

Feelings of Loneliness and Eating Problems in Young People: an Analysis of Psychological and Social Mechanisms

Poczucie samotności a problemy z odżywianiem u młodych ludzi – analiza mechanizmów psychologicznych i społecznych

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Received: 5 Mar 2025
Revised: 23 Apr 2025
Accepted: 3 Jun 2025
Published: 30 Jun 2025

Abstract: The article explores the impact of loneliness on the development of eating disorders among adolescents. Loneliness during adolescence is considered a significant risk factor for emotional issues such as low self-esteem, distorted body image, and difficulties with emotional regulation. The aim of the study is to analyze the psychological and social mechanisms through which loneliness shapes unhealthy eating behaviors. The article discusses emotional eating, body dysmorphic disorder, social media pressure, and negative family and peer dynamics. The author highlights that a lack of social support deepens isolation and contributes to compensatory behaviors related to food and body image. The findings suggest that the co-occurrence of loneliness and eating disorders may lead to long-term emotional and health problems in adulthood. The article emphasizes the importance of cognitive-behavioral therapy, psychoeducation, family interventions, and the development of social skills as effective therapeutic strategies. It also draws attention to the need for early prevention and further research on this phenomenon to reduce its long-term psychological and physical consequences in later life. Understanding how loneliness contributes to eating problems can improve clinical interventions and support systems for at-risk youth, helping to create more resilient and emotionally healthy future generations.

Keywords: loneliness, disorders, nutrition, adolescents

Abstrakt: Artykuł podejmuje problem wpływu samotności na rozwój zaburzeń odżywiania u młodzieży. Samotność w okresie adolescencji uznana została za istotny czynnik ryzyka dla występowania problemów emocjonalnych, w tym niskiej samooceny, zniekształconego obrazu ciała i trudności w regulacji emocji. Celem opracowania jest analiza psychologicznych i społecznych mechanizmów, poprzez które osamotnienie wpływa na kształtowanie nieprawidłowych nawyków żywieniowych. W artykule omówiono m.in. emocjonalne jedzenie, zaburzenia dysmorficzne, presję mediów społecznościowych, a także negatywne wzorce rodzinne i rówieśnicze. Autor wskazuje, że brak wsparcia społecznego prowadzi do pogłębienia izolacji oraz kompensacyjnych zachowań wobec jedzenia i ciała. Wyniki analizy sugerują, że długotrwałe współwystępowanie samotności i zaburzeń odżywiania może prowadzić do trwałych trudności emocjonalnych i zdrowotnych w dorosłości. Artykuł podkreśla znaczenie terapii poznawczo-behavioralnej, edukacji psychologicznej, interwencji rodzinnych i rozwijania umiejętności społecznych jako skutecznych strategii terapeutycznych. Zwraca również uwagę na konieczność wczesnej profilaktyki oraz dalszych badań nad tym zjawiskiem, by minimalizować jego długofalowe skutki psychofizyczne w życiu dorosłym.

Słowa kluczowe: samotność, zaburzenia, odżywianie, młodzież



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INTRODUCTION

Contemporary social, technological, and cultural changes significantly impact the mental well-being of young people, presenting them with increasing challenges. The growing importance of digital technologies, changing patterns of interpersonal communication, and rising demands regarding educational and professional achievements mean that young people are increasingly experiencing feelings of loneliness and social exclusion (Twenge et al. 2018). The feeling of loneliness during adolescence is a particularly significant problem because young people are at a crucial stage of psychological and social development. This is a period when a sense of identity, self-esteem, and the ability to build relationships with others are formed. Young people are searching for their social role and learning how to cope with emotions, stress, and the challenges that life presents. Loneliness during this period can lead to a feeling of isolation, which negatively affects the ability to form deep bonds and develop healthy coping mechanisms for difficulties. The lack of adequate emotional support, as well as the pressure associated with ideal social patterns, can result in emotional disorders that will have a long-term impact on the further development of a young person. Chronic loneliness can lead to a number of negative consequences, including increased levels of anxiety, depression, and physical and mental health disorders (Cacioppo and Cacioppo 2018). Eating disorders, whose etiology is multifactorial and includes biological, psychological, and social determinants (Fairburn and Jones 1997), hold a special place among the various psychosocial consequences of loneliness. Among the psychosocial factors of eating disorders, which can manifest, among others, as anorexia, bulimia, or binge eating, loneliness plays a particularly important role because it affects how young people cope with stress and negative emotions. Numerous studies indicate that the lack of satisfying interpersonal relationships can lead to the use of food as a compensatory mechanism – both through its restrictive limitation and excessive consumption (Levine and Murnen 2009).

