

Ranking Internalized Beliefs Contributing to Body Image Dissatisfaction

Nikos. Antoniou¹, Syarifah. Maisarah^{2*}

¹ Department of Clinical Psychology, Aristotle University of Thessaloniki, Thessaloniki, Greece

² Department of Psychology, UCSI University, Kuala Lumpur, Malaysia

* Corresponding author email address: symaisarah@ucsiuniversity.edu.my

Article Info

Article type:

Original Research

How to cite this article:

Antoniou, N., & Maisarah, S. (2025).
Ranking Internalized Beliefs Contributing to
Body Image Dissatisfaction. *Journal of
Adolescent and Youth Psychological
Studies*, 6(11), 1-13.

<http://dx.doi.org/10.61838/kman.jayps.4740>



© 2025 the authors. Published by KMAN
Publication Inc. (KMANPUB), Ontario,
Canada. This is an open access article under
the terms of the Creative Commons
Attribution-NonCommercial 4.0
International (CC BY-NC 4.0) License.

ABSTRACT

Objective: This study aimed to identify and rank the internalized belief systems that contribute to body image dissatisfaction among adults through an integrated qualitative–quantitative framework.

Methods and Materials: A sequential exploratory mixed-method design was employed. In the qualitative phase, a systematic literature review of 126 scholarly sources published between 2010 and 2025 was conducted to identify belief domains related to body image dissatisfaction. Data were analyzed using NVivo 14 through open, axial, and selective coding until theoretical saturation was achieved, resulting in seven overarching belief themes. In the quantitative phase, a structured survey derived from these qualitative results was distributed to 215 participants in Malaysia, aged 18–35 years. Responses were analyzed in SPSS 26 using the Friedman ranking test to determine the relative importance of each belief domain. Reliability was confirmed with Cronbach's alpha above 0.70, and demographic variations were explored via independent t-tests and ANOVA.

Findings: The Friedman test revealed significant differences across belief domains ($\chi^2 = 198.37$, $p < 0.001$). The highest mean ranks were recorded for socio-cultural appearance ideals (6.45) and self-worth contingent on appearance (6.10), indicating that external cultural pressures and appearance-based self-evaluation are dominant predictors of body dissatisfaction. Perfectionistic body standards (5.72) and cognitive distortions and negative self-talk (5.21) were moderately influential, while gender and body role expectations (4.63), emotional regulation via body control (4.15), and consumerism and commercial influence (3.74) ranked lower. These results highlight a cognitive–sociocultural hierarchy of internalized beliefs shaping dissatisfaction.

Conclusion: The findings suggest that body image dissatisfaction is primarily sustained by sociocultural idealization and self-worth dependency, with perfectionistic and cognitive distortions acting as reinforcing mechanisms. Addressing these internalized beliefs through integrative psychological, educational, and media-based interventions may reduce vulnerability to body dissatisfaction.

Keywords: Body image dissatisfaction; internalized beliefs; sociocultural ideals; self-worth contingency; perfectionism

1. Introduction

Body image dissatisfaction represents a multidimensional psychological construct involving the negative evaluation of one's body shape, size, or appearance and has been recognized as a pervasive concern across gender, culture, and developmental stages (Saeed et al., 2021). It is associated with a complex interplay of perceptual, cognitive, affective, and behavioral components that converge to influence self-worth and mental well-being (Maher et al., 2021). The phenomenon of body image dissatisfaction extends beyond a superficial concern with appearance—it reflects the deep internalization of societal and cultural standards of beauty that dictate ideals of thinness, muscularity, or proportionality (Qasim et al., 2021). Over recent decades, growing evidence has linked body image dissatisfaction to low self-esteem, depression, disordered eating, and impulse-driven consumption behaviors (Cai et al., 2021). As mass and digital media increasingly normalize unrealistic and digitally enhanced body representations, the discrepancy between individuals' real and ideal selves has widened, leading to chronic dissatisfaction (Möri et al., 2022).

