | Method

2.1.1 | Participants

In Study I, participants were selected using a convenience sampling method. A total of 320 participants from various cities in Türkiye completed an online survey. The sample consisted of 261 women (81.6%) and 59 men (18.4%), with ages ranging from 17 to 57 years ($M = 29.25$, $SD = 8.07$). Although most participants were adults, individuals aged 17 were also included in the sample. A significant portion of the participants had a university-level education ($n = 243$, 75.9%) and belonged to the middle socioeconomic class ($n = 233$, 72.8%). Detailed demographic information about the participants is presented in Table 1.

2.1.2 | IOI Screener for Eating Disorders

The IOI Screener for Eating Disorders was developed by Bryant et al. (2021) as a valid and reliable tool for measuring eating disorder symptoms. This study aims to adapt this scale into Turkish and examine its psychometric properties. The original validation study reported reliability coefficients of Cronbach's alpha = 0.908 and McDonald's omega = 0.910. The scale consists of six items, measuring a single-factor structure, and responses are rated on a five-point Likert scale (1 = never to 5 = all the time). The total score ranges from 6 to 30, with higher

scores indicating greater distress related to eating disorder symptoms.

2.1.3 | Data Analysis

Prior to conducting analyses, ethical approval was obtained, and the study was conducted in accordance with the Helsinki Declaration. Participants voluntarily completed the surveys after providing informed consent via an online platform (Google Forms). The factor structure of the Turkish IOI Screener for Eating Disorders was examined using Confirmatory Factor Analysis (CFA) with the AMOS program. The model fit was evaluated based on the following goodness-of-fit indices: GFI, NFI, RFI, IFI, TLI, CFI ≥ 0.90 and SRMR ≤ 0.08 , which indicate an acceptable model fit (Hu and Bentler 1999; Marsh et al. 2004). Additionally, measurement invariance across gender was tested to determine whether the factor structure remained stable between male and female participants. Configural, metric, and scalar invariance analyses were conducted, and changes in CFI values were used as a criterion for invariance ($\Delta CFI < 0.010$ indicates measurement invariance) (Chen 2007; Cheung and Rensvold 2002). Finally, Item Response Theory (IRT) was applied to assess item discrimination, difficulty, and informativeness (Chalmers 2012). Compared to Classical Test Theory, IRT provides a more detailed and reliable analysis at both the item and participant levels (Baker 2001). Based on Baker's (2001) classification, item discrimination values were categorized as follows: 0 (none), 0.01–0.34 (very low), 0.35–0.64 (low), 0.65–1.34 (moderate), 1.35–1.69 (high), and ≥ 1.70 (very high). Items with discrimination values greater than zero were considered strong indicators of the construct being measured.

2.2 | Results

To test the model of the Turkish IOI Screener for Eating Disorders, Confirmatory Factor Analysis (CFA) was conducted. Since the scale consists of a single factor, only one latent variable was specified in the analysis. The model fit indices were as follows: $\chi^2/df = 4.092$ (≤ 5), SRMR = 0.04 (≤ 0.08), GFI = 0.964 (≥ 0.90), NFI = 0.945 (≥ 0.90), RFI = 0.909 (≥ 0.90), IFI = 0.958 (≥ 0.90), TLI = 0.930 (≥ 0.90), and CFI = 0.958 (≥ 0.90). These values indicate an acceptable model fit. All standardized factor loadings were found to be statistically significant ($p < 0.001$), with the following loadings for each item: Item 1 = 0.56, Item 2 = 0.82, Item 3 = 0.84, Item 4 = 0.70, Item 5 = 0.61, and Item 6 = 0.34. Item 6 showed a relatively lower loading compared to the other items, although it remained within the acceptable range according to Baker (2001). Removing Item 6 resulted in a slight increase in Cronbach's Alpha reliability (from 0.812 to 0.835); however, this improvement was not substantial. Therefore, the item was retained to preserve the conceptual integrity and original structure of the scale. The factor loadings for the Turkish IOI Screener for Eating Disorders are illustrated in Figure 1.

2.2.1 | Measurement Invariance

Following the confirmation of the factor structure, measurement invariance across gender was tested using configural, metric, and scalar invariance analyses. The results are presented in Table 2.

TABLE 1 | Descriptive information of the participants.

	Study 1		Study 2	
	Frequency	%	Frequency	%
Gender				
Female	261	81.6	245	78.3
Male	59	18.4	68	21.7
Education level				
Primary school	1	0.3	—	—
High school	34	10.6	52	16.6
Bachelor's degree	243	75.9	225	71.9
Graduate	42	13.1	36	11.5
Marital status				
Married	124	38.8	80	25.6
Single	196	61.3	233	74.4
Socio-economic status				
Very low	13	4.1	6	1.9
Low	44	13.8	38	12.1
Middle	233	72.8	246	78.6
High	30	9.4	23	7.3

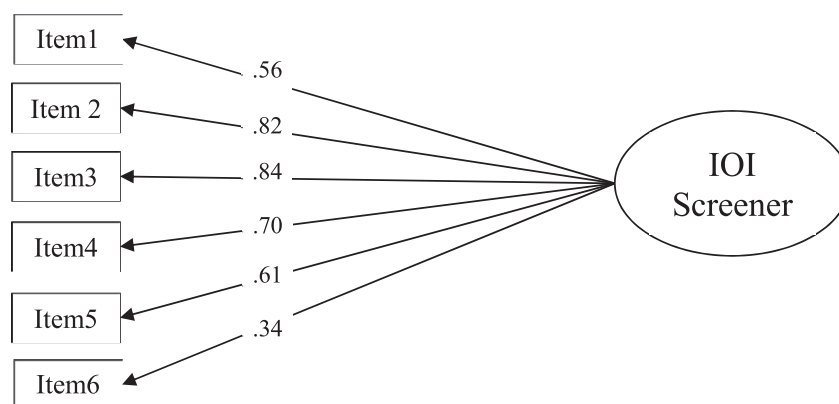


FIGURE 1 | IOI screener eating disorders scale a six-item path diagram and factor loadings.