The aim of this article is to analyze the impact of the feeling of loneliness on the development of unhealthy eating habits and eating disorders in young people. Particular attention will be paid to the psychological, neurobiological, and socio-cultural mechanisms underlying this phenomenon. Furthermore, possible intervention strategies that can help prevent the negative effects of loneliness and eating disorders among adolescents will be presented.

1. FEELING OF LONELINESS AS A STRESS FACTOR DURING ADOLESCENCE

Loneliness is a phenomenon that has accompanied humanity since the beginning, yet it is not easy to define unequivocally. It is a complex problem that depends not only on internal factors, such as an individual's sensitivity or self-esteem, but also on external factors, such as the socio-cultural conditions in which a person functions. Loneliness can be described as a subjective feeling of lacking satisfying

social relationships. Although it is often equated with social isolation, in reality, its experience is mainly subjective, and thus it can occur even when an individual is not objectively isolated from others.

The feeling of loneliness in young people is a complex and multifaceted phenomenon that can appear at various stages of their development. During adolescence, encompassing both adolescence and young adulthood, the individual experiences significant emotional, social, and cognitive changes that influence the shaping of their identity (Erikson 1968; Marcia 1980). During this time, the young person faces challenges related to personal, social, and professional development, which can lead to difficulties in establishing and maintaining interpersonal relationships, as well as to the development of a feeling of loneliness. Baumeister and Leary (2017) indicate that the need to belong to a group is a fundamental human desire, and its absence can lead to a feeling of rejection. When a young person does not experience acceptance within their peer group or lacks support in relationships with close people, they may begin to feel isolated and rejected.

Loneliness is a phenomenon with a complex structure that manifests itself in various forms, depending on the individual's socio-psychological context and their social environment. Scientific literature distinguishes several types of loneliness that reflect different aspects of this experience. One of the most frequently distinguished types is emotional loneliness, which refers to the lack of deep, intimate bonds that provide a sense of support and security. People experiencing emotional loneliness often have a wide circle of acquaintances, but they lack relationships that would fulfill emotional needs, such as understanding or acceptance (Cacioppo et al. 2002). This loneliness can occur even within close relationships if the relationships are unable to provide the individual with emotional satisfaction (Moore and Weiss 1973). Social loneliness concerns the lack of a broad network of interpersonal contacts, leading to a feeling of alienation. People experiencing social loneliness not only lack close relationships but also do not feel part of any social group, which can lead to a feeling of isolation and alienation (Hawkley and Cacioppo 2010). In the context of this type of loneliness, a person may feel like a stranger among others, despite the presence of people around, which indicates the importance of the quality of social bonds, not just their number. Situational loneliness is a form of loneliness that arises as a result of specific life circumstances, such as moving to a new place, breaking up with a partner, or losing a loved one. In this case, loneliness is temporary, and its intensity depends on the individual's ability to adapt to the new situation (Perlman and Peplau 1981). Chronic loneliness, on the other hand, is a form of loneliness that is long-lasting, often appearing as a result of prolonged social isolation. It can be a result of difficulties in establishing and maintaining social bonds, as well as stemming from deep emotional problems, such as depression or anxiety disorders (Cacioppo and Patrick 2008). Chronic loneliness is associated with numerous negative health consequences, both in the psychological and physical spheres (Hawkley and Cacioppo 2010).

Contemporary research also points to digital loneliness, a phenomenon, which is increasingly present in the age of technology and social media. Although technology enables quick contact with other people, it can also lead to superficial interactions that are unable to satisfy the need for deep connections, which in turn can deepen the feeling of loneliness (Primack et al. 2017). Digital loneliness is particularly noticeable among younger people who spend a lot of time in the virtual world, neglecting real human relationships (Shakya and Christakis 2017).

There are many theories explaining why people experience loneliness, how it arises, and what mechanisms drive it. These theories are diverse and are based on different approaches to human nature, the role of social relationships, and psychological processes.

One of the most important theories is the need to belong theory, proposed by the aforementioned Baumeister and Leary (2017). The authors argue that the need to belong to a social group is one of the basic human needs. People have an innate tendency to strive to establish and maintain close relationships because they fulfill a number of emotional needs, such as a sense of security, acceptance, and support. When this need is not met, a feeling of loneliness may arise. Loneliness is therefore the result of a lack of satisfying interpersonal bonds. According to this theory, an individual can feel lonely even in a crowd if their relationships with others are not deep enough and do not give them a sense of belonging to a social group.

