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**Exploring the Mediating Role of Alexithymia and Self-Concealment in the Relationship
Between Childhood Trauma and Body Image Dissatisfaction among Female Adults**

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Ethics Approval and Consent to Participate

The study was conducted in accordance with the ethical principles for research involving human participants. Ethical approval for the study was obtained from the **Jyoti Nivas College Autonomous PG Department of Psychology**. All participants were informed about the purpose and procedures of the study, and informed consent was obtained from all participants prior to their participation.

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Human Ethics and Consent to Participate

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Abstract

The present study examines the relationship among childhood trauma, alexithymia, self-concealment, and body image dissatisfaction among female emerging adults, with a focus on identifying the underlying psychological mechanisms linking childhood trauma to body image dissatisfaction. While prior research has emphasized direct associations between early adverse experiences and body image concerns, limited attention has been given to intermediary coping processes such as self-concealment. The study addresses this gap by investigating both direct and indirect pathways, alongside the influence of selected demographic variables. A quantitative research design was employed using a sample of 303 female emerging adults. Standardized self-report measures were administered to assess childhood trauma (CTQ), alexithymia (TAS), self-concealment (SCS), and body image dissatisfaction (BSQ). Data was analyzed using descriptive statistics, Pearson's correlation, multiple regression, parallel mediation analysis using PROCESS Macro (Model 4), and multivariate analysis of variance (MANOVA) to examine the role of demographic variables including age, education, language known, and relationship status. The findings revealed that self-concealment was significantly associated with both childhood trauma and body image dissatisfaction and emerged as the only significant predictor of body image dissatisfaction in the regression model. Mediation analysis indicated a significant indirect effect of childhood trauma on body image dissatisfaction through self-concealment, supporting an indirect-only mediation model. MANOVA results showed a significant multivariate effect of language known, with self-concealment differing across language groups, and age-related differences observed in alexithymia and childhood trauma. Overall, the study highlights self-concealment as a key psychological mechanism linking childhood trauma to body image dissatisfaction, emphasizing the role of maladaptive coping processes over direct effects. These findings contribute to existing literature by refining theoretical models and underscore the need for interventions targeting emotional disclosure and adaptive coping. Future research can be done to explore longitudinal pathways and additional mediating variables within diverse cultural contexts.

Keywords: Childhood trauma, self-concealment, alexithymia, body image dissatisfaction, female emerging adults

Introduction

Trauma can be understood as the enduring psychological and functional consequences of exposure to a single event, multiple events, or chronic experiences that an individual perceives as physically or emotionally harmful or life-threatening, leading to long-term disruptions in physical, social, emotional, and spiritual well-being. Although numerous people report a discrete traumatic event, others, especially those receiving mental health or substance abuse treatment, have undergone multiple or chronic traumas.

Trauma, according to the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5), is when one person experiences "exposure to actual or threatened death, serious injury, or sexual violence."

Childhood trauma refers to any experience that provides a child with a lingering and deep emotional scar within his or her psyche. It can be the result of a variety of causes including abuse, neglect, witnessing violence, accidents, natural disasters, among others. It is a severe psychosocial, medical, and public policy problem with far-reaching consequences for its victims and for society. Interpersonal child violence in the long term is ubiquitous. Developmental traumatology, the systematic investigation of the psychiatric and psychobiological effects of chronic overwhelming stress on the developing child, provides a model and principles when empirically investigating neurobiological pediatric trauma consequences. (Van der Kolk, B. A., 2005).

In spite of its commonality, relatively little is known about the biological impacts of trauma in children relative to adults with histories of child trauma; and still less is understood about how these pediatric mechanisms give rise to trauma's short-term and long-term medical and mental health outcomes. India has 19% of the world's children, and an estimate is that every second child experiences violence and sexual abuse. (Behere P., et.al, 2013) According to Indian National Crimes Records Bureau (NCRB), every 15 min a child is sexually assaulted and a parent, family member or school teacher abuses 53% of children.

Emerging Adulthood (18-29) is a time for women due to heightened sensitivity to peer culture, social comparison, and gendered expectations regarding academic achievement, relational roles, and becoming independent (Arnett, 2014).

Emerging Adulthood may coincide with college transitions or workforce entry, so it's a risky time for identity consolidation, emotional regulation, and self-esteem. Childhood trauma (e.g., neglect, abuse, insecure attachment) can also interfere with normal development through Erikson's earlier stages (e.g., Trust vs. Mistrust, Autonomy vs. Shame, Industry vs. Inferiority). Interruptions not resolved in these stages will resurface in adolescence, when developing identity requires a solid foundation of trust, autonomy, and competence (Cicchetti & Toth, 2009). Women with a history of childhood trauma are particularly vulnerable to internalizing difficulties, such as depression, anxiety, and relational insecurity, during late adolescence, since trauma schemas can erode self-concept and augment risk for peer rejection or maladaptive coping (McLean et al., 2014). This also means that late adolescence in women is a period of potential as well as risk: avowed childhood trauma can augment risk for psychopathology, but treatment at this stage can facilitate resilience, identity consolidation, and adaptive coping strategies.

Early adversity disrupts development of the neural circuits governing stress regulation, namely amygdala, hippocampus, and prefrontal cortex, and results in heightened emotional reactivity and inefficient self-regulation (Teicher & Samson, 2016). At a clinical level, this manifests as emotional dysregulation, impulsivity, and difficulty with affective state regulation. Interpersonally, ACEs disturb secure attachment development and result in mistrust, relationship avoidance, or overdependence in future relationships (McCrory et al., 2017).

These difficulties increase the risk for engaging in maladaptive coping strategies, such as disordered eating or substance abuse, as people attempt to regulate overwhelming emotions through external means (Danese & Lewis, 2017).

According to Trauma Recovery Project findings (n=627), females were also significantly more likely than men to develop chronic PTSD (more than 18 months) and rated their quality of life due to chronic PTSD significantly lower (Holbrook, Hoyt, Stein, & Sieber, 2002). Additionally, studies indicate that female patients with PTSD, unlike male patients with the illness, are also more likely to develop co-morbid mood disorders but less likely to develop co-morbid substance disorders (McLean & Anderson, 2009; McLean et al., 2011; Olff et al., 2007).

Caslini et al. (2016), in a meta-analysis, reported that child abuse significantly adds to risk of anorexia nervosa and bulimia nervosa. Similarly, Molendijk et al. (2017) illustrated a dose–response relationship: greater severity of childhood maltreatment predicted greater severity of eating disorder symptoms. The literature also indicates that sexual abuse and emotional neglect are strong predictors of binge eating behaviors, typically as affect regulation maladaptive coping strategies (Kent et al., 1999). Gilbert et al. (2009), demonstrated that child maltreatment is a causal risk factor for personality pathology, anxiety disorders, and substance abuse. In addition, Green et al. (2010), using the WHO World Mental Health Surveys, found that the childhood adversities accounted for nearly 30% of all psychiatric illness worldwide and therefore reiterated their worldwide public health significance.

Clinically, this study indicates that ACEs lead to enduring impacts in a variety of diagnostic groups and that psychological as well as biological processes account for enduring vulnerability. Trauma-informed practice is therefore essential in assessment and treatment in order to address such deeply rooted developmental impacts. (Özdemir, İ., & Tükel, Ş., 2021)

The term alexithymia (Sifneos, 1973), refers to a stable personality trait described as ‘no words for feelings’. It involves a limited ability to identify, describe and communicate one’s feelings, which may reflect difficulties in affective self-regulation (Taylor, Bagby M., et al., 1997). Alexithymia comprises three subscales: 1. difficulty identifying feelings (DIF), 2. difficulty describing feelings (DDF), and 3. externally oriented thinking (EOT) (Bagby et al., 1994). The individuals with externally oriented thinking focus their attention on external events and tend to avoid internal experiences.

Alexithymia has been identified as a stable personality trait in the general population across long-term follow-ups (Salminen J., et al., 2006; Tolmunen et al., 2011). Epidemiological and clinical studies have linked alexithymia to factors such as male sex, age, living alone, and lower levels of education and income (Kokkonen, P., et al., 2001; Mattila, A., et al., 2006). It is also associated with both psychosomatic and psychiatric disorders (Bankier et al., 2001, Karukivi et al., 2010). Additionally, alexithymia may sometimes emerge as a reaction to emotional stress, caused by illness, depression, and anxiety (Mattila et al., 2006).

Alexithymia is a feature-like aspect of inability to identify, differentiate, and describe one's own emotions, and often with a concrete, external mode of thinking and limited

imagination (i.e., "no words for feelings") (Sifneos, 1973). Clinically, it should be best rated by the Toronto Alexithymia Scale–20 (TAS-20) with its valid three-factor solution: Difficulty Identifying Feelings, Difficulty Describing Feelings, and Externally Oriented Thinking (Bagby, Parker, & Taylor, 1994).

Alexithymia is a multidimensional personality construct characterized by difficulty identifying feelings, difficulty describing feelings, and a tendency toward externally oriented thinking (Bagby et al., 1994). Clinically, alexithymia reflects deficits in emotional awareness and symbolization, often conceptualized as an adaptation to early environments where emotional expression was unsafe or invalidated (Taylor et al., 2003). Meta-analytic evidence indicates that individuals exposed to childhood maltreatment exhibit significantly higher levels of alexithymia, particularly when trauma involves emotional neglect or abuse (Khan et al., 2022). In trauma-exposed individuals, alexithymia may function as an emotion-avoidant strategy, limiting conscious access to distress while increasing reliance on somatic or behavioral expressions of affect (Frewen et al., 2008). This impaired emotional processing has been repeatedly linked to eating-related psychopathology and negative body image outcomes (Westwood et al., 2017).

Body image defined by Schilder as a mental image of one's bodily appearance is a multidimensional concept commonly agreed to have a “perceptual” and an “attitudinal” component. Body image plays a crucial role in an individual's emotions, cognition, everyday behavior, and social and intimate relationships; thus, body dissatisfaction inevitably influences multiple facets of everyday life. In general, body dissatisfaction is defined as displeasure with one's physical appearance, essentially the size of their body, body shape, and bodily esthetics. While body dissatisfaction in women is considered such a regular experience that it is labeled as “normative discontent,” a growing body of research highlights that body image dissatisfaction is prevalent in young men as well.

Body image is defined as a multidimensional construct, which includes a behavioral aspect consisting of body-related behavior (e.g. checking behavior), a perceptual aspect consisting of perceiving body attributes (e.g. estimation of body size or Negative thoughts and feelings about one's body are defined as body dissatisfaction (Grogan S, 2016), which is considered to be the most important global measure of stress related to the body (Thompson JK, Heinberg LJ, et. al.,1999).

Body dissatisfaction has also become a predictor of the emergence of an eating disorder and occurs in individuals with other mental disorders, such as binge eating disorder or social anxiety disorder, and also in healthy subjects. It is one of two extremes of the body image disturbance satisfaction-dissatisfaction dimension, including satisfaction (e.g. satisfaction with certain body parts) and dissatisfaction (e.g. dissatisfaction with weight or muscle).

A study by Furnham A., et. al., (2002) revealed that 80% of the men and women chose an ideal body that differs from their current body shape and such a discrepancy between ideal and current body type has been associated with dieting behaviors.

According to Ackard D., and colleagues (2002), Exposure to “thin and attractive media images” for as brief as 5 min results in greater body dissatisfaction in women, and as women who have high levels of body dissatisfaction enter college, their disordered eating symptomatology gets worsened. Sociocultural influence via magazines has also been associated with higher disordered eating tendencies in women. However, it is not mere exposure to media, but rather the perceived pressure and its internalization that is damaging to positive body image. While thin-ideal internalization is considered a risk factor for body dissatisfaction and eating pathology in women, internalization of an athletic body predicts muscularity behaviors and disordered eating in men. (Bell, Donovan C., et. al., 2016)

Trauma, particularly when it is early, chronic, or interpersonal in nature, disrupts the developmental processes involved in recognizing and labeling emotions, leading individuals to rely on emotional numbing, suppression, and avoidance as adaptive coping mechanisms. (Akpınar, et al., 2024)

Meta-analysis results reveal significant correlations among childhood maltreatment and higher alexithymia in late adolescence and adulthood, with conclusions that alexithymia is a pathway through which maltreatment leads to later psychopathology (Khan et al., 2022; Ditzer et al., 2023). In traumatically exposed samples, PTSD is strongly linked with alexithymia (large pooled effects across studies), indicating that hyperarousal and avoidance reliably co-occur with diminished awareness of emotions (Frewen et al., 2008). Clinically, this is manifested in constricted or flat affect, difficulty verbally characterizing feelings beyond "irritated/stressed," and the employment of suppression rather than processing of emotions. Alexithymia screening

(e.g., TAS-20) in trauma histories will detect at-risk patients for maladaptive regulation (e.g., avoidance behavior, dissociation, drug abuse, or eating disorders).

Larson and Chastain (1990) explained that, "Self-concealment is defined as the predisposition to actively conceal from others personal information that one perceives as distressing or negative." As defined by Derlega and Chaikin (1977), "Self-concealment refers to the intentional regulation of personal boundaries through the active withholding of private information and is conceptualized in this context as a distinct mechanism for maintaining privacy." Self-concealment can be operationally defined as the degree to which individuals actively keep things about themselves from other individuals, for instance, by not talking about certain issues or keeping things a secret.

It can be defined as the extent to which individuals are made uneasy or distressed by sharing information about themselves with other people, i.e., feeling anxious or embarrassed. It is the frequency at which individuals exhibit behaviors designed to discourage other individuals from acquiring knowledge of certain things in their lives, i.e., lying or holding back information. Self-concealment refers to the degree to which individuals believe that sharing personal information with others will yield unfavorable results, such as rejection or criticism. Self-concealment characterizes a persistent pattern of hiding information that is painful or personally significant from others (Larson & Chastain, 1990). This avoidance pattern in cognition and behavior has been linked to adverse psychological outcomes, including depression, anxiety, and low self-esteem, as concealing painful experiences prevents access to emotional regulation and social support (Ichiyama et al., 1993; Kelly & Yip, 2006). Self-concealment is generally related to greater internalized distress, shame, interpersonal sensitivity, and this may be linked with increased risk for psychopathology (Cramer & Barry, 1999).

From a clinical standpoint, self-concealment reflects learned interpersonal strategies rooted in fear of judgment, rejection, or emotional exposure, often originating in invalidating or abusive family environments (Ichiyama et al., 1993). Trauma survivors may adopt self-concealment to maintain psychological safety, but chronic concealment is associated with increased internal distress, reduced social support, and heightened psychopathology (Larson & Chastain, 1990). Emerging evidence suggests that self-concealment is linked to body image

dissatisfaction and eating disorder cognitions, as individuals may internalize distress and redirect it toward body-focused concerns rather than emotional disclosure (Mohr et al., 2018).

Prevalence and Debates

The Indian National Crimes Records Bureau (NCRB) reports a child is sexually abused every 15 min and 53% of children report abuse by a parent, relative or school teacher. The prevalence of child sexual abuse (CSA) in high-income countries is 20% for females and 8% for males (Stoltenborgh M., et. al., 2011) but in India, the estimates vary between 4%–66% for females and 4%–57% (Choudhry, V., Dayal, R., et. al., 2018) for males. These figures are considered underestimates because of limited surveillance of direct childhood adversity such as physical abuse or emotional abuse as well as CSA due to stigma particularly affecting girls; under-reporting of cases by healthcare and police authorities; stigma and taboo associated with being a victim or experiencing abuse, and varying prevalence rates by geography (eg, urban vs rural vs slum settings) as well as varying communities (school-based, hospital-based, trafficking victims, etc).

A recent systematic review by Shagar and colleagues (2017) highlighted that body dissatisfaction is an important risk factor for the development of Eating Disorder symptomatology in adolescents and emerging adults. Investigating precursors of Eating Disorder symptomatology is crucial, due to its high prevalence in adolescence and emerging adulthood. Research has indicated that 56–57% of adolescent girls and 28–31% of boys reported one or more weight-control behaviors (e.g., fasting, using laxatives, vomiting) (Croll J., et al., 2002).

Similarly, unhealthy weight-control behaviors (e.g., fasting, skipping meals, using a food substitute, cigarette smoking) have been reported by 57% of girls and 33% of boys, whereas extreme weight-control behaviors (e.g., using dieting pills, laxatives, vomiting) were reported by 12% of girls and 5% of boys (Neumark-Sztainer, D., et. al., 2002).

Furthermore, a study by Quick and Byrd-Bredbenner (2013) found that 25% of emerging adults engaged in dietary restraint, 14% reported regular binge eating, and 33% mentioned inappropriate compensatory behaviors. In sum, research has demonstrated that body

dissatisfaction plays an important role in ED symptoms, which are alarmingly high in adolescents and emerging adults.

A concept that has been linked to the cognitive-affective and the behavioral component is appearance value, otherwise known as appearance orientation, which reflects cognitive-behavioral investment in the appearance as an expression of the value individuals place on their appearance. This construct was shown to be distinguishable from the measure of appearance evaluation, a measure of body satisfaction/dissatisfaction as well. Aside from negative body assessment and relevance of appearance, positive body assessment is part of the cognitive-affective component. For instance, body appreciation has been defined as accepting, valuing, and positively perceiving one's own body, and resisting unattainable body ideals portrayed by the media (Avalos, L., Tylka, T. L., et. al., 2005). Body appreciation was found to be a good predictor of indices of well-being compared to other body image measures and co-occurred with body dissatisfaction, highlighting the conceptual distinctiveness of the two constructs (Tiggemann, M., & McCourt, A. (2013).

Earlier, studies have focused on the impact of age and gender on body dimensions of the cognitive-affective domain. In specific, body dissatisfaction studies have identified that girls and female adolescents, and women in general (e report body dissatisfaction. (Duncan, M. J., Al-Nakeeb, Y., et. al., 2006). Although some studies proved that body dissatisfaction varied across age groups, others established that for women, body dissatisfaction remained fairly stable across the adult years (Baker, L., & Gringart, E., 2009). Studies on other aspects of the satisfaction-dissatisfaction dimension, such as dissatisfaction with weight or satisfaction in certain areas of the body, also proved body dissatisfaction in women. While body dissatisfaction seems to remain constant over age among women, evidence shows that importance of appearance appears to decline over age (Pliner, P., Chaiken, S, et. al., 1990). Men's and women's body appreciation was indicated by some studies to be associated with a low frequency of exposure to Western and appearance-based media and was inversely related to sociocultural ideals internalization.

Previous work on body image has been more focused on investigating change with age in women or men, or in one particular age group (e.g. college students, adolescents). Relatively little work has directly compared women and men on the above variables of body image. These

researches also had a propensity to say that more dissatisfaction with bodies was experienced by women than by men (Fallon, E. A., et. al.,(2014), Tiggemann, M.(2004).

Findings from Mumbai, India, reveal that media internalization in young girls is more similar than dissimilar to the West, indicating a need for possible prevention and intervention. (Shroff, H., & Thompson, J., 2004)

In another study in Chennai, nearly most women aspired to be smaller and have a thin physique and overestimated their current weight. (Rekha, V. S., & Maran, K., 2012). Disordered attitudes and behaviors toward eating were reported to be prevalent in 26.67% of college women from Allahabad, India. (Upadhyah, A., Misra, R., et. al., 2014).