TABLE 2 | Fit indices of gender invariance.

Invariance	χ^2	df	χ^2/df	$\Delta\chi^2$	Δdf	<i>p</i>	NFI	TLI	SRMR	RMSEA	CFI	ΔCFI	ΔMc NCI	$\Delta gamma$ hat
Configural invariance	52.395	18	2.911	—	—	—	0.925	0.914	0.052	0.078	0.948	—	—	—
Metric invariance	57.667	23	2.507	5.27200	5	0.383	0.917	0.932	0.050	0.069	0.948	0.000	0.000	0.00616
Scalar invariance	60.100	28	2.146	2.43300	5	0.786	0.913	0.948	0.050	0.060	0.952	0.004	0.004	0.00282

The findings support configural, metric ($\Delta CFI = 0.000$), and scalar invariance ($\Delta CFI = 0.004$). Since the ΔCFI values were within the acceptable range, it can be concluded that the scale items function similarly for both men and women. This suggests that the Turkish IOI Screener for Eating Disorders measures the same construct equivalently across genders. Therefore, comparisons between male and female participants can be interpreted meaningfully ($n = 261$ women; $n = 59$ men).

2.2.2 | Item Response Theory (IRT)

IRT is widely used to evaluate test items and has recently gained popularity in personality assessments (Colledani et al. 2019). IRT parameters can be visualized through Item Characteristic Curves (ICCs), which follow an S-shaped pattern. Since the IOI Screener for Eating Disorders is a Likert-type scale, the Graded Response Model (GRM) was applied. The results of the ICC analysis are presented in Figure 2 and Table 3. As shown in Table 3, all items except Item 6 had discrimination (a) values higher than 1.34, indicating a strong ability to differentiate individuals based on their eating disorder symptoms. Item 6 had a discrimination value slightly above 0.64, classifying it as a moderate indicator. According to Baker (2001), discrimination values are categorized as follows: 0 (none), 0.01–0.34 (very low), 0.35–0.64 (low), 0.65–1.34 (moderate), 1.35–1.69 (high), and ≥ 1.70 (very high). The results indicate that most items in the scale demonstrate moderate to high discriminatory power. IRT provides detailed insights into individual responses, distinguishing it from Classical Test Theory (Baker and Kim 2017). The ability of IRT to analyze Likert-scale items effectively makes it a useful tool for evaluating response patterns (Fraley et al. 2000). The findings confirm that the items in the Turkish IOI Screener for Eating Disorders possess adequate discriminatory properties.

2.2.3 | Reliability

The reliability of the scale was assessed using the JASP program. Internal consistency was measured through Cronbach's α , McDonald's ω , and Guttman's λ_6 . The results indicate that the internal consistency of the scale is at an acceptable to high level (Table 4).

3 | Study II

Study II aimed to examine the predictive and criterion related validity of the Turkish IOI Screener for Eating Disorders and to investigate its associations with psychological and personality variables. In this context, criterion-related validity was examined through correlational analyses with the Eating Disorder Examination Questionnaire (EDE-Q-13), Big Five personality traits, depression, anxiety, stress, life satisfaction, and self-control. Furthermore, structural equation modeling was used to test the proposed mediation model among the study variables. Previous research suggests that individuals with eating disorders tend to exhibit impulsivity and experience difficulties in self-regulation. Binge eating has been found to be positively associated with impulsivity (Yan et al. 2021). Similarly, limited self-control has been linked to higher body weight, greater discrepancies between ideal and actual weight, and lower body satisfaction, which may lead individuals to engage in more frequent dieting behaviors (Cobb-Clark et al. 2023). The ability to exert self-control is thus considered a key factor in understanding eating-related behaviors. Individuals who struggle with self-regulation are more likely to exhibit impulsive eating patterns. Numerous studies have also explored the relationship between eating disorders and personality traits. Research suggests that the desire for thinness, bulimia, and body dissatisfaction is positively associated with neuroticism and negatively associated with extraversion. Furthermore, bulimia and body