Central to the development of body image dissatisfaction are internalized appearance schemas—cognitive structures through which individuals interpret and evaluate body-related information (Khan et al., 2022). These schemas are shaped early in life through exposure to cultural beauty ideals and reinforced by social learning, peer comparison, and media consumption (Park, 2020). The role of the *appearance self-schema* has been particularly highlighted in predicting how exposure to fitpiration and idealized images influences self-perception and comparative judgment (Ahadzadeh et al., 2022). When individuals adopt external standards as internal benchmarks, discrepancies between the perceived self and the idealized image give rise to dissatisfaction, shame, and maladaptive coping strategies (Mokuolu et al., 2023).

Cognitive models of body image disturbances posit that maladaptive beliefs—such as equating thinness with self-discipline or attractiveness with success—become self-reinforcing through confirmation bias and emotional conditioning (Brun et al., 2024). These beliefs are further intensified by perfectionistic tendencies, wherein the pursuit of an ideal body becomes intertwined with moral worth or self-control (Fathansyah & Nazhan, 2024). The internalization of perfectionistic standards creates an ongoing cycle of negative self-evaluation, where failure to

meet aesthetic expectations leads to guilt and self-punishment (Alokandeh, 2024). Such rigid beliefs not only fuel body dissatisfaction but also contribute to comorbidities like anxiety, depression, and social withdrawal (Galhardo et al., 2024).

The sociocultural perspective underscores that body dissatisfaction does not develop in isolation but within a broader context of cultural norms, gender expectations, and media messages (Valencia et al., 2022). Globalized media, particularly through social networking platforms, propagate homogenous beauty ideals that cross geographical and ethnic boundaries (Widiastuti et al., 2023). Adolescent girls, for instance, face intensified pressures to align their appearance with the digitally curated images of peers and influencers, often leading to negative social comparison and self-objectification (Lestari et al., 2023). Similarly, male adolescents encounter growing cultural demands for muscularity and strength, reflecting the increasing objectification of the male body (Şentürk & Göbel, 2023).

The rise of visual social media platforms such as Instagram and TikTok has transformed body image concerns from private experiences to public performances of identity (Sung & Yan, 2020). Exposure to filtered and edited photographs triggers comparison cycles and heightens sensitivity to appearance discrepancies (Abrevaya et al., 2023). Users with higher engagement rates tend to equate social approval—measured through likes and comments—with physical attractiveness and personal worth (Widiastuti et al., 2023). Consequently, social validation becomes a metric for self-esteem, amplifying dissatisfaction when one's body fails to elicit the desired social response. Studies have further revealed that individuals with greater social media intensity exhibit higher vulnerability to body shaming and external criticism (Lestari et al., 2023).

Mass media has also been implicated in perpetuating narrow beauty ideals that reinforce gendered body norms (Bertuccelli et al., 2022). Representations of slender female bodies and hyper-muscular male figures have normalized unattainable aesthetics, fostering the belief that physical perfection is both desirable and achievable. This cultural conditioning produces intergenerational transmission of body-related anxieties, where familial attitudes and peer comments become powerful agents of internalization (Sampath et al., 2019). These mechanisms illustrate how societal pressures evolve into personal belief systems that dictate self-perception and evaluation.

From a psychological perspective, body dissatisfaction is closely tied to self-esteem regulation and affective

functioning (Maher et al., 2021). Self-compassion—an attitude of kindness toward one’s imperfections—has emerged as a protective factor against internalization of harmful ideals (Fathansyah & Nazhan, 2024). Longitudinal evidence indicates that self-compassion mitigates the effect of appearance-related comparison by reducing self-criticism and promoting emotional resilience (Galhardo et al., 2024). Conversely, individuals with low self-compassion tend to interpret appearance flaws as personal failures, intensifying dissatisfaction.

Emotional dysregulation further compounds body image distress. Many individuals resort to appearance-control behaviors—such as restrictive dieting, excessive exercise, or cosmetic alteration—as maladaptive coping mechanisms to manage underlying anxiety and shame (Alokandeh, 2024). Emotional responses, particularly guilt and fear of rejection, reinforce the centrality of appearance in identity formation. Studies on adult women show that exposure to evaluative pairings of body images can momentarily reduce dissatisfaction, suggesting that emotional reappraisal may modulate internalized beliefs (Dumstorf et al., 2024). However, these improvements often remain temporary unless underlying cognitive schemas are addressed.

