Ranking of Factors Affecting Self-Esteem and Body Image Dissatisfaction in Adolescents with Eating Disorders

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A r t i c l e   I n f o

A B S T R A C T

Objective: This study aimed to identify and rank the key psychological, familial, social, and cultural factors influencing self-esteem and body image dissatisfaction among adolescents with eating disorders.

Methods and Materials: The research employed a mixed-method sequential exploratory design consisting of qualitative and quantitative phases. In the first phase, a systematic literature review was conducted to extract and code relevant factors until theoretical saturation was achieved. The qualitative data were analyzed using thematic content analysis in NVivo 14, resulting in seven major thematic categories: psychological factors, family environment, peer and social comparison, media and cultural influences, sociocultural expectations, coping and self-compassion, and physical and health awareness. In the second phase, a structured questionnaire derived from these qualitative findings was administered to 20 adolescents with eating disorders in Tehran, selected through purposive sampling. The collected quantitative data were analyzed using SPSS version 26, and the Friedman test was applied to determine the ranking of factors influencing self-esteem and body image dissatisfaction.

Findings: Results showed significant differences among the ranked factors ($p < 0.05$). Psychological factors obtained the highest mean importance score (M = 4.82, SD = 0.21), followed by family environment (M = 4.56, SD = 0.28), peer and social comparison (M = 4.31, SD = 0.35), and media and cultural influences (M = 4.17, SD = 0.33). Lower-ranked factors included sociocultural expectations (M = 3.92, SD = 0.41), coping and self-compassion (M = 3.74, SD = 0.46), and physical and health awareness (M = 3.58, SD = 0.50). These inferential results confirmed significant prioritization across domains affecting adolescents' self-esteem and body image.

Conclusion: The study highlights the primacy of psychological and familial determinants over environmental or health-related factors in shaping body image and self-esteem among adolescents with eating disorders. These findings suggest that future interventions should integrate emotion regulation, family communication, and self-compassion training into prevention and treatment frameworks.

Keywords: *Self-esteem; Body image dissatisfaction; Eating disorders; Adolescents; Psychological factors; Family environment; Social comparison*

1. Introduction

Adolescence is a developmental period characterized by profound physical, psychological, and social transitions that shape one's sense of self, emotional stability, and interpersonal identity. During this sensitive stage, body image and self-esteem emerge as two interdependent constructs that significantly affect mental well-being and social functioning. In particular, adolescents with eating disorders often exhibit an intricate pattern of distorted self-perception and low self-esteem, leading to maladaptive behaviors and persistent emotional distress (Abdoli et al., 2024). The interplay between cognitive, social, and emotional factors during adolescence makes it a critical period for investigating how self-concept and body satisfaction evolve under various psychosocial influences (Hansson et al., 2016). Understanding the underlying determinants of body image dissatisfaction and diminished self-esteem among adolescents with eating disorders provides an empirical foundation for prevention, diagnosis, and therapeutic interventions (Rutsztein et al., 2014).

Body image, defined as an individual's perceptions, thoughts, and feelings about their body, often functions as a central component of psychological well-being. When disrupted, it can lead to body dissatisfaction, which is a key risk factor for the onset and persistence of disordered eating patterns (Nichols et al., 2018). Research has consistently shown that adolescents are particularly susceptible to internalizing societal ideals of beauty, which often emphasize thinness and perfection (Jones, 2024). Exposure to unrealistic media standards, combined with developmental vulnerabilities such as identity instability, can foster a critical self-evaluation process that undermines self-esteem and increases the risk of maladaptive coping behaviors (Price et al., 2024). In this sense, body image dissatisfaction acts not merely as a symptom but as a cognitive-emotional mechanism mediating the link between social pressure and psychological maladjustment (Zartaloudi et al., 2023).

Self-esteem, on the other hand, represents the global evaluation of one's worth and competence. It is a psychological construct that regulates emotional balance, decision-making, and resilience against external stressors (Kibayashi, 2022). Adolescents with low self-esteem are more likely to engage in self-comparison and adopt compensatory behaviors to align with socially valued ideals (Cacaj & Toska, 2024). Low self-esteem not only heightens vulnerability to eating pathology but also intensifies

emotional dysregulation and self-criticism (Wasylkiw, 2012). This cyclical relationship between low self-esteem and negative body perception can perpetuate chronic dissatisfaction, depression, and even identity diffusion. Thus, exploring the multifactorial roots of self-esteem degradation and body dissatisfaction is essential for understanding the emotional landscape of adolescents suffering from eating disorders (Aquil et al., 2021).