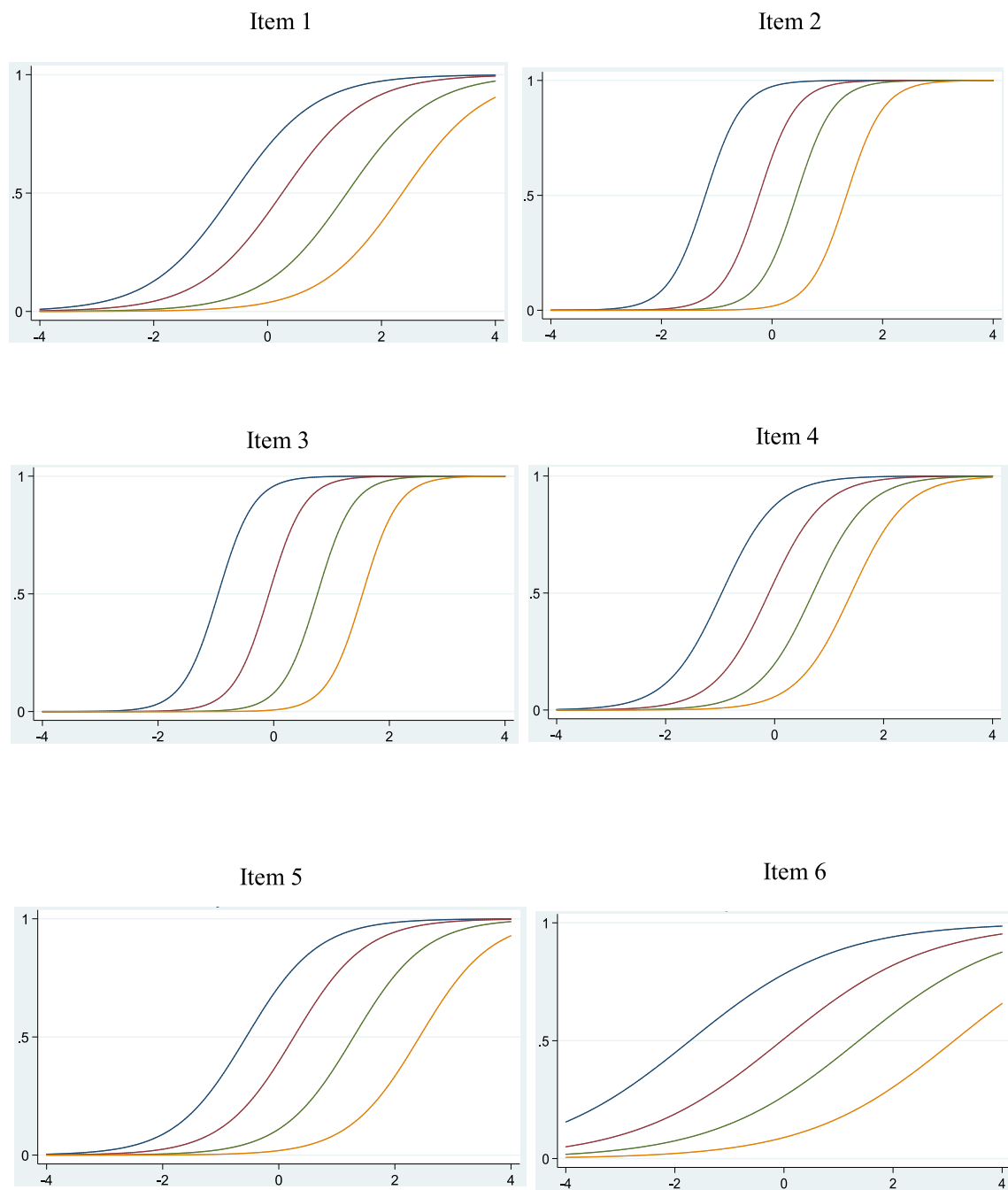


FIGURE 2 | Item characteristics curve for the Turkish IOI Screener Eating Disorders Scale.

TABLE 3 | IRT results for the IOI Screener Eating Disorders Scale.

Item	α coefficient	SE	Confidence interval	z	$p > z $
Item 1	1.37	0.16	1.05–1.69	8.41	0.001
Item 2	2.98	0.33	2.31–3.65	8.79	0.001
Item 3	3.24	0.38	2.50–3.99	8.54	0.001
Item 4	1.99	0.21	1.56–2.41	9.24	0.001
Item 5	1.62	0.18	1.26–1.98	8.79	0.001
Item 6	0.74	0.12	0.49–0.99	5.78	0.001

dissatisfaction have been found to be negatively associated with agreeableness and conscientiousness (Castejón et al. 2023). In addition, obesity has been shown to have a negative association

with conscientiousness and a positive association with neuroticism (Ahmad et al. 2020). Moreover, uncontrolled and emotional eating have been found to be negatively related to

TABLE 4 | IOI Screener Eating Disorders Scale reliability analysis results.

	McDonald's ω	Cronbach's α	Guttman's λ_6
Study 1	0.818	0.812	0.808
Study 2	0.820	0.815	0.815

conscientiousness and positively related to neuroticism (Stanyte and Smigelskas 2018).

Given these associations, Study II aims to examine the role of eating disorders in relation to mental health indicators such as depression, anxiety, and stress, as well as personality traits and self-control. Previous findings suggest that eating disorder symptoms are positively associated with depression, anxiety, and stress (Clarke and Kiropoulos 2021; Liu 2021), whereas higher life satisfaction is negatively associated with eating disorder symptoms (Góngora 2014; Matthews et al. 2012; Okumuşoğlu 2022). Additionally, individuals with higher eating disorder risk tend to experience more psychological distress, are more likely to develop exercise dependence, and have difficulty regulating emotions (Kun et al. 2022). Emotion dysregulation, in turn, has been found to predict emotional eating behavior through psychological distress, ultimately influencing Body Mass Index (BMI) (Guerrini-Usabini et al. 2023).

