Received: 23 August 2023 | Revised: 30 October 2023 | Accepted: 13 November 2023

DOI: 10.1002/erv.3052

WILEY

BRIEF REPORT

The role of self-reliance and denial in the help-seeking process for eating disorders among university students

Esme Fabry[1] | **Daniel B. Fassnacht**[1,2] | **Rachael Ford**[1] | **Nicholas R. Burns**[3] | **Anne E. O'Shea**[1] | **Kathina Ali**[1,2]

[1]College of Education, Psychology and Social Work, Flinders University, Adelaide, Australia

[2]School of Health, University of the Sunshine Coast, Sippy Downs, Australia

[3]University of Adelaide, Adelaide, Australia

Correspondence
Kathina Ali, University of the Sunshine Coast, Sippy Downs, Australia.
Email: kali@usc.edu.au; kathina.ali@flinders.edu.au

Handling Editor: Beate Herpertz-Dahlmann

Abstract

Objective: This study investigated how self-reliance and denial influence the relationship between help-seeking attitudes and behaviour.

Method: Australian university students ($N = 406$) completed an online survey and females with elevated eating disorder (ED) concerns and high impairment were included in the study ($N = 137$). Participants completed measures of help-seeking attitudes, perceived barriers, and actual help-seeking behaviour. Via moderated logistic regression, we examined self-reliance and denial as perceived barriers to help-seeking.

Results: Of the total sample, over 33.7% of university students reported substantial ED concerns and impairment of whom 65.0% believed they needed help. While a majority reported that help-seeking would be useful (85.4%), only a minority of participants had sought professional help for their concerns (38.7%). Self-reliance and denial were frequently endorsed barriers and moderated the relationship between help-seeking attitudes and behaviours.

Conclusion: ED concerns are common among university students and perceived barriers play a moderating role between attitudes and help-seeking. Future prevention and early intervention programs should address students' denial, while the importance of reaching out for professional help (rather than relying on themselves) could be highlighted with peer support.

KEYWORDS
barriers, denial, eating disorders, help-seeking, treatment-seeking, university students, young adults

Key Points

- Over one-third of female university students experience substantial eating disorder (ED) symptoms and impairment.
- While 65% of those with ED symptoms believe they needed help, less than 39% had sought professional help.

- The belief that they should solve their own problems (self-reliance; >91%) and denial (>75%) are frequently endorsed barriers towards help-seeking for ED symptoms.
- Both self-reliance and denial moderate the relationship between help-seeking attitudes and help-seeking behaviours.

1 | INTRODUCTION

Eating disorder symptoms pose a substantial threat to health and wellbeing, with similar levels of impairment reported for subthreshold and full ED diagnoses (Fairweather-Schmidt & Wade, 2014; Wade et al., 2012; Wilkop et al., 2023; Scutt et al., 2023). The typical university years often coincide with the onset of eating disorders (Schmidt et al., 2016) placing university students at particular risk due to stressors and challenges of navigating university life (Eisenberg et al., 2011; Fitzsimmons-Craft et al., 2019; Romano & Lipson, 2021). The 12-month prevalence rates of ED symptoms among university students range from 17% to 49% for females and 8%–30% for males (Berg et al., 2009; Lipson & Sonneville, 2017), with an estimated 15% prevalence increase due to the COVID-19 pandemic (Taquet et al., 2022; Zhou & Wade, 2021).

Despite the significant psychological and physical impairment and the availability of evidence-based treatments (Treasure et al., 2020), few individuals seek and receive professional help for ED symptoms (Ali et al., under review; Hart et al., 2011; Weissman & Rosselli, 2017). This results in a substantial treatment gap with 85.9% of university students who screen positive for an ED not receiving the care they need (Fitzsimmons-Craft et al., 2019). Early detection and treatment of ED symptoms is crucial to maximise chances for recovery and limit suffering (Andres-Pepina et al., 2020; Bauer et al., 2013) especially considering the long duration of untreated eating disorders (Austin et al., 2021). Increasing help-seeking for those in need is essential to ensure that an early intervention is achieved (Allen et al., 2023).

Students with untreated ED symptoms have positive attitudes toward help-seeking, however, many report that they do not consider their symptoms to be sufficiently urgent or salient to require help (Lipson et al., 2017). Hence, associations between help-seeking attitudes and behaviour towards mental health problems are typically weak, calling into question whether attitudes are truly predictive of help-seeking in the field of mental health (Armitage & Conner, 2010; Hardeman et al., 2002; Rickwood & Thomas, 2012). One reason for the weak relationships may be that help-seeking barriers are influencing the relationship between help-seeking attitudes and actual behaviour (De Jong et al., 2012; Stewart, et al., 2014), with various barriers reducing their likelihood of actually seeking help.