From a psychological perspective, emotion regulation plays a crucial role in shaping self-esteem and body image among adolescents with eating disorders. Individuals who exhibit poor emotional control often use food restriction, purging, or bingeing as maladaptive strategies to manage internal distress (Babakhanlou, 2023). Emotional eating, for instance, represents a behavioral manifestation of unprocessed affect and self-criticism, illustrating the close connection between self-regulation deficits and negative self-perception. Research also indicates that perfectionistic tendencies exacerbate this pattern, as adolescents strive for unattainable body ideals, reinforcing cycles of guilt and self-blame (Rutsztein et al., 2014). The resulting psychological strain not only damages self-esteem but also normalizes cognitive distortions, such as overgeneralization and body overvaluation (Shameli & Davodi, 2020).

The family environment constitutes another influential factor in shaping adolescents' body image and self-esteem. Parenting styles characterized by criticism, neglect, or comparison often transmit implicit messages about physical appearance and self-worth (Willemse et al., 2023). A lack of emotional warmth and validation in family dynamics can foster insecure attachment, which, in turn, leads to chronic self-doubt and sensitivity to external evaluation. Studies have shown that adolescents exposed to parental dieting behaviors or appearance-focused discussions are more likely to internalize these concerns, resulting in heightened body surveillance and dissatisfaction (Abdoli et al., 2024). Consequently, family systems not only provide emotional scaffolding but also serve as the primary context where body-related attitudes are learned, reinforced, or challenged (Hansson et al., 2016).

Beyond the family unit, peer relationships and social comparison play substantial roles in determining body satisfaction. Adolescents continuously evaluate themselves against peers, particularly in appearance-centered environments such as schools and social media platforms (Jones, 2024). When these comparisons yield perceived inferiority, adolescents often experience emotional distress, lowered self-esteem, and a desire to conform to idealized

standards (Mahmood, 2025). Peer teasing, exclusion, or judgment further intensifies these tendencies, creating a feedback loop of negative self-evaluation and compensatory eating behaviors. The influence of peer pressure becomes even more pronounced in cultures where social acceptance is strongly tied to physical attractiveness or conformity to beauty norms (Cacaj & Toska, 2024). This sociocultural lens underscores that self-esteem is not formed in isolation but evolves through complex interactions within social and digital ecosystems (Price et al., 2024).

The media and cultural context also exerts a powerful influence on body image construction. Adolescents are consistently exposed to curated, idealized representations of beauty through platforms like Instagram, TikTok, and digital advertising, where physical appearance is often equated with happiness, success, and popularity (Mahmood, 2025). This exposure fosters the internalization of beauty ideals, a cognitive process in which adolescents accept and strive to meet unrealistic body standards (Zartaloudi et al., 2023). Repeated exposure leads to body surveillance—a tendency to monitor one's appearance based on external norms—which contributes to self-objectification and persistent dissatisfaction (Price et al., 2024). Scholars have observed that social media engagement intensifies the relationship between appearance-based comparison and decreased self-esteem, especially among adolescent girls who are highly active online (Jones, 2024). Therefore, media literacy and critical awareness represent essential protective factors against body dissatisfaction in digital-age adolescents.

Cultural variations further illustrate that ideals of beauty and self-worth are socially constructed and context-dependent. For example, in collectivist societies where conformity and social harmony are valued, adolescents may experience amplified pressure to align with prevailing aesthetic norms, whereas in individualistic cultures, body image concerns may stem from competitiveness and personal achievement motives (Kousari-Rad & McLaren, 2013). Nevertheless, across contexts, the pursuit of an ideal body often functions as a symbolic act of social belonging, reflecting internalized expectations about gender, success, and desirability (Aquil et al., 2021). The growing body of international research emphasizes that body image dissatisfaction is a global concern that transcends geographic and cultural boundaries (Abdoli et al., 2024).

Recent evidence also highlights the role of resilience and self-compassion as protective factors in mitigating body dissatisfaction and low self-esteem (Moffitt et al., 2018). Adolescents who cultivate self-acceptance and nonjudgmental awareness of their bodies are more likely to maintain emotional equilibrium despite exposure to external criticism (Wasylkiw, 2012). Similarly, interventions targeting mindfulness and positive self-talk have demonstrated effectiveness in reducing body dissatisfaction and improving mood regulation (Artigues-Barberà et al., 2025). The integration of emotional intelligence training within school settings has shown promising outcomes in promoting adaptive coping and body satisfaction (Jones, 2024). Such findings underscore the need for preventive programs that address both the emotional and social dimensions of self-perception in youth.