Thus, the Levels of dissatisfaction and fat-phobic attitudes in the Indian population have been found to be at levels similar to that of the Western population. (Gupta M., Chaturvedi, S., et. al., 2001) The homogenization of appearance culture has influenced the accumulation of values and beliefs that were not preexisting and this is considered directly relevant in the development of eating pathology.

In recent years, there has been a growing interest in the relationship between identity formation and body image (Daniels E., Gillen M.M., 2015). Erikson (1968) already conceptualized the body as the home to the self. Physical changes and sexual maturation during adolescence and emerging adulthood also spark questions about one's identity (Erikson, 1968). During these life periods, body and appearance are highly significant, resulting in a strong focus on the body as a central identity aspect (Arnett, 2014), affecting the way youth perceive their identity in relation to their body (Nelson et. al., 2018).

Oberg, P., & Tornstam, L.(1999), found that women esteemed their looks more than men did, and that the importance of this factor was stable in various age groups among women but variable among men. Systematic reviews and meta-analyses regularly report increased TAS-20 scores in anorexia nervosa, bulimia nervosa, and binge-eating disorder when compared with healthy controls; severity of alexithymia tends to be linked with symptom severity (Westwood, Kerr-Gaffney, Stahl, & Tchanturia, 2017; Nowakowski, McFarlane, & Cassin, 2013). In Binge Eating Disorder (BED), alexithymia is linked with Body Image Dissatisfaction (BID) and severity of binge, with some suggestion of a relationship between labile affect and dysregulated

intake (Carano et al., 2006). Future studies indicate emotion suppression and the inability to recognize emotions to mediate the relationship between early relational risk and emotional eating during late adolescence (van Strien et al., 2019). Longitudinal and cross-sectional studies in additional samples also link alexithymia with emotional eating in community (e.g., Larsen, van Strien, Eisinga, & Engels, 2006) and clinical samples and are consistent with the affect-regulation model: when emotions cannot be labeled or are dampened, eating behavior is recruited to down-regulate distress or generate sensation. Recent studies also link self-concealment to body image disturbance and disordered eating.

Self-concealment of negative self-concepts and emotional pain can lead to the internalization of body dissatisfaction and shame, leading to maladaptive coping mechanisms such as binge-purge or restrictive eating (Troop et al., 2008; Wegner et al., 2014).

Troop and colleagues (2008) indicated that the women who reported high levels of emotional avoidance and secrecy showed greater eating disorder symptomatology and body shame and mentioned self-concealment as an emotional regulation mechanism that maintains disordered eating. Similarly, Weinberger (2011) noted that individuals who hide painful emotions are susceptible to using compensatory strategies, such as disordered eating, in coping with internal strain. In this model, self-concealment may be used as a mediating process explaining the contribution of early traumatic experience to subsequent body dissatisfaction and disordered eating. Through the concealment of emotional suffering and avoiding vulnerability, individuals may prevent emotional processing, resulting in internalized distress that is expressed as disturbed body image and eating pathology.

Integrating these constructs, contemporary models suggest that childhood trauma initiates a cascade of emotion-processing and self-related disturbances that culminate in body image dissatisfaction. Trauma-related disruptions in emotional development increase vulnerability to alexithymia, limiting the individual's capacity to recognize and regulate internal states (Khan et al., 2022). In parallel, trauma fosters self-concealment tendencies, reinforcing emotional suppression and preventing corrective interpersonal experiences (Larson & Chastain, 1990). Within the framework of the Identity Disruption Model, impaired emotional awareness and concealment contribute to fragmented self-concept clarity, rendering appearance-based self-evaluation a salient organizing domain (Vartanian et al., 2023).

Consequently, unresolved affect and shame are displaced onto the body, manifesting as body image dissatisfaction (Momeñe et al., 2023). Empirical evidence increasingly supports alexithymia and self-concealment as mediating mechanisms through which childhood trauma exerts its effects on body-related psychopathology, particularly in emerging adult women (Barone et al., 2023; Kick et al., 2024).

Objective of the Study

Childhood trauma, encompassing experiences such as physical, emotional, or sexual abuse, neglect, and household dysfunction (e.g., domestic violence, substance abuse, or parental mental illness), has been widely recognized as a critical factor influencing an individual's psychological and emotional development. Research consistently demonstrates that adverse childhood experiences (ACEs) have profound and enduring effects on mental health, often persisting into adulthood. (Downey C., & Crummy A., 2022) These experiences can disrupt emotional regulation, cognitive functioning, and social skills, thereby elevating the risk of depression, anxiety, post-traumatic stress disorder (PTSD), and substance abuse. (Sharma, P., Sen, M. S., et. al., 2024)

Conceptualizing trauma through a lifespan approach provides a comprehensive understanding of its pervasive impact across developmental stages. (Cruz., et. al., 2022). Early-life adversities can initiate maladaptive psychological trajectories that influence mental health not just in childhood or adolescence but well into adulthood. (Wade, M., Wright, L, et. al., 2022). The period of emerging adulthood (between 18 to 29 years), which overlaps with the college years, is particularly sensitive, as individuals navigate identity formation, autonomy, and academic pressures. This stage can either consolidate resilience or exacerbate latent vulnerabilities stemming from childhood trauma. (Wood, D., Crapnell, T., et. al., 2018).

For emerging adults, the lingering effects of childhood trauma may intensify the academic, social, and emotional challenges that characterize this developmental phase. Such adversities may compromise academic performance, interpersonal relationships, and overall psychological well-being. (Perry, Y., Cuellar, M., et. al., 2022)

Despite the growing recognition of mental health issues in higher education, there is limited research examining the prevalence and psychological impact of childhood trauma

specifically among female emerging adults in India. This gap is particularly notable given the cultural and contextual factors unique to the Indian socio-educational landscape, which may shape both the experience of trauma and its mental health outcomes.

The importance of this current study is that it adds to the knowledge of how emotional processes mediate the effect of childhood trauma on body dissatisfaction, which is a concern that is most notable among female late adolescents.

Body dissatisfaction is globally acknowledged as one of the risk factors for eating disorders, anxiety, depression, and low self-esteem, particularly during adolescence which is a sensitive time for identity development, self-concept, and comparison (Wendler Bödicker et al., 2023).

By exploring how alexithymia and self-concealment act as mediators of the relationship between trauma and body dissatisfaction, this research provides fresh perspective on psychological processes which have traditionally been neglected in studies on adolescent groups.

The research makes conceptual contributions by combining self-concealment, an emotion-avoidant coping mechanism, with alexithymia, which is about the inability to recognize and verbalize feelings. Although alexithymia has been well researched in relation to trauma as well as body image disturbance, the mediational function of self-concealment is less known. Examining these mediators jointly will cast more light on how early trauma interferes with emotional functioning and leads to poor body image among adolescent girls.

Studying mental health in Indian female emerging adults necessitates a culturally sensitive approach due to unique emotional expressions, the potential for specific traumas (if any), and the influence of cultural factors. The emotional expressions may differ in Indian female emerging adults, and there might be a social stigma or discouragement of openly expressing emotions, which could further complicate emotional regulation and contribute to alexithymia. While existing research supports this connection, more studies are needed to explore the specific nuances in the Indian context.

The current research is highly applicable in the Indian cultural context, where emotional experience and body image disturbance are influenced by gender norms, family structures, and societal expectations.

An absence of evidence specific to female emerging adults in India exists, and this research attempts to bridge this gap by providing context-based findings to support culturally informed intervention development.

The current issue has practical significance for early prevention and detection. It can help in creating psychoeducational programs, counseling interventions, and school-based interventions that are specific to the needs of adolescent girls by identifying how trauma-related emotional suppression and confusion regarding feelings contribute to body dissatisfaction. These results could help mental health professionals identify emotional patterns that predispose adolescents to body image disturbances and related disorders.

In conclusion, this research corresponds to developmental models like Arnett's theory of emerging adulthood and clarifies why identity exploration and emotional coping are essential during late adolescence. Through its discussion of how unresolved trauma affects emotional regulation and self-concept, this research underscores the need for comprehensive mental health care that incorporates trauma-informed care and emotion-focused interventions.

The significance of this study is that it provides light into the emotional process whereby childhood trauma impacts body dissatisfaction, something that is of significant concern among late adolescent females. Dissatisfaction with the body is typically considered to be a risk factor for depression, anxiety, eating disorders, and low self-esteem, especially during adolescence that is the peak time for self-concept, identity development, and social comparison (Wendler Bödicker et al., 2023).

By qualitatively examining the role of self-concealment and alexithymia as mediators in the trauma-body dissatisfaction relationship, this study sheds new light on psychological processes that have been overlooked in prior research with adolescent populations.

Theory is advanced through the integration of self-concealment, an avoidant emotion-focused coping strategy, and alexithymia, a term that includes difficulties in distinguishing and describing emotion.

Though alexithymia has been well studied within the realm of trauma and body image disturbance, mediating factors of self-concealment are not well explored. Exploring these

mediators together will more accurately reflect how early-life trauma disrupts emotional processing and results in harmful body image among adolescent females.

The present study is extremely relevant in the Indian cultural context, where emotional expression and body image concerns are determined by gender roles, family relations, and societal expectations. Empirical research on Indian emerging adult women is limited, and the objective of the present study is to fill this void by presenting culture-specific findings that will inform culture-specific intervention strategies.

The findings of the present study have implications for prevention and early detection. An understanding of how emotional confusion and suppression of trauma-related emotion result in body dissatisfaction will be helpful in constructing psychoeducational interventions, counseling strategies, and school-based programs attuned to adolescent girls' needs. The findings could guide mental health practitioners on how to recognize emotional patterns contributing to adolescents' risk for body image disturbance and related disorders.

Therefore, this study finds its place among developmental theories such as Arnett's theory of emerging adulthood, explains how identity exploration and emotional coping are essential during late adolescence. Through an explanation of how unresolved trauma impairs emotional regulation and self-concept, this study highlights the importance of integrated mental health interventions that include trauma-informed care and emotion-focused interventions.

The present study is particularly relevant to the Indian social context, with emotional expression and body image distress being gender role-, family-, and societal pressure-influenced. There is very little published literature available on female emerging adults in India, and this study aims to fill the gap by reporting context-specific findings that will guide intervention strategies that are sensitive to local contexts.

The findings have practice implications for early detection and prevention. Understanding the role of trauma-related emotional numbing and confusion in body dissatisfaction can be applied to the design of psychoeducational interventions, counseling therapy, and school-based interventions attuned to the needs of adolescent girls. These findings could assist mental health clinicians in recognizing patterns of emotions contributing to disturbances in body image and related disorders in adolescents.

In summary, this study is informed by developmental theories like Arnett's theory of emerging adulthood, explains why identity exploration and emotional coping are crucial in late adolescence. By its explanation of how unresolved trauma impacts emotional regulation and self-concept, this study emphasizes the necessity of whole-person mental health care integrating trauma-informed treatment with emotion-focused interventions.

Theoretical Underpinning

Integrating these constructs, contemporary models suggest that childhood trauma initiates a cascade of emotion-processing and self-related disturbances that culminate in body image dissatisfaction. Trauma-related disruptions in emotional development increase vulnerability to alexithymia, limiting the individual's capacity to recognize and regulate internal states (Khan et al., 2022). In parallel, trauma fosters self-concealment tendencies, reinforcing emotional suppression and preventing corrective interpersonal experiences (Larson & Chastain, 1990).

According to Ehlers and Clark's (2000) approach, Trauma is a perception of a present threat, which prompts a succession of behavioural and cognitive measures aimed at reducing the current threat while maintaining symptoms. Excessive caution (safety behaviours), maladaptive reactions to unwanted memories (thought suppression, rumination, purposeful numbing), and persistent dissociation are examples of these tactics. According to several researchers, these cognitive characteristics predict persistent PTSD.

According to Ehlers and Clark's approach, processing trauma predicts the formation of PTSD symptoms because it influences appraisals and memory features. There are four types of dysfunctional processing: data-driven, mental defeat, detachment, and lack of self-referential processing. Data-driven processing is considered to enhance the disjointedness of trauma memories and perceptual priming by preferentially processing perceptual information during the event (rather than its meaning). Mental defeat connotes a felt loss of all agency after trauma, as well as a poor self-image and lasting transformation. Several studies have found that certain cognitive processing tendencies predict PTSD.

Within the framework of the Identity Disruption Model, impaired emotional awareness and concealment contribute to fragmented self-concept clarity, rendering appearance-based self-evaluation a salient organizing domain (Vartanian et al., 2023). Consequently, unresolved affect

and shame are displaced onto the body, manifesting as body image dissatisfaction (Momene et al., 2023). Empirical evidence increasingly supports alexithymia and self-concealment as mediating mechanisms through which childhood trauma exerts its effects on body-related psychopathology, particularly in emerging adult women (Barone et al., 2023).

The Identity Disruption Model (Vartanian, L. R., Hayward, L., et. al., 2018) was developed in an attempt fill this gap in the literature by explaining how negative early life experiences could be connected to later body dissatisfaction and disordered eating. The Identity Disruption Model posits that negative early life experiences disrupt normal identity development, resulting in a less clearly defined sense of self. Early adversity might disrupt the sense of self because these early experiences are invalidating, or perhaps because individuals are deprived of experiences (such as positive interactions with caregivers) that contribute to identity development.

Individuals who lack a clear sense of self seek external sources to help define themselves (Campbell & Trapnell, et. al, 1996). Given the potency of appearance ideals in some societies, cultural ideals of attractiveness can provide an external source by which people can define themselves. Indeed, internalizing these cultural ideals is related to a greater tendency to define one's self in terms of one's physical appearance (Vartanian, L. R., Hayward, L., et. al., 2018). Thus, individuals who lack a clear sense of their own identity should be more susceptible to sociocultural factors (i.e., internalization and appearance comparisons), and consequently more likely to develop body dissatisfaction and disordered eating.

A number of studies have provided support for the Identity Disruption Model, showing that early adversity is associated with low self-concept clarity, low self-concept clarity is associated with greater internalization and appearance comparisons, which are in turn associated with greater body dissatisfaction and disordered eating (Vartanian, L. R., & Hayward, L., et. al., 2020). These associations have been found whether early adversity is operationalized in terms of abuse experiences (e.g., sexual abuse, physical abuse) or in terms of disruptive family environments (Vartanian et al., 2018). Although consistent evidence has been found in support for the Identity Disruption Model, almost all of the studies assessing the various components of the model have included samples of young adults.

The Tripartite Influence model was examined in a large sample of college females (ages 18–22). This model proposes that three primary core sources of influence namely, parents, peers and media, which contribute to the development of body image and eating disturbances. Additionally, the model suggests that at least two factors mediate the relationship between influences and disturbance, namely, appearance comparison and internalization of media information.

Body image dissatisfaction emerges in the Tripartite Influence Model as the proximal outcome of internalized appearance ideals and maladaptive social comparison processes. Empirical research has consistently demonstrated that internalization of thinness or appearance ideals mediates the relationship between sociocultural pressures and body dissatisfaction, particularly among females (Rodgers et al., 2018). Adolescents and emerging adult women are especially vulnerable due to heightened identity exploration, increased salience of peer approval, and intensified media exposure during this developmental period (Perloff et. al., 2014).

Recent extensions of the model emphasize the role of social media, which amplifies the frequency and immediacy of appearance-based evaluation, thereby intensifying comparison processes and body dissatisfaction (Holland & Tiggemann, 2016; Rodgers & Melioli, 2016). Clinically, this model helps explain why body dissatisfaction persists even in the absence of overt criticism, as internalized sociocultural standards become self-reinforcing cognitive schemas guiding self-evaluation. (Garner, Olsted M., et al., 1982).

While the Tripartite Influence Model is primarily sociocultural, studies suggests that individual vulnerability factors, such as childhood trauma, alexithymia, and self-concealment, may increase susceptibility to sociocultural pressures. Trauma-related disruptions in self-concept and emotional awareness may heighten reliance on external appearance standards for self-definition, thereby strengthening internalization and comparison processes (Vartanian et al., 2023). In this way, trauma may function as a distal risk factor that sensitizes individuals to the mechanisms outlined in the Tripartite Influence Model, ultimately exacerbating body image dissatisfaction.

Thus, the Tripartite Influence Model complements trauma-based and identity-disruption frameworks by elucidating the sociocultural pathways through which internal vulnerabilities manifest as body image concerns, particularly in emerging adult women.

Attachment theory implies that early attachment relationships inform emotional development and regulation capacities (Bowlby, 1969, 1982). Maltreatment of children, abuse or neglect, disrupts secure attachment, inducing emotional avoidance, hypervigilance, and affect-labeling difficulties (Mikulincer & Shaver, 2007).

The affect regulation model of eating disorders hypothesizes that disordered eating behavior (restriction, bingeing, purging) is an adaptive coping mechanism for handling overwhelming affect (Heatherton & Baumeister, 1991). High alexithymia trauma survivors usually experience undifferentiated arousal (e.g., tension, emptiness) with no ability to recognize or modulate emotions. Accordingly, food intake is listed as a compensatory control process: bingeing temporarily reduces distress, while restriction or purging can offer illusory control or numbing (Whiteside et al., 2007). Thus, alexithymia moderates the intergenerational transmission of trauma and emotional eating, linking early affective injury with later adaptive coping. Objectification Theory argues that women and girls learn a voyeur's eye regarding their bodies, leading to self-surveillance and shame about the body (Fredrickson & Roberts, 1997).

Trauma, particularly sexual assault, increases self-objectification and shame regarding the body, and it becomes increasingly difficult to attain awareness of emotions. Empirical findings suggest alexithymia acts to implicate this line of action further by suppressing recognition of affective signals for bodily discontent, further contributing to eating disorder behavior (Troop & Redshaw, 2012).

Meta-analytic studies confirm alexithymia as a mediator in the relationship between traumatic childhood abuse and psychopathology (Khan et al., 2022). For eating disorders specifically, individuals with trauma histories also screen more highly on alexithymia, and this subsequently predicts higher levels of bingeing and purging symptoms (Westwood et al., 2017). For example, Carano et al. (2006) found that alexithymia for binge-eating disorder strongly correlated with body dissatisfaction, suggesting that impairments in emotional processing explain why trauma survivors eat in a nonregulated way.

Conceptualizing alexithymia as a mechanism explains why not all trauma survivors develop eating disorders: individuals with significant impairments in awareness and naming of affect are more likely to use food as an affect-regulation strategy. Therapies that enhance emotional awareness (e.g., mindfulness, emotion-focused therapy, trauma-informed CBT) directly target this mediating pathway, reducing dependence on disordered eating.

Alexithymia is relatively common in adolescents, with prevalence rates ranging from 10% to 20%. (Zimmermann, et. al, 2010) Many factors such as childhood family environment, early childhood experiences including norms in the family defining how emotions need to be expressed; emotional abuse and neglect, specifically emotional maltreatment in terms of belittling, blaming, or rejecting; emotional problems with caregivers during childhood; improper living conditions in childhood including a broken childhood home or disrupted family structure have been traced in the development of Alexithymia traits. (Kench, & Irwin, 2000)

Among adolescents, alexithymia has been linked with psychological symptoms, including depression, heightened sensitivity to emotional difficulties and conflicts, and a reduced level of health-related quality of life, anxiety, and internalizing problems. (Karukivi, M., Hautala, et. al., 2010) Research has shown that alexithymia is a risk factor for developing psychological symptoms in adolescents, particularly in the context of childhood trauma. For example, a study by Uzun, et. al., (2019), found that adolescents with alexithymia who had experienced childhood trauma were more likely to develop PTSD and depression than adolescents without alexithymia. Another study by Tang, W., and colleagues (2020), found that alexithymia mediated the relationship between childhood trauma and self-harm in adolescents.