Recent overviews of barriers to treatment in eating disorders summarise several factors that may prevent individuals from seeking help for ED symptoms including individual/person related (e.g., stigma) and system/healthcare related barriers (e.g., cost) (Ali & Fassnacht, 2023; Daugelat et al., 2023; Radunz et al., 2022). While the broader research on barriers to help-seeking for eating disorders has identified a variety of factors with stigma and shame often reported as the most prominent barrier (Ali et al., 2017; Daugelat et al., 2023), barriers differ depending on the population. Research has found that self-reliance (the belief that one should solve one's own problems), and denial or believing the problems are not severe enough to warrant treatment seem particularly prominent barriers among university students with ED concerns (Ali et al., 2020; Becker et al., 2004; Fitzsimmons-Craft et al., 2020; Lipson et al., 2017). Self-reliance may be particularly prominent during young adulthood, a time when many individuals are transitioning to university, showing more independence, and engaging in separation and individualisation (Potterton et al., 2020). In addition, individuals with ED symptoms commonly do not consider their symptoms as problematic, perceiving the benefits of the ED to outweigh the negative consequences (Rieger, 2017). Studies showed that less than half of those with eating disorders recognise that they have a problem. For those who do recognise a problem, about half seek professional help, compared to only one in five among those who do not recognise there is a problem (Gratwick-Sarll et al., 2013; Mond et al., 2010).

The aim of the current study was to examine the role of self-reliance and denial in the help-seeking process for ED concerns given that these barriers are particularly prominent in young adults and are arguably modifiable. We hypothesised small, but positive associations between help-seeking attitudes and behaviours and a moderating effect of the two perceived barriers, self-reliance, and denial.

2 | METHOD

2.1 | Participants and study procedure

An a priori power analysis was calculated for a moderated regression analysis to estimate the required sample size (G*power; Faul et al., 2007). To detect a small-to-medium

effect ($f^2 = 0.09–0.15$), at an α-level of 0.05 with statistical power of 0.80, a sample of 77–126 participants was required. University students across Australian universities were recruited to the study, promoted as "Wellbeing and body image among university students", through Facebook advertisements and from Flinders University research participation pools of first year psychology students. In total, 406 university students (89.6% females) aged between 18 and 54 years (mean age = 23.6; SD = 6.3) completed the survey. Whilst male students were eligible to participate in the study, only few completed the survey and were hence not included in the analysis. Therefore, only females who met the following combined inclusion criteria were included in the study to accurately reflect a group which arguably requires help for their concerns: elevated ED symptoms (as measured with the EDE-Q total score ≥2.3) (Bohn et al., 2008; Mond et al., 2004), and high clinical impairment due to ED symptoms (measured with a Clinical Impairment Assessment [CIA] score ≥16) (Bohn & Fairburn, 2008). The final sample consisted of 137 females aged between 18 and 39 years (mean age = 22.5; SD = 4.9). Participants mainly self-reported as Caucasian (84.7%) followed by Asian/Indian (10.9%), other (3.7%), and Aboriginal/Torres Strait Islander (0.7%) [blinded for review] University students received course credits ($n = 29$) while students from 28 other Australian universities entered a raffle to win a $50 voucher upon completion ($n = 108$). Participants provided informed consent electronically and subsequently completed an online battery of mental health and wellbeing measures. The study was approved by the Flinders University Human Research Ethics Committee (4392).

2.2 | Measures

Eating disorder symptoms were measured with the Eating Disorder Examination Questionnaire (EDE-Q; Fairburn & Beglin, 1994), ED impairment with the CIA (Bohn & Fairburn, 2008), attitudes and willingness to seek help with the Attitudes Towards Seeking Professional Psychological Help-Short Form (ATSPPH-SF; Fischer & Farina, 1995), self-reliance (e.g., "I can handle problems on my own") and denial (e.g., "I don't have a problem") with items from the Barriers Towards Seeking Help for Eating Disorders Questionnaire (BATSH-ED; Ali et al., 2020), and actual help-seeking behaviour with the Actual Help-Seeking Questionnaire (AHSQ; Rickwood et al., 2005). The survey also included self-reported sociodemographic information. Further details about the measures can be found in the Appendix.

2.3 | Statistical analysis

Correlations were used to examine the relationship between help-seeking attitudes and help-seeking behaviour. To test the moderating effect of help-seeking barriers (i.e., self-reliance, and denial) on the relationship between help-seeking attitudes and help-seeking behaviour, moderated logistic regression models were estimated using PROCESS for SPSS (Hayes, 2013). For significant interactions, simple slope analyses are reported and tested for both moderator and predictor (i.e., attitudes towards help-seeking) values at low, moderate, and high values as represented by the 16th, 50th and 84th percentiles, respectively, of each variable.