Recent interdisciplinary studies have begun exploring the neurocognitive underpinnings of body image dissatisfaction. Disturbances in interoceptive sensibility—the awareness of internal bodily signals—have been found to mediate the relationship between body awareness and self-objectification (Naraindas et al., 2023). Individuals with lower interoceptive awareness are more likely to rely on external cues to define body boundaries, rendering them susceptible to dissatisfaction when these cues contradict self-perception (Naraindas, Mulvaney, et al., 2025). Furthermore, impaired proprioceptive embodiment—the ability to perceive one’s body accurately in space—has been associated with body schema disruptions in patients with eating disorders (Guillén et al., 2025). These findings bridge perceptual and psychological frameworks, illustrating that body dissatisfaction extends beyond subjective emotion into altered body representation at a neural level (Szily et al., 2023).

Virtual reality studies have also demonstrated how body perception can be influenced by visual stimuli and spatial judgments. When individuals with high body dissatisfaction navigate virtual spaces, they tend to overestimate the size of body-related apertures compared to neutral objects (Naraindas, McInerney, et al., 2025). This distortion suggests that negative body evaluation can alter spatial

processing, reinforcing the embodied nature of dissatisfaction. In parallel, interoceptive awareness deficits contribute to heightened vulnerability to self-objectification, where individuals perceive their bodies primarily as external objects to be evaluated rather than lived experiences (Naraindas & Cooney, 2023). Collectively, these findings indicate that internalized beliefs about the body operate through both cognitive-emotional and sensory-perceptual mechanisms.

Gender differences in body image dissatisfaction have been consistently reported across cultural contexts (Brun et al., 2024). While women often experience pressure toward thinness and youthfulness, men increasingly internalize muscularity and leanness as desirable traits (Maher et al., 2021). These ideals intersect with social identity, where deviation from normative expectations invites stigma or ridicule (Şentürk & Göbel, 2023). Cross-cultural research further reveals that collectivist societies, which emphasize social harmony and conformity, may intensify body image pressures through communal comparison and family expectations (Valencia et al., 2022). Conversely, individualistic cultures propagate ideals of personal achievement and self-presentation, linking physical attractiveness with moral and professional competence (Pereira et al., 2020).

Despite contextual differences, globalization has homogenized beauty ideals through mass media exposure (Möri et al., 2022). Adolescents and young adults across diverse nations—including Malaysia, India, and Indonesia—report similar dissatisfaction patterns, underpinned by Western-centric aesthetic values (Fathansyah & Nazhan, 2024; Widiastuti et al., 2023). Comparative findings indicate that while exposure levels vary, the psychological processes of internalization, self-comparison, and affective distress remain universal (Park, 2020). These observations underscore the cultural malleability yet structural consistency of internalized beliefs contributing to body dissatisfaction.

Body image dissatisfaction has implications that extend into interpersonal and social domains. Individuals with heightened dissatisfaction often demonstrate withdrawal behaviors, fear of evaluation, and relational avoidance (Mokuolu et al., 2023). Negative body beliefs influence social self-concept, reducing confidence in forming or maintaining relationships. Among obese adolescents, dissatisfaction correlates with diminished self-esteem and increased social anxiety, highlighting its impact on social adjustment (Majeed, 2023). Similarly, body shaming

victimization intensifies dissatisfaction, particularly among adolescent girls exposed to peer and digital ridicule (Lestari et al., 2023).

At the societal level, body dissatisfaction contributes to broader issues of discrimination and inequity. The perception of beauty as social capital privileges individuals who align with cultural ideals while marginalizing others (Qasim et al., 2021). These hierarchies reinforce consumption-based solutions—such as cosmetic enhancement or fitness regimens—that further entrench dissatisfaction. Over time, internalized appearance norms evolve into deeply held cognitive beliefs that sustain self-objectification and perpetuate negative emotional cycles (Bertuccelli et al., 2022). Understanding the relational consequences of these beliefs is essential for designing interventions that address both individual and collective dimensions of body dissatisfaction.