3.1 | Hypotheses

Based on the existing literature, the following hypotheses were tested in Study II.

- H1: Anxiety partially mediates the relationship between eating disorders and life satisfaction.
- H2: Stress partially mediates the relationship between eating disorders and life satisfaction.
- H3: Anxiety and stress act as parallel mediators in the relationship between eating disorders and life satisfaction.

3.2 | Participants

Participants in Study II were selected using the convenience sampling method. A total of 313 participants from various cities in Türkiye completed an online survey via Google Forms. Of these participants, 245 were female (78.3%) and 68 were male (21.7%). Participants voluntarily responded to the survey after providing informed consent. Once they confirmed their consent, they proceeded to complete the questionnaire. The participants' ages ranged from 18 to 59, with a mean age of 28.34 (SD = 8.28). The majority of the sample held a bachelor's degree ($n = 225$, 71.9%). In terms of marital status, 80 participants were married (25.6%), while 233 were single (74.4%). Regarding perceived economic status, most participants identified as having a middle-income level ($n = 246$, 78.6%). Further details on the demographic characteristics of the participants are presented in Table 1.

3.3 | Measures

3.3.1 | Big Five Inventory (BFI-10)

The Big Five Inventory (BFI-10), developed by Rammstedt and John (2007), measures the five major personality traits using a

10-item short form. The Turkish adaptation was conducted by Each item is rated on a five-point Likert scale. The BFI-10 consists of five subscales: Openness, Conscientiousness, Extraversion, Agreeableness, and Neuroticism, with two items per subscale. The model fit indices for the five-factor structure were CFI = 0.97, GFI = 0.97, IFI = 0.97, and SRMR = 0.041, indicating an acceptable fit. In the present study, inter-item correlations for the BFI-10 traits ranged from 0.13 to 0.45, and all correlations were statistically significant. While some traits showed moderate associations, others showed relatively lower correlations. All correlations were positive, indicating that the paired items within each trait were related.

3.3.2 | Depression Anxiety and Stress Scale (DASS-21)

The Depression Anxiety and Stress Scale (DASS-21) was developed by Lovibond and Lovibond (1995) to assess symptoms of depression, anxiety, and stress. The Turkish adaptation was conducted by Yilmaz et al. (2017). The DASS-21 includes 21 items, divided into three subscales: Depression, Anxiety, and Stress, each containing 7 items. The Cronbach's alpha reliability coefficients were 0.81 for depression, 0.80 for anxiety, and 0.75 for stress. The scale is rated on a four-point Likert scale (0 = not applicable to me, 3 = completely applicable to me).

3.3.3 | Multidimensional Brief Self-Control Scale (MBSC)

Originally developed by Nilsen et al. (2020), the Multidimensional Brief Self-Control Scale (MBSC) assesses self-control levels in individuals. The Turkish adaptation was carried out by Koç et al. (2023). The scale demonstrated satisfactory internal consistency, with a Cronbach's alpha coefficient of 0.72 in the current study. The scale consists of seven items, structured into two subdimensions: "Initiation" and "Inhibition". Participants respond using a five-point Likert scale (1 = strongly disagree, 5 = strongly agree). Scores range from 7 to 49, with higher scores indicating greater self-control.

3.3.4 | Satisfaction With Life Scale (SWLS)

The Satisfaction with Life Scale (SWLS) was developed by Diener et al. (1985) and adapted into Turkish by Dağlı and Baysal (2016) to measure life satisfaction. The scale demonstrated a Cronbach's alpha coefficient of 0.88, confirming its reliability. Model fit indices were RMSEA = 0.03, SRMR = 0.019, NFI = 0.99, GFI = 0.99, AGFI = 0.97, indicating a strong model fit. The scale consists of five items in a single-factor structure and is rated on a five-point Likert scale (1 = strongly disagree, 5 = strongly agree). Higher scores reflect greater life satisfaction.

3.3.5 | Eating Disorder Examination Questionnaire (EDE-Q-13)

Developed by Fairburn and Beglin (1994), the Eating Disorder Examination Questionnaire (EDE-Q-13) was adapted into Turkish by Esin and Ayyıldız (2022). The scale assesses eating disorder-related psychopathology and consists of 13 items across 5 subscales. It is rated on a seven-point Likert scale, with higher scores indicating greater severity of eating disorder symptoms. The Cronbach's alpha reliability coefficient was reported as 0.89. Scores range from 0 to 78, with higher scores representing greater eating disorder-related distress.

3.4 | Data Analysis

In Study II, correlation analysis was conducted using SPSS to examine the relationships between the Turkish IOI Screener for Eating Disorders, Big Five personality traits, depression, anxiety, stress, life satisfaction, and self-control. Additionally, a network analysis was performed to visualize the relationships between these variables using JASP software. Network analysis was conducted to examine the pattern and relative strength of associations among study variables beyond pairwise correlations. Following the correlation and network analyses, Structural Equation Modeling (SEM) was used to test the hypothesized model and examine the relationships among IOI Screener for Eating Disorders, anxiety, stress, and life satisfaction. Since SEM is a powerful statistical technique that evaluates multiple latent variables simultaneously, it was chosen as the most appropriate analytical approach (Kline 2011). A two-step SEM approach was employed based on Kline's (2011) recommendations. In the first step, a measurement model was tested to ensure that the observed indicators adequately represented the latent constructs. Once the measurement model was validated, the structural model was analyzed to test the hypothesized relationships.