3 | RESULTS

3.1 | Eating disorder symptoms and impairment

Average global ED psychopathology, and the Shape and Weight Concern subscales exceeded clinical cut-offs (>4; Carter et al., 2001; Fairburn & Beglin, 1994; Mond et al., 2006), while scores on the Restraint and Eating Concern subscales were substantially higher than community norms. Students also reported substantial clinical impairment due to their ED symptoms. Global ED symptomatology and psychosocial impairment due to ED symptoms, $r = 0.62$, $p < 0.001$ were strongly correlated.

3.2 | Help-seeking attitudes and behaviours

Whilst the vast majority of students (85.4%) believed that help-seeking for ED symptoms is useful and almost two thirds believed they needed help (65.0%), only 43.1% had sought help for their symptoms in the past with even fewer having sought professional help for ED symptoms (38.7%). Overall, attitudes towards professional help-seeking for ED symptoms were marginally positive with a mean ATSPPH-SF score of 19.22 (SD = 4.91) out of 30 (corresponding to *partly agree*). Correlations between help-seeking attitudes and both help-seeking from any source ($r = 0.20$, $p = 0.020$) and help-seeking from a professional source ($r = 0.19$, $p = 0.025$) were small, suggesting that positive attitudes towards professional help-seeking are not strongly associated with actual help-seeking behaviour (see Table 1).

3.3 | Moderating role of help-seeking barriers

The two perceived help-seeking barriers (i.e., self-reliance and denial) were frequently endorsed amongst university students. Testing the moderating role of perceived help-seeking barriers on the relationship between help-seeking attitudes and actual behaviour confirmed that the effect of attitudes on help-seeking behaviour reduced as self-reliance or denial increased, see Table 2. Results from simple slopes analyses revealed statistically significant effects for self-reliance at both low, $b = 0.20$, 95% CI [0.05; 0.34], $z = 2.68$, $p = 0.007$, and moderate levels, $b = 0.11$, 95% CI [0.02; 0.19], $z = 2.52$, $p = 0.012$; while at high levels of self-reliance, the effect was not significant, $b = 0.01 =$, 95% CI [−0.08; 0.11], $z = 0.27$, $p = 0.788$. These findings suggest that greater levels of self-reliance in dealing with ED symptoms weakened the relationship between positive attitudes to help-seeking and greater likelihood of help-seeking behaviour. Those participants who strongly endorsed self-reliance as a barrier ("a lot") were 7.2% less likely to seek help compared to those who endorsed the barrier to a lesser degree, irrespective of their attitudes towards help-seeking.

For denial, simple slope analyses showed statistically significant effects at low, $b = 0.23$, 95% CI [0.07, 0.39], $z = 2.85$, $p = 0.004$; and moderate levels, $b = 0.09$, 95% CI [0.01, 0.17], $z = 2.29$, $p = 0.022$; however, at high levels of denial, $b = 0.01$, 95% CI [−0.10, 0.11], $z = 0.09$, $p = 0.927$, the effect was not significant. These findings indicated that greater levels of denial weakened the relationship between positive attitudes to help-seeking and greater likelihood of help-seeking behaviour. Those participants who strongly endorsed denial as a barrier ("a lot") were

TABLE 1 Descriptive statistics for eating disorder (ED) symptoms, clinical impairment, help-seeking attitudes, behaviours and perceived barriers ($N = 137$).

	Mean (*SD*)	95% CI	Range
EDE-Q global	4.08 (0.90)	[3.93; 4.24]	2.38–5.85
EDE-Q restraint	3.56 (1.51)	[3.31; 3.82]	0.40–6.00
EDE-Q eating concern	3.17 (1.27)	[2.96; 3.39]	0.20–5.80
EDE-Q shape concern	4.92 (0.86)	[4.77; 5.06]	1.86–6.00
EDE-Q weight concern	4.69 (0.88)	[4.54; 4.84]	2.20–6.00
Clinical impairment assessment	29.34 (8.07)	[27.98; 30.71]	16.00–48.00
Attitudes towards seeking professional psychological help	19.22 (4.91)	[18.39; 20.05]	7.00–29.00
			N (%)
Believing they need help for ED symptoms			89 (65.0)
Believe that help-seeking for ED symptoms is useful			117 (85.4)
Sought help for ED symptoms			59 (43.1)
Sought professional help for ED symptoms			53 (38.7)
Self-reliance			125 (91.2)
Denial			104 (75.9)

TABLE 2 Regression coefficients testing the moderating effect of self-reliance and denial on the relationship between help-seeking attitudes and help-seeking behaviour.