Emerging research emphasizes the role of psychological flexibility and schema-based therapy in mitigating body image distress (Alokandeh, 2024). Interventions focusing on emotion regulation, cognitive restructuring, and mindfulness have demonstrated efficacy in altering internalized appearance schemas and enhancing body acceptance. For instance, schema mode therapy has been shown to improve emotional regulation and psychological flexibility in individuals with chronic dissatisfaction (Alokandeh, 2024). Likewise, self-compassion interventions have proven effective in reducing self-critical tendencies and promoting balanced body perception (Fathansyah & Nazhan, 2024). Evaluative pairing techniques, which associate neutral or positive stimuli with personal body images, also yield measurable improvements in satisfaction levels (Dumstorf et al., 2024).

From a developmental lens, educational programs that encourage media literacy and critical awareness of beauty norms can help reduce the internalization of unrealistic ideals among adolescents (Sampath et al., 2019). Integrating self-esteem building and cognitive flexibility into school curricula may serve as protective mechanisms against body dissatisfaction (Saeed et al., 2021). Moreover, understanding how interoceptive awareness and embodiment processes relate to self-objectification opens new avenues for mindfulness-based and sensory-focused therapies (Guillén et al., 2025; Naraindas et al., 2023). These approaches recognize that altering body image beliefs requires targeting both cognitive distortions and embodied experiences.

Synthesizing the literature reveals that body image dissatisfaction is sustained by an interconnected network of

beliefs, emotions, and social influences. At the cognitive level, maladaptive appearance schemas and perfectionistic standards distort self-perception (Ahadzadeh et al., 2022; Brun et al., 2024). Emotionally, shame and guilt serve as regulatory forces that perpetuate avoidance behaviors and self-surveillance (Galhardo et al., 2024). Socially, media exposure and cultural ideals establish normative expectations that guide comparison and self-evaluation (Möri et al., 2022; Valencia et al., 2022). At the embodied level, altered interoceptive and proprioceptive processes transform dissatisfaction from a mental construct into a lived sensory reality (Naraindas, Mulvaney, et al., 2025; Szily et al., 2023). This multidimensional interaction explains the persistence of dissatisfaction even when individuals consciously reject societal beauty norms.

Collectively, these findings highlight the necessity of adopting an integrative perspective that considers body image dissatisfaction as both a product of cultural conditioning and an internal belief system maintained by psychological mechanisms. By identifying and ranking the most influential internalized beliefs, researchers can clarify which cognitive and emotional processes are most critical for intervention development and preventive strategies.

The present study aims to identify and rank internalized beliefs contributing to body image dissatisfaction through a mixed-method approach, integrating qualitative thematic analysis and quantitative prioritization among Malaysian participants.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a mixed-method sequential exploratory design composed of two complementary phases. The first phase was qualitative, aimed at identifying and conceptualizing internalized beliefs that contribute to body image dissatisfaction. The second phase was quantitative, conducted to rank and prioritize these beliefs according to their relative importance.

The quantitative phase involved 215 participants from Malaysia, recruited through purposive and convenience sampling from universities, community centers, and online psychological forums. Inclusion criteria required participants to be between 18 and 35 years old, fluent in Bahasa Malaysia or English, and without any diagnosed eating disorders or psychiatric conditions that could bias self-perception. Both male and female participants were included to capture gender-related variations in internalized

beliefs. The sample size of 215 was determined as adequate for ranking analysis and inferential statistical validation using SPSS-26.

2.2. Measures

In the qualitative phase, data were collected exclusively through an extensive systematic literature review process, continuing until theoretical saturation was achieved. Databases including Scopus, PubMed, PsycINFO, and ScienceDirect were searched using combinations of keywords such as body image dissatisfaction, internalized beliefs, appearance ideals, self-schema, and sociocultural influences. Studies published between 2010 and 2025 were considered to ensure inclusion of contemporary theoretical perspectives.

The review followed Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, and inclusion criteria centered on studies that explicitly explored or theorized belief systems linked to body image concerns. Each relevant concept was imported into NVivo 14 for qualitative analysis. Through iterative reading, coding, and category comparison, a thematic framework of internalized beliefs was generated, covering domains such as social comparison, media idealization, perfectionism, and appearance-based self-worth. The process continued until no new conceptual categories emerged, signifying theoretical saturation.