To assess the model's fit, goodness-of-fit indices recommended by Hu and Bentler (1999) were used. The criteria for an acceptable model fit included a chi-square/df (χ^2/df) ratio of ≤ 5 , a Goodness-of-Fit Index (GFI) of ≥ 0.90 , a Comparative Fit Index (CFI) of ≥ 0.90 , a Normed Fit Index (NFI) of ≥ 0.90 , and an Incremental Fit Index (IFI) of ≥ 0.90 . Additionally, model comparisons were performed using the chi-square difference test, Akaike Information Criterion (AIC), and Expected Cross-Validation Index (ECVI). Models with lower AIC and ECVI values were considered better-fitting models (Akaike 1987; Browne and Cudeck 1993).

Since the IOI Screener for Eating Disorders, Anxiety, Depression, and Life Satisfaction scales were unidimensional, item parceling was applied in SEM to reduce the number of observed variables and improve parameter stability. Parcels were created using a random assignment of items. In this study, two parcels were created for each scale. While parceling has been discussed in the literature as offering certain methodological advantages (Nasser-Abu Alhija & Wisenbaker, 2006), it should be interpreted with caution.

3.5 | Results

The first part of this section presents the correlation analysis results, followed by a network analysis visualization of the relationships between the study variables. The correlation analysis results presented in Table 5 indicate that the IOI Screener for Eating Disorders was positively correlated with EDE-Q ($r = 0.73$, $p < 0.001$), depression ($r = 0.32$, $p < 0.001$), anxiety ($r = 0.36$, $p < 0.001$), stress ($r = 0.33$, $p < 0.001$), and neuroticism ($r = 0.29$, $p < 0.001$). Conversely, negative correlations were found between the IOI Screener and life satisfaction ($r = -0.28$, $p < 0.001$), self-control ($r = -0.26$, $p < 0.001$), conscientiousness ($r = -0.12$, $p < 0.05$), and extraversion ($r = -0.15$, $p < 0.001$).

TABLE 5 | Relationship of the IOI Screener Eating Disorders Scale with the variables.

	Mean	SD	Correlation with IOI screener	
			<i>R</i>	<i>p</i>
IOI screener eating disorders	15.61	5.38	—	—
EDE-Q	27.02	16.36	0.732	< 0.001
Life satisfaction	15.46	4.04	-0.281	< 0.001
Self-control	26.03	5.30	-0.256	< 0.001
Depression	6.64	5.59	0.320	< 0.001
Anxiety	6.87	5.13	0.362	< 0.001
Stress	8.91	5.66	0.329	< 0.001
Big five personality traits				
Openness	7.48	1.92	0.001	0.989
Conscientiousness	7.18	1.60	-0.124	< 0.05
Extraversion	6.83	1.79	-0.152	< 0.001
Agreeableness	7.91	1.94	-0.045	0.430
Neuroticism	6.18	1.70	0.293	< 0.001

The network structure of these relationships is illustrated in Figure 3. Following the correlation and network analyses, the measurement model was tested using Structural Equation Modeling (SEM). This model included four latent variables: IOI Screener for Eating Disorders, Anxiety, Stress, and Life Satisfaction, each represented by observed indicators. The measurement model results indicated an acceptable model fit with $\chi^2 = 23.787$, $DF = 14$, $CFI = 0.994$, $NFI = 0.985$, $IFI = 0.994$, and $GFI = 0.982$. The factor loadings ranged between 0.716 and 0.992, confirming that the observed indicators adequately represented their respective latent variables.

After validating the measurement model, the structural model was tested. Initially, a full mediation model was examined, where the relationship between eating disorders and life satisfaction was fully mediated by anxiety and stress. In this model, no direct path was established between eating disorders and life satisfaction, meaning that eating disorders were assumed to affect life satisfaction only through anxiety and stress. The fit indices for this model are presented in Table 5. To determine the best mediation model, a partial mediation model was also tested. In the partial mediation model, a direct path between eating disorders and life satisfaction was included, while also allowing anxiety and stress to act as mediators. The fit indices for this model are displayed in Table 5, showing that while both models were acceptable, the full mediation model had a GFI value below 0.90, which did not meet the threshold for a good model fit. To decide which model provided a better fit, a chi-square difference test and AIC and ECVI values were examined. As reported in Table 6, the chi-square difference test revealed that adding a direct path between eating disorders and life satisfaction significantly improved the model fit ($\Delta\chi^2 = 20.465$, $df = 1$, $p < 0.001$).