Variable	*b*	95% CI for *b*	SE	*p*
Self-reliance $\chi^2(3) = 12.00$, $p = 0.007$, Nagelkerke's $R^2 = 0.11$; $\Delta\chi^2(1) = 4.53$, $p = 0.033$				
Help-seeking attitudes	0.29	[0.06; 0.52]	0.12	0.013
Self-reliance	1.58	[−0.32; −3.48]	0.97	0.103
Help-seeking attitudes X self-reliance	−0.09	[−0.18; −0.00]	0.05	0.048
Denial $\chi^2(3) = 10.76$, $p = 0.013$, Nagelkerke's $R^2 = 0.10$; $\Delta\chi^2(1) = 5.07$, $p = 0.024$				
Help-seeking attitudes	0.23	[0.07; 0.39]	0.08	0.004
Denial	1.66	[0.07; 3.26]	0.81	0.041
Help-seeking attitudes X denial	−0.09	[−0.16; −0.00]	0.04	0.030

5% less likely to seek help compared to those who endorsed the barrier to a lesser degree, irrespective of their attitude towards help-seeking.

4 | DISCUSSION

This study investigated help-seeking for ED symptoms and specifically the role of two perceived barriers, self-reliance, and denial, in the help-seeking process in university students. Over 33% of the initial sample reported elevated ED symptoms with a significant impact on daily functioning. All participants in the final sample ($N = 137$) scored above the clinical cut-offs in global ED psychopathology and clinical impairment of ED symptoms, indicating a significant need for help for these concerns.

Rates of ED symptoms among university students are similar to those in the U.S. (Fitzsimmons-Craft et al., 2019; Goldschen et al., 2019; Lipson & Sonneville, 2017) reflecting an urgent need for prevention and early intervention in university settings. Although help-seeking rates were higher than in previous studies (Ali et al., 2020; Lipson et al., 2017), only a minority of students (38.7%) had sought help from a professional source for eating, weight and shape concerns specifically. This is particularly concerning given their positive attitudes towards help-seeking, and their belief that they need help for ED symptoms. There was a weak association between help-seeking attitudes and behaviour confirming that help-seeking attitudes and behaviours are not highly correlated for university students.

Almost the entire sample endorsed self-reliance (e.g., "I can handle problems on my own") as a barrier to help-seeking, followed by denial (e.g., "I don't have a problem"). Studies from the U.S. also showed that students prefer to solve problems by themselves and do not believe they need help (Becker et al., 2004; Fitzsimmons-Craft et al., 2020; Lipson et al., 2017). Our findings further suggest that both self-reliance and denial moderated the relationship between help-seeking attitudes and behaviour. As such, these perceived barriers inhibit help-seeking, even if participants hold positive attitudes towards help-seeking, thereby potentially explaining the weak association between help-seeking attitudes and behaviour.

Limitations of the current study include the use of self-report questionnaires, the inclusion of female participants only and potential self-selection due to incentives to participate, the cross-sectional nature of this study which does not allow any test for causation, and the lack of a control group to determine whether self-reliance and denial are also related to help-seeking attitudes and behaviours for other mental health problems. To determine whether perceived barriers truly change the likelihood of seeking help, there is a need for prospective longitudinal studies in the future (Ali & Fassnacht, 2023). The current study focused on the two most relevant perceived help-seeking barriers among university students, however, future studies should also explore other barriers which may prevent students from seeking help.

Findings from the current study should be considered in the development of future awareness campaigns, self-help, prevention, and early intervention programs for eating disorders. A shift from increasing ED literacy and changing attitudes towards help-seeking to addressing the firm believe that help is not required (i.e., denial) is necessary to enhance help-seeking. Despite the challenges of uptake and engagement, digital interventions should be considered to address help-seeking barriers (Ali et al., 2022; Daugelat et al., 2023). Further, it may be beneficial to increase students' self-awareness and recognition of their own (and others') ED symptoms and their impact on valued life domains in order to instil a perceived need for treatment (Gulliver et al., 2010; Lipson et al., 2017). This is particularly important as previous studies showed that students are more likely to refer a friend to a psychologist than themselves (Raviv et al., 2009). The finding that students prefer to be self-reliant presents an opportunity to empower students to use evidence-based resources independently (e.g., self-help materials) to enable them to make positive changes as a first step (Gulliver et al., 2010), followed up by a supportive network to promote and facilitate help-seeking (Daugelat et al., 2023).

Given that individuals with ED symptoms tend to minimise the importance of their own symptoms, peers may be an important resource for individuals with ED symptoms as they may be better able to notice symptoms and encourage help-seeking (Meyer, 2005). Initial findings have demonstrated the helpfulness of including people with lived experience of a specific health condition such as videos of peers in ED recovery in reducing stigma and shame around the illness, suggesting that this could be useful in addressing denial (Ali et al., 2022; Linardon et al., 2021; Sheens et al., 2016). However, additional research is needed to explore the role of peer-to-peer support in assisting people with eating disorders (Ali et al., 2015), especially considering recent research which found that family members or partners play a more significant role in the help-seeking process than peers (Monteleone et al., 2023). Overall, further research is needed to identify whether perceived barriers can be changed with interventions and more importantly whether this will result in increased help-seeking behaviour for ED symptoms over time. If so, this could have a substantial impact on the uptake of treatment, and potentially increase recovery rates for eating disorders.