For Larson and Chastain (1990), "Self-concealment is defined as the predisposition to actively hide from others personal information one experiences as distressing or negative events. Self-concealment can be quantified as the degree to which others have actively concealed information about oneself from them, such as avoiding certain topics or secrets. It can be defined as the degree to which others feel discomforted or awkward when they share personal information with others, such as being anxious or embarrassed. It is frequency with which individuals engage in activities designed to keep other individuals from learning some things about themselves, such as lying or hiding. Self-concealment can be defined as the degree to

which individuals feel that sharing personal information with others will result in negative consequences, such as rejection or criticism.

Self-concealment is a chronic pattern of concealing painful or personally significant information from others (Larson & Chastain, 1990). This pattern of avoidance at the behavioral and cognitive level has been linked with adverse psychological effects, like anxiety, depression, and low self-esteem, as concealing painful experiences denies the potential for emotional elaboration and social support (Ichiyama et al., 1993; Kelly & Yip, 2006). Self-concealment is generally more common in individuals who have greater internalized distress, interpersonal sensitivity, and shame, and may also increase their vulnerability to psychopathology (Cramer & Barry, 1999). Self-concealment as a maladaptive coping strategy in childhood trauma can be utilized to hide emotional hurt and prevent reliving traumatic memories. Traumatized individuals tend to report more secrecy, mistrust, and fear of being found out, which serve as short-term adaptive functions but result in long-term psychological disturbance (Pennebaker, 1997; Frattaroli, 2006). Evidence has found that trauma survivors with greater tendencies toward non-disclosure or concealment report greater symptoms of post-traumatic stress and emotional repression (Lepore, 2001; Foy et al., 2001). Growing evidence also links self-concealment with body image disturbance and disordered eating.

Concealing emotional suffering and negative self-perceptions could play a role in the internalization of shame and body dissatisfaction that reinforces maladaptive coping behaviors such as restrictive eating or binge-purge behavior (Wegner et al., 2014; Troop et al., 2008). Troop et al. (2008) concluded that high secrecy and avoidance associated with eating disorder symptomatology and body shame were presented by women who reported, highlighting self-concealment as an emotional regulation approach that reinforces disordered eating. Weinberger (2011) noted that individuals who suppress painful emotions are likely to engage in compensatory behavior such as disordered eating to manage internal tension.

Objectives of the Study

Studying mental health in Indian female emerging adults necessitates a culturally sensitive approach due to unique emotional expressions, the potential for specific traumas (if any), and the influence of cultural factors. The emotional expressions may differ in Indian female emerging adults, and there might be a social stigma or discouragement of openly expressing emotions, which could further complicate emotional regulation and contribute to alexithymia. While existing research supports this connection, more studies are needed to explore the specific nuances in the Indian context.

Hence, the current research is highly applicable in the Indian cultural context, where emotional experience and body image disturbance are influenced by gender norms, family structures, and societal expectations. An absence of evidence specific to female emerging adults in India exists, and this research attempts to bridge this gap by providing context-based findings to support culturally informed intervention development.

Research Objectives

The research objectives of the study were as follows:

1. To assess the levels of childhood trauma, body image dissatisfaction, alexithymia and self-concealment among female emerging adults
2. To assess the relationship between childhood trauma and body image dissatisfaction, alexithymia and self-concealment among female emerging adults.
3. To examine if alexithymia and self-concealment will predict the levels of childhood trauma and body image dissatisfaction among female emerging adults.
4. To examine the mediating role of self-concealment in the relationship between childhood trauma and body image dissatisfaction among female emerging adults.
5. To evaluate the mediating role of alexithymia in the relationship between childhood trauma and body image dissatisfaction among female emerging adults.
6. To explore the combined mediating effects of self-concealment and alexithymia in explaining the relationship between childhood trauma and body image dissatisfaction.

Research Questions

Some of the specific questions which the research study explores are:

1. What are the levels of childhood trauma, body image dissatisfaction, alexithymia and self-concealment among female emerging adults ?
2. How to assess the relationship between childhood trauma, body image dissatisfaction, alexithymia and self-concealment among female emerging adults?
3. Does Alexithymia and Self-concealment predict the levels of Childhood trauma and Body image dissatisfaction?
4. Does self-concealment mediate the relationship between childhood trauma and body image dissatisfaction?
5. Does alexithymia mediate the relationship between childhood trauma and body image dissatisfaction?
6. Do self-concealment and alexithymia jointly mediate the relationship between childhood trauma and body image dissatisfaction?

Theoretical Framework

Theory of Emerging Adulthood (Arnett, 2014)

This theory predicts emerging adulthood, 18-29 years, as a developmental period characterized by identity exploration, instability, and self-focus, in which emotional and relational vulnerabilities are heightened. It suggests a new stage of life between adolescence and young adulthood, with characteristics of identity exploration, instability, self-focus, a sense of being "in-between," and a sense of possibilities. It is a developmental period characterized by emotional regulation, identity formation, and interpersonal competence continue to develop

This theory contextualizes the age range (emerging adulthood) in which unresolved trauma in childhood can interact with alexithymia and self-concealment, thereby increasing vulnerability to distorted body image and maladaptive regulation of emotions at this stage of development. Among female emerging adulthood, respectively, they might be particularly at risk for internalizing consequences of childhood trauma like alexithymia, self-concealment, and dissatisfaction regarding body image, since they are still integrating emotional and identity structures.

Objectification Theory (Fredrickson & Roberts, 1997)

Objectification Theory (Fredrickson & Roberts, 1997) explains that society tends to treat women as sexual objects with attention focused on all or some part of their bodies in a sexual manner instead of on their skills. When objectified, women become the level of "mere instruments" for other people's visual inspection, assessment, and enjoyment (Bartky, 1990, p. 26). This process is referred to as self-objectification and occurs when women see and treat themselves as objects to be noticed and judged by their appearance. Suggests that women internalize an observer's view of their bodies, which results in body surveillance, shame, and emotional disconnection. Trauma, particularly sexual abuse, amplifies self-objectification and shame about bodies. (Fredrickson & Roberts, 1997).

The paper describes how childhood trauma can increase self-objectification and body shame. Alexithymia is the mediator in this process through impaired emotional awareness, with internalized shame being maintained by self-concealment, both leading to body-image discontent.

Emotional Regulation Model of Eating Disorders (Heatherton & Baumeister, 1991)

The emotional regulation model of eating disorders proposes that disordered eating behaviors (restriction, bingeing, purging) are maladaptive ways of coping with overtaxed affect (Heatherton & Baumeister, 1991). Highly alexithymia trauma survivors may have undifferentiated arousal (e.g., tension, emptiness) without the capacity to label or modulate emotions. Consequently, food intake is enlisted as a substitute regulatory strategy: bingeing temporarily comforts distress, while restriction or purging may provide illusory control or numbing (Whiteside et al., 2007). Therefore, alexithymia mediates between trauma and emotional eating, linking early affective damage and subsequent maladaptive coping.

The research establishes a link between trauma-related emotional dysregulation and body-image dissatisfaction. Alexithymia and self-concealment serve as mediators by interfering with the expression of emotions and facilitating maladaptive coping in the form of disordered eating behavior

Identify Disruption Model (Vartanian, 2018; Vartanian, Nicholls, & Hayward, 2023),

The Identity Disruption Model (Vartanian, 2018; Vartanian, Nicholls, & Hayward, 2023), which suggests that childhood adverse experiences can interfere with the formation of a secure self-concept, increasing vulnerability to sociocultural appearance pressures and body dissatisfaction. Trauma during childhood interferes with emotional self-awareness and identity integration, causing internalized negative self-appraisals and appearance-based self-esteem. In this study, alexithymia and self-concealment act as mediating mechanisms that sustain identity fragmentation the former mirroring inability to label and articulate emotions, and the latter capturing behavioral suppression of emotional pain.

These emotion-processing impairments interfere with adaptive self-concept development, predisposing emerging female adults toward body image dissatisfaction. Synthesizing the Identity Disruption Model with emotional regulation concepts therefore offers an explanation for how trauma-related emotional impairment and self-concealment collectively affect body image pathology in this phase of development.

Relevance to Study

Childhood trauma, such as emotional abuse, physical abuse, and neglect, is among the major risk factors for different psychological issues, such as depression, anxiety, and body image disturbance (Bödicker, Reinckens, & Höfler, 2022; Kent, Waller, & Dagnan, 1999). Research has consistently shown that individuals exposed to adverse experiences during childhood are more likely to develop body dissatisfaction, a condition characterized by negative evaluations of one's appearance, which in turn increases the risk of disordered eating behaviors and other mental health concerns (Wendler-Bödicker et al., 2023). The emerging adulthood period (about ages 18–29), during which people experience exploration of identity and development of self-concepts, may further increase susceptibility to these challenges (Arnett, 2014).

One such mechanism that has been found to account for the relationship between childhood trauma and body dissatisfaction is alexithymia, or the inability to identify and describe emotions. Research has demonstrated that trauma-exposed individuals often have difficulty with emotional awareness, resulting in ineffective emotional regulation and the utilization of maladaptive coping styles like disordered eating (De Berardis et al., 2007; Kent et al., 1999). Another similar emotional variable, self-concealment, or the tendency to keep painful personal experiences and feelings hidden from other people, could prevent patients from coming for help and articulating emotions and thus exacerbate psychological outcomes (Larson & Chastain, 1990).

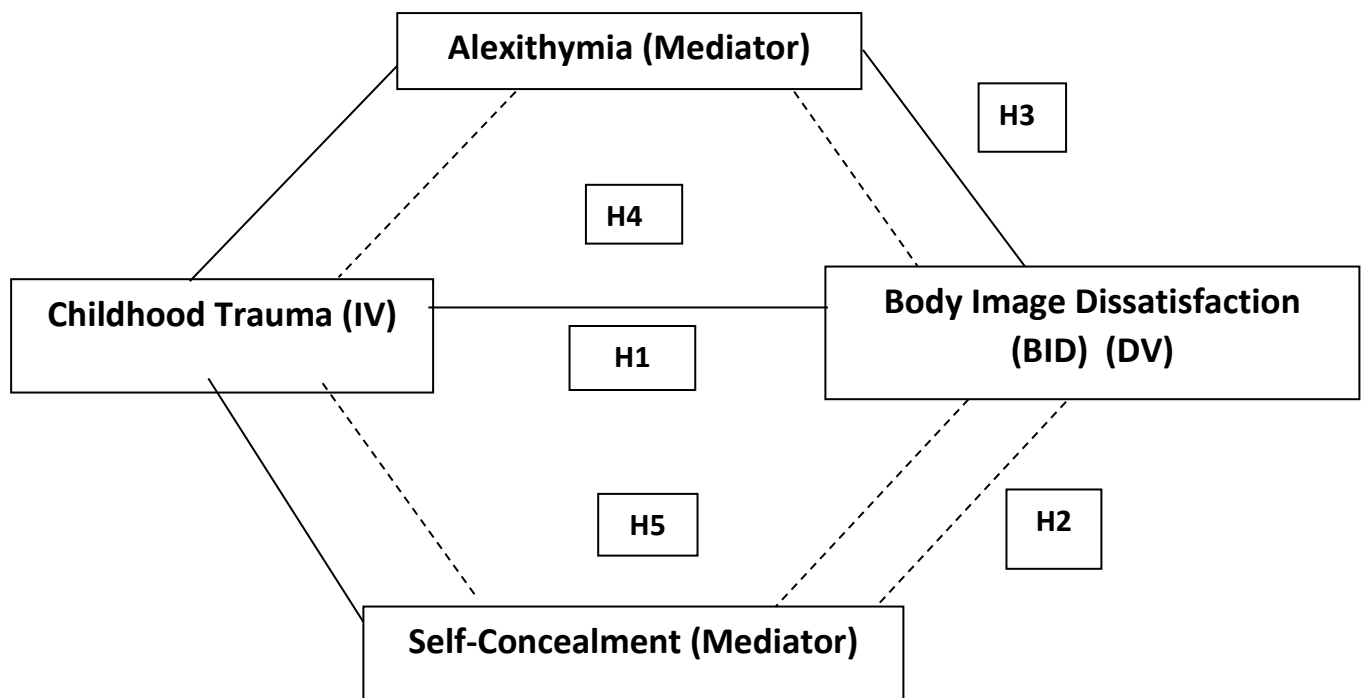
While previous studies have determined the contributions of alexithymia and emotional regulation to body dissatisfaction, little is known regarding the combined mediating impact of self-concealment and alexithymia for the association between childhood trauma and body dissatisfaction, particularly for university students entering adulthood. (Hund, A. R., & Espelage, D. L., 2006) Most current research is conducted with Western samples or clinical populations, and there are few studies in the Indian setting in which emotional expression and body image attitudes may differ (Akhator Eneka & Nwifor, 2024). Furthermore, emerging adults experience specific challenges in identity development and peer relationships that could contribute to the impact of trauma on their psychological health (Arnett, 2014).

With the increasing prevalence of body image disturbance and eating disorders in female late adolescents, understanding the psychological mechanisms that connect childhood trauma to such outcomes is crucial. Determining mediators like self-concealment and alexithymia can guide prevention and intervention by targeting emotional avoidance and awareness impairments.

This research seeks to address the gaps in existing literature by investigating these mediating variables in a clinical sample of Indian university students, hence adding both theoretical knowledge and practical methodology in mental health care.

Conceptual Framework

The following diagram represents the mediating role of alexithymia and self-concealment in the relationship between childhood trauma and body image dissatisfaction among emerging female adults.



Literature Review

Impact of Childhood Trauma on Body Image Dissatisfaction

A study done by Kim L., Coble C., et. al., (2025) examined the associations between adverse childhood experiences (ACEs), positive childhood experiences (PCEs), and body image dissatisfaction using data from the National Survey of Children's Health. Adjusted logistic regression analyses indicated that exposure to 1–2 ACEs and 3 or more ACEs was associated with significantly higher odds of body image dissatisfaction compared to no ACE exposure. In contrast, PCEs specifically family resilience and neighborhood support, were associated with lower odds of body image dissatisfaction, even among adolescents who had experienced adversity. Notably, among adolescents with high levels of adversity (3+ ACEs), family resilience emerged as the sole protective factor. These findings underscore the dose-dependent impact of childhood adversity on body image dissatisfaction and highlight the buffering role of relational and environmental protective factors in promoting healthier body image during adolescence (Kim, L., Coble, C., et. al., 2025)

A study done by , Wu, S., Liu, J., et al., (2023) examined the association between childhood trauma and affective lability among adolescents, with a particular focus on the mediating role of body image dissatisfaction and the moderating effects of bullying and gender. Using a sample of 3,738 high school students from China, participants completed self-report measures assessing childhood trauma, affective lability, body image dissatisfaction, and experiences of bullying. Linear regression analyses indicated that emotional abuse and body image dissatisfaction were significant positive predictors of affective lability in both boys and girls. Mediation analyses further revealed that body image dissatisfaction partially mediated the relationship between emotional abuse and affective lability. Moderated mediation analyses demonstrated that experiences of being bullied strengthened the direct association between emotional abuse and affective lability, whereas gender did not significantly moderate any direct or indirect pathways. These findings suggest that childhood emotional abuse contributes to affective instability in adolescence through disruptions in body image, with peer victimization acting as an exacerbating contextual factor (Wu, S., Liu, J., et al., 2023).

In a systematic review and meta-analysis by Bödicker, C., Reinckens, J, et al., (2021) synthesized evidence examining the association between childhood maltreatment and body image disturbances in adulthood, with particular attention to maltreatment subtypes and potential mediating mechanisms. Following a comprehensive search across PubMed, Scopus, and Web of Science, 40 studies were included in the qualitative synthesis, and 12 non-clinical studies comprising 15,481 participants were incorporated into the meta-analysis. Findings demonstrated a robust association between childhood maltreatment and negative cognitive-affective body image in both clinical and community samples, with body image disturbances being especially pronounced among individuals with posttraumatic stress disorder following maltreatment. The meta-analysis revealed a small but significant overall effect size, indicating that childhood maltreatment contributes meaningfully to later body image disturbance. Meta-regression analyses showed no differential impact of specific maltreatment subtypes in non-clinical populations. Overall, the findings support the conceptualization of childhood maltreatment as a distal risk factor for body image disturbance and underscore the need for longitudinal research to clarify developmental pathways linking early adversity, body image dysfunction, and subsequent psychopathology. (Bödicker, C., Reinckens, J, et al., 2021)

In a cross-sectional study grounded in cognitive-behavioral and attachment theory, Cerqueira, A., & Almeida, T. C. et al., (2023) examined the predictive role of childhood trauma on body dysmorphic disorder (BDD) symptoms among adolescent and young adult females, with self-compassion functioning as a mediating variable. Using a convenience sample of 300 female students aged 16–22 years, participants completed the Childhood Trauma Questionnaire, the Yale-Brown Obsessive Compulsive Scale modified for BDD, and the Self-Compassion Scale. Structural equation modeling revealed that childhood trauma exerted a significant negative direct effect on self-compassion and a significant positive direct effect on BDD symptoms, while self-compassion demonstrated a strong negative association with BDD symptom severity. Mediation analyses confirmed that self-compassion significantly mediated the relationship between childhood trauma and BDD symptoms, indicating that trauma-related reductions in self-compassion partially explain the emergence and severity of body dysmorphic symptomatology. These findings underscore the central role of self-compassion as a protective psychological mechanism and suggest that trauma-informed interventions targeting self-compassion may be

effective in reducing body image–related psychopathology in adolescent girls (Cerqueira, A., & Almeida, T. C. et al., 2023).

Adolescents and young adults with a history of childhood maltreatment demonstrate increased vulnerability to body dissatisfaction and related psychopathology, including eating disorders, with emotional abuse and neglect emerging as the most prevalent forms of maltreatment (Wendler-Bödicker C., et al., 2024). Findings from an epidemiological cohort study of 1,001 individuals aged 14–21 years indicated that more than one-third of participants reported childhood maltreatment, and these individuals showed significantly lower satisfaction with their physical appearance compared to those without such adverse experiences. Mediation analyses further revealed that reduced self-esteem plays a crucial intermediary role in the relationship between childhood maltreatment and body (dis)satisfaction, suggesting that early adverse experiences may negatively shape self-concept, which in turn contributes to body image disturbances. Collectively, these findings highlight childhood maltreatment as a significant risk factor for the development of body dissatisfaction during adolescence and underscore the clinical importance of targeting self-esteem in preventive and therapeutic interventions, while emphasizing the need for prospective research to clarify causal pathways (Wendler-Bödicker C., et al., 2024).