The educational and social institutions that adolescents engage with daily are also crucial for shaping their self-concept trajectories. School environments emphasizing competition and appearance-based validation often exacerbate feelings of inadequacy among vulnerable students (Cacaj & Toska, 2024). Conversely, inclusive school climates that promote diversity, empathy, and self-expression can buffer against negative social comparisons (Artigues-Barberà et al., 2025). Educational stakeholders thus play a significant role in fostering resilience and psychological security, helping adolescents internalize positive self-image values that extend beyond physical appearance. Moreover, programs that integrate peer support and awareness campaigns about eating disorders have been shown to normalize emotional struggles and encourage help-seeking behavior (Shah et al., 2023).

The cumulative literature indicates that body image dissatisfaction and low self-esteem in adolescents with eating disorders are multidimensional phenomena rooted in the interaction of psychological, familial, social, and cultural systems (Abdoli et al., 2024; Willemse et al., 2023). These interactions reflect not only personal vulnerabilities but also structural and symbolic forces that perpetuate idealized beauty norms and self-critical thought patterns. Empirical models increasingly emphasize that interventions must target the interconnected nature of self-esteem and body image, rather than treating them as isolated constructs (Hansson et al., 2016). This integrated approach aligns with the biopsychosocial model, suggesting that individual experiences are shaped by emotional regulation, cognitive processing, family relationships, and cultural narratives (Shameli & Davodi, 2020).

Therefore, the present study aims to identify and rank the key factors influencing self-esteem and body image dissatisfaction in adolescents with eating disorders, employing a two-phase mixed-method design.

2.   Methods and Materials

2.1.   Study Design and Participants

This study employed a mixed-method exploratory sequential design, consisting of two distinct phases: a qualitative phase aimed at identifying key factors influencing self-esteem and body image dissatisfaction, and a quantitative phase focused on ranking these factors. The qualitative phase adopted a descriptive phenomenological approach to explore theoretical and empirical insights from the literature. The second phase involved quantitative ranking analysis using descriptive and inferential statistics.

The research population in the quantitative phase included 20 adolescents diagnosed with eating disorders residing in Tehran, Iran. Participants were selected through purposeful sampling based on inclusion criteria such as clinical diagnosis, willingness to participate, and ability to articulate personal experiences. Informed consent was obtained from all participants and their guardians. Ethical approval was granted by the university's ethics committee prior to data collection.

2.2.   Measures

In the first qualitative phase, data were gathered exclusively through an extensive literature review of both national and international scientific sources related to self-esteem, body image dissatisfaction, and eating disorders in adolescents. Academic databases such as Scopus, PubMed, SID, and Google Scholar were systematically searched using relevant keywords. Theoretical saturation was reached when no new themes or categories emerged from the reviewed studies.

All extracted qualitative data—concepts, themes, and categories—were organized and coded using NVivo 14 software to facilitate thematic classification and conceptual integration.

In the quantitative phase, a structured questionnaire derived from the qualitative findings was developed to assess and rank the identified factors. Participants rated the importance of each factor on a Likert-type scale. The data collection process was conducted in a confidential and supportive environment to ensure the reliability and authenticity of responses.

2.3.   Data Analysis

The qualitative data were analyzed using thematic content analysis following the six-step approach proposed by Braun and Clarke (2006). Open, axial, and selective coding were applied to identify, compare, and integrate recurring patterns and conceptual relationships among the extracted factors.

Subsequently, the quantitative data were analyzed using SPSS version 26. Descriptive statistics, including means, standard deviations, and frequencies, were used to summarize the demographic and ranking data. To determine the relative importance and ranking of factors influencing self-esteem and body image dissatisfaction, appropriate non-parametric ranking tests (such as the Friedman test) were performed.

The integration of qualitative and quantitative findings allowed for the prioritization of key determinants of self-esteem and body image dissatisfaction among adolescents with eating disorders, providing a comprehensive understanding of the psychological and social underpinnings of the phenomenon.

3.   Findings and Results

In the qualitative phase of this study, a comprehensive thematic analysis was conducted to identify the underlying psychological, social, and cultural factors that influence self-esteem and body image dissatisfaction among adolescents with eating disorders. The analysis was based on a systematic literature review until theoretical saturation was reached. Through NVivo 14, textual data from academic sources were coded and categorized using an open–axial–selective coding approach. The findings revealed seven overarching themes (categories), each encompassing multiple subthemes (subcategories) and related concepts (open codes) that collectively explain the complex interplay between individual cognition, social comparison, family environment, and media exposure in shaping adolescents' self-perception and body-related attitudes.