The social deficit theory assumes that loneliness results from a lack or deficiency of social interactions, which causes a deficit in important interpersonal relationships. Cacioppo and Patrick (2008) indicate that a lack of social bonds, both in a qualitative and quantitative sense, leads to a feeling of loneliness. Loneliness in this view is a consequence of inappropriate or too infrequent contact with other people that does not meet the individual's emotional needs. From the perspective of this theory, loneliness is a symptom of a lack of relationships or connections that could provide the individual with a sense of security, understanding, and support.

The stress theory, particularly in the context of loneliness, assumes that a lack of appropriate social relationships can lead to chronic stress, which results from the emotional burden that accompanies loneliness. Cacioppo and colleagues (2002) indicate that chronic experience of loneliness is associated with elevated stress levels and the activation of negative bodily reactions, such as sleep disturbances, changes in stress hormone levels (cortisol), and problems with the immune system. From the perspective of this theory, loneliness not only affects the individual's emotions but also has a real impact on their physical and mental health. Furthermore, loneliness can lead to the activation of defense mechanisms, such as withdrawal from social contact, which in turn deepens the problem of isolation and makes it difficult to establish new bonds. One such mechanism is also problems with eating, representing two extreme situations – avoiding food or excessive overeating. This situation is extremely often recognized in adolescents.

2. PICTURE OF DISORDERS IN TEENAGERS

Eating disorders are a serious health problem among teenagers and are increasingly diagnosed in this age group. During adolescence, young people experience intense physical, emotional, and social changes that can affect their perception of their own body and their relationship with food. Eating disorders can lead to serious health consequences, both physical and psychological. According to research, these disorders are linked to various factors, including biological, psychological, and social ones (American Psychiatric Association 2013). One of the most common eating disorders among teenagers is anorexia nervosa. It is characterized by extreme restriction of food intake, fear of gaining weight, and a distorted perception of one's own body, which is perceived as "too fat," even though the person is actually extremely emaciated (Fairburn 2008). Bulimia nervosa is also a common disorder in adolescents, in which episodes of binge eating occur, followed by compensatory behaviors such as vomiting, excessive exercise, or the use of laxatives. In this case, people suffering from bulimia often experience a loss of control over eating and feelings of guilt and shame after eating large amounts of food (Fairburn 2002). The third main disorder is binge eating disorder (BED), which differs from bulimia in that it is not compensated by any weight-controlling behaviors. Despite the lack of compensatory actions, people with this disorder also struggle with emotional problems, including feelings of guilt and shame related to eating (Hudson et al. 2007).

Many researchers point to the complex nature of eating disorders, which are the result of the interaction of biological, psychological, and social factors (Levine and Smolak 2020). Among the biological factors, genetic predisposition to the development of eating disorders is distinguished. Studies indicate that there is an increased risk of nutritional abnormalities in people who have close relatives with a history of struggling with them (Hudson et al. 2007). Psychological factors, such as low self-esteem, anxiety, or depression, also play a key role in the development of eating disorders. Teenagers who struggle with these problems may use controlling food as a way to cope with emotions or strive for perfection (Garner et al. 1980). In turn, social factors, including social pressure related to cultural norms regarding appearance, have a huge impact on how young people perceive their bodies. The presence in the media of images of ideal figures, promoted by celebrities or influencers, contributes to increased pressure, which can lead to the development of eating disorders (Levine and Murnen 2009).

The complexity of eating disorders, resulting from the interaction of all its factors, leads to the need to consider the impact of loneliness on the occurrence of problems in this area. Loneliness can exacerbate teenagers' emotional difficulties and deepen their problems with self-esteem. In the face of isolation, young people seek control in the area of food, treating it as a way to cope with emotional emptiness. Increased need for social acceptance, in turn, combined with pressure regarding appearance, leads to the development of eating disorders, which are an attempt to regain control over one's own body.