A study done by Vartanian, L. R., Nicholls, K., et al., (2023) proposes that the exposure to early adversity undermines self-concept clarity, thereby increasing adolescents' susceptibility to sociocultural appearance pressures and subsequent body dissatisfaction, a pathway that has been insufficiently examined during adolescence, a critical developmental period for identity formation and body image concerns. Across two empirical studies involving adolescents recruited via social media and high schools, early adversity was consistently associated with reduced self-concept clarity, which in turn predicted greater internalization of sociocultural appearance ideals and more frequent appearance-based social comparisons; these sociocultural processes were further linked to elevated body dissatisfaction. By empirically validating this model in adolescent samples, the findings extend existing sociocultural frameworks of body dissatisfaction and underscore the clinical relevance of early identity-related processes as potential targets for preventive and intervention efforts aimed at reducing body image disturbances during adolescence. (Vartanian, L. R., Nicholls, K., et al., 2023)

Barone, E., Carfagno, M. et al., (2023) examined the effect of Childhood maltreatment, particularly emotional abuse, appears to play a significant role in the development of eating disorder psychopathology, with alexithymia emerging as a key psychological mechanism underlying this association. In a comparative study involving women with anorexia nervosa, bulimia nervosa, and healthy controls, emotional abuse was directly linked to body dissatisfaction and indirectly associated with core eating disorder symptoms, such as drive for thinness, bulimia, and body dissatisfaction through difficulties in identifying and recognizing emotions, a central component of alexithymia. In contrast, among healthy women, physical neglect showed direct associations with drive for thinness and bulimic tendencies, but alexithymia did not function as a mediating variable, suggesting disorder-specific pathways. These findings indicate that impaired emotional awareness may serve as a maladaptive coping mechanism through which individuals with histories of emotional abuse regulate distress via eating disorder behaviors, highlighting emotion recognition and acceptance as relevant targets for intervention in maltreated individuals with eating disorders. (Barone, E., Carfagno, M. et al., 2023)

Nelson, J. D., Martin, L. N., et al., (2023) proposed that Perceived discrimination has emerged as a significant sociocultural stressor contributing to eating disorder (ED) pathology, independent of adverse childhood experiences (ACEs), highlighting the need to move beyond individual-level psychosocial risk factors in clinical research. In a diverse sample of undergraduate students, the frequency of everyday discrimination significantly predicted all domains of ED symptoms even after statistically adjusting for gender, race, and ACEs, underscoring discrimination as a robust and unique risk factor for disordered eating. Further analysis demonstrated that the number and type of experiences were differentially associated with ED symptomatology, with weight-based discrimination showing the strongest association across all ED symptoms, and gender discrimination being particularly linked to body dissatisfaction, cognitive restraint, and dietary restriction. Additionally, intersectional differences were observed, wherein people of color reported higher restrictive eating behaviors and female participants endorsed greater overall ED symptom severity, suggesting that sociocultural context and identity-related stressors play a critical role in shaping ED risk. Thus, these findings emphasize the clinical importance of incorporating discrimination-related stress and

intersectional frameworks into assessment, prevention, and intervention models for eating disorders. (Nelson, J. D., Martin, L. N., et al., 2023)

Childhood maltreatment (CM), particularly emotional abuse, appears to play a central transdiagnostic role in linking early adversity to eating disorder (ED) psychopathology across bulimia nervosa (BN) and binge eating disorder (BED) populations (Monteleone, A. M., et al., 2022). Using network analysis, the study demonstrated that all forms of CM were indirectly associated with core ED symptoms through emotional abuse in both diagnostic groups, highlighting its function as a key connecting node between early trauma and later psychopathology. However, the specific psychopathological pathways diverged by diagnosis: in individuals with BN, emotional abuse was linked to bulimic symptoms and body dissatisfaction via feelings of ineffectiveness, whereas in individuals with BED, impulsivity emerged as the primary intervening dimension. Notably, interoceptive awareness reflecting difficulties in emotion recognition and regulation was embedded within these pathways in both groups, suggesting a shared emotional dysregulation mechanism underlying ED maintenance (Author et al., Year). Consistent with prior findings in anorexia nervosa, these results underscore emotional abuse as a core etiological factor across ED diagnoses and emphasize the clinical relevance of targeting diagnosis specific dimensions such as ineffectiveness and impulsivity in trauma-informed ED interventions. (Monteleone, A. M., et al., 2022)

A study done by Barone E., et al., (2024) show that Childhood maltreatment, particularly emotional abuse (EA), is a well-established risk factor for the development of eating disorder (ED) psychopathology, with its effects operating through multiple psychological mechanisms rather than a single pathway. In a comparative study including individuals with anorexia nervosa (AN), bulimia nervosa (BN), and healthy controls, EA was differentially associated with ED symptoms through distinct mediators across diagnostic groups, highlighting disorder-specific and transdiagnostic processes. Path analyses revealed that impulsivity mediated the relationship between EA and drive for thinness as well as bulimic behaviors in individuals with AN, whereas sensitivity to punishment mediated the association between EA and body dissatisfaction in individuals with BN. Importantly, feelings of ineffectiveness and difficulties in identifying emotions (alexithymia) emerged as transdiagnostic mediators across both clinical groups, underscoring the central role of impaired self-concept and emotion regulation in linking early

emotional abuse to ED symptomatology. No significant mediation effects were observed in healthy controls, suggesting that these pathways are specific to clinical populations. Overall, the findings propose multifactorial model through which childhood EA contributes to ED pathology and emphasize factors such as emotion identification, self-efficacy, impulsivity, and sensitivity to punishment for trauma-informed interventions in eating disorders (Barone E., et al., 2024)

According to a study done by Dunkley,D., Masheb R., et al., (2020), Childhood maltreatment, particularly emotional and sexual abuse, is significantly associated with heightened body dissatisfaction and depressive symptomatology in individuals with binge eating disorder (BED), with self-criticism emerging as a key psychological mechanism underlying this relationship. In a clinical sample of BED patients, path analytic models demonstrated that self-criticism fully mediated the association between emotional abuse and both depressive symptoms and body dissatisfaction, indicating that early adverse experiences may foster a pervasive, punitive self-evaluative style that subsequently contributes to affective distress and negative body image. Importantly, the specificity of self-criticism as a mediator was supported through comparisons with alternative models and related constructs such as low self-esteem, establishing its role in linking childhood emotional abuse to core psychopathological outcomes in BED. These findings emphasize the clinical relevance of targeting maladaptive self-critical processes within trauma-informed interventions for individuals with BED to mitigate depression and body image disturbances. (Dunkley,D.,Masheb, R., et al.,2020)

Rosenberg, T., Lahav, Y., et al., (2023), established that Childhood abuse has been implicated as a significant risk factor for eating disorder (ED) symptomatology, and emerging evidence suggests that its impact may be partially explained by maladaptive defensive processes such as identification with the aggressor. In an adult sample, greater severity of childhood abuse was significantly associated with core ED symptoms, including shape and weight overvaluation, body dissatisfaction, and binge eating, as well as with multiple facets of identification with the aggressor, indicating a pervasive internalization of abusive dynamics. Mediation analyses further demonstrated that identifying with the perpetrator's aggression significantly mediated the relationship between childhood abuse and ED symptoms, suggesting that survivors may unconsciously adopt self-directed aggression and critical internal states as a means of psychological survival, which later manifest as disordered eating behaviors. Thus, these findings

underscore the relevance of addressing identification with the aggressor within trauma-informed ED treatment, highlighting the therapeutic relationship as a context for helping individuals recognize, reprocess, and attenuate the enduring self-attacking and relational patterns rooted in early abuse experiences (Rosenberg, T., Lahav, Y., et al., 2023).

A study by Gaggiano, C., Wang S., et al., (2025) Adverse childhood experiences (ACEs) are significantly associated with body dissatisfaction across multiple appearance domains, extending beyond body fat concerns to include muscularity dissatisfaction, with these associations operating through sociocultural mechanisms of appearance stigma (Author et al., Year). In a large community sample of Chinese women, ACEs were positively correlated with both body fat and muscularity dissatisfaction, and structural equation modeling demonstrated that these relationships were fully accounted for by pathways involving experienced appearance stigma (e.g., weight and muscularity teasing) and internalized appearance bias. Specifically, individuals with higher levels of childhood adversity reported greater exposure to appearance-based stigmatization and stronger internalization of negative appearance-related beliefs, which in turn predicted elevated dissatisfaction with both body fat and muscularity across genders. These findings highlight appearance stigma as a critical mediating mechanism linking early adversity to body image disturbances and underscore the clinical importance of addressing both externally experienced and internally internalized stigma processes in interventions aimed at reducing body dissatisfaction among individuals with histories of ACEs (Gaggiano, C., Wang S., et al., 2025).

Emery, R. L., et al., (2021) studied that Childhood maltreatment is a significant longitudinal risk factor for disordered eating attitudes and behaviors in adulthood, with emotional neglect emerging as a particularly salient form of early adversity across genders. Drawing on population-based data from Project EAT-IV, adults with a history of any form of childhood maltreatment demonstrated substantially elevated risk for chronic dieting and overeating, alongside increased likelihood of binge eating, weight and shape concerns, and unhealthy weight control behaviors. All forms of abuse and neglect were associated with at least one disordered eating outcome, with emotional neglect showing the most consistent and robust associations across eating-related attitudes and behaviors, suggesting that early emotional deprivation may have enduring effects on self-regulation and body-related distress. Although no statistically significant gender differences were observed, nuanced qualitative patterns indicated

both shared and distinct expressions of risk among men and women, underscoring childhood maltreatment as a clinically meaningful and broadly relevant contributor to problematic eating trajectories in adulthood. (Emery, R. L., et al., 2021).

According to a study done by, Momeñe, J., Estévez, A., et al., (2023) Childhood trauma is significantly associated with heightened body dissatisfaction among young adult women, with self-criticism emerging as a central psychological mechanism underlying this relationship. In a large community sample of women aged 18–30 years, childhood trauma was positively correlated with both self-criticism and body dissatisfaction, and mediation analyses demonstrated that trauma was indirectly linked to body dissatisfaction through elevated self-critical coping styles. Specifically, greater exposure to childhood trauma was associated with increased tendencies toward harsh self-evaluation, which in turn predicted higher levels of dissatisfaction with one's body, highlighting self-criticism as a maladaptive internal process shaped by early adverse experiences. These findings show the clinical importance of early identification of trauma-related self-criticism, as addressing this coping style may not only improve quality of life but also serve a preventive and therapeutic role in reducing body dissatisfaction and mitigating progression toward more severe psychopathology such as eating disorders, body dysmorphic disorder, compulsive exercise, and depressive symptoms (Momeñe, J., Estévez, A., et al., 2023).

A study done by Wenninger, K., & Heiman, J. R. (1998), showed that Survivors of childhood sexual abuse (CSA exhibit enduring disturbances in cognitive–affective body image that are significantly associated with long-term psychological and sexual functioning in adulthood. In a community-based comparison study, female adult CSA survivors reported more negative evaluations of their health and lower body esteem related to sexual attractiveness than non-abused controls, even after controlling for objective weight status, indicating that these body image impairments are not attributable to physical characteristics alone. Moreover, body image variables concerning perceived health and sexual attractiveness accounted for significant variance in psychological symptoms reflecting the broad and persistent sequelae of CSA, including emotional distress and sexual dysfunction. These findings highlight body image disturbance as a clinically salient and trauma-related outcome of childhood sexual abuse, underscoring the importance of comprehensive assessment and the integration of targeted body

image-focused interventions within therapeutic approaches for CSA survivors (Wenninger, K., & Heiman, J. R., 1998),

Constantian, M. B., Zaborek, N. (2021), studied that Adverse childhood experiences (ACEs) appear to be highly prevalent among plastic surgery patients and are significantly associated with body shame and postoperative dissatisfaction, offering important insight into why some patients remain unhappy despite objectively satisfactory surgical outcomes. Compared to general medical populations, surgical patients reported markedly higher rates of overall ACEs, particularly emotional abuse and emotional neglect and over half of the sample endorsed clinically significant body shame, with ACE severity emerging as a significant predictor of body shame. Body shame, in turn, was associated with greater psychological and medical vulnerability, including higher antidepressant use, substance abuse history, increased health problems, greater number of cosmetic procedures, and heightened demands for pain medication, suggesting a broader pattern of distress and dysregulation. Importantly, mediation analyses indicated that body shame predicted requests for surgical revision, implying that when surgery is pursued as a means of managing trauma-related body shame, dissatisfaction and revision-seeking behavior are more likely. Thus, these findings emphasize the relevance of assessing ACEs and body shame in surgical candidates and highlight the need for trauma-informed screening and psychological intervention to address underlying body-related distress prior to operative treatment. (Constantian, M. B., Zaborek, N., 2021).

Impact of Childhood Trauma on Alexithymia

A study done by Macarenco, M. M., et al., (2021) examines that Childhood trauma appears to be indirectly associated with the presence of autoimmune disorders through specific emotion-processing and consciousness-related mechanisms, particularly dissociation and alexithymia, rather than through anger. Using a multiple mediation model in a large clinical and control sample, structural equation modeling demonstrated that individuals with histories of childhood trauma were more likely to exhibit dissociative tendencies and difficulties in identifying and describing emotions, which in turn significantly mediated the relationship between early trauma and autoimmune pathology. In contrast, anger did not emerge as a significant mediator, suggesting that trauma-related disruptions in emotional awareness and

integration, rather than overt affective expression, may play a more central role in the psychophysiological pathways linking childhood adversity to autoimmune disease. These findings align with existing trauma studies and show the importance of routinely assessing childhood trauma, dissociation, and alexithymia in autoimmune patients, as these factors may contribute to illness maintenance and represent meaningful targets for integrated psychological and medical interventions. (Macarenco, M. M., et al., 2021)

Sharma, P., Sen, M. S, et al., (2024) emphasize that Childhood trauma is significantly associated with emotional dysregulation, alexithymia, and internalizing psychological symptoms among adolescents, with emotion regulation emerging as a key mediating mechanism in this relationship. In a clinical adolescent sample, higher levels of childhood trauma were positively correlated with greater difficulties in emotion regulation and elevated internalizing symptoms, while emotion regulation difficulties were strongly associated with alexithymia and psychological distress. Regression analysis indicated that childhood trauma, alexithymia, and emotion dysregulation jointly accounted for a substantial proportion of variance in internalizing symptoms, showing their combined contribution to adolescent psychopathology. Mediation analyses further demonstrated that emotion regulation partially mediated the associations between childhood trauma and internalizing symptoms, as well as between alexithymia and internalizing symptoms, highlighting both direct and indirect pathways through which early adversity and impaired emotional awareness influence psychological well-being. Collectively, these findings emphasize the pivotal role of emotion regulation in the developmental pathway linking childhood trauma to adolescent mental health outcomes and shows its clinical relevance as a central target for assessment and intervention in child and adolescent mental health services (Sharma, P., Sen, M. S, et al.,2024)

Strodl, E., & Wylie, L. (2020). proposed that Disordered eating represents a clinically significant threat to physical and psychological well-being, and growing evidence implicates childhood trauma as a key etiological risk factor operating through emotion-related mechanisms. In a community-based sample, distinct forms of childhood trauma showed differential associations with disordered eating behaviors, with childhood emotional abuse directly

predicting cognitive restraint and childhood sexual abuse directly associated with emotional eating. Beyond these direct effects, multiple indirect pathways emerged through alexithymia-related beliefs about emotions particularly beliefs that emotions are overwhelming, uncontrollable, or damaging, suggesting that maladaptive appraisals of emotional experience may partially explain how early trauma contributes to disordered eating patterns. However, the relatively small effect sizes of these indirect pathways indicate that emotion-related beliefs constitute only one component of a broader, multifactorial process linking childhood trauma to eating pathology, emphasizing the need for longitudinal research to clarify causal mechanisms and to identify additional psychological targets for more effective, trauma-informed interventions (Strodl, E., & Wylie, L., 2020)

A study done by Yang, J., Wang, L., et al., (2024) Childhood trauma is closely linked to alexithymia among adolescents with mood disorders, with emotional abuse emerging as a particularly salient etiological factor in the disruption of emotional awareness and processing. In a large clinical sample of Chinese adolescents diagnosed with depressive or bipolar disorders, structural equation modeling revealed a significant association between cumulative childhood trauma and alexithymia, indicating that early adverse experiences contribute to enduring difficulties in identifying and describing emotions. Complementary network analysis further identified emotional abuse and difficulty identifying feelings as central nodes within the trauma–alexithymia network, underscoring the pivotal role of emotionally invalidating environments in shaping maladaptive emotion-processing patterns. These findings provide clinically meaningful evidence that emotional abuse may represent a core developmental pathway through which childhood trauma compromises socioemotional functioning in adolescents with mood disorders, highlighting the importance of early emotional nurturing, trauma-informed assessment, and targeted interventions aimed at improving emotional awareness to mitigate long-term psychopathological risk (Yang, J., Wang, L., et al., 2024).

Terock, J., Van der Auwera, S., et al., (2020), studied that Childhood emotional neglect is robustly associated with impaired verbal declarative memory performance in adulthood, with alexithymia functioning as a key mediating mechanism linking early emotional deprivation to later cognitive deficits. Across two large, independent population-based samples, emotional neglect rather than emotional abuse emerged as a consistent negative predictor of both

immediate and delayed recall, underscoring the particular neurocognitive vulnerability associated with the absence of emotional responsiveness during development. Emotional neglect was also the strongest predictor of alexithymia, suggesting that early deficits in emotional attunement may compromise the development of emotional awareness and labeling capacities that are integral to effective memory encoding and retrieval. Mediation analyses further demonstrated that alexithymia significantly accounted for the association between childhood emotional neglect and declarative memory performance, highlighting emotion-processing deficits as a plausible mechanistic pathway through which early adversity exerts long-term effects on cognition. Collectively, these findings emphasize the clinical relevance of assessing emotional neglect and alexithymia in individuals presenting with memory difficulties and point to emotion-focused interventions as potential targets for mitigating trauma-related cognitive impairments (Terock, J., Van der Auwera, S., et al., 2020)

Childhood adversity is significantly associated with socioemotional impairments in adulthood, characterized by elevated alexithymia and reduced empathic capacity, underscoring the enduring psychological impact of early adverse experiences. In an adult community sample, greater exposure to adverse childhood experiences was positively related to difficulties in identifying and describing emotions and negatively related to empathy, indicating that early relational and environmental disruptions may compromise the development of emotional awareness and interpersonal sensitivity. Predictive modeling further demonstrated that adverse childhood experiences, along with marital status and lower empathic concern, significantly contributed to higher levels of alexithymia, highlighting the interplay between developmental trauma and current relational-emotional functioning. These findings emphasize the long-term influence of childhood adversity on emotional processing and social connectedness and support the clinical need for targeted interventions aimed at enhancing emotional awareness and empathy in individuals with histories of early adversity (Cerqueira, A., & Almeida, T. C., 2023).

A study done by Kick, L., Schleicher, D., et al., (2024) proposed that Childhood abuse is significantly associated with elevated levels of alexithymia, which in turn is strongly related to general psychopathology in adulthood, supporting alexithymia as a key mediating mechanism linking early adversity to later mental health difficulties. Meta-analytic findings demonstrated a moderate positive association between experiences of child abuse and alexithymia, as well as a

robust association between alexithymia and overall psychopathology, with no evidence of publication bias, underscoring the reliability of these effects. Importantly, all subtypes of childhood maltreatment were significantly correlated with alexithymia, although emotionally neglectful and abusive experiences showed stronger associations than physical or sexual abuse, highlighting the particularly detrimental impact of emotional deprivation on emotional awareness and processing. Collectively, these results indicate that alexithymia may partially mediate the relationship between childhood abuse and adult psychopathology and emphasize its clinical relevance as a potential target for prevention and therapeutic intervention in individuals with histories of early maltreatment (Kick, L., Schleicher, D., et al., 2024).