Table 1

Qualitative Themes, Subthemes, and Concepts

Main Theme (Category)	Subtheme (Subcategory)	Concepts (Open Codes)
1. Psychological Factors	Self-Concept Clarity	Confusion about self-worth; inconsistent self-definition; emotional instability; lack of identity coherence
	Emotional Regulation	Impulsivity; mood swings; difficulty expressing emotions; suppression of negative affect; maladaptive coping
	Perfectionism	Unrealistic standards; fear of failure; critical self-evaluation; need for control
	Cognitive Distortion	All-or-nothing thinking; overgeneralization; body overvaluation; catastrophizing
2. Family Environment	Parental Criticism	Negative comments about weight; comparison with siblings; emotional neglect
	Attachment Insecurity	Fear of rejection; lack of warmth; dependency conflicts; emotional avoidance
	Family Communication Patterns	Silence on emotions; conflict avoidance; low emotional support
	Parental Modeling	Parental dieting; weight concern in parents; transmitted body dissatisfaction
3. Peer and Social Comparison	Peer Pressure	Teasing; peer evaluation; appearance-based competition; desire for acceptance
	Social Comparison Orientation	Comparing with ideal peers; jealousy; body monitoring; perceived inferiority
4. Media and Cultural Influences	Exposure to Idealized Images	Unrealistic beauty standards; digital manipulation; thin ideal; constant exposure through social media
	Internalization of Beauty Ideals	Desire to conform; equating thinness with success; body surveillance; self-objectification
	Cultural Body Norms	Gender-specific expectations; cultural obsession with slimness; aesthetic stereotypes
5. Sociocultural Expectations	Academic and Social Success Pressure	Achievement orientation; fear of social rejection; linking success to appearance
	Gender Role Expectations	Feminine ideals; objectified body roles; expectation to be attractive
6. Coping and Self-Compassion	Mindfulness Deficit	Lack of self-awareness; automatic negative thoughts; rumination
	Low Self-Compassion	Harsh self-judgment; low self-kindness; shame about body flaws
	Resilience Deficiency	Poor stress tolerance; learned helplessness; lack of adaptive coping
7. Physical and Health Awareness	Body Monitoring	Constant checking; avoidance of mirrors; dissatisfaction with specific body parts
	Nutrition Misconceptions	Fear of calories; restrictive eating; misinformation about diet; food guilt
	Health Neglect	Ignoring hunger cues; over-exercising; fatigue; distorted body sensations

The first and most dominant theme that emerged from the qualitative analysis was psychological factors, encompassing internal emotional and cognitive processes that directly shape how adolescents perceive their self-worth and body image. Many adolescents with eating disorders displayed low self-concept clarity, struggling with identity confusion and emotional instability, which left them vulnerable to external validation. Emotional regulation difficulties—including impulsivity, suppression of emotions, and mood swings—further contributed to maladaptive coping mechanisms, such as restrictive eating or body checking. The presence of perfectionistic tendencies also amplified self-criticism and reinforced unrealistic appearance standards, while cognitive distortions such as all-or-nothing thinking, body overvaluation, and catastrophizing led to a persistent negative self-evaluation. Together, these psychological components create an inner cycle of dissatisfaction that sustains both disordered eating patterns and low self-esteem.

The family environment emerged as a crucial contextual determinant in the development and maintenance of self-esteem and body image dissatisfaction. Adolescents often described or were depicted in studies as being shaped by parental criticism, where frequent negative remarks about weight, looks, or comparison with siblings instilled shame and body vigilance. Attachment insecurity—manifesting as fear of rejection, emotional avoidance, or dependency—further hindered their sense of self-worth and autonomy. Dysfunctional family communication patterns, such as emotional suppression and conflict avoidance, deprived adolescents of a secure emotional base. Additionally, parental modeling of dieting behavior and appearance anxiety indirectly normalized body dissatisfaction within the household. This theme highlights how the family serves as both a direct and symbolic arena in which attitudes toward the body and self are first internalized.

Adolescents' perceptions of their bodies are strongly influenced by peer and social comparison processes, which form the third major theme. Within social settings, peer pressure often emerges through teasing, exclusion, or subtle competition over appearance, leading to heightened self-consciousness and conformity. Many adolescents engage in

continuous social comparison orientation, evaluating themselves against peers they perceive as more attractive or socially accepted. This pattern of comparison fosters feelings of inadequacy, jealousy, and heightened body monitoring. The pressure to achieve peer approval or match perceived norms of attractiveness often reinforces maladaptive behaviors like restrictive eating or excessive exercise. Consequently, peer dynamics act as a magnifying lens, amplifying existing insecurities and transforming social feedback into self-critical judgments that erode self-esteem.