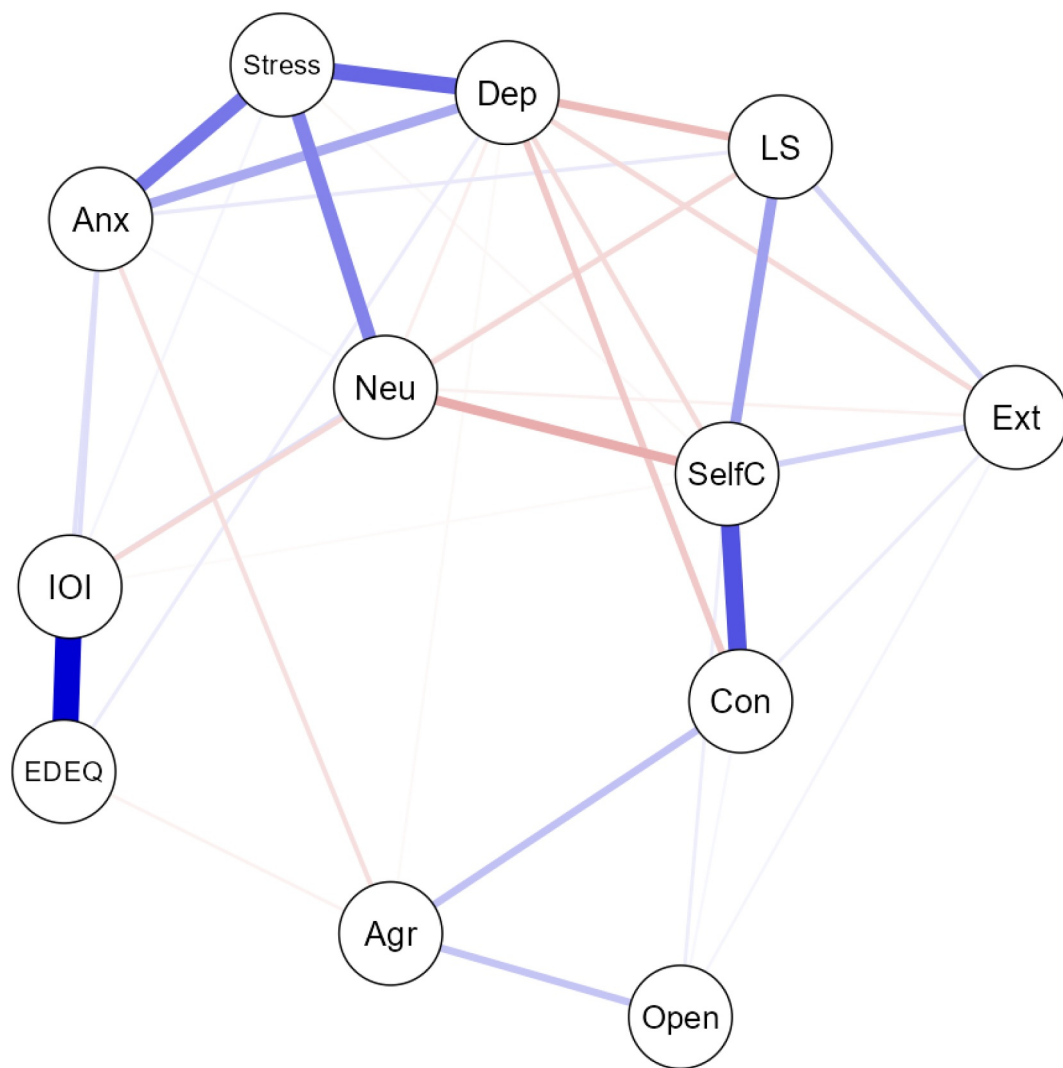


FIGURE 3 | Network analysis for study variables (Blue lines represent positive correlations and red lines represent negative correlations). Agr: Agreeableness; Anx: Anxiety; Con: Conscientiousness; Dep: Depression; EDEQ: EDE-Q Eating Disorders; Ext: Extraversion; IOI: IOI Screener Eating Disorders; LS: Life satisfaction; Neu: Neuroticism; Open: Openness; SelfC: Self-control.

TABLE 6 | SEM Fit Indices.

	<i>N</i>	<i>CMIN</i>	<i>DF</i>	<i>GFI</i>	<i>NFI</i>	<i>IFI</i>	<i>CFI</i>	<i>AIC</i>	<i>ECVI</i>
Measure	313	23.787	14	0.982	0.985	0.994	0.994	—	—
Partial mediator model	313	135.490	15	0.909	0.916	0.924	0.924	177.490	0.569
Full mediator model	313	155.955	16	0.894	0.903	0.912	0.911	195.955	0.628

***p* < 0.001.

Additionally, the AIC and ECVI values of the partial mediation model were lower than those of the full mediation model, suggesting a comparatively better fit for the partial mediation model. However, given that the overall fit indices were within acceptable but not optimal ranges, these results should be interpreted with caution. The path coefficients for the final model are presented in Figure 4. Overall, these findings suggest that eating disorder symptoms are associated with life satisfaction through anxiety and stress, with anxiety and stress functioning as mediating variables. Moreover, the results indicate that anxiety and stress function as parallel mediators in this relationship.