A study done by Cooper, H., Jennings, B. J., et al., (2024), shows that Childhood trauma is associated with subtle impairments in emotion recognition accuracy, although this relationship is influenced by interrelated individual differences such as alexithymia and psychopathy traits, as well as by characteristics of the emotional stimuli. In an adult sample assessed across facial, vocal, and audiovisual modalities, childhood trauma initially predicted poorer emotion recognition across modality, emotion type, and intensity; however, when controlling for alexithymia and psychopathy, trauma-related effects persisted only for the type of emotion portrayed, while alexithymia emerged as the primary predictor of reduced accuracy across varying emotional intensities. These findings suggest that difficulties in emotion recognition often attributed to childhood trauma may be partly explained by co-occurring deficits in emotional awareness and processing, rather than trauma exposure alone, and that the impact of trauma is not uniform across perceptual modalities or stimulus intensity. The results emphasize the clinical and methodological importance of accounting for overlapping individual difference variables and highlight the need for more sensitive emotion-recognition measures to better delineate trauma-related socioemotional processing deficits (Cooper, H., Jennings, B. J., et al., 2024).

A study by Honkalampi, K., Flink, N., et al., (2020) showed that Adverse childhood experiences (ACEs), particularly emotional and physical abuse and neglect, are strongly associated with alexithymia-related deficits in emotional regulation among patients with major depressive disorder (MDD), with specific relevance to difficulties in describing feelings in adulthood. In a clinical sample of psychiatric outpatients with MDD, alexithymic individuals

reported markedly higher exposure to emotional abuse and neglect compared to non-alexithymic patients, while substantial proportions of the overall sample also endorsed histories of physical neglect and abuse. Regression analysis indicated that emotional and physical abuse and neglect significantly predicted difficulty describing feelings (DDF), a core component of alexithymia, whereas broader depressive symptom severity and sex interactions showed limited explanatory power. These findings suggest that early emotionally and physically invalidating environments may disrupt the development of emotional expression capacities, thereby contributing to persistent alexithymic features in depression, and underscore the clinical importance of systematically assessing childhood trauma and emotion-expression difficulties in trauma-informed treatment planning for MDD. (Honkalampi, K., Flink, N., et al., 2020).

A study done by Pasquariello, K., Gansler, D. A., et al., (2025) proposed that Childhood trauma is associated with eating disorder (ED) psychopathology and cognitive dysfunction beyond post-traumatic stress disorder, and trauma exposure appears to shape the cognitive–affective organization of ED symptoms rather than their overall severity. Using network analysis in a community sample, ED symptom–cognition networks among adults with and without childhood trauma histories shared core features, most notably the centrality of weight and shape overvaluation and negative self-concept; however, trauma reporters demonstrated greater centrality of overvaluation and distinct linkages between executive functioning deficits and food-related attentional biases. In contrast, affective symptoms were more salient within the network of non-trauma reporters, suggesting differential pathways through which eating pathology is maintained depending on trauma exposure. Although global network strength did not differ significantly between groups, the qualitative differences in cognitive–affective connections highlight the clinical relevance of trauma-informed formulations, emphasizing the need to assess cognitive deficits, self-concept disturbances, and attentional processes when tailoring interventions for individuals with eating psychopathology and histories of childhood trauma (Pasquariello, K., Gansler, D. A., et al., 2025).

A study done by Zhou, J., Wei, M., et al., (2024) Childhood maltreatment is positively associated with aggressive behavior among college students, with this relationship operating through both diminished authenticity and heightened alexithymia as key mediating mechanisms. In a large sample of college students, higher levels of childhood maltreatment predicted greater

aggression, and mediation analyses demonstrated that reduced authenticity partially explained this association, suggesting that early adverse experiences may disrupt the development of a coherent and genuine sense of self, thereby increasing vulnerability to maladaptive behavioral expression. Additionally, alexithymia emerged as a stronger mediator, indicating that difficulties in identifying and expressing emotions may facilitate the translation of early maltreatment into aggressive responses. Importantly, a significant sequential (chain) mediation effect revealed that childhood maltreatment was associated with lower authenticity, which in turn increased alexithymia and subsequently aggressive behavior, highlighting a developmental pathway from early relational trauma to impaired emotional processing and externalizing behavior. Thus, these findings highlight the clinical impact of targeting authenticity and emotional awareness within trauma-informed interventions aimed at reducing aggression in college populations. (Zhou, J., Wei, M., et al., 2024)

Impact of Alexithymia on Body Image Dissatisfaction

A study done by Balogh, P., & Fekete, Z., (2024), proposed that deficits in self-development are significantly associated with body image dissatisfaction, with alexithymic traits playing a differential mediating role across genders, underscoring the interplay between self-cohesion, emotional development, and embodiment. In a non-clinical adult sample, higher levels of alexithymia were robustly associated with greater body image dissatisfaction, supporting the notion that impaired emotional awareness contributes to maladaptive body-focused self-experience. Among women, unmet narcissistic needs related to self-development exerted an indirect effect on body dissatisfaction through alexithymia, suggesting that disruptions in early mirroring and emotional attunement may impair affect recognition and expression, thereby increasing reliance on the body as a medium for identity and emotional regulation. In contrast, among men, dissatisfaction with the need for idealization directly predicted body image dissatisfaction, with no mediating role of alexithymia, indicating that body dissatisfaction in men may be more directly linked to self-evaluative and ideal-based aspects of self-development rather than emotional processing deficits. These findings highlight gender-specific developmental pathways to body image disturbance and emphasize the clinical relevance of addressing both self-developmental needs and emotional awareness in body image-related interventions. (Balogh, P., & Fekete, Z., 2024)

Gori, A., & Topino, E. (2023) studied that Problematic social media use appears to be meaningfully associated with deficits in emotional processing and self-related vulnerabilities, with alexithymia exerting its influence through body image concerns and moderated by self-esteem. In an adult sample of social media users, higher levels of alexithymia were significantly associated with greater social media addiction, an effect that was fully mediated by body image concern particularly body dissatisfaction suggesting that difficulties in identifying and expressing emotions may increase reliance on social media as a compensatory strategy for managing negative body-related self-evaluations. Furthermore, self-esteem moderated these relationships, indicating that individuals with lower self-esteem may be especially vulnerable to the combined effects of alexithymia and body dissatisfaction on addictive social media behaviors, while age and gender further shaped these associations. (Fardouly J., & Vartanian, et al., 2016)

These results show a clinically relevant pathway linking emotional dysregulation, body image disturbance, and problematic social media use, underscoring the importance of targeting emotional awareness, self-worth, and body-related cognitions in prevention and intervention efforts. (Gori, A., & Topino, E. 2023)

A study done by De Berardis, D., Serroni, N., et al., (2009), proposed that Alexithymia is significantly associated with dissociative experiences, body dissatisfaction, and increased vulnerability to eating disorder (ED) symptomatology among non-clinical undergraduate women, highlighting a constellation of emotion-processing and self-related risk factors for disordered eating. In a large sample of female university students, individuals with elevated alexithymia reported greater dissociative experiences, higher body dissatisfaction, lower self-esteem, and increased scores on ED risk measures compared to non-alexithymic peers. Regression analysis further indicated that difficulties in identifying and describing feelings, heightened dissociation, and reduced self-esteem independently predicted greater ED risk, underscoring the interactive role of emotional unawareness, altered consciousness, and negative self-evaluation in the development of eating pathology. These findings suggest that the co-occurrence of alexithymia, dissociation, and low self-esteem constitutes a clinically meaningful vulnerability profile for eating disorder symptoms, even in non-clinical populations, with important implications for early identification and preventive intervention strategies (De Berardis, D., Serroni, N., et al., 2009).

A study done by Hu, P., Xie, T., et al., (2024) showed that Perfectionism is indirectly associated with eating pathology through maladaptive body- and emotion-related processes, with body dissatisfaction and alexithymia functioning as key mediating mechanisms among college students. Across a large cross-sectional sample and a three-wave longitudinal design, higher levels of perfectionism were significantly related to greater eating pathology even after controlling for demographic factors, and this association was fully explained by elevated body dissatisfaction and difficulties in identifying and expressing emotions . Mediation analyses further indicated that although both mediators played a significant role, body dissatisfaction emerged as the stronger and more proximal pathway linking perfectionism to eating pathology when examined in parallel models. These findings suggest that perfectionistic tendencies may heighten vulnerability to disordered eating primarily by fostering negative body evaluations and, to a lesser extent, impairing emotional awareness, underscoring the clinical importance of targeting body image concerns and emotion recognition skills in preventive and intervention efforts for at-risk college populations (Hu, P., Xie, T., et al.,2024)).

Babaei, S., Gharechahi, M., et al., (2015), proposed that Alexithymia in individuals with substance dependence appears to be more strongly associated with metacognitive dysfunction than with body image disturbances, highlighting the central role of impaired self-monitoring of cognitive and emotional processes in addiction-related psychopathology. In a heterogeneous clinical sample of substance abusers attending treatment centers, alexithymia showed its strongest association with deficits in cognitive awareness, indicating that difficulties in reflecting on and understanding one's own thoughts may contribute substantially to impaired emotion identification and expression. Regression analysis further demonstrated that metacognitive variables, particularly cognitive awareness, significantly predicted alexithymia, whereas body image was not meaningfully related, suggesting that emotion-processing deficits in substance use disorders may be driven more by higher-order cognitive regulation failures than by disturbances in physical self-perception. These findings highlight metacognition as a clinically relevant target for prevention and intervention efforts aimed at improving emotional awareness and reducing maladaptive coping in individuals with substance dependence. (Babaei, S., Gharechahi, M., et al., 2015)

A study done by Gori, A., Topino, E., (2021) showed that Exercise addiction is significantly associated with deficits in emotional awareness, with alexithymia exerting its effect on compulsive exercise behavior indirectly through heightened body image concerns, while self-esteem functions as a key protective moderator. In a sample of regular exercisers, higher alexithymia was positively related to greater risk of exercise addiction, and this relationship was fully mediated by body image concerns, suggesting that individuals with difficulties identifying and expressing emotions may engage in excessive exercise as a maladaptive strategy to regulate body-related distress. Importantly, self-esteem moderated this pathway such that at higher levels of self-esteem, the association between alexithymia and body image concerns was no longer significant, indicating a buffering effect against the translation of emotional dysregulation into body-focused compulsive behavior. These findings show the clinical relevance of targeting emotional awareness, body image distortions, and self-esteem in the prevention and treatment of exercise addiction, and support integrative, emotion-focused and self-concept-oriented intervention approaches. (Gori, A., Topino, E., 2021)

Alexithymia and psychological distress are significantly associated with disordered eating behaviors (DEBs) in adolescence, with psychological distress functioning as a key mediating mechanism linking deficits in emotional awareness to maladaptive eating patterns (Yurtdaş Depboylu, G., et al., 2024). In a large college-based sample of adolescents, higher levels of alexithymia were positively related to emotional eating, uncontrolled eating, and cognitive restraint, both directly and indirectly through elevated psychological distress, as assessed by depression, anxiety, and stress symptoms. Mediation analysis indicated that psychological distress partially mediated the associations between alexithymia and emotional eating as well as uncontrolled eating, and fully mediated the relationship between alexithymia and cognitive restraint, highlighting the central role of affective distress in translating emotional processing difficulties into disordered eating behaviors. Although alexithymia and psychological distress were not directly associated with BMI, emotional eating and cognitive restraint were positively related to BMI z-scores, suggesting clinically relevant links between specific eating behaviors and weight outcomes. These findings suggest the importance of targeting emotional awareness and psychological well-being in preventive and therapeutic interventions aimed at reducing disordered eating behaviors and mitigating obesity risk during adolescence. (Yurtdaş Depboylu, G., et al., 2024)

A study done by Cascino, G., Carfagno, M., et al., (2025) studied that Alexithymia, characterized by marked difficulties in identifying, describing, and expressing emotions, is highly prevalent among individuals with eating disorders (EDs) and may contribute to altered stress physiology via dysregulation of the Hypothalamic Pituitary Adrenal (HPA) axis. In an experimental study employing the Trier Social Stress Test, women with EDs and high levels of alexithymia demonstrated significantly elevated basal salivary cortisol levels compared to women with EDs and low alexithymia as well as healthy controls, alongside a blunted cortisol reactivity over time as indexed by reduced area under the curve with respect to increase. This pattern suggests a state of heightened basal HPA activation coupled with impaired stress responsiveness, potentially reflecting chronic stress exposure associated with persistent emotional processing deficit. These findings highlight alexithymia as a clinically meaningful moderator of neuroendocrine stress responses in EDs and underscore the importance of targeting emotional awareness and regulation in interventions aimed at restoring both psychological and physiological stress regulation in this population (Cascino, G., Carfagno, M., et al., 2025).

Social withdrawal is significantly associated with social media addiction among college students, with this relationship operating both directly and indirectly through sequential emotion- and body-related mechanisms. In a large student sample, higher levels of social withdrawal were positively correlated with alexithymia, negative body image, and problematic social media use, and mediation analysis demonstrated that social withdrawal predicted social media addiction not only directly but also indirectly via a chain pathway involving increased alexithymia and subsequent negative body image. These findings suggest that socially withdrawn individuals may experience heightened difficulties in identifying and expressing emotions, which in turn contribute to negative self-perceptions of the body and greater reliance on social media as a compensatory or avoidant coping strategy. These results highlight the importance of addressing emotional awareness deficits and body image disturbances in interventions aimed at reducing social media addiction among socially withdrawn college students.

A study done by Heshmati, R., Pellerone, M., et al., (2023) proposed that Body dissatisfaction symptoms in adolescent girls appear to be significantly influenced by early interpersonal attachment patterns, with body image functioning as a key mediating mechanism in this relationship. In a college-based sample of adolescent girls, ambivalent attachment style was

significantly associated with poorer body image, which in turn showed a strong negative association with body dissatisfaction symptoms, indicating that insecure attachment may foster maladaptive internal representations of the self and body. Path analysis further demonstrated that ambivalent attachment exerted both a direct effect on body dysmorphic symptoms and an indirect effect through body image, supporting the hypothesized mediation model with adequate goodness-of-fit. These findings underscore the clinical relevance of attachment-related insecurity in the etiology of body dissatisfaction symptoms and highlight body image as a critical therapeutic target, suggesting that interventions addressing attachment dynamics alongside body-related cognitions may be particularly effective in preventing and treating body dysmorphic concerns during adolescence (Heshmati, R., Pellerone, M., et al., 2023).

A study done by McAtamney, K. (2024), showed that Alexithymia is positively associated with emotional eating, with emerging evidence suggesting that this relationship operates indirectly through deficits in emotional awareness and regulation rather than constituting a direct causal pathway. A systematic review of existing studies indicated a consistent association between alexithymia and self-reported emotional eating, though methodological limitations of commonly used measures such as the Dutch Eating Behaviour Questionnaire prompted further investigation into how individuals interpret and report emotional eating experiences. Subsequent cross-sectional analyses using alternative measures demonstrated that alexithymia was indirectly related to emotional eating via emotion dysregulation, with a conditional effect involving self-compassion, although these constructs did not emerge as viable intervention targets. Conceptually, the construct of “feeling fat” was introduced as a proxy for undifferentiated negative affect in individuals with impaired emotion identification, linking alexithymia to maladaptive body-related emotional expression and poorer outcomes. Experimental findings in a non-clinical population yielded unexpected results, with control conditions producing greater reductions in feeling fat than targeted interventions, while preliminary evidence also supported an inverse relationship between self-compassion and feeling fat, highlighting the complexity of emotional eating mechanisms and showing the need for refined, emotion-focused intervention strategies beyond symptom-level targeting. (McAtamney, K. (2024)

A study done by Perveen, S., Gulfam, S., et al., (2025) showed that Polycystic ovary syndrome (PCOS) is associated with significant psychosomatic difficulties, including body dysmorphic concerns, sleep disturbances, and deficits in emotional processing, with alexithymia emerging as a key psychological mechanism linking these domains. In a clinical sample of women with PCOS, higher levels of body dysmorphism were positively associated with alexithymia and negatively associated with sleep quality, while alexithymia significantly predicted the relationship between body dysmorphic traits and impaired sleep, suggesting that difficulties in identifying and expressing emotions may exacerbate both body-related distress and sleep problems. Additionally, marital and fertility status differences in these variables highlight the influence of sociocultural and reproductive factors on psychological functioning in PCOS. These findings show the clinical importance of assessing and addressing alexithymia in PCOS populations, as targeting emotional awareness may contribute to improved body image and sleep outcomes within integrated psychosomatic treatment approaches (Perveen, S., Gulfam, S., et al., 2025).

Impact of Self- Concealment on Childhood Trauma

A study done by Liu, F., Wang, N., et al., (2024) Trauma centrality is positively associated with both posttraumatic stress disorder (PTSD) symptoms and posttraumatic growth (PTG), with self-concealment emerging as a significant moderating factor that shapes these divergent psychological outcomes. In a sample of Chinese college students, higher trauma centrality reflecting the extent to which a traumatic experience is integrated into one's identity was linked to greater PTSD symptomatology as well as higher PTG; however, these associations varied as a function of self-concealment. Specifically, elevated self-concealment intensified the relationship between trauma centrality and PTSD, suggesting that suppressing or withholding trauma-related thoughts and emotions may exacerbate distress, while simultaneously attenuating the association between trauma centrality and PTG, thereby limiting opportunities for meaning-making and positive psychological change. These findings highlight self-concealment as a clinically relevant interpersonal–emotional process that influences whether trauma centrality contributes to maladaptive or adaptive posttraumatic outcomes, underscoring the importance of addressing disclosure tendencies in trauma-informed interventions.(Liu, F., Wang, N., et al., 2024)

Criddle, J., Sease, T. B., et al., (2022), Adverse childhood experiences (ACEs) appear to undermine interpersonal intimacy primarily through increased self-concealment rather than reduced self-disclosure, highlighting a specific interpersonal mechanism linking early adversity to diminished relationship closeness. Guided by the Interpersonal Process Model of Intimacy, the study demonstrated that higher levels of ACEs were significantly associated with greater tendencies toward self-concealment in dyadic interactions, whereas no significant association emerged between ACEs and self-disclosure. Mediation analysis further revealed that self-concealment mediated the relationship between ACEs and both reduced relationship closeness and heightened fear of intimacy, suggesting that avoidance of vulnerable self-expression may serve as a maladaptive relational strategy developed in response to early adverse experiences. Thus, these findings highlight the interpersonal consequences of ACEs and identify self-concealment as a clinically meaningful target for therapeutic interventions aimed at enhancing emotional openness and fostering healthier intimacy-related functioning in young adults (Criddle, J., Sease, T. B., et al., 2022)

A study done by Senior V., et al., (2022) showed that Childhood maltreatment is associated with maladaptive self-conscious emotional processes that may contribute to self-concealment in adulthood, with shame emerging as a particularly salient factor in this dynamic. In a community-based adult sample, higher levels of shame relative to guilt were significantly associated with greater self-concealment, supporting theoretical models that link internalized shame to avoidance, withdrawal, and inhibition of emotional disclosure following early adverse experiences. Significant associations were observed between histories of emotional neglect and sexual abuse and levels of concealment, underscoring the enduring interpersonal impact of childhood trauma; however, contrary to hypotheses, shame did not statistically moderate the relationship between childhood maltreatment and self-concealment in regression analyses. These findings suggest that concealment may function as a defensive barrier to the expression of shame-related affect, potentially obscuring its measurable moderating effects, and highlight the clinical importance of addressing concealment processes when working with trauma survivors to facilitate emotional disclosure and reduce shame-based avoidance. (Senior V., et al., 2022)

A study done by Fan, Z., Shi, X., et al., (2023) showed that Self-concealment, defined as the active withholding of distressing or negative personal information, is a clinically relevant

construct associated with adverse psychological and social outcomes in older adulthood, and the present study provides robust psychometric support for the Self-Concealment Scale (SCS) in a Chinese elderly population. In a large community sample of older adults, the SCS demonstrated a stable unidimensional factor structure with strong factor loadings, excellent internal consistency, and good model fit indices, indicating sound structural validity and reliability. Criterion-related validity was further supported by significant positive associations between self-concealment and shyness, social anxiety, social phobia, loneliness, depression, anxiety, and psychological distress, alongside a significant negative association with distress disclosure, highlighting the scale's sensitivity to theoretically related constructs. The scale also showed cross-gender measurement consistency, underscoring its applicability across demographic subgroups. These findings establish the SCS as a reliable and valid instrument for assessing self-concealment in older adults and highlight the clinical importance of identifying concealment tendencies when evaluating mental health risk, social isolation, and emotional well-being in aging populations (Fan, Z., Shi, X., et al., 2023).