The fourth theme underscores the pervasive influence of media and cultural forces on adolescents' body-related beliefs. The exposure to idealized images across digital platforms and mass media creates unrealistic beauty expectations, where digitally enhanced bodies become perceived norms. The internalization of beauty ideals—especially those equating thinness with success and attractiveness—leads adolescents to objectify themselves and evaluate self-worth based on appearance. Furthermore, cultural body norms, such as gendered expectations and the glorification of slimness, reinforce these ideals and marginalize body diversity. The omnipresence of social media intensifies this exposure, where adolescents continuously encounter idealized bodies, compare themselves unfavorably, and strive for unattainable standards. Thus, media and cultural messaging operate as powerful external reinforcers of dissatisfaction and diminished self-esteem.

The fifth theme, sociocultural expectations, reflects the broader societal framework that defines worthiness and success. Adolescents are frequently subjected to academic and social success pressures, where high performance and social acceptance are implicitly tied to physical appearance and self-presentation. Within this context, gender role expectations further constrain identity formation by emphasizing attractiveness and compliance with feminine or masculine ideals. Girls, in particular, face heightened scrutiny, learning that appearance is central to social desirability and success. These sociocultural pressures foster a mindset in which adolescents view their bodies as projects requiring constant improvement to meet external approval. As a result, societal expectations not only regulate behavior but also shape cognitive schemas that perpetuate dissatisfaction and self-criticism.

The sixth theme, coping and self-compassion, highlights the protective psychological mechanisms—or the lack thereof—that mediate adolescents' responses to stress and body dissatisfaction. Many adolescents exhibited a mindfulness deficit, characterized by rumination and lack of awareness of internal states, leading to automatic negative thoughts about their bodies. A pronounced low self-compassion pattern was also observed, marked by harsh self-judgment, shame, and a lack of self-kindness. Furthermore, resilience deficiency emerged as a common subtheme, indicating limited capacity to adaptively cope with failure, social rejection, or criticism. These deficits collectively increase vulnerability to emotional distress and intensify maladaptive coping behaviors, suggesting that interventions enhancing self-compassion and mindfulness could mitigate body dissatisfaction and elevate self-esteem in this population.

The final theme, physical and health awareness, focuses on adolescents' distorted perceptions and behaviors toward their bodies and health. Body monitoring behaviors, such as frequent checking or avoidance of mirrors, reflect a preoccupation with perceived flaws and distortions in body image perception. Misunderstandings regarding diet and health—captured in the nutrition misconceptions subtheme—lead to restrictive eating, fear of calorie intake, and guilt around food consumption. Moreover, health neglect behaviors, including over-exercising, ignoring hunger cues, and tolerating fatigue, reveal a deep disconnect between physical needs and psychological perceptions. These maladaptive behaviors demonstrate how body image dissatisfaction transcends cognition, influencing tangible health risks and reinforcing the cycle of self-devaluation. Thus, improving health literacy and promoting balanced body awareness are vital in interventions targeting this adolescent group.

Following the qualitative exploration, the second phase of the study focused on quantitatively ranking the identified themes to determine their relative importance in predicting self-esteem and body image dissatisfaction among adolescents with eating disorders. Using the structured questionnaire derived from qualitative findings, participants (n = 20) rated the significance of each factor on a five-point Likert scale ranging from 1 ("very low importance") to 5 ("very high importance"). The data were analyzed using SPSS version 26, applying the Friedman test to compare the mean ranks of the seven main themes. The results provided an ordered understanding of which psychological and environmental variables exert the strongest influence on adolescents' self-perceptions.

Table 2

. Ranking of Factors Influencing Self-Esteem and Body Image Dissatisfaction

Rank	Main Theme (Category)	Mean Score (1–5)	Standard Deviation
1	Psychological Factors	4.82	0.21
2	Family Environment	4.56	0.28
3	Peer and Social Comparison	4.31	0.35
4	Media and Cultural Influences	4.17	0.33
5	Sociocultural Expectations	3.92	0.41
6	Coping and Self-Compassion	3.74	0.46
7	Physical and Health Awareness	3.58	0.50

The ranking results revealed that psychological factors were rated as the most influential determinant of self-esteem and body image dissatisfaction, with the highest mean score of 4.82, emphasizing the central role of cognitive distortions, perfectionism, and emotional regulation issues in the onset and maintenance of eating disorders. The family environment followed closely with a mean of 4.56, highlighting the critical impact of parental criticism and insecure attachment patterns. Peer and social comparison ranked third (4.31), suggesting that external evaluation among peers significantly reinforces appearance-related anxiety. Media and cultural influences were also found to play a considerable role (4.17), confirming the pervasive effect of idealized beauty representations. Sociocultural expectations (3.92) and coping/self-compassion (3.74) demonstrated moderate but meaningful associations, whereas physical and health awareness (3.58) received the lowest ranking, indicating that while health-related behaviors are affected, they are primarily consequences rather than antecedents of body dissatisfaction. Overall, the quantitative phase validated the qualitative findings by empirically ordering the influence hierarchy among identified factors.