4 | Discussion

Eating disorder symptoms are associated with physical, psychological, and social health, indicating their multidimensional effects on individuals' lives. Therefore, early identification and intervention are crucial to prevent potential severe complications. Without timely intervention, eating disorders can lead to more complex and persistent psychological and physical health issues. In the present study, the IOI Screener for Eating Disorders was adapted into Turkish, and its relationships with various psychological variables were examined. While several validated eating disorder scales exist in the Turkish context, the

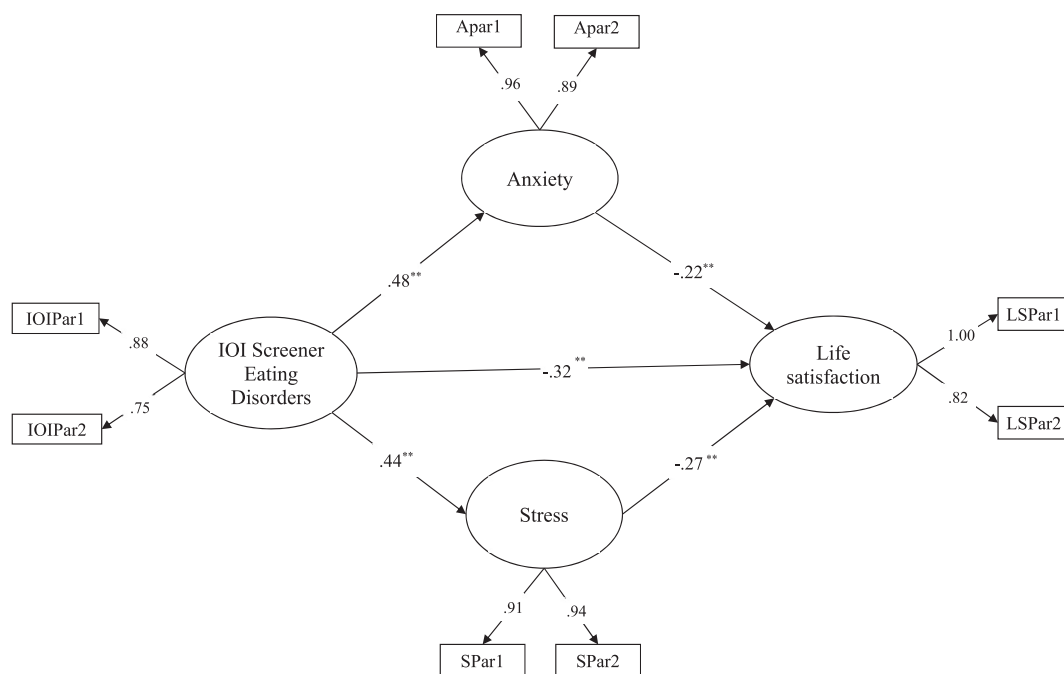


FIGURE 4 | Standardised factor loadings for the partially mediated structural model. APar parcels of anxiety, IOIPar parcels of IOI Screener Eating Disorders; LSPar parcels of life satisfaction; SPar parcels of stress. $N = 313$; ** $p < 0.001$.

IOI Screener for Eating Disorders, consisting of only six items, offers a practical advantage for the quick assessment of eating disorder symptoms.

The first major finding of this study is that the IOI Screener for Eating Disorders demonstrated strong psychometric properties, confirming its validity and reliability for use in Turkish-speaking populations. The one-dimensional factor structure of the scale showed a good model fit, and reliability analyses (Cronbach's α , McDonald's ω , and Guttman λ_6) yielded acceptable internal consistency coefficients (Karagöz 2017). The Item Response Theory (IRT) analysis was conducted to evaluate the scale's response options, revealing that the items demonstrated high and moderate discrimination levels (Baker 2001). These findings support the appropriateness of the IOI Screener for Eating Disorders for use in the Turkish cultural context.

In Study II, the criterion-related validity of the IOI Screener for Eating Disorders was examined, revealing significant correlations with several psychological variables. Specifically, the IOI Screener was positively associated with EDE-Q eating disorder symptoms, depression, anxiety, stress, and neuroticism while being negatively correlated with life satisfaction, self-control, conscientiousness, and extraversion. The first hypothesis tested was the partial mediating role of anxiety in the relationship between eating disorders and life satisfaction. Given the cross-sectional nature of the data, these findings should be interpreted as associative rather than causal, and the direction of the relationships cannot be definitively established. The positive relationship between eating disorder symptoms and depression aligns with Stice et al. (2010), who suggested that depressive symptoms contribute to the development and maintenance of eating disorders. Similarly, Pallister and Waller (2008) found that individuals with higher levels of anxiety are more likely to

exhibit eating disorder symptoms. The connection between stress and eating disorders was explored by Torres and Nowson (2007), who reported that chronic stress increases emotional eating behaviors. Moreover, the strong positive association between neuroticism and eating disorders is consistent with Lilienfeld et al. (2006), who identified neuroticism as both a risk factor and a maintaining factor for eating disorders. Additionally, the negative correlation between life satisfaction and eating disorders aligns with Friberg et al. (2006), who found that low life satisfaction is associated with body dissatisfaction and eating disorders.

The relationship between self-control and eating disorders was also examined. Tangney et al. (2004) suggested that lower levels of self-control are linked to increased impulsive eating behaviors. The negative association between conscientiousness and eating disorders, found in the present study, is supported by Kotov et al. (2010), who demonstrated that lower conscientiousness is related to disordered eating patterns. Similarly, the negative correlation between extraversion and eating disorders is consistent with Heaven et al. (2001), who reported that individuals with lower extraversion levels are more likely to experience social isolation, which increases their risk for developing eating disorders.

The second hypothesis tested was the partial mediating role of stress in the relationship between eating disorders and life satisfaction. Accordingly, these associations do not imply temporal ordering, and alternative directional or reciprocal relationships are possible. The findings indicated that eating disorder symptoms were positively associated with neuroticism and negatively associated with conscientiousness. Likewise the positive association between neuroticism and eating disorders is well-documented (Lilienfeld et al. 2006), some studies suggest

that individuals in recovery may exhibit different patterns (Cassin and von Ranson 2005). Additionally, the negative correlation between conscientiousness and eating disorders supports Kotov et al. (2010), who found that lower conscientiousness predicts irregular eating behaviors.