A study done by Sease, T. B., Perkins, D. R., et al., (2021) showed that Psychological maltreatment in childhood appears to contribute to maladaptive emotion regulation in adulthood through its impact on cognitive processes, with negative automatic thoughts emerging as a key mediator of self-concealment behaviors. Grounded in the psychological flexibility framework, this cross-sectional study demonstrated that greater exposure to childhood psychological maltreatment was associated with higher levels of negative automatic thoughts, which in turn were positively related to self-concealment, conceptualized as an avoidance-based strategy aimed at dampening distressing internal experiences. Mediation analysis supported an indirect pathway whereby negative automatic thoughts statistically accounted for the association between early psychological maltreatment and increased self-concealment, suggesting that trauma-related cognitive schemas may foster concealment as a means of managing persistent self-critical and distressing cognitions. These findings underscore the clinical relevance of targeting negative automatic thoughts in interventions aimed at reducing self-concealment and improving psychological flexibility among individuals with histories of childhood maltreatment. (Sease, T. B., Perkins, D. R., et al., 2021)

Impact of Self-concealment on Body Image Dissatisfaction

Self-concealment, social appearance anxiety, and loneliness are interrelated psychosocial vulnerabilities during young adulthood, a critical developmental period marked by heightened identity formation and social evaluation sensitivity. In a sample of young adults aged 18–25 years, self-concealment defined as the intentional withholding of distressing or negative personal information—was positively associated with social appearance anxiety, reflecting fears of negative evaluation and rejection based on physical appearance, particularly within virtual and peer-based social context. Loneliness was also positively correlated with both self-concealment and social appearance anxiety and emerged as a significant predictor of each, suggesting that perceived deficits in meaningful social connections may intensify avoidance of self-disclosure and heighten appearance-related fears. Regression analysis further indicated that self-concealment independently predicted social appearance anxiety, highlighting a maladaptive cycle in which concealment of the self exacerbates social-evaluative concerns and emotional isolation. Thus, these findings highlights the relevance of addressing concealment behaviors, appearance-related anxieties, and loneliness in early interventions to promote psychological well-being and reduce mental health risk among young adults.

A study done by Ryan, S., Ussher, J. M., et al., (2022) Premenstrual body dissatisfaction is a meaningful psychosocial experience that extends beyond transient appearance concerns and is closely tied to women's sense of self, embodiment, and distress during the premenstrual phase. Using qualitative, arts-based methods, this study demonstrated that women experiencing premenstrual body dissatisfaction often construct their bodies as *abject*, characterized by perceptions of fatness, leakage, and dirtiness, reflecting deeply internalized cultural stigmas surrounding the female body. These constructions were accompanied by heightened self-policing behaviors, including increased bodily scrutiny, concealment, and regulation, suggesting that premenstrual changes activate intensified monitoring and control of the body as a means of managing shame and distress. At the same time, some women actively resisted dominant cultural ideals of femininity, indicating variability in how sociocultural norms are internalized or challenged. Overall, the findings underscore the clinical importance of recognizing cyclical

fluctuations in body dissatisfaction, the role of internalized negative body meanings, and body management behaviors in premenstrual distress, with implications for body image-focused and gender-sensitive interventions (Ryan, S., Ussher, J. M., et al., 2022)

In a study by Momeñe, J., Estévez, A., et al., (2023) childhood trauma is significantly associated with heightened body dissatisfaction among young adult women, with self-criticism emerging as a central psychological mechanism underlying this relationship. In a large community sample, greater exposure to childhood trauma was positively correlated with increased self-critical coping styles and higher levels of body dissatisfaction, and mediation analyses demonstrated that self-criticism fully accounted for the indirect association between trauma and negative body image. These findings suggest that early adverse experiences may foster enduring patterns of harsh self-evaluation, which subsequently manifest as dissatisfaction with one's body and increased vulnerability to body-related psychopathology. Clinically, the results highlight the importance of early identification of trauma histories and self-criticism-based coping, as targeting these processes may improve quality of life and serve a preventive and therapeutic role in reducing the progression from body dissatisfaction to more severe conditions such as eating disorders, body dysmorphic disorder, compulsive exercise, and depressive symptoms (Momene, J., Estévez, A., et al., 2023)

A study done by Zamiri-Miandoab, N., Hassanzadeh, R., et al., (2021) showed that Cognitive-behavioral therapy (CBT) has demonstrated significant efficacy in improving body image among adolescent girls, although evidence for its impact on self-esteem remains limited and inconclusive. In a systematic review and meta-analysis of nine studies, CBT-based counseling interventions were associated with a large and statistically significant improvement in body image compared to control conditions, with low to moderate heterogeneity, indicating robust and consistent effects across studies. In contrast, pooled findings from the small number of studies examining self-esteem outcomes did not reveal a significant advantage of CBT over controls and were characterized by substantial heterogeneity, suggesting variability in intervention effects and methodological limitations. Overall, the findings support CBT as an effective intervention for addressing body image disturbances in adolescent girls, while highlighting the need for further well-designed trials to clarify its role in enhancing self-esteem

and to strengthen the evidence base in this domain (Zamiri-Miandoab, N., Hassanzadeh, R., et al., 2021).

A study done by Chung, M.C., Ye, Z., et al., (2022) proposed that Posttraumatic stress disorder (PTSD) and self-concealment appear to interact in shaping eating disorder symptoms and broader psychiatric comorbidity among trauma-exposed female university students. In a sample of female students, a substantial proportion met criteria for PTSD, and latent profile analysis identified distinct subgroups characterized by varying levels of PTSD symptoms, avoidance, and self-concealment. Students with high PTSD symptoms and elevated self-concealment demonstrated significantly greater eating disorder pathology and higher psychiatric comorbidity compared to those with low PTSD and lower concealment, suggesting that the tendency to hide distressing self-related information may exacerbate trauma-related psychopathology. Overall, the findings indicate that self-concealment may intensify the negative mental health consequences of PTSD, highlighting the clinical importance of addressing avoidance and concealment processes in trauma-informed interventions to reduce eating pathology and comorbid psychological distress (Chung, M.C., Ye, Z., et al., 2022).

Rationale of the Study

The importance of this current study is that it adds to the knowledge of how emotional processes mediate the effect of childhood trauma on body dissatisfaction, which is a concern that is most notable among female late adolescents. Body dissatisfaction is globally acknowledged as one of the risk factors for eating disorders, anxiety, depression, and low self-esteem, particularly during adolescence which is a sensitive time for identity development, self-concept, and comparison (Wendler Bödicker et al., 2023).

By exploring how alexithymia and self-concealment act as mediators of the relationship between trauma and body dissatisfaction, this research provides fresh perspective on psychological processes which have traditionally been neglected in studies on adolescent groups. The research corresponds to developmental models like Arnett's theory of emerging adulthood and clarifies why identity exploration and emotional coping are essential during late adolescence. Through its discussion of how unresolved trauma affects emotional regulation and self-concept, this research underscores the need for comprehensive mental health care that incorporates trauma-informed care and emotion-focused interventions.

The research makes conceptual contributions by combining self-concealment, an emotion-avoidant coping mechanism, with alexithymia, which is about the inability to recognize and verbalize feelings. Although alexithymia has been well researched in relation to trauma as well as body image disturbance, the mediational function of self-concealment is less known. Examining these mediators jointly will cast more light on how early trauma interferes with emotional functioning and leads to poor body image among adolescent girls.

Furthermore, existing literature has largely examined these variables in isolation, with limited studies investigating multiple mediating pathways simultaneously, particularly among female late adolescents, a developmental period marked by heightened identity formation, emotional vulnerability, and sensitivity to sociocultural appearance pressures (Arnett, 2014; Vartanian et al., 2023). Additionally, there is a notable scarcity of research within non-Western and Indian contexts, limiting the generalizability of existing findings (Gowda & DeSousa, 2019).

The current research is highly applicable in the Indian cultural context, where emotional experience and body image disturbance are influenced by gender norms, family structures, and

societal expectations. An absence of evidence specific to female emerging adults in India exists, and this research attempts to bridge this gap by providing context-based findings to support culturally informed intervention development.

By integrating trauma-based, emotion regulation, and sociocultural frameworks, this study aims to provide a more comprehensive understanding of the psychological mechanisms underlying body dissatisfaction, thereby informing early identification, prevention, and trauma-informed interventions. The current study has practical significance for early prevention and detection. It can help in creating psychoeducational programs, counseling interventions, and early-based interventions that are specific to the needs of adolescent girls and emerging adulthood population, by identifying how trauma-related emotional suppression and confusion regarding feelings contribute to body dissatisfaction. These results could help mental health professionals identify emotional patterns that predispose adolescents to body image disturbances and related disorders.

Research Hypotheses

H₀: There is no significant relationship between childhood trauma and body image dissatisfaction, alexithymia and self-concealment among female emerging adults.

1. There is a significant relationship between childhood trauma and body image dissatisfaction, alexithymia and self-concealment among female emerging adults.
2. Childhood trauma will be positively associated with body dissatisfaction among female emerging adults, such that females with higher levels of childhood trauma will report greater body dissatisfaction.
3. Self-concealment will mediate the relationship between childhood trauma and body image dissatisfaction, such that higher childhood trauma will be associated with higher self-concealment, which in turn will be associated with greater body dissatisfaction.
4. Alexithymia will mediate the relationship between childhood trauma and body image dissatisfaction, such that higher childhood trauma will be associated with greater difficulties in identifying and expressing emotions, which in turn will be associated with greater body dissatisfaction.
5. Self-concealment and alexithymia will jointly mediate the relationship between childhood trauma and body image dissatisfaction, such that the effect of childhood trauma on body dissatisfaction will be explained through both pathways simultaneously.

Methodology

Aim

To examine the mediating role of alexithymia and self-concealment in the relationship between childhood trauma and body image dissatisfaction among female emerging adults.

Research Design

The present study employs a non-experimental, quantitative, cross-sectional, correlational design to investigate the relationships between childhood trauma, alexithymia, self-concealment and body dissatisfaction among female emerging adults. Mediation analysis will be used to test whether alexithymia and self-concealment plays the role of a mediator, linking childhood trauma to body dissatisfaction. Data will be collected using self-administered standard questionnaires along with a detailed socio-demographic profile sheet.

Study Population and Sample

The study population consist of 303 female emerging adults aged 18–29 years. The sample size for the present study was determined using Krejcie, & Morgan., (1970) sample size determination table. This method ensured that the study has sufficient sample size to identify meaningful relationships among variables, in order to ensure representativeness and statistical power. (Krejcie, R.V., & Morgan, D.W.,1970).

The developmental period of emerging adulthood represents a critical stage for identity formation, body image development, and vulnerability to disordered eating. (Arnett, 2014). The study targetted female emerging adults from both urban and semi-urban areas, with diverse socio-economic and educational backgrounds, to gain a comprehensive understanding of how childhood trauma, self-concealment, and alexithymia influence body dissatisfaction. Participants were be drawn from colleges and community settings, representing clinical population that is at risk for body image disturbances due to developmental, social, and cultural factors.

The inclusion and exclusion criteria for the participants in the study were as follows,

Inclusion Criteria

- Female participants aged 18-29 years
- Individuals currently enrolled in higher education institutions, (pursuing undergraduate, post graduate)
- Individuals residing in a metropolitan city since the past 10 years (Arnett, 2025)
- Individuals who are full-time students.
- Individuals who are not married
- Individuals who are not in a committed relationship.

Exclusion Criteria

- Individuals with a diagnosis or history of severe psychiatric illness (e.g., schizophrenia, bipolar disorder)
- Individuals suffering from physical ailments (cerebral palsy, physical disability)
- Individuals currently undergoing therapy or undergone therapy in the past 6 months
- Individuals married / currently in a relationship / live- in relationship

Operational Definition of Variables

Childhood Trauma

Childhood Trauma defined as “early adverse experiences, including emotional, physical, and sexual abuse as well as emotional and physical neglect, which significantly impact developmental outcomes.” (Bernstein et al.,1994)

Alexithymia

Alexithymia, can be defined as, “dimensional personality trait characterized by difficulties in identifying, describing, and introspecting emotional feelings.” (Taylor J., & Bagby M., et. al., 2013; Taylor G., et. al., 2016).

Body Image Dissatisfaction

Body (image) dissatisfaction can be defined as “the negative attitude towards one’s own body resulting from a perceived discrepancy between the actual body image (i.e., perceptions, thoughts, and feelings concerning one’s actual physical appearance (Cash et al., 1990) and the ideal body image” (i.e., internalized ideals about one’s physical appearance, Cooper & Taylor, 2018)

Self-Concealment

Defined as the “tendency to hide distressing or emotionally uncomfortable personal information from others, reflecting an avoidance of vulnerability and emotional expression.” (Larson & Chastain, 1990). It is viewed as a psychological coping mechanism that may mediate the relationship between childhood trauma and body dissatisfaction among female late adolescents.

Instruments Used

Childhood Trauma Questionnaire – Short Form (CTQ-SF)

Developed by Bernstein, D. P., & Fink, L. (1998). The scale contains a total of 28 items. It is scored on the basis of five dimensions, namely Emotional Abuse, Physical Abuse, Sexual Abuse, Emotional Neglect, Physical Neglect. It also has a Minimization/Denial scale to identify underreporting. Each item is rated on a 5-point Likert scale from 1 ("Never true") to 5 ("Very often true"). The scale has a global score along with 5 subscales. Subscale scores are added together, and higher scores indicate more severity of trauma. Cut-off scores differentiate trauma as none, low, moderate, or severe. The scale has good internal consistency with Cronbach's α between .79 and .94 for the five subscales (Bernstein & Fink et al., 1998). It has been cross-validated in clinical and nonclinical samples; convergent validity with clinician ratings and trauma interviews. Normative data reported across a range of populations, including psychiatric and community samples, with cross-cultural translations available in a number of languages.

Toronto Alexithymia Scale – 20 (TAS-20)

Developed by Bagby, R. M., Parker, J. D. A., & Taylor, G. J. (1994). The scale has a total of 20 items. The scale has a global score along with has 3 dimensions i.e., Difficulty Identifying Feelings (DIF), Difficulty Describing Feelings (DDF), and Externally Oriented Thinking (EOT). The Items scored on a 5-point Likert scale (1 = "Strongly disagree" to 5 = "Strongly agree"). Scores can range from 20 to 100, with higher scores reflecting greater levels of alexithymia. A score ≥ 61 suggests alexithymia, 52–60 probable alexithymia, and ≤ 51 non-alexithymia. Internal consistency of the scale is high (Cronbach's $\alpha = .81$ for total scale; .78 for DIF, .75 for DDF, .66 for EOT). Test–retest reliability = .71 to .77 (Bagby et al., 1994; Taylor, Bagby, & Parker, 2003). The scale exhibits high construct validity, as evidenced by correlations with clinician ratings and other alexithymia scales; factor structure consistent across several cultures. It has been widely applied in clinical and community samples globally, with cross-cultural translation in more than 20 languages.

Body Shape Questionnaire – 16 (BSQ-16)

Developed by Evans, C., & Dolan, B. (1993); based on Cooper, P. J., Taylor, M. J., Cooper, Z., & Fairburn, C. G. (1987). The scale is made up of 16 items (abbreviated version of the original 34-item BSQ) and consists of a global score. The scale measures worries regarding body shape, fear of gaining weight, feelings of fatness, and body image dissatisfaction. All items on the scale are rated on a 6-point Likert scale (1 = "Never" to 6 = "Always"). Total scores can range from 16 to 96; higher scores represent larger body dissatisfaction. Recommended cut-offs: <38 = no concern, 38–51 = mild concern, 52–66 = moderate concern, ≥ 66 = marked concern. The scale shows high internal consistency (Cronbach's $\alpha > .90$ across studies). It also shows high convergent validity with other measures of body dissatisfaction (e.g., Eating Disorder Inventory). Uni dimensionality is confirmed through factor analyses. BSQ-16 is widely used in nonclinical groups (e.g., students) because of its psychometric quality.

Self-Concealment Scale (SCS)

Developed by Larson, D. G., & Chastain, R. L. (1990). The scale has 10 items along with a global score. The scale is unidimensional and assesses the tendency to keep personal distressing thoughts and feelings secret from others. The scale taps into behavioral and emotional processes that are related to secrecy and suppression. All items are rated on a 5-point Likert scale from 1 ("Strongly disagree") to 5 ("Strongly agree"). Higher scores reflect more tendency to keep distressing personal information secret. Total scores are added up, with higher total scores indicating higher self-concealment. The scale has excellent internal consistency, with Cronbach's alpha coefficients between .88 and .91 from different populations. Test-retest reliability over 2–4 weeks has been found to be between .74 and .80. The scale has excellent convergent validity for anxiety, depression, and interpersonal problems measures. It also has negative correlations with indicators of self-disclosure and social support, validating its construct validity. Norms are available from community and clinical samples, where high scores are commonly seen in groups with high stress, trauma exposure, or low emotional expressiveness. Cross-cultural translations have been utilized, but norms need to be verified for given contexts like Indian adolescent samples

Procedure

The current research employed a quantitative, cross-sectional, correlational design to investigate the mediating functions of alexithymia and self-concealment for the association between childhood trauma and body image dissatisfaction in female emerging adults, within the age group of 18-29 years. Data was gathered over an estimated timeframe of 8–12 weeks in offline, classroom and clinical environments. Participants were recruited through purposive and convenience, snowball sampling via universities, networked communities, and clinical services.

Following the receipt of informed consent (and assent when appropriate), participants will complete fixed-order standardized self-report measures: Childhood Trauma Questionnaire–Short Form (CTQ-SF), Toronto Alexithymia Scale–20 (TAS-20), Self-Concealment Scale (SCS), and Body Shape Questionnaire–16 (BSQ-16). Each session took about 25–40 minutes. The researcher monitored the administration, verified data quality, and observed participant well-being and interaction throughout the course of completion of the questionnaires.

Ethical protections such as confidentiality, right to withdraw, and direct referral for distress were maintained at all times. The data will be analyzed using mediation analysis to test direct and indirect pathways between trauma and body dissatisfaction through alexithymia and self-concealment.

Data Analysis

Data from participants was collected using self-administered standard questionnaires along with a detailed socio-demographic profile sheet. After providing informed consent, participants, completed answering self-report questionnaires (CTQ-SF, TAS-20, BSQ-16, SCS and a demographic form) and data collected was anonymized.