Figure 1

Ranking of Factors Affecting Self-Esteem and Body Image Dissatisfaction in Adolescents with Eating Disorders
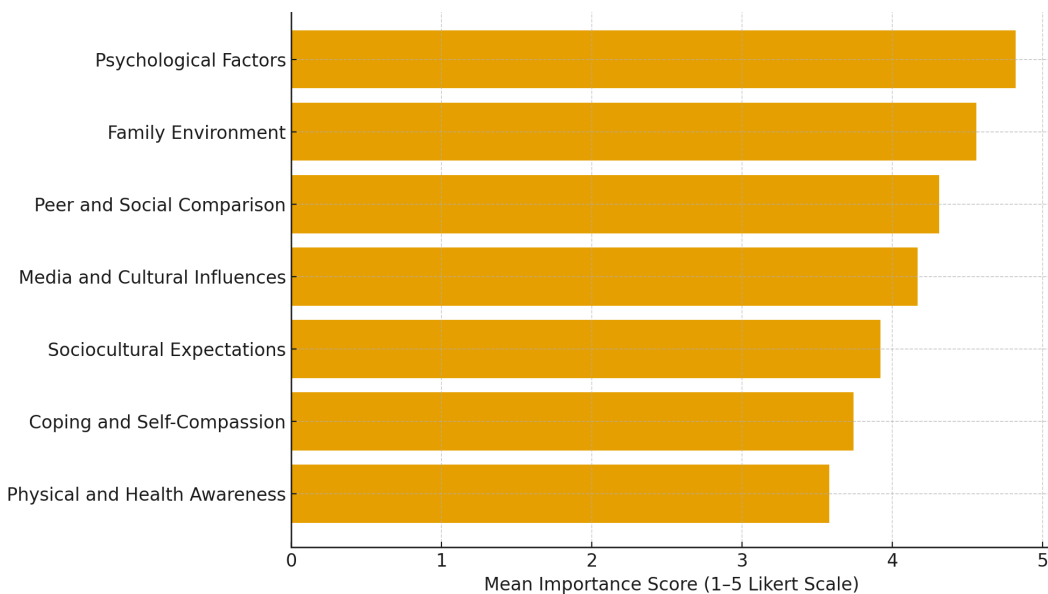
4.   Discussion and Conclusion

The present study sought to identify and rank the primary factors influencing self-esteem and body image dissatisfaction among adolescents with eating disorders, using a mixed-method sequential design. The qualitative phase generated seven major themes—psychological factors, family environment, peer and social comparison,

media and cultural influences, sociocultural expectations, coping and self-compassion, and physical and health awareness. Subsequently, the quantitative phase ranked these factors in order of importance, revealing that psychological factors and family environment were the two most influential domains, followed by peer/social comparison and media/cultural influences. These findings provide a multidimensional understanding of the mechanisms underlying body image dissatisfaction and self-esteem deficits in adolescents and underscore the need for holistic intervention frameworks that target both internal psychological vulnerabilities and external social pressures.

The dominance of psychological factors as the top-ranked theme aligns with a broad consensus in the literature that cognitive-emotional processes form the foundation of self-perception disturbances among individuals with eating disorders. Studies have shown that adolescents suffering from body image dissatisfaction commonly display perfectionism, cognitive distortions, and emotion regulation difficulties, all of which contribute to persistent negative self-evaluations (Hansson et al., 2016; Rutsztein et al., 2014). In particular, perfectionistic tendencies and all-or-nothing thinking styles heighten self-criticism and a perceived failure to meet internalized ideals of appearance (Babakhanlou, 2023). Emotional dysregulation further exacerbates these tendencies, leading to maladaptive coping strategies such as restrictive dieting or purging as a means of regaining perceived control over one's body (Shameli & Davodi, 2020). Consistent with the findings of (Wasylkiw, 2012), adolescents who exhibit lower levels of self-compassion tend to internalize self-criticism more strongly, thereby perpetuating cycles of body dissatisfaction and low self-worth. Together, these findings emphasize the pivotal role of internal cognitive and emotional processes as the psychological foundation for disordered eating and self-esteem problems.