The third hypothesis explored was the parallel mediating roles of anxiety and stress in the relationship between eating disorders and life satisfaction. It is also plausible that these relationships are bidirectional; for example, lower life satisfaction and higher psychological distress may be associated with increased eating disorder symptoms, and vice versa. No significant relationship was found between openness to experience and eating disorders, consistent with Heaven et al. (2001), who reported that openness does not significantly predict disordered eating behaviors. A small but statistically significant negative association was found between extraversion and eating disorder symptoms. This finding similar to some previous findings (Heaven et al. 2001). These discrepancies may be attributed to sample characteristics, cultural differences, or variations in measurement instruments.

Overall, previous studies support the findings of the present research. Individuals with eating disorder symptoms tend to experience greater emotional distress, heightened anxiety, and increased stress levels. Additionally, they tend to report lower life satisfaction and difficulties in self-regulation. In terms of personality traits, individuals with disordered eating behaviors are more likely to have lower conscientiousness, higher neuroticism, and lower extraversion. These findings underscore the need for further research on the psychological and personality-related factors contributing to eating disorders to develop more targeted intervention strategies.

4.1 | Clinical Implications

The assessment and early detection of eating disorders are crucial for developing effective intervention strategies. Identifying eating disorders at an early stage can help prevent potential physical, psychological, and social consequences, allowing for timely preventive measures. The present study confirmed that the IOI Screener for Eating Disorders is a valid and reliable measurement tool for the Turkish cultural context. Considering its practicality and brevity, this scale may be useful as a brief screening tool in future research and preliminary assessment contexts. By utilizing this scale, individual and group-based intervention programs can be developed to address problematic eating behaviors. Consequently, the scale may serve as a supportive resource in nutrition and psychology-related counseling processes. Moreover, the IOI Screener could contribute to psychoeducation programs designed to raise awareness about eating disorders and promote preventive mental health initiatives. In addition, the demonstration of measurement invariance across gender suggests that the scale can be used to make meaningful comparisons between male and female individuals in research settings; however, its use in clinical decision-making should be approached with caution. Further research is needed to establish clinically meaningful cut-off scores, examine sensitivity and specificity in clinical samples, and assess test-retest. Reliability.

4.2 | Limitations and Future Research

While this study contributes significantly to the literature, certain limitations must be acknowledged. First, its cross-sectional design prevents causal inferences, necessitating longitudinal or experimental studies to confirm relationships. Additionally, reliance on self-report measures introduces potential social desirability bias, which future research could address using clinical interviews or behavioral assessments. Moreover, the use of the BFI-10, which assesses each personality trait with only two items, may limit reliability and content coverage. Although brief measures reduce participant burden and are practical in large-scale and longitudinal research, ultra-short formats may attenuate observed associations and yield less stable estimates. In addition, certain facets of personality may be underrepresented, as some items capture only a narrow aspect of the construct (Kang et al. 2024). Therefore, personality-related findings should be interpreted with caution. Furthermore, one of the items (Item 6) demonstrated relatively lower factor loading compared to the others; however, it did not fall into the “no discrimination” category, and its removal resulted in only a slight improvement in reliability. Therefore, the item was retained, although its performance may reflect potential cultural or contextual differences and should be further examined in future studies. In addition, the use of convenience online sampling limits the generalizability of the findings; therefore, the results should not be interpreted as representative of the general population or as prevalence estimates. Additionally, the use of item parceling may have masked potential item-level misfit; therefore, future studies are encouraged to examine the model at the item level as a sensitivity check. The study was also limited to Turkish-speaking participants, highlighting the need for cross-cultural validation to enhance global applicability. Furthermore, the gender imbalance in the sample may have influenced the observed associations and limits the generalizability of the findings across genders. Lastly, future research should assess test-retest reliability to establish the scale’s temporal stability and long-term utility in clinical and research settings.

5 | Conclusion

This study adapts the IOI Screener for Eating Disorders into Turkish and confirms its validity and reliability through Confirmatory Factor Analysis (CFA) and Item Response Theory (IRT). The findings show that eating disorders related to life satisfaction both directly and indirectly through anxiety and stress, offering insights for healthcare professionals in diagnosis and intervention. Early detection can support preventive and therapeutic efforts, reducing the severity and long-term consequences of eating disorders.

Author Contributions

M. Engin Deniz: conceptualization, project administration, investigation, supervision, writing – original draft, and writing – review and editing. **Ümüt Arslan:** conceptualization, methodology, formal analysis, resources, visualization, funding acquisition, project administration, writing – original draft, and writing – review and editing. **Beste Erdinç:** investigation, methodology, writing – original draft, and

writing – review, and editing and visualization. **Vahid Shalqini:** methodology, investigation, writing – original draft, writing – review and editing and resources. **Seydi Ahmet Satici:** methodology, writing – original draft, and writing – review and editing, validation, software, data curation, resources, and visualization.

Ethics Statement

Necessary approvals were obtained from the Ethics Committee for Social and Human Sciences Research and Publication at the Yildiz Technical University.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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