Quantitative data from self-report measures was tested using descriptive statistics to determine prevalence rates, mean, standard deviation and frequency distributions. The assumption of normality was assessed using skewness and kurtosis values, with acceptable ranges falling between -2 and +2. (Gravetter & Wallnau, 2017)

Correlation analyses examined the bivariate relationships among variables. Pearson's correlation will be used to examine the relationship between childhood trauma and body image dissatisfaction. Regression analysis was conducted, following which, a parallel mediation analysis, using PROCESS macro was employed.

Additionally, a MANOVA analysis was conducted to examine whether key demographic variables, namely age, education, language known, and relationship status, were associated with differences in childhood trauma, alexithymia, self-concealment, and body image dissatisfaction

Ethical Consideration

The current research was conducted conforming to the moral and ethical guidelines set by the American Psychological Association (APA) and also undergoing the institutional review board for the protection of participants' rights, dignity, and well-being. Before data collection, the participants were given a comprehensive informed consent form describing the nature of the study, purpose, and procedures. Emotionally sensitive subjects like body image and childhood trauma, disordered eating will be treated carefully, and the participants will be given information about psychological services for support in case of distress. The participants were informed about their right to withdraw from the research at any point in time, as per their free will, without penalty or loss of benefits.

To protect the confidentiality of participants, all identifying data was eradicated, anonymized and answers were archived in encrypted, password-protected files that only the researcher and guide could access.

After participation, a debriefing session was held to describe the purpose of the study, alleviate any concerns, and offer access to psychological support services if participation, or the process, provoked emotional distress. The research will mostly but, where partial disclosure becomes indispensable for ensuring research validity, participants will be debriefed.

Finally, any possible conflicts of interest were informed by the researcher to the participant before participating in the study, and professional ethics were upheld to ensure transparency and objectivity throughout the research.

Results

Participant Characteristics

Table 1

Participant Characteristics Among Female Emerging Adults

Variable	Category	n	%
Age	18–21	175	57.8
	22–25	120	39.6
	26–29	8	2.6
Education	Undergraduate	200	66.0
	Postgraduate	103	34.0
Language Known	English	115	38.0
	Hindi	100	33.0
	Kannada	85	28.1
	Other	2	0.7
Relationship Status	Single	287	94.7
	In a Relationship	16	5.3

Table 1 demonstrates the participant characteristics in the sample collected. The sample consisted of 303 female emerging adults. The maximum number of respondents was found to be in the age range of 18-21 years (n=175; 57.8%), followed by 22-25 years (n=120; 39.6%), while the minimum number was in the age range of 26-29 years (n=8; 2.6%). With regard to education qualification, a majority of respondents were found to be undergraduate (n=200; 66.0%), with the rest being postgraduate (n=103; 34.0%). In the domain, ‘language known’ is concerned, respondents possessed knowledge of several languages, where the maximum was English (n=115; 38.0%), followed by Hindi (n=100; 33.0%) and Kannada (n=85; 28.1%), with the minimum being other languages (n=2; 0.7%). In terms of relationship status, a majority of respondents were found to be single (n=287; 94.7%), with a few being in a relationship (n=16; 5.3%), as per the inclusion criteria of the study.

The sample predominantly comprised younger emerging adults, primarily undergraduate students, with diverse linguistic backgrounds and a majority reporting single relationship status, in accordance to the inclusion criteria of the study.

Descriptive Statistics

Table 2

Descriptive Statistics for Study Variables (N = 303)

Variable	Mean	SD	Median	Skewness	Kurtosis	Minimum	Maximum
CTQ	64.78	6.74	66.00	−0.73	0.01	45	78
TAS	60.17	8.07	61.00	−0.54	0.32	30	77
SCS	30.69	7.45	30.00	−0.16	−0.77	12	47
BSQ	51.56	11.29	50.00	−0.19	−0.63	22	72

**CTQ = Childhood Trauma Questionnaire; TAS = Toronto Alexithymia Scale; SCS = Self-Concealment Scale; BSQ = Body Shape Questionnaire. All variables had complete data with no missing values. Skewness and kurtosis values were within acceptable limits, indicating approximate normality.

Table 2 shows the descriptive statistics indicated that the distributions of all study variables were approximately normal. The mean score for CTQ was 64.78 (SD = 6.74), with a skewness of −0.73 and kurtosis of 0.01, indicating a slight negative skew with an essentially mesokurtic distribution. TAS scores had a mean of 60.17 (SD = 8.07), skewness of −0.54, and kurtosis of 0.32, reflecting minimal deviation from normality. The SCS demonstrated a mean of 30.69 (SD = 7.45), with near-symmetrical distribution (skewness = −0.16) and slightly platykurtic kurtosis (−0.77). Similarly, BSQ scores showed a mean of 51.56 (SD = 11.29), skewness of −0.19, and kurtosis of −0.63, indicating a mildly flatter but symmetric distribution. Overall, skewness and kurtosis values for all variables were within acceptable limits, supporting the assumption of normality and justifying the use of parametric statistical analyses.

Pearson's Correlation Analysis

Table 3

Correlation among variables

	CTQ	TAS	SCS	BSQ
CTQ	1.000	.096	.121	.067
p	—	.094	.035	.247
TAS	.096	1.000	.105	.106
p	.094	—	.069	.066
SCS	.121	.105	1.000	.278
p	.035	.069	—	< .001
BSQ	.067	.106	.278	1.000
p	.247	.066	< .001	—

CTQ = Childhood Trauma Questionnaire; TAS = Toronto Alexithymia Scale; SCS = Self-Concealment Scale; BSQ = Body Shape Questionnaire. Values represent Pearson's correlation coefficients. $p < .05$. $p < .01$ (two-tailed).

Table 3 shows Pearson's correlation analysis, that indicated a small but statistically significant positive relationship between childhood trauma (CTQ) and self-concealment (SCS), $r = .12$, $p = .035$, suggesting that higher levels of childhood trauma were associated with greater tendencies toward self-concealment. In addition, self-concealment demonstrated a moderate and statistically significant positive association with body image dissatisfaction (BSQ), $r = .28$, $p < .001$, indicating that individuals who reported higher levels of self-concealment also experienced greater dissatisfaction with their body shape. No significant correlations were observed between childhood trauma and alexithymia (TAS), $r = .10$, $p = .094$, childhood trauma and body image dissatisfaction, $r = .07$, $p = .247$, or between alexithymia and either self-concealment ($r = .11$, $p = .069$) or body image dissatisfaction ($r = .11$, $p = .066$). Overall, the findings highlight self-concealment as a key variable linking childhood trauma and body image dissatisfaction, while alexithymia did not demonstrate significant direct associations within the present sample.

Multiple Regression Analysis

Table 4

Model Summary

Model	R	R ²	Adjusted R ²	SE of Estimate	F	df1	df2	p
1	.29	.084	.075	10.862	9.135	3	299	< .001

a. Predictors: (Constant), SS, TAS, CTQ

b. Dependent Variable: BSQ

c. $p < .001$

Table 4 for Model Summary indicates a multiple regression analysis was conducted to examine whether childhood trauma, alexithymia, and self-concealment jointly predicted body image dissatisfaction. The overall regression model was statistically significant, $F(3, 299) = 9.14, p < .001$, indicating that the set of predictors reliably predicted body image dissatisfaction. The model accounted for 8.4% of the variance in BSQ scores ($R^2 = .084$), with an adjusted R^2 of .075, suggesting that approximately 7.5% of the variance in body image dissatisfaction was explained after controlling for model complexity. Although the proportion of explained variance was modest, the findings demonstrate that the predictors collectively contribute meaningfully to body image dissatisfaction within the present sample.

Table 5*ANOVA Table*

<i>Source</i>	<i>Sum of Squares</i>	<i>df</i>	<i>Mean Square</i>	<i>F</i>	<i>Sig.</i>
Regression	3233.552	3	1077.851	9.135	.000
Residual	35278.943	299	117.990		
Total	38512.495	302			

a. Dependent Variable: BSQ (Body Shape Questionnaire)

b. Predictors: CTQ (Childhood Trauma Questionnaire), TAS (Toronto Alexithymia Scale), SCS (Self-Concealment Scale).

c. $p = .000$

Table 5 for analysis of variance (ANOVA) indicates that the multiple regression model predicting body image dissatisfaction from childhood trauma, alexithymia, and self-concealment was statistically significant, $F(3, 299) = 9.135, p < .001$. The regression model accounted for a significant proportion of variance in body image dissatisfaction, as evidenced by the regression sum of squares ($SS = 3233.552$) relative to the residual sum of squares ($SS = 35278.943$). This demonstrates that the predicting variables collectively provided a significantly better fit to the data than a model with no predictors, indicating that childhood trauma, alexithymia, and self-concealment jointly contribute to the prediction of body image dissatisfaction in the present study.

Table 6*Coefficients Table*

Predictor	B	SE B	β	t	Sig.	95% CI for B
Constant	29.871	7.452	—	4.008	.000	[15.205, 44.536]
CTQ	.046	.094	.027	.485	.628	[-.139, .230]
TAS	.105	.078	.075	1.343	.180	[-.049, .259]
SCS	.405	.085	.267	4.766	.000	[.238, .572]

Dependent variable: BSQ (Body Shape Questionnaire).

CTQ = Childhood Trauma Questionnaire; TAS = Toronto Alexithymia Scale; SCS = Self-Concealment Scale.

B = unstandardized regression coefficient; SE = standard error; β = standardized regression coefficient; CI = confidence interval.

Table 6 shows regression coefficients indicated that self-concealment emerged as a significant positive predictor of body image dissatisfaction, $B = .405$, $SE = .085$, $\beta = .267$, $t = 4.766$, $p < .001$. The 95% confidence interval for self-concealment [.238, .572] did not include zero, supporting the robustness of this effect. This finding suggests that higher levels of self-concealment are associated with greater body image dissatisfaction after controlling for childhood trauma and alexithymia. However, childhood trauma ($B = .046$, $SE = .094$, $\beta = .027$, $t = .485$, $p = .628$) and alexithymia ($B = .105$, $SE = .078$, $\beta = .075$, $t = 1.343$, $p = .180$) did not significantly predict body image dissatisfaction. The confidence intervals for both predictors included zero, indicating the absence of significant direct effects within the regression model. Thus, the results suggest that self-concealment uniquely contributes to the prediction of body image dissatisfaction, whereas childhood trauma and alexithymia do not demonstrate independent predictive value when considered alongside self-concealment.

Parallel Mediation Analysis

Table 7

Parallel Mediation Model

Outcome Variable	Predictor	B	SE	t	p	95% CI
TAS	Constant	52.688	4.474	11.777	.000	[43.884, 61.492]
	CTQ	.116	.069	1.682	.094	[-.020, .251]
SCS	Constant	22.033	4.119	5.349	.000	[13.928, 30.138]
	CTQ	.134	.063	2.114	.035	[-.009, .258]
BSQ	Constant	29.871	7.452	4.008	.000	[15.205, 44.536]
	CTQ	.046	.094	.485	.628	[-.139, .230]
	TAS	.105	.078	1.343	.180	[-.049, .259]
	SCS	.405	.085	4.766	.000	[-.238, .572]

CTQ = Childhood Trauma Questionnaire; TAS = Toronto Alexithymia Scale; SCS = Self-Concealment Scale; BSQ = Body Shape Questionnaire.

B = unstandardized coefficient; SE = standard error; CI = confidence interval.

Table 7 presents the regression analyses examining the relationships between childhood trauma and the mediators (alexithymia and self-concealment), as well as the combined effects of childhood trauma, alexithymia, and self-concealment on body image dissatisfaction. Childhood trauma did not significantly predict alexithymia ($B = .116, p = .094$), indicating that higher levels of childhood trauma were not associated with significantly higher alexithymia scores. However, childhood trauma significantly predicted self-concealment ($B = .134, p = .035$), suggesting that individuals with higher childhood trauma reported greater tendencies toward self-concealment. When all predictors were entered simultaneously to predict body image dissatisfaction, self-concealment emerged as a significant positive predictor ($B = .405, p < .001$), whereas childhood trauma ($B = .046, p = .628$) and alexithymia ($B = .105, p = .180$) were not significant predictors. These findings indicate that self-concealment uniquely contributes to body image dissatisfaction after accounting for childhood trauma and alexithymia.

Table 8*Total, Direct and Indirect Effects of Childhood trauma on Body Image Dissatisfaction*

Effect	Effect	SE	t	p	95% CI
Total effect (c)	.112	.096	1.159	.247	[−.078, .301]
Direct effect (c')	.046	.094	.485	.628	[−.139, .230]

Table 8 indicates the total and direct effects of childhood trauma on body image dissatisfaction. The total effect of childhood trauma on body image dissatisfaction was not statistically significant ($B = .112$, $p = .247$), indicating that childhood trauma did not have a significant overall association with body image dissatisfaction. Similarly, the direct effect of childhood trauma on body image dissatisfaction remained non-significant after accounting for the mediators ($B = .046$, $p = .628$). These results suggest that childhood trauma does not exert a significant direct influence on body image dissatisfaction in the present sample, thereby supporting the examination of indirect pathways through mediating variables.

Table 9*Bootstrapped Indirect Effects of Childhood Trauma on Body Image Dissatisfaction*

<i>Mediator</i>	<i>Effect</i>	<i>Boot SE</i>	<i>BootLLCI</i>	<i>BootULCI</i>
Total indirect effect	.066	.033	.006	.136
TAS	.012	.012	−.007	.040
SCS	.054	.030	.002	.120

Table 9 presents the bootstrapped indirect effects of childhood trauma on body image dissatisfaction through alexithymia and self-concealment. The total indirect effect was statistically significant (effect = .066), as the 95% bootstrapped confidence interval did not include zero [.006, .136], indicating the presence of a significant indirect relationship.

Examination of the specific indirect effects revealed that self-concealment significantly mediated the relationship between childhood trauma and body image dissatisfaction (effect = .054, 95% CI [.002, .120]). In contrast, the indirect effect through alexithymia was not statistically significant (effect = .012, 95% CI [−.007, .040]). These findings indicate that self-concealment serves as the primary mechanism through which childhood trauma influences body image dissatisfaction, whereas alexithymia does not function as a significant mediator in this model.

MANOVA Analysis

Table 10

Box's Test of Equality of Covariance Matrices

Statistic	Value
Box's M	173.869
F	1.377
df1	110
df2	8398.458
Sig.	.006

**p > .0001

Table 10 shows Box's Test of Equality of Covariance Matrices was statistically significant, Box's $M = 173.869$, $F(110, 8398.458) = 1.377$, $p = .006$, indicating a violation of the assumption of homogeneity of covariance matrices. Due to sensitivity of Box's Test to large sample sizes and complex designs, Pillai's Trace was used as the primary multivariate test statistic, as it is considered robust to violations of this assumption.

Since Box's Test is known to be highly sensitive to large sample sizes, unequal group sizes, and complex factorial designs. Given the size of the sample and the multifactorial nature of the present design, this violation was not considered severe. Accordingly, Pillai's Trace was selected as the primary multivariate test statistic, as it is regarded as the most robust statistic when the assumption of covariance homogeneity is violated. The subsequent interpretation of the MANOVA results was therefore based on Pillai's Trace.

Table 11*Multivariate Tests using Pillai's Trace*

Effect	Pillai's Trace	F	Hypothesis df	Error df	Sig.	Partial η^2
Age	.049	1.724	8	552	.090	.024
Education	.014	.995	4	275	.410	.014
Language Known	.105	1.877	16	1112	.019	.026
Relationship Status	.019	1.340	4	275	.255	.019
Age $\times$ Education	.044	1.546	8	552	.138	.022
Age $\times$ Language Known	.086	1.521	16	1112	.085	.021
Age $\times$ Relationship Status	.005	.326	4	275	.861	.005
Education $\times$ Language Known	.045	1.576	8	552	.129	.022
Education $\times$ Relationship Status	.011	.783	4	275	.537	.011
Language Known $\times$ Relationship Status	.024	.841	8	552	.567	.012
Higher-order interactions	—	—	—	—	ns	—

Pillai's Trace was used due to violation of the homogeneity of covariance matrices assumption. Partial η^2 represents effect size. ns = not significant.

Table 11 shows that the results indicated a statistically significant multivariate main effect of language known, Pillai's Trace = .105, $F(16, 1112) = 1.877$, $p = .019$, partial $\eta^2 = .026$. This finding suggests that the combined dependent variables differed significantly across groups based on language known. The associated effect size was small, indicating a modest multivariate effect.

However, the multivariate main effects of age (Pillai's Trace = .049, $p = .090$), education (Pillai's Trace = .014, $p = .410$), and relationship status (Pillai's Trace = .019, $p = .255$) were not statistically significant. These results indicate that the combined dependent variables did not vary significantly as a function of these demographic factors.

Thus, none of the two-way, three-way, or four-way interaction effects among age, education, language known, and relationship status reached statistical significance at the multivariate level (all $p > .05$). This suggests that the joint influence of these demographic variables did not produce differential effects on the combined dependent variables.

Table 12*Univariate Tests of Between-Subjects effects*

<i>Source</i>	<i>Dependent Variable</i>	<i>df</i>	<i>F</i>	<i>Sig.</i>	<i>Partial η^2</i>
Corrected Model	CTQ	24, 278	1.761	.017	.132
	TAS	24, 278	2.204	.001	.160
	SCS	24, 278	2.090	.003	.153
	BSQ	24, 278	1.791	.015	.134
Age	TAS	2, 278	4.723	.010	.033
Language Known	SCS	4, 278	2.957	.020	.041
Age $\times$ Language Known	SCS	4, 278	2.866	.024	.040
Education $\times$ Language Known	TAS	2, 278	3.724	.025	.026

CTQ = Childhood Trauma Questionnaire; TAS = Toronto Alexithymia Scale;
SCS = Self-Concealment Scale; BSQ = Body Shape Questionnaire (body image dissatisfaction).
Only statistically significant univariate effects ($p < .05$) are presented.
Partial η^2 represents effect size. All values are reported to three decimal places as obtained from SPSS.

Table 12 shows the results indicated that language known had a statistically significant univariate effect on self-concealment (SCS), $F(4, 278) = 2.957, p = .020$, partial $\eta^2 = .041$, suggesting that levels of self-concealment differed significantly across groups based on language known. The effect size was small to moderate, indicating a modest contribution of language known to variance in self-concealment.

However, the univariate effects of language known on childhood trauma (CTQ), alexithymia (TAS), and body image dissatisfaction (BSQ) were not statistically significant ($p > .05$), indicating that these variables did not differ significantly across language known groups.

With respect to other demographic variables, age demonstrated a significant univariate effect only for alexithymia, $F(2, 278) = 4.723, p = .010$, partial $\eta^2 = .033$, indicating that levels of alexithymia varied across age groups. However, age did not significantly affect childhood trauma, self-concealment, or body image dissatisfaction. Education and relationship status did not show significant univariate main effects on any of the dependent variables.

Among the interaction effects, a significant interaction between age and language known was observed for self-concealment, $F(4, 278) = 2.866, p = .024$, partial $\eta^2 = .040$, suggesting that

the relationship between age and self-concealment differed across levels of language known. Additionally, a significant interaction between education and language known was found for alexithymia, $F(2, 278) = 3.724, p = .025$, partial $\eta^2 = .026$. All remaining two-way, three-way, and four-way interaction effects were not statistically significant.