AUTHOR CONTRIBUTION

Esme Fabry: Conceptualisation, formal analysis, visualisation, writing – original draft. **Daniel B. Fassnacht:** Conceptualisation, investigation, methodology, formal analysis, visualisation, supervision, writing – review and editing. **Rachael Ford:** Conceptualisation, investigation, methodology, writing – review and editing. **Nicholas R. Burns:** Formal analysis, visualisation, supervision, writing – review and editing. **Anne E. O'Shea:** Writing – review and editing. **Kathina Ali:** Conceptualisation, investigation, methodology, project administration, supervision, writing – review and editing.

ACKNOWLEDGEMENTS

We would like to thank all participants for their contribution to this research.

Open access publishing facilitated by Flinders University, as part of the Wiley - Flinders University agreement via the Council of Australian University Librarians.

CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest (financial or non-financial).

HUMAN ETHICS APPROVAL

Provided by Flinders University Human Ethics Research Committee approval (project ID 4392).

MATERIALS SHARING AND ACCESSIBILITY

The SPSS syntax supporting the analyses is available on reasonable request from the corresponding author.

DATA AVAILABILITY STATEMENT

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

ORCID

Esme Fabry https://orcid.org/0009-0004-1081-5200
Daniel B. Fassnacht https://orcid.org/0000-0001-6542-5008
Nicholas R. Burns https://orcid.org/0000-0003-3456-6734
Anne E. O'Shea https://orcid.org/0000-0003-0573-7389
Kathina Ali https://orcid.org/0000-0002-5169-0553

REFERENCES

Ali, K., Farrer, L., Fassnacht, D. B., Gulliver, A., Bauer, S., & Griffiths, K. M. (2017). Perceived barriers and facilitators towards help-seeking for eating disorders: A systematic review. *International Journal of Eating Disorders*, *50*(1), 9–21. https://doi.org/10.1002/eat.22598

Ali, K., Farrer, L., Gulliver, A., & Griffiths, K. (2015). Online peer-to-peer support for young people with mental health problems: A systematic review. *JMIR Mental Health*, *2*(2), e19. https://doi.org/10.2196/mental.4418

Ali, K., & Fassnacht, D. (2023). Barriers to treatment in eating disorders. In P. Robinson, T. Wade, B. Herpetz-Dahlmann, F. Fernandez-Aranda, J. Treasure, & S. Wonderlich (Eds.), *Eating disorders an international comprehensive view*.

Ali, K., Fassnacht, D., Farrer, L., Rieger, E., Moessner, M., Bauer, S., & Griffiths, K. (2022). Recruitment, adherence and attrition challenges in internet-based indicated prevention programs for eating disorders: Lessons learned from a randomised controlled trial of ProYouth OZ. *Journal of Eating Disorders*, *10*(1), 1. https://doi.org/10.1186/s40337-021-00520-7

Ali, K., Fassnacht, D. B., Farrer, L., Rieger, E., Feldhege, J., Moessner, M., Griffiths, K. M., & Bauer, S. (2020). What prevents young adults from seeking help? Barriers toward helpseeking for eating disorder symptomatology. *International Journal of Eating Disorders*, *53*(6), 894–906. https://doi.org/10.1002/eat.23266

Ali, K., Radunz, M., McLean, S., O'Shea, A., Mavrangelos, T., Fassnacht, D., & Hart, L. Unmet need for treatment in eating disorders: What has changed in over 10 years? An updated systematic review and meta-analysis. (under review).

Allen, K. L., Mountford, V. A., Elwyn, R., Flynn, M., Fursland, A., Obeid, N., Partida, G., Richards, K., Schmidt, U., Serpell, L., Silverstein, S., & Wade, T. (2023). A framework for conceptualising early intervention for eating disorders. *European Eating Disorders Review*, *31*(2), 320–334. https://doi.org/10.1002/erv.2959

Andres-Pepina, S., Plana, M. T., Flamarique, I., Romero, S., Borràs, R., Julià, L., Gárriz, M., & Castro-Fornieles, J. (2020). Long-term outcome and psychiatric comorbidity of adolescent-onset anorexia nervosa. *Clinical Child Psychology and Psychiatry*, *25*(1), 33–44. https://doi.org/10.1177/1359104519827629

Armitage, C. J., & Conner, M. (2010). Efficacy of the theory of planned behaviour: A meta-analytic review. *British Journal of Social Psychology*, *40*(4), 471–499. https://doi.org/10.1348/014466601164939

Austin, A., Flynn, M., Richards, K., Hodsoll, J., Duarte, T. A., Robinson, P., Kelly, J., & Schmidt, U. (2021). Duration of untreated eating disorder and relationship to outcomes: A systematic review of the literature. *European Eating Disorders Review*, *29*(3), 329–345. https://doi.org/10.1002/erv.2745