3. THE IMPACT OF LONELINESS ON EATING PROBLEMS IN YOUNG PEOPLE – PSYCHOLOGICAL AND SOCIAL MECHANISMS

a) Eating as a dysfunctional form of emotion regulation

One of the key mechanisms linking loneliness and eating disorders is a deficit in the ability to regulate emotions. Loneliness can lead to an increase in stress and/or anxiety levels, thereby limiting access to adaptive coping strategies, such as social support (Wang et al. 2018). Consequently, adolescents are more likely to resort to avoidance strategies. In the absence of social support, eating becomes one of the mechanisms for escaping negative emotions. The use of food to regulate emotional states is particularly evident in cases of binge eating, bulimia, or anorexia, where individuals attempt to control their emotions by controlling their body and food (Fairburn, Cooper and Shafran 2003).

According to the “escape theory” model by Fairburn and colleagues (Fairburn, Cooper and Shafran 2003), individuals suffering from eating disorders use body weight control as a mechanism to escape negative emotions and low self-esteem. Similar results were obtained in studies on emotional eating – it was shown that individuals experiencing loneliness are more likely to engage in binge eating as a way to alleviate unpleasant emotional states (Spoor et al. 2007). The main purpose of eating thus becomes escaping sadness, anxiety, or stress, rather than its basic function – satisfying the body’s physiological need. The long-term use of this strategy leads to disturbances in the relationship with food, which are difficult to break, and their self-perpetuating mechanism deepens the individual’s emotional state.

Studies show that individuals who engage in emotional eating often also have difficulty recognizing and adequately expressing their emotions (Dol et al. 2023). This process leads to a vicious cycle in which emotions are not properly regulated, and eating becomes the primary way to manage them. As a result, control over food, although initially perceived as a way to cope with emotions, becomes a trap in which the individual loses control over both food and emotions.

b) Body Dysmorphic Disorder and the Influence of Social Media

Body Dysmorphic Disorder (BDD) is a serious mental disorder in which a person experiences intense and persistent anxiety related to imagined or marginal physical defects. Although individuals with BDD are often physically capable, their perception of their own body is distorted, leading to obsessive thoughts about perceived imperfections that can affect various body parts, including the face, skin, hair, or physique (Veale 2004). BDD often co-occurs with other disorders, such as depression, anxiety, and eating disorders. Young people, especially during adolescence, are particularly susceptible to developing this disorder due to intense changes in physical appearance and a strong need for social acceptance, which becomes a key element in shaping their identity (Cash 2004).

In the context of loneliness, BDD becomes particularly problematic because a lack of social support and a sense of isolation can intensify obsessive thoughts about body image. Young people who experience loneliness may be more prone to negative self-perception, which can lead to the development of body image disorders. Loneliness increases feelings of alienation and low self-esteem, which are major risk factors for the development of BDD (Rosen 1995). Social isolation, which in adolescence can result from difficulties in forming close relationships or experiencing difficulties in social integration, affects the internal representation of the body and intensifies focus on its perceived flaws.

Contemporary social media has become a significant factor influencing the development of BDD, especially among young people. Platforms such as Instagram, Facebook, and TikTok promote images of “ideal” bodies that are often retouched or unrealistic. Younger individuals who experience loneliness may spend a lot of time browsing these media, which can lead to social comparisons and deepen feelings of inadequacy (Fardouly et al. 2015). Research indicates that viewing photos of people with unrealistic beauty standards leads to increased dissatisfaction with one’s own appearance and can lead to eating disorders, such as anorexia or bulimia (Tiggemann and Slater 2013). Increased comparisons to these idealized images in social media can lead to a negative body image, particularly among young people who are in a phase of intense emotional and social development.

This phenomenon is particularly evident in individuals who struggle with loneliness, as a lack of social support can lead to a stronger identification with the negative body image promoted by the media. Loneliness combined with comparisons to others can result in a deepening feeling of inadequacy and lack of acceptance, which consequently leads to the use of drastic methods of weight control, such as restrictive diets, fasting, or excessive exercise (Grabe, Ward and Hyde 2008). Furthermore, loneliness can influence the dietary choices of young people, who, feeling isolated, may use food as a way to cope with emotions, which also leads to eating problems. Loneliness can also intensify negative self-perception, especially among adolescents subjected to the pressure of meeting unrealistic aesthetic standards promoted by social media. Studies have shown that individuals with high levels of loneliness are more likely to engage in social comparisons and show greater susceptibility to internalizing thinness ideals (Perloff 2014). Long-term exposure to unrealistic body images can lead to the development of BDD, which often co-occurs with eating disorders (Holland and Tiggemann 2016). Loneliness in this context acts as a mediator – the lack of satisfying social interactions leads to a compensatory pursuit of an ideal, resulting in unhealthy eating patterns.