Overall, these findings indicate that language known primarily influences self-concealment, both as a main effect and in interaction with age, whereas age shows a specific association with alexithymia. Other demographic variables and higher-order interactions did not exert meaningful univariate effects on the dependent variables.

Table 13*Post-Hoc Tests*

Dependent Variable	Age Group Comparison	Mean Difference (I-J)	SE	Sig.	95% CI Lower	95% CI Upper
CTQ	18–21 vs 22–25	3.070	.775	.000	1.240	4.890
	18–21 vs 26–29	1.790	2.365	.730	–3.780	7.360
	22–25 vs 26–29	–1.280	2.389	.855	–6.900	4.350
TAS	18–21 vs 22–25	1.140	.913	.424	–1.010	3.300
	18–21 vs 26–29	5.140	2.786	.158	–1.430	11.700
	22–25 vs 26–29	3.990	2.814	.333	–2.640	10.620
SCS	18–21 vs 22–25	.500	.847	.825	–1.500	2.490
	18–21 vs 26–29	.020	2.583	1.000	–6.070	6.100
	22–25 vs 26–29	–.480	2.608	.981	–6.630	5.660
BSQ	18–21 vs 22–25	–2.220	1.298	.204	–5.280	.840
	18–21 vs 26–29	3.660	3.960	.626	–5.670	12.990
	22–25 vs 26–29	5.880	4.000	.308	–3.550	15.300

CTQ = Childhood Trauma Questionnaire; TAS = Toronto Alexithymia Scale;
SCS = Self-Concealment Scale; BSQ = Body Shape Questionnaire (body image dissatisfaction).
Post hoc comparisons were conducted using Tukey's HSD. Values are based on observed means.
Mean differences marked with * are significant at $p < .05$.

Table 13 shows the results of the Post hoc analyses were conducted using Tukey's Honestly Significant Difference (HSD) test to examine pairwise differences among age groups across the dependent variables. The results indicated a statistically significant difference in childhood trauma (CTQ) scores between participants aged 18–21 and those aged 22–25 (mean difference = 3.070, $p < .001$, 95% CI [1.240, 4.890]), with higher levels of childhood trauma reported by the younger age group. No other pairwise comparisons for childhood trauma were statistically significant. Furthermore, no significant age group differences were observed for alexithymia (TAS), self-concealment (SCS), or body image dissatisfaction (BSQ), as all remaining pairwise comparisons failed to reach statistical significance ($p > .05$).

These findings suggest that age-related differences in the present sample were limited to childhood trauma and did not extend to emotional processing, concealment tendencies, or body image dissatisfaction.

Table 14*Levene's Test of Equality of Error Variances*

<i>Dependent Variable</i>	<i>Levene Statistic</i>	<i>df1</i>	<i>df2</i>	<i>Sig.</i>
CTQ (Based on Mean)	2.214	17	278	.004
CTQ (Based on Median)	1.238	17	278	.234
CTQ (Median, adjusted df)	1.238	17	220.212	.236
CTQ (Based on Trimmed Mean)	2.141	17	278	.006
TAS (Based on Mean)	2.601	17	278	.001
TAS (Based on Median)	2.094	17	278	.007
TAS (Median, adjusted df)	2.094	17	209.486	.008
TAS (Based on Trimmed Mean)	2.493	17	278	.001
SCS (Based on Mean)	2.406	17	278	.002
SCS (Based on Median)	2.135	17	278	.006
SCS (Median, adjusted df)	2.135	17	251.168	.006
SCS (Based on Trimmed Mean)	2.403	17	278	.002
BSQ (Based on Mean)	2.213	17	278	.004
BSQ (Based on Median)	1.981	17	278	.013
BSQ (Median, adjusted df)	1.981	17	246.445	.013
BSQ (Based on Trimmed Mean)	2.246	17	278	.004

CTQ = Childhood Trauma Questionnaire; TAS = Toronto Alexithymia Scale; SCS = Self-Concealment Scale; BSQ = Body Shape Questionnaire (body image dissatisfaction). Levene's test examines the assumption of homogeneity of variance across groups.

Table 14 shows the Levene's Test of Equality of Error Variances was conducted to assess the assumption of homogeneity of variances for the dependent variables across groups. The results indicated significant Levene's statistics for childhood trauma (CTQ), $F(17, 278) = 2.214$, $p = .004$; alexithymia (TAS), $F(17, 278) = 2.601$, $p = .001$; self-concealment (SCS), $F(17, 278) = 2.406$, $p = .002$; and body image dissatisfaction (BSQ), $F(17, 278) = 2.213$, $p = .004$. These findings suggest that the assumption of homogeneity of variance was violated for the dependent variables. Nevertheless, given the relatively large sample size and the robustness of multivariate analysis of variance to moderate violations of this assumption, the analyses were considered sufficiently robust, and the MANOVA results were interpreted accordingly.

Discussion

The purpose of the present study is to examine the interrelations between childhood trauma, alexithymia, self-concealment, and body image dissatisfaction, and to explore the underlying mechanisms of the association between childhood trauma and body image dissatisfaction using a parallel mediation model. The results collectively suggest that self-concealment is a critical factor in the association between childhood trauma and body image dissatisfaction, while alexithymia failed to show any significant direct or indirect association with body image dissatisfaction.

Descriptive statistics showed that the distributions of all the variables in the present sample were close to normal. The results of the correlational analyses showed that childhood trauma was significantly positively correlated with self-concealment at a low level, and self-concealment was significantly positively correlated with body image dissatisfaction at a moderate level. However, childhood trauma failed to show any significant association with body image dissatisfaction. Furthermore, alexithymia failed to show any significant association with any of the variables. The results collectively suggest that self-concealment rather than alexithymia is more closely related with body image dissatisfaction.

In addition, multiple regression analysis provided further insight into these relationships, revealing that self-concealment emerged as a significant predictor of body image dissatisfaction when entered simultaneously with childhood trauma and alexithymia. Although the overall multiple regression model was statistically significant, the proportion of variance explained was modest, which is consistent with a multifactorial construct such as body image dissatisfaction. The failure to find direct effects for childhood trauma and alexithymia on body image dissatisfaction suggests that their relationship may be indirect, possibly through more proximal psychological variables.

The parallel mediation model provided insight into the relationships between childhood trauma, alexithymia, and body image dissatisfaction. Although the total and direct effects of childhood trauma on body image dissatisfaction were not statistically significant, the total indirect effect was significant. Self-concealment emerged as a significant mediator between

childhood trauma and body image dissatisfaction, whereas alexithymia did not emerge as a significant mediator. These findings are consistent with an indirect-only mediation model, suggesting that childhood trauma is related to body image dissatisfaction indirectly through self-concealment.

The objective of the MANOVA analysis was to investigate whether there were any significant differences between childhood trauma, alexithymia, self-concealment, or body image dissatisfaction as a function of age, education, language known, or relationship status. According to the findings, it was revealed that only language known was a significant predictor of the combined dependent variables. However, it was found that age, education, relationship status, and their higher-order interactions were not significant predictors.

The findings showed that at the univariate level, the significant multivariate effect of language known was found to result from differences in self-concealment. This implies that it is possible that linguistic differences play a role in shaping self-concealment tendencies. This may, in turn, indicate that there are linguistic differences in emotional expressiveness. However, it was found that there were no significant effects of language known on childhood trauma, alexithymia, or body image dissatisfaction.

The effect of age was significant at the univariate level for alexithymia, indicating that the capacity for emotional identification and expression might change across emerging adulthood. However, there was no significant effect at the multivariate level for age, indicating that these changes were not extensive.

The post hoc analyses for age revealed that younger emerging adults (18 to 21 years) experienced higher levels of trauma in childhood compared to emerging adults who were 22 to 25 years old. It is possible that younger emerging adults were more likely to recall negative experiences from their past because of the proximity of these experiences to the present or because these experiences were still being processed. More important, there were no age-related differences for self-concealment, alexithymia, or body image dissatisfaction.

The significant interaction effects for language known with age for self-concealment and with education for alexithymia highlight the possibility that the effect of demographic factors might depend on the context. However, these findings should be interpreted with caution since there were no corresponding significant effects at the multivariate level.

Overall, it appears that demographic variables play a small role in the current sample, but specific influences do occur. For example, language known appears to be a very important factor in the current sample when trying to explain differences in self-concealment. Age differences appear to be more specific with regard to childhood trauma and alexithymia.

The results of this study contribute to the primary research by providing a context for the findings within a demographic framework. At the same time, it reinforces the primary research by demonstrating the relative unimportance of demographic variables compared to psychological factors with regard to explaining body image dissatisfaction.

The results also indicate that individuals who experience a history of trauma may develop unhealthful coping strategies, such as self-concealment of thoughts, feelings, or experiences. This type of self-concealment may contribute to internalized distress and self-evaluative concerns, such as negative body image and increased body image dissatisfaction.

Although alexithymia was theoretically important with regard to the current study, it was not a significant factor. It may be possible that alexithymia plays a role in body image dissatisfaction indirectly through other factors, which were not assessed by this research.

Summary of Findings

The objective of the current study was to explore the interrelations between childhood trauma, alexithymia, self-concealment, and body image dissatisfaction. In addition, a parallel mediation model was tested in which alexithymia and self-concealment were assumed to function as mediators between childhood trauma and body image dissatisfaction. The results of the current study offer support for the assumed hypotheses and offer a more nuanced understanding of the interrelations between childhood trauma and body image dissatisfaction.

Hypothesis 1, which assumed a significant association between childhood trauma and body image dissatisfaction, alexithymia, and self-concealment. This hypothesis was partially supported. The Pearson correlation analysis revealed a small but statistically significant positive correlation between childhood trauma and self-concealment. This suggests that childhood trauma was associated with a greater tendency of self-concealment. Childhood trauma did not significantly correlate with body image dissatisfaction or alexithymia. This suggests that childhood trauma is associated with several maladaptive coping styles but not in a general way. This pattern is consistent with prior research indicating that the psychological consequences of childhood trauma may manifest selectively through specific intrapersonal or interpersonal mechanisms rather than as broad direct effects (Afifi et al., 2017).

Hypothesis 2, which stated that childhood trauma is positively related to body image dissatisfaction, was not supported. In fact, neither correlational nor regression analysis revealed a significant relationship between childhood trauma and body image dissatisfaction. Moreover, the total effect of childhood trauma on body image dissatisfaction was not statistically significant. Therefore, the present study found that childhood trauma does not have a direct effect on body image dissatisfaction. Although past studies have found a direct relationship between childhood maltreatment and disturbances in the body-related domain (Thomas et al., 2017), the present study is in agreement with emerging evidence indicating that the effect of childhood trauma on body image dissatisfaction is indirect and depends on psychological processes that intervene between the two constructs (Zhao et al., 2010).

Hypothesis 3, which stated that self-concealment would mediate the relationship between childhood trauma and body image dissatisfaction, was supported. In fact, childhood trauma was a significant predictor of self-concealment. Self-concealment was a significant positive predictor of body image dissatisfaction. Moreover, the indirect effect of childhood trauma on body image dissatisfaction via self-concealment was statistically significant as revealed by the confidence interval not including zero. These findings suggest that self-concealment serves as a key psychological mechanism linking childhood trauma to body image dissatisfaction. This result is consistent with theoretical and empirical literature highlighting self-concealment as an avoidant coping strategy that exacerbates internalized distress and negative self-evaluation (Larson & Chastain, 1990; Kelly & Yip, 2006).

However, for Hypothesis 4, which posits alexithymia as a mediator in the relationship between childhood trauma and body image dissatisfaction, the hypothesis was not supported. Childhood trauma was not a significant predictor of alexithymia, and alexithymia was not a significant predictor of body image dissatisfaction. Furthermore, the indirect effect of childhood trauma on body image dissatisfaction via alexithymia was not statistically significant. The results indicate that alexithymia does not play a mediating role in the relationship between childhood trauma and body image dissatisfaction. Alexithymia has been found to play a significant role in various forms of psychopathology (Pinna et al., 2020). However, its role in the prediction of body image dissatisfaction could be indirect and could be influenced by various other factors.

For Hypothesis 5, which posits that self-concealment and alexithymia could mediate the relationship between childhood trauma and body image dissatisfaction, the hypothesis was supported. The parallel mediation analysis revealed a statistically significant total indirect effect for childhood trauma on body image dissatisfaction. However, analysis of each of the indirect paths revealed that only self-concealment was a significant predictor of the effect, whereas alexithymia was not. This indicates that even though the overall indirect effect was significant, it was only due to self-concealment. This pattern of results follows an indirect-only mediation pattern (Zhao et al., 2010). This indicates that childhood trauma plays a role in body image dissatisfaction through coping mechanisms but not through alexithymia.

Despite the primary hypotheses focusing on psychological processes, the MANOVA analysis also offered further insights into the potential effect of demographic variables on the study's constructs. The analysis found that language known had a significant multivariate effect, particularly in relation to self-concealment. This may imply that linguistic and sociocultural variables can have an effect on patterns of emotional expression or concealment. Previous studies have found that cultural communication variables and linguistic context can have an effect on patterns of emotional expression and associated disclosure behaviors (Kim, Sherman, & Taylor, 2008), which may account for differences in patterns of self-concealment across language groups.

A further finding from this analysis, in relation to socio-demographic variables, found that the 'Age' factor had a significant univariate effect in relation to alexithymia, which may imply that patterns of emotional awareness and expression can vary across emerging adulthood.

Despite this analysis indicating some effect from demographic variables, it still supports the primary conclusion that psychological processes, particularly in relation to self-concealment, have a more significant role to play in explaining body image dissatisfaction compared to demographic variables.

Thus, the findings indicate that childhood trauma does not directly predict body image dissatisfaction among female emerging adults; rather, its influence operates indirectly through self-concealment, highlighting the importance of examining intermediate psychological mechanisms that translate early adversity into later psychopathology. By identifying self-concealment as a key mediating variable, the present study links existing childhood trauma and body image models and explains the role of maladaptive coping strategies in shaping body image dissatisfaction.

Conclusion

In conclusion, the results of the present study demonstrates that self-concealment serves as a key psychological mechanism linking childhood trauma to body image dissatisfaction, whereas alexithymia does not exert a significant direct or indirect effect within the tested model. These findings highlight the importance of maladaptive coping strategies in understanding body image dissatisfaction and contribute to a more clarity in the understanding of the pathways through which early adverse experiences influence later psychological outcomes.

The present study provides evidence that self-concealment plays a central role in linking childhood trauma to body image dissatisfaction, whereas alexithymia does not emerge as a significant explanatory mechanism within the tested model. These findings refine theoretical understanding of trauma-related body image concerns and offer meaningful directions for future research and trauma-informed clinical practice, further suggesting that interventions addressing body image dissatisfaction may benefit from targeting self-concealment tendencies, particularly among individuals with a history of childhood trauma.

Implications of the Study

The present study makes a number of theoretical, empirical, and practical contributions by showing that childhood trauma effects on body image dissatisfaction occur indirectly via self-concealment, but not via alexithymia or directly. This underlines the importance of dysfunctional coping styles, particularly those of concealment of distress, as a core mechanism in body image dissatisfaction, thereby extending existing theoretical models.

The current study was achieved by conducting a parallel mediation analysis of childhood trauma, self-concealment, alexithymia, and body image dissatisfaction. By showing that self-concealment plays a central role in explaining childhood trauma effects on body image dissatisfaction, a shift in attention from emotional processes to coping styles and processes is achieved.

Future studies should include longitudinal studies and culturally diverse samples to further explore causal pathways and mediators such as emotion regulation, shame, and interpersonal processes. The effect of language and age also underlines the need to explore sociocultural factors in psychological outcomes.

The importance of incorporating emotional expression and adaptive disclosure styles in educational and mental health interventions. Interventions could be achieved by reducing self-concealment and adaptive coping styles via interventions such as trauma-informed care and acceptance-based therapies. These findings support the need for trauma-informed and culturally sensitive mental health frameworks, along with public health initiatives aimed at reducing stigma surrounding emotional disclosure.

Overall, the study emphasizes that addressing how individuals process and express distress is crucial for effectively understanding and reducing body image dissatisfaction.

Delimitations of the Study

The present study was conducted within specific boundaries to maintain conceptual clarity and feasibility.

First, the study focused exclusively on female emerging adults, in the age group 18-29 years, according to Arnett's Theory of Emerging Adulthood, thus excluding male participants and individuals from other developmental stages. This delimitation was adopted to ensure a more homogeneous sample and to specifically examine body image dissatisfaction within a population known to be particularly vulnerable to such concerns.

The study examined a selected set of psychological variables, namely childhood trauma, alexithymia, self-concealment, and body image dissatisfaction. While these variables were chosen based on their theoretical relevance, other potentially important factors such as self-esteem, social comparison, media influence, and cultural ideals of beauty were not included within the scope of the present research.

The study employed a cross-sectional research design, which was intentionally chosen to examine relationships among variables at a single point in time. Additionally, the study was delimited from exploring longitudinal or developmental changes in these constructs.

The data were collected using self-report measures, which were selected for their efficiency and established psychometric properties. The study was therefore limited to participants' subjective responses and did not incorporate clinical interviews or behavioral assessments.

Finally, the study was conducted within a specific sociocultural and linguistic context, and demographic variables were included only as supplementary factors rather than primary variables of interest. As such, the findings are delimited to the context in which the data were collected and the variables explicitly examined.

Limitations of the Study

Some of the limitations which I discovered during the process of the study were as follows,

- **Research Design:** The quantitative research design used in the present study is cross-sectional. The cross-sectional design is not appropriate for establishing the causal relationship between childhood trauma, alexithymia, self-concealment, and body dissatisfaction.
- **Using a self-report measure:** The quantitative study used a self-report measure for the variables under investigation. The self-report measure is likely to produce various response sets such as social desirability bias and recall bias.
- **Sample Generalization:** The quantitative study under investigation is based on a sample of females in late adolescence/emerging adulthood. The sample is not representative of the rest of the population, such as males and gender non-binary individuals.
- **Not considering other psychological variables:** The quantitative study under investigation focuses on alexithymia and self-concealment as mediators but did not consider other variables such as self-esteem, social support, dissociation, perfectionism, which could also have significant associations with the variables under investigation.
- **Quantitative Design Limitation:** The quantitative design used in the present quantitative study is not appropriate for gaining in-depth insights into the participants' subjective experiences regarding the variables under investigation.

Suggestions For Future Research

Some of the methods which can be implied for future research and further studies, the field associated with the variables are:

- **Adoption of longitudinal research designs:** Future studies should employ longitudinal research designs to clearly establish the cause-and-effect relationship between childhood trauma and body image dissatisfaction.
- **Use of multi-method assessment approaches:** Using multi-method assessment will add greater reliability to the study.
- **Use of probability sampling techniques:** Using probability sampling will add greater reliability to the study.
- **Examination of cultural influence:** In future research, the study could focus on the effects of culture on the relationship between childhood trauma and body image dissatisfaction.
- **Inclusion of additional mediators and moderators:** In future research, the study could focus on including other potential moderators and mediators, including the effects of self-esteem, emotion regulation, social support, perfectionism, etc.
- **Incorporation of qualitative or mixed-method designs:** Using qualitative research will add greater reliability to the study. The qualitative approach will provide a deeper understanding of the experiences of the participants. In particular, the qualitative approach will be helpful in understanding the experiences of the participants in relation to the effects of trauma on their emotional state.

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