The family environment, ranked as the second most influential factor, was shown to have both direct and indirect impacts on adolescents' body image and self-esteem. Adolescents who experienced parental criticism, lack of emotional support, or appearance-based judgments demonstrated lower confidence and greater body dissatisfaction. These findings correspond to previous evidence suggesting that the family serves as a socialization context where attitudes toward appearance, dieting, and self-worth are modeled and reinforced (Abdoli et al., 2024; Willemse et al., 2023). According to (Willemse et al., 2023), perceived stigmatization and fear of negative evaluation—

often internalized from parental or familial interactions—can become lasting cognitive schemas that shape body image perceptions. Moreover, families emphasizing achievement and external validation tend to cultivate perfectionistic values that exacerbate adolescents' self-criticism (Hansson et al., 2016). The family's emotional climate thus acts as both a buffer and a risk factor: nurturing relationships can promote self-acceptance and confidence, while critical or emotionally distant dynamics intensify internalized shame and disordered self-perception.

The peer and social comparison dimension, ranking third, reflects the pervasive influence of adolescents' interpersonal environments. As individuals in this developmental stage seek identity validation through peers, appearance-based evaluations become salient determinants of self-esteem (Cacaj & Toska, 2024; Jones, 2024). Adolescents exposed to peer teasing, exclusion, or idealized peer imagery tend to internalize negative self-evaluations, leading to chronic dissatisfaction and vulnerability to eating disorders. This finding corroborates previous studies showing that social comparison orientation—the tendency to constantly evaluate oneself against others—is a strong predictor of both body dissatisfaction and depressive symptoms in youth (Mahmood, 2025). Peer interactions thus function as mirrors reflecting adolescents' perceived social value, often reinforcing harmful ideals of attractiveness. Moreover, as highlighted by (Price et al., 2024), social comparison is not limited to in-person interactions but is amplified through digital and social media platforms, where adolescents are exposed to curated and idealized representations of bodies that are unattainable in real life.

Media and cultural influences, which ranked fourth, remain one of the most consistently recognized external forces shaping adolescents' perceptions of body image and self-esteem. The findings of this study echo the conclusions of (Abdoli et al., 2024) and (Mahmood, 2025), who observed that increased exposure to appearance-oriented content on social media is associated with heightened body dissatisfaction, particularly among adolescent girls. The internalization of media ideals acts as a key cognitive process through which individuals equate thinness and beauty with social success and self-worth (Zartaloudi et al., 2023). Furthermore, (Price et al., 2024) demonstrated that low self-esteem moderates the relationship between social media consumption and body image, meaning that adolescents with preexisting insecurities are especially vulnerable to these influences. This aligns with the present study's ranking, which situates media effects below intrinsic

psychological and familial factors but still recognizes their substantial contribution to self-image distortion. As such, media literacy and critical consumption education could serve as protective measures against the negative psychological impacts of digital content exposure.

The fifth-ranked category, sociocultural expectations, encapsulates the broader societal narratives and gender norms that define worth and attractiveness. Adolescents are frequently subjected to pressures of academic achievement and social success, which often intersect with appearance-related ideals (Shah et al., 2023). Within many cultural contexts, thinness, fitness, and physical attractiveness are perceived as symbols of discipline and moral virtue (Aquil et al., 2021). These implicit cultural scripts reinforce the notion that appearance is an indicator of personal success and desirability. Studies such as (Kousari-Rad & McLaren, 2013) have shown that body image dissatisfaction is not confined to specific populations but extends across gender, sexual identity, and social class, reflecting a globalized aesthetic ideal. The present findings suggest that sociocultural expectations function as macro-level determinants, shaping the values and beliefs adolescents adopt regarding self-worth and physical adequacy. The complex interplay between these expectations and individual psychology underscores the need for culturally sensitive approaches in body image research and interventions.

Coping and self-compassion, ranked sixth, were also identified as significant but secondary determinants of self-esteem and body satisfaction. This theme highlights adolescents' internal capacities to regulate emotions, manage stress, and cultivate self-kindness in response to social and psychological pressures. According to (Wasylkiw, 2012), self-compassion serves as a protective factor that reduces the severity of negative body image and fosters resilience against external criticism. Similarly, (Moffitt et al., 2018) demonstrated that brief self-compassion interventions effectively alleviate body dissatisfaction and improve motivation for healthy self-improvement. In line with these findings, the present study indicates that adolescents who demonstrate higher levels of self-compassion and coping skills experience less body dissatisfaction and maintain more stable self-esteem levels, even when exposed to negative social feedback. These results emphasize the therapeutic potential of interventions grounded in mindfulness and self-compassion training, which directly address cognitive and emotional mechanisms of self-criticism.