4. OTHER MECHANISMS INFLUENCING THE OCCURRENCE OF ABNORMAL EATING HABITS

In addition to the previously mentioned ways in which loneliness influences the formation of inappropriate eating habits, it is worth noting disturbed relationships with family and peers. During adolescence, young people intensely form their identity and social norms. At this time, young people face numerous challenges related to establishing and maintaining interpersonal relationships. A lack of emotional support from family, as well as the presence of family conflicts, can lead to a decrease in self-esteem, which often results in seeking control over the body and food. In a situation where a young person does not receive adequate emotional care, eating becomes a mechanism for coping with feelings of helplessness, and controlling body weight provides a sense of agency and control in the face of unfriendly home relationships (Van Strien 2018). In such a situation, eating disorders, such as anorexia or bulimia, become an attempt to regain control over life and the body, which seem to be slipping out of control in other areas of life.

Similarly, negative relationships with peers, including social exclusion, bullying, and comparisons regarding appearance, have a significant impact on shaping attitudes towards food. Young people who feel rejected or marginalized by their peer group often experience anxiety, depression, and a sense of isolation, which leads to seeking ways to reduce negative emotions. In this context, eating becomes a way to compensate for emotional pain or, in the case of excessive control over diet, to strive to meet the aesthetic expectations promoted by peers. The desire to achieve acceptance in a social group can lead to obsessive control over body weight and food intake, which is often fueled by contemporary cultural and aesthetic norms, idealized body images in social media, and the desire to conform to these norms. Such mechanisms lead to unhealthy eating behaviors that, in the long run, can lead to serious eating disorders (Puhl and Heuer 2009). Loneliness, especially in people living in isolation, can lead to serious disruptions in life rhythm, which include irregular meal times and inappropriate eating patterns. The lack of companionship, social support, and emotional bonds leads to a weakening of social structures that regulate our behavior on a daily basis, including the rhythm of eating. As a result of this isolation, lonely people may neglect their nutritional needs, which manifests in a lack of fixed meal times, irregular food consumption, and difficulty in maintaining healthy eating habits. Research shows that a lack of daily structure and social interaction leads to instability in eating behaviors, which can result in both excessive and insufficient food intake (Van Strien 2018).

Loneliness and social isolation affect emotional coping mechanisms, which are crucial in the context of eating disorders. People experiencing loneliness may seek comfort in food, leading to compulsive overeating or, conversely, to restrictive avoidance of food as a way to cope with negative emotions such as sadness or anxiety (Meneguzzo et al. 2024). The literature emphasizes that a lack of social interaction increases the risk of depression and anxiety disorders, which in turn can

affect eating behaviors. Eating then becomes a means of coping with the emotional suffering associated with loneliness, and inappropriate eating habits, such as irregular meals or consuming large amounts of food, can lead to eating disorders such as bulimia or binge eating disorder (Puhl and Heuer 2009). Loneliness also changes emotional self-regulation mechanisms, which makes it difficult to control impulses related to eating and leads to excessive food consumption as a form of self-control in the face of a lack of social support (Agarwal 2014). Long-term isolation and weakened social ties can also lead to changes in metabolism and lifestyle, such as lack of physical activity and irregular sleep, which, combined with unhealthy eating patterns, worsen health and lead to obesity or other eating disorders (Heinrichs et al. 2003).

5. LONG-TERM CONSEQUENCES OF THE COEXISTENCE OF LONELINESS AND EATING DISORDERS

The long-term consequences of loneliness, particularly in the context of its impact on the development of eating disorders in adolescents, can lead to serious problems in adulthood, both in the sphere of mental and physical health. Loneliness experienced at a young age can solidify destructive patterns of thinking and behavior that have a long-term impact on an individual's adult life. In particular, prolonged social isolation during adolescence can lead to a chronic sense of loneliness that persists into adulthood, increasing the risk of mental disorders such as depression, anxiety, and also addictions (Cacioppo et al. 2006).

In the context of eating disorders, the problem of loneliness becomes not only a temporary issue but can also lead to chronic difficulties with weight control and eating behaviors in adult life. Young people who experience loneliness and alienation often develop compensatory mechanisms, including restrictive diets or excessive eating.

The negative consequences of loneliness during adolescence can be reflected in later social and professional life. Individuals who experienced deep loneliness in their youth may struggle with problems in establishing and maintaining close interpersonal relationships in adulthood. These problems can be exacerbated by internal beliefs about their own worthlessness and fear of rejection, resulting in difficulties in forming lasting social and family bonds. Prolonged social isolation, resulting from unresolved past problems, can also lead to professional burnout, problems in the workplace, and withdrawal from social activities (Cacioppo and Patrick 2008).