Bauer, S., Papezova, H., Chereches, R., Caselli, G., McLoughlin, O., Szumska, I., van Furth, E., Ozer, F., & Moessner, M. (2013). Advances in the prevention and early intervention of eating disorders: The potential of Internet-delivered approaches. *Mental Health & Prevention*, *1*(1), 26–32. https://doi.org/10.1016/j.mhp.2013.10.003

Becker, A. E., Franko, D. L., Nussbaum, K., & Herzog, D. B. (2004). Secondary prevention for eating disorders: The impact of education, screening, and referral in a college-based screening program. *International Journal of Eating Disorders*, *36*(2), 157–162. https://doi.org/10.1002/eat.20023

Berg, K. C., Frazier, P., & Sherr, L. (2009). Change in eating disorder attitudes and behavior in college women: Prevalence and predictors. *Eating Behaviors*, *10*(3), 137–142. https://doi.org/10.1016/j.eatbeh.2009.03.003

Bohn, K., Doll, H. A., Cooper, Z., O'Connor, M., Palmer, R. L., & Fairburn, C. G. (2008). The measurement of impairment due to eating disorder psychopathology. *Behaviour Research and Therapy*, *46*(10), 1105–1110. https://doi.org/10.1016/j.brat.2008.06.012

Bohn, K., & Fairburn, C. G. (2008). *The clinical impairment assessment questionnaire (CIA)* (pp. 315–317). Cognitive Behavioral Therapy for Eating Disorders.

Carter, J. C., Stewart, D. A., & Fairburn, C. G. (2001). Eating disorder examination questionnaire: Norms for adolescent girls. *Behavior Research and Therapy*, *39*(5), 625–632. https://doi.org/10.1016/S0005-7967(00)00033-4

Daugelat, M.-C., Pruccoli, J., Schag, K., & Giel, K. E. (2023). Barriers and facilitators affecting treatment uptake behaviours for patients with eating disorders: A systematic review synthesising patient, caregiver and clinician perspectives. *European Eating Disorders Review*, *31*(6), 1–17. https://doi.org/10.1002/erv.2999

De Jong, M., Walker, J., Syed, T., Nunes, M., Ferrari, J., & Furer, P., & Mobilizing Minds Research Group. (2012). Evaluating student extended health insurance programs in post-secondary institutions: Limited support for students with mental health problems. In *Mental health commission of Canada: Together against stigma conference*.

Eisenberg, D., Nicklett, E. J., Roeder, K., & Kirz, N. E. (2011). Eating disorder symptoms among college students: Prevalence, persistence, correlates, and treatment-seeking. *Journal of American College Health*, *59*(8), 700–707. https://doi.org/10.1080/07448481.2010.546461

Fairburn, C. G., & Beglin, S. J. (1994). Assessment of eating disorders: Interview or self-report questionnaire? *International Journal of Eating Disorders*, *16*(4), 363–370. https://doi.org/10.1002/1098-108X(199412)16:4<363::AID-EAT2260160405>3.0.CO;2-%23

Fairweather-Schmidt, A. K., & Wade, T. D. (2014). DSM-5 eating disorders and other specified eating and feeding disorders: Is there a meaningful differentiation? *International Journal of Eating Disorders*, *47*(5), 524–533. https://doi.org/10.1002/eat.22257

Faul, F., Erdfelder, E., Lang, A.-G., & Buchner, A. (2007). G*Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods*, *39*(2), 175–191. https://doi.org/10.3758/BF03193146

Fischer, E. H., & Farina, A. (1995). Attitudes toward seeking professional psychological help: A shortened form and considerations for research. *Journal of College Student Development*, *36*(4), 368–373.

Fitzsimmons-Craft, E. E., Eichen, D. M., Monterubio, G. E., Firebaugh, M. L., Goel, N. J., Taylor, C. B., & Wilfley, D. E. (2020). Longer-term follow-up of college students screening positive for anorexia nervosa: Psychopathology, help seeking, and barriers to treatment. *Eating Disorders*, *28*(5–6), 549–565. https://doi.org/10.1080/10640266.2019.1610628. Epub 2019 May 20

Fitzsimmons-Craft, E. E., Karam, A. M., Monterubio, G. E., Taylor, C. B., & Wilfley, D. E. (2019). Screening for eating disorders on college campuses: A review of the recent literature. *Current Psychiatry Reports*, *21*(10), 1–17. https://doi.org/10.1007/s11920-019-1093-1

Goldschen, L., Lundblad, W., Fertig, A. M., Auster, L. S., Schwarzbach, H. L., & Chang, J. C. (2019). Navigating the university transition among women who self-report an eating disorder: A qualitative study. *International Journal of Eating Disorders*, *52*(7), 795–800. https://doi.org/10.1002/eat.23071