Finally, physical and health awareness was ranked as the least influential theme. While still relevant, this category likely represents behavioral outcomes rather than causal determinants of body image dissatisfaction. Many adolescents with eating disorders exhibit distorted health beliefs—such as fear of calorie intake, compulsive exercise, or neglect of hunger cues—that stem from underlying cognitive distortions and emotional vulnerabilities (Shameli & Davodi, 2020). These behaviors are thus manifestations of deeper psychological conflicts rather than primary causes. Nevertheless, understanding these patterns is critical for designing behavioral interventions that promote accurate health literacy and balanced attitudes toward nutrition and physical care. The relatively lower ranking of this category reinforces the idea that physical manifestations of disordered eating are the final expressions of complex internal and social dynamics (Abdoli et al., 2024).

Overall, the integration of findings from both phases supports a biopsychosocial framework for understanding self-esteem and body image dissatisfaction in adolescents with eating disorders. The interaction between intrapsychic factors (e.g., perfectionism, emotion regulation), family socialization, and sociocultural pressures forms a cyclical process in which internalized ideals shape behavior and feedback from social contexts reinforces negative self-appraisal (Artigues-Barberà et al., 2025). The results also align with cross-cultural research indicating that globalization and digital media have universalized body ideals while intensifying self-comparison and insecurity (Mahmood, 2025). Collectively, these findings highlight the urgent need for preventive and therapeutic programs targeting not only cognitive distortions but also systemic influences, including family dynamics and media exposure.

The present study contributes to the existing body of literature by empirically demonstrating that psychological and familial dimensions outweigh other factors in predicting adolescents' self-esteem and body image outcomes. This result suggests that interventions focusing solely on behavioral modification (e.g., dietary habits) may be insufficient unless integrated with emotional regulation and family-based therapy components. Furthermore, the study underscores the importance of cross-sector collaboration—among schools, mental health professionals, families, and media institutions—to construct environments that encourage self-acceptance, resilience, and authenticity. The convergence between current findings and previous research enhances the ecological validity of these results, confirming that the complex interplay of personal and societal forces

underpins adolescents' body image dissatisfaction worldwide (Abdoli et al., 2024; Jones, 2024; Willemse et al., 2023).

5. Limitations & Suggestions

Although the findings offer valuable insights, the study presents several limitations. First, the sample size in the quantitative phase was relatively small (n = 20), which limits the generalizability of statistical results to broader populations. Second, the cross-sectional design restricts causal inference; the relationships among variables represent associations rather than temporal sequences. Third, the study's qualitative phase relied exclusively on literature-based data rather than direct interviews, which, while suitable for theoretical saturation, may lack experiential depth. Fourth, cultural and gender diversity within the participant pool was limited to adolescents in Tehran, reducing the cross-cultural applicability of findings. Finally, potential response biases—such as social desirability or emotional defensiveness—could have influenced participants' self-reported assessments of sensitive issues like self-esteem and body dissatisfaction.

Future studies should consider employing larger and more diverse samples to enhance external validity and enable subgroup analyses based on gender, age, or cultural background. Longitudinal designs could provide deeper insights into how self-esteem and body image dissatisfaction evolve over time and respond to social or therapeutic interventions. Incorporating mixed data sources, including in-depth interviews and parental perspectives, would enrich understanding of the dynamic interplay between individual and contextual factors. Furthermore, researchers should explore digital media literacy programs, mindfulness-based therapies, and family-based prevention models to assess their long-term effectiveness in improving adolescents' self-image and emotional resilience. Comparative cross-cultural studies are also recommended to identify cultural moderators that influence body dissatisfaction across societies.

Practitioners should adopt integrative intervention models that combine cognitive-behavioral, family-based, and emotion-focused approaches. Educators and clinicians must prioritize early screening for perfectionism, self-criticism, and low self-esteem among adolescents, particularly in high-risk school environments. Parents should be guided to foster nonjudgmental communication, model healthy attitudes toward body and food, and avoid appearance-based criticism. Schools can play a proactive role by promoting self-compassion and body acceptance programs and collaborating with media platforms to combat unrealistic beauty standards. Lastly, creating community spaces that encourage peer empathy, inclusivity, and emotional literacy can significantly contribute to improving adolescents' self-esteem and reducing body dissatisfaction at both individual and societal levels.

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