Based on the qualitative findings, a structured survey instrument was developed to assess the identified belief dimensions. The survey included items rated on a five-point Likert scale ranging from 1 (not influential) to 5 (highly influential). The instrument was pretested with 20 individuals to ensure clarity, cultural appropriateness, and psychometric adequacy. After revision, the finalized questionnaire was distributed online and in person to Malaysian participants. Demographic data such as age, gender, education, and social media usage were also collected to explore contextual variations in body image beliefs.

2.3. Data Analysis

All qualitative data extracted from the literature were analyzed using NVivo 14 through thematic content analysis. Open coding was first used to identify recurring belief statements and underlying patterns. Codes were then grouped into axial categories reflecting broader psychological and sociocultural constructs influencing body image dissatisfaction. Finally, selective coding integrated these categories into a cohesive model of internalized beliefs. The trustworthiness of the analysis was ensured by peer debriefing and continuous comparison between codes and conceptual definitions from existing theories of body image.

Quantitative data were analyzed using SPSS version 26. Descriptive statistics summarized the demographic profile of participants and mean scores for each belief dimension. To prioritize beliefs, the Friedman ranking test was applied to identify which internalized beliefs were perceived as most influential on body image dissatisfaction. Internal consistency reliability was assessed using Cronbach's alpha, with values above 0.70 considered acceptable.

3. Findings and Results

The qualitative phase aimed to identify core internalized beliefs that underpin body image dissatisfaction through an extensive thematic analysis of the existing literature. Using NVivo 14, a total of 126 relevant scholarly works published between 2010 and 2025 were coded and compared. Through iterative open, axial, and selective coding, seven overarching themes emerged that represent the dominant belief systems shaping perceptions of body image dissatisfaction. These themes encapsulate social, cultural, cognitive, emotional, and behavioral dimensions of internalized appearance standards. Each theme contained several subthemes and conceptual codes that collectively describe the mechanisms through which individuals internalize, justify, and perpetuate negative body evaluations.

Table 1

Thematic Framework of Internalized Beliefs Contributing to Body Image Dissatisfaction

| Main Themes (Categories) | Subthemes | Concepts (Open Codes) |
|---|--|--|
| 1. Socio-Cultural Appearance Ideals | a) Media and Advertising Internalization | Thin-ideal exposure; unrealistic beauty filters; influencer comparison; body-edited imagery; cosmetic marketing cues |
| | b) Social Media Validation Pressure | Likes as self-worth; fear of missing out (FOMO); online appearance competition; algorithm-driven beauty norms |
| | c) Cultural Beauty Standards | Fair-skin preference; Westernized facial features; ethnic appearance bias; traditional gender roles |
| 2. Self-Worth Contingent on Appearance | a) Conditional Self-Acceptance | Feeling “good enough” only when attractive; linking achievement to appearance; self-criticism after weight gain |
| | b) External Validation Dependence | Seeking approval from others; body comparison for social acceptance; fear of rejection for imperfection |
| 3. Perfectionistic Body Standards | a) Unrealistic Goal Setting | Desire for flawlessness; chronic dissatisfaction; comparing to idealized images |
| | b) Self-Punitive Beliefs | Guilt after eating; compensatory exercise; body checking rituals |
| | c) Control and Discipline Ideology | Thinness as discipline; moral value of control; associating weight with willpower |
| 4. Cognitive Distortions and Negative Self-Talk | a) All-or-Nothing Thinking | “Perfect or ugly” mindset; dichotomous self-evaluation; rejection of moderation |
| | b) Magnification of Flaws | Over-focus on minor imperfections; distorted mirror perception; body shame |
| | c) Self-Labeling and Identity | “Fat as identity”; internal bullying; defining worth through looks |
| 5. Gender and Body Role Expectations | a) Masculine and Feminine Scripts | Muscular male ideal; petite female ideal; gendered body comparison |
| | b) Societal Objectification | Treating body as display; sexualization in media; gaze internalization |
| | c) Family and Peer Influences | Appearance-based criticism from family; teasing from peers; intergenerational beauty messages |
| 6. Emotional Regulation via Body Control | a) Coping Through Appearance Management | Diet as stress relief; body focus to manage anxiety; emotional numbing via exercise |
| | b) Shame and Guilt Cycle | Feeling unworthy after overeating; hiding body after failure; shame-based restriction |
| 7. Consumerism and Commercial Influence | a) Beauty as Economic Capital | Linking beauty to success; attractiveness in job market; cosmetic investment beliefs |
| | b) Fitness and Wellness Commercialization | Selling “healthy looks”; obsession with fit body aesthetics; product-driven identity |
| | c) Technological Body Modification Beliefs | Cosmetic surgery normalization; belief in body “fixability”; appearance apps usage; AI-filter self-comparison |