Chronic loneliness in childhood and adolescence can also lead to changes in metabolism that last throughout life. The increased risk of obesity, metabolic disorders, and heart disease in individuals who struggled with loneliness at a young age may be related to long-standing eating patterns, such as excessive food consumption in response to stress or lack of physical activity (Heinrichs et al. 2003). Consequently, these problems can have long-term health consequences, leading to the development of chronic diseases.

6. INTERVENTION STRATEGIES AND PREVENTIVE ACTIONS

Chronic loneliness, especially during adolescence, leads to further social isolation, which in turn exacerbates the symptoms of eating disorders and creates a vicious cycle of difficult-to-break mechanisms. Loneliness becomes both a consequence and a cause of the development of pathological eating patterns, and its long-term impact leads to increasingly deeper health and emotional problems. In the face of such a state, therapeutic interventions must be comprehensive and tailored to the individual needs of young people, combining various therapeutic approaches that allow for effective work on the symptoms of eating disorders and improvement of social quality of life. For this reason, a multidisciplinary approach is crucial, combining elements such as cognitive-behavioral therapy (CBT), interventions aimed at improving social skills, and psychoeducation regarding the impact of social media on body perception.

Cognitive-behavioral therapy (CBT) is one of the most effective methods for treating eating disorders, including anorexia and bulimia, by identifying and modifying harmful thought patterns and behaviors related to eating (Fairburn 2008). Within CBT, patients learn to recognize negative thought patterns that lead to low self-esteem and work on improving body image, which is particularly important in the context of youth whose body perception is strongly shaped by social media and social aesthetic norms (Levine and Murnen 2009). This therapy can also help reduce anxieties related to eating and allows for the development of the ability to express emotions in a healthy way, without resorting to food control.

Another key element of intervention is working on improving the social skills of young people. Strengthening the ability to establish and maintain healthy interpersonal relationships is an important protective factor against loneliness and its negative consequences. Educational programs aimed at developing communication skills, assertiveness, and conflict resolution can contribute to building a sense of belonging to a peer group and support young people in coping with negative emotions. Research indicates that social support is one of the key elements in the recovery process and preventing relapses of eating disorders (Linville et al. 2012). Psychoeducation is another important intervention strategy aimed at increasing young people's awareness of the impact of social media on their body perception and the shaping of aesthetic norms. There is much evidence that intensive use of online platforms that promote idealized body images can lead to unhealthy comparisons, feelings of low self-worth, and excessive focus on external appearance (Fardouly et al. 2015). Psychoeducational programs can help young people understand that images presented in the media are often unrealistic and filtered by cultural norms, and also teach them how to cope with social and digital pressure. Working on psychological resilience and promoting a healthy lifestyle can be a key element in the prevention and treatment of eating disorders.

Furthermore, in the context of treating eating disorders and coping with loneliness, it is worth considering an approach based on family therapy, especially

in cases where eating problems originate from difficult family relationships. Family therapy helps in resolving internal conflicts and building more supportive interactions within the family, which in the long term contributes to reducing feelings of isolation and weakening compensatory mechanisms related to eating (Minuchin and Fishman 1981).

However, all these interventions must be tailored to the individual needs and problems of young people, and their effectiveness largely depends on early recognition of the problem and commitment to therapy. Properly selected strategies can effectively reduce symptoms of loneliness and eating disorders, supporting young people in the process of recovery and building healthy eating and social habits.

CONCLUSION

The article presents the complex interaction between loneliness and eating disorders in adolescence, pointing to their long-term consequences that can persist into adulthood. Social isolation, combined with a lack of emotional support, fosters the development of destructive coping mechanisms, including pathological body control, while aesthetic pressure, particularly in the context of social media, deepens dissatisfaction with one's appearance. The article emphasizes the crucial role of cognitive-behavioral therapy and social support, which are essential for both treating eating disorders and preventing emotional problems. An important conclusion is also the need for continued research on these phenomena, especially in the adolescent group, to better understand the mechanisms of their development and to develop more effective preventive and therapeutic interventions that can minimize long-term psychological and physical consequences in adult life.

Funding: This research received no external funding.

Institutional Review Board Statement: Not applicable.

Conflicts of Interest: The author declares no conflict of interest.

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