Gratwick-Sarll, K., Mond, J., & Hay, P. (2013). Self-recognition of eating-disordered behavior in college women: Further evidence of poor eating disorders "mental health literacy". *Eating Disorders*, *21*(4), 310–327. https://doi.org/10.1080/10640266.2013.797321

Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review. *BMC Psychiatry*, *10*(1), 1–9. https://doi.org/10.1186/1471-244X-10-113

Hardeman, W., Johnston, M., Johnston, D., Bonetti, D., Wareham, N., & Kinmonth, A. L. (2002). Application of the theory of planned behaviour in behaviour change interventions: A systematic review. *Psychology and Health*, *17*(2), 123–158. https://doi.org/10.1080/08870440290013644a

Hart, L. M., Granillo, M. T., Jorm, A. F., & Paxton, S. J. (2011). Unmet need for treatment in the eating disorders: A systematic review of eating disorder specific treatment seeking among community cases. *Clinical Psychology Review*, *31*(5), 727–735. https://doi.org/10.1016/j.cpr.2011.03.004

Hayes, A. F. (2013). Introduction to mediation, moderation and condition process analysis: A regression-based approach. New York, NY: Guilford publications. In female college students. *Journal of College Counseling*, *8*(1), 20–30. https://doi.org/10.1002/j.2161-1882.2005.tb00069.x

Linardon, J., Messer, M., Lee, S., & Rosato, J. (2021). Perspectives of e-health interventions for treating and preventing eating disorders: Descriptive study of perceived advantages and barriers, help-seeking intentions, and preferred functionality. *Eating and Weight Disorders-Studies on Anorexia, Bulimia and Obesity*, *26*(4), 1097–1109. https://doi.org/10.1007/s40519-020-01005-3

Lipson, S. K., Jones, J. M., Taylor, C. B., Wilfley, D. E., Eichen, D. M., Fitzsimmons-Craft, E. E., & Eisenberg, D. (2017). Understanding and promoting treatment-seeking for eating disorders and body image concerns on college campuses through online screening, prevention and intervention. *Eating Behaviors*, *25*, 68–73. https://doi.org/10.1016/j.eatbeh.2016.03.020

Lipson, S. K., & Sonneville, K. R. (2017). Eating disorder symptoms among undergraduate and graduate students at 12 US colleges and universities. *Eating Behaviors*, *24*, 81–88. https://doi.org/10.1016/j.eatbeh.2016.12.003

Meyer, D. F. (2005). Psychological correlates of help seeking for eating-disorder symptoms in female college students. *Journal of College Counseling*, *8*(1), 20–30. https://doi.org/10.1002/j.2161-1882.2005.tb00069.x

Mond, J. M., Hay, P. J., Paxton, S. J., Rodgers, B., Darby, A., Nillson, J., Quirk, F., & Owen, C. (2010). Eating disorders "mental health literacy" in low risk, high risk and symptomatic women: Implications for health promotion programs. *Eating Disorders*, *18*(4), 267–285. https://doi.org/10.1080/10640266.2010.490115

Mond, J. M., Hay, P. J., Rodgers, B., Owen, C., & Beumont, P. J. V. (2004). Validity of the Eating Disorder Examination Questionnaire (EDE-Q) in screening for eating disorders in community samples. *Behaviour Research and Therapy*, *42*(5), 551–567. https://doi.org/10.1016/S0005-7967(03)00161-X

Mond, J. M., Robertson-Smith, G., & Vetere, A. (2006). Stigma and eating disorders: Is there evidence of negative attitudes

towards anorexia nervosa among women in the community? *Journal of Mental Health*, *15*(5), 519–532. https://doi.org/10.1080/09638230600902559

Monteleone, A. M., Barone, E., Cascino, G., Schmidt, U., Gorwood, P., Volpe, U., Abbate-Daga, G., Castellini, G., Díaz Marsá, M., Favaro, A., Fukutomi, A., Guillaume, S., Minařík, P., Pacheco, J. A. S., Panero, M., Papežová, H., Ricca, V., Segura-Garcia, C., Scanferla, E, … . Monteleone, P. (2023). Pathways to eating disorder care: A European multicenter study. *European Psychiatry*, *66*(1), e36. PMID: 37092677; PMCID: PMC10228357. https://doi.org/10.1192/j.eurpsy.2023.23

Potterton, R., Austin, A., Allen, K., Lawrence, V., & Schmidt, U. (2020). "I'm not a teenager, I'm 22. Why can't I snap out of it?": A qualitative exploration of seeking help for a first-episode eating disorder during emerging adulthood. *Journal of Eating Disorders*, *8*(1), 1–14. https://doi.org/10.1186/s40337-020-00320-5

Radunz, M., Ali, K., & Wade, T. D. (2022). Pathways to improve early intervention for eating disorders: Findings from a systematic review and meta-analysis. *International Journal of Eating Disorders*, *56*(2), 314–330. https://doi.org/10.1002/eat.23845