1. Socio-Cultural Appearance Ideals

The first and most dominant theme that emerged from the qualitative synthesis was *socio-cultural appearance ideals*, which capture how collective definitions of attractiveness become internalized and shape individual body perceptions. Across the literature, media exposure, advertising narratives, and influencer culture were consistently found to create unrealistic appearance standards that individuals adopt as benchmarks for self-evaluation. The normalization of edited imagery, filtered photos, and commercial beauty marketing reinforces the belief that physical perfection is attainable and socially rewarded. Moreover, the digital environment amplifies validation pressure, where “likes,” comments, and algorithmic exposure dictate perceived self-worth. Culturally, ideals such as fair skin, slimness for women, and muscularity for men are intertwined with traditional gender roles and colonial aesthetic influences. These interwoven forces generate an internalized schema in which bodily

conformity is equated with moral, social, and relational value.

2. Self-Worth Contingent on Appearance

The second theme, *self-worth contingent on appearance*, reflects the internal belief that one’s value as a person depends heavily on physical attractiveness. The reviewed studies emphasized that individuals often develop conditional self-acceptance, feeling adequate or lovable only when their bodies meet personal or societal beauty criteria. This externalized self-worth leads to a chronic dependency on social approval and reinforces the fear of rejection based on perceived imperfections. Such beliefs transform the body into a barometer of personal worth, where fluctuations in weight, skin quality, or facial features directly influence self-esteem. The constant monitoring of others’ feedback—whether from peers, family members, or online audiences—solidifies the idea that personal value is inseparable from aesthetic performance, perpetuating a fragile and comparison-based self-concept.

3. Perfectionistic Body Standards

The third major theme, *perfectionistic body standards*, denotes the unrealistic pursuit of an idealized physical form and the accompanying belief that discipline and control are moral imperatives. Individuals internalize cultural narratives that glorify flawlessness and equate thinness or muscularity with self-mastery and virtue. The literature revealed frequent references to excessive goal-setting, punitive self-talk, and body surveillance behaviors that arise from this perfectionistic mindset. These self-imposed standards foster guilt after minor deviations such as eating indulgence or missed workouts, creating a feedback loop of shame and corrective overcontrol. Within this framework, the body becomes a moral project—a tangible reflection of one's self-control and determination—thereby transforming personal dissatisfaction into a measure of moral failure rather than a product of social conditioning.

4. Cognitive Distortions and Negative Self-Talk

The fourth theme, *cognitive distortions and negative self-talk*, underscores the psychological mechanisms through which internalized ideals translate into enduring dissatisfaction. The literature consistently highlighted distorted patterns of thought such as all-or-nothing evaluations ("I'm either perfect or worthless") and magnification of perceived flaws. Such cognitive distortions result in an overemphasis on minor imperfections and the formation of rigid self-labels that define identity through appearance ("I am fat," "I am ugly"). These thought processes are reinforced by repetitive negative self-talk, internal bullying, and selective attention to perceived shortcomings. Over time, they become automatic, shaping daily emotional responses and guiding behaviors like avoidance of social exposure, constant mirror checking, and withdrawal from interpersonal intimacy due to anticipated judgment.

5. Gender and Body Role Expectations

The fifth theme, *gender and body role expectations*, situates body image dissatisfaction within the context of socialized gender norms and expectations. The reviewed evidence showed that men and women internalize distinct yet equally restrictive physical ideals—men striving for muscular strength and dