Project Details	
Project Code	NMH27Ex Turk
Title	Not Enough Money for Food and Struggling to Eat: Understanding the Connection Between Food Insecurity and Disordered Eating
Research Theme	Neuroscience & Mental Health
Project Type	Dry lab
Summary	ARFID is an eating disorder where people avoid foods due to sensory sensitivities, fear of choking or vomiting, or low interest in eating. Food insecurity (unreliable access to safe, nutritious food) is a growing public health problem linked to poorer health outcomes. Food insecurity is linked to other eating disorders, but its relationship with ARFID is unknown. This project will explore that gap through large cohort datasets, interviews with people with lived experience and carers, and co-production of practical resources, with the aim of improving support for a poorly understood and underserved group.
Description	Avoidant/Restrictive Food Intake Disorder (ARFID) is an eating disorder where people avoid or limit what they eat in ways that affect their health, nutrition, or daily life. Unlike other eating disorders, it is not driven by concerns about body weight or shape. People with ARFID might avoid foods because of how they smell, taste, or feel; because they're afraid of choking or being sick; or because they have a general lack of interest in eating. Although awareness of ARFID has increased in recent years, it remains significantly under-researched compared to other eating disorders, and many aspects of its causes, consequences, and lived experiences are not yet well understood. At the same time, food insecurity (i.e., not having reliable access to enough safe, nutritious food) is an increasing public health concern. Rising food prices, economic instability, and widening social inequalities have led to growing numbers of households experiencing difficulties obtaining adequate food. Food insecurity has been linked to poorer physical and mental health outcomes and is increasingly recognised as an important factor in eating disorder development and maintenance. Research has shown associations between food insecurity and eating disorder symptoms such as binge eating, purging, and dietary restriction. However, despite growing interest in this area, no research has specifically examined the relationship between food insecurity and ARFID. Understanding this relationship is particularly important because many features of food insecurity may interact with the challenges experienced by people with ARFID. Individuals with ARFID often rely on a limited range of “safe” foods that they can comfortably consume. When these foods become unavailable or unaffordable, food insecurity may create additional barriers to meeting nutritional needs and maintaining health. Conversely, the restrictive eating patterns associated with ARFID may increase vulnerability to food insecurity by limiting flexibility in food choices. Exploring these potential relationships could provide valuable insights into both the lived experience of ARFID and broader public health approaches to supporting affected individuals. This PhD project aims to address this gap using a mixed-methods design: it will draw on the Born in Bradford dataset, a longitudinal cohort study

	including measures of both food insecurity and ARFID, alongside qualitative and co-production methodologies. The overarching research question for this project is: What is the link between food insecurity and ARFID. To address this question, the project will work towards several specific objectives: 1. Investigate the associations between food insecurity and ARFID symptom severity The student will examine whether greater levels of food insecurity constitute a risk factor for developing ARFID symptoms, using the Born in Bradford (BiB) cohort - a longitudinal study of 13,500 children born in Bradford, UK, and their families. 2. Explore the ways in which food insecurity shapes the lived experience of ARFID This study will use semi-structured interviews with individuals with lived experience of ARFID and their carers/family members to explore how food insecurity is linked to ARFID symptoms and experiences. The student will analyse qualitative data using reflexive thematic analysis to identify common themes. 3. Co-production of resources for carers and individuals with lived experience of ARFID Drawing on findings from the study 1 and study 2, this phase will involve running co-production workshops with families and people with lived experience of ARFID and food insecurity. The aim is to collaboratively develop resources that are tailored to their needs and experiences. Depending on what emerges from the earlier studies, resources may include practical guidance on managing a limited range of safe foods on a constrained budget, information for carers on navigating food banks, school meals, and welfare support in ways that account for ARFID-specific needs, and briefing materials for professionals such as dietitians and food bank staff on recognising and responding to ARFID in the context of food insecurity. This project offers substantial opportunities for student ownership and independent contribution. Depending on their interests, the student can take a leading role in refining the research questions, contributing to study design, conducting literature reviews, exploring BiB datasets, analysing data, and interpreting findings. There will also be opportunities to contribute to dissemination activities, including conference presentations and manuscript preparation. Given the limited existing research in this area, the student will have the chance to help shape an emerging field of study and generate novel findings that could inform future research, clinical practice, and policy. Overall, this project addresses an important gap in the eating disorders literature by bringing together two growing public health concerns: ARFID and food insecurity. By improving understanding of how food insecurity interacts with individuals with ARFID, the research has the potential to inform more effective support strategies and contribute to reducing health inequalities among vulnerable populations.
Can be completed part time?	Yes

Supervisory Team	
Lead Supervisor	
Name	Dr Fidan Turk
Affiliation	Exeter
College/Faculty	Health and Life Sciences
Department/School	Psychology
Email Address	f.turk@exeter.ac.uk
Co-Supervisor 1	
Name	Dr Maddy Greville-Harris
Affiliation	Exeter
College/Faculty	Health and Life Sciences
Department/School	Psychology
Co-Supervisor 2	
Name	Dr Samuel Chawner
Affiliation	Cardiff
College/Faculty	School of Medicine
Department/School	School of Medicine
Co-Supervisor 3	
Name	
Affiliation	
College/Faculty	
Department/School	