Raviv, A., Raviv, A., Vago-Gefen, I., & Fink, A. S. (2009). The personal service gap: Factors affecting adolescents' willingness to seek help. *Journal of Adolescence*, *32*(3), 483–499. https://doi.org/10.1016/j.adolescence.2008.07.004

Rickwood, D., Deane, F. P., Wilson, C. J., & Ciarrochi, J. (2005). Young people's helpseeking for mental health problems. *Australian e-Journal for the Advancement of Mental Health*, *4*(3), 218–251. https://doi.org/10.5172/jamh.4.3.218

Rickwood, D., & Thomas, K. (2012). Conceptual measurement framework for help-seeking for mental health problems. *Psychology Research and Behavior Management*, *5*, 173. https://doi.org/10.2147/PRBM.S38707

Rieger, E. (2017). Motivational approaches. In T. Wade (Ed.), *Encyclopedia of feeding and eating disorders* (pp. 547–551). Springer.

Romano, K. A., & Lipson, S. K. (2021). Dietary restraint patterns and eating disorder help-seeking. *Eating and Weight Disorders*, *26*(1), 159–168. https://doi.org/10.1007/s40519-019-00833-2

Schmidt, U., Adan, R., Böhm, I., Campbell, I. C., Dingemans, A., Ehrlich, S., Elzakkers, I., Favaro, A., Giel, K., Harrison, A., Himmerich, H., Hoek, H. W., Herpertz-Dahlmann, B., Kas, M. J., Seitz, J., Smeets, P., Sternheim, L., Tenconi, E., van Elburg, A., van Furth, E., & Zipfel, S. (2016). Eating disorders: The big issue. *The Lancet Psychiatry*, *3*(4), 313–315. PMID: 27063378. https://doi.org/10.1016/S2215-0366(16)00081-X

Scutt, K., Ali, K., Rieger, E., Monaghan, C., Ford, R., Fabry, E., & Fassnacht, D. (2023). An investigation of the dual continua model of mental health in the context of eating disorder symptomatology using latent profile analysis. *British Journal of Clinical Psychology*, *62*, 782–799. https://doi.org/10.1111/bjc.12439

Sheens, E., Rhodes, P., & Dawson, L. (2016). Encountering anorexia: Challenging stigma with recovery stories. *Advances in Eating Disorders*, *4*(3), 315–322. https://doi.org/10.1080/21662630.2016.1217495

Stewart, D. W., Walker, J. R., Beatie, B., Reynolds, K. A., Hahlweg, K., Leonhart, M., & Tulloch, A. (2014). Postsecondary Students' Information Needs and Pathways for Help with Stress, Anxiety, and Depression/Les besoins d'information des étudiants postsecondaires et les parcours conçus pour réduire le stress, l'anxiété, et la dépression. *Canadian Journal of Counselling and Psychotherapy (Online)*, *48*(3), 356.

Taquet, M., Geddes, J. R., Luciano, S., & Harrison, P. J. (2022). Incidence and outcomes of eating disorders during the COVID-19 pandemic. *The British Journal of Psychiatry*, *220*(5), 262–264. https://doi.org/10.1192/bjp.2021.105

Treasure, J., Duarte, T. A., & Schmidt, U. (2020). Eating disorders. *Lancet*, *395*(10227), 899–911. https://doi.org/10.1016/s0140-6736(20)30059-3

Wade, T., Wilksch, S. M., & Lee, C. (2012). A longitudinal investigation of the impact of disordered eating on young women's quality of life. *Health Psychology*, *31*(3), 352–359. https://doi.org/10.1037/a0025956

Weissman, R. S., & Rosselli, F. (2017). Reducing the burden of suffering from eating disorders: Unmet treatment needs, cost of illness, and the quest for costeffectiveness. *Behaviour Research and Therapy*, *88*, 49–64. https://doi.org/10.1016/j.brat.2016.09.006

Wilkop, M., Wade, T., Keegan, E., & Cohen-Woods, S. (2023). Impairments among DSM-5 eating disorders: A systematic review and multilevel meta-analysis. *Clinical Psychology Review*, *102267*, 102267. https://doi.org/10.1016/j.cpr.2023.102267

Zhou, Y., & Wade, T. D. (2021). The impact of COVID-19 on body-dissatisfied female university students. *International Journal of Eating Disorders*, *54*(7), 1283–1288. https://doi.org/10.1002/eat.23521

SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

How to cite this article: Fabry, E., Fassnacht, D. B., Ford, R., Burns, N. R., O'Shea, A. E., & Ali, K. (2024). The role of self-reliance and denial in the help-seeking process for eating disorders among university students. *European Eating Disorders Review*, *32*(3), 450–457. https://doi.org/10.1002/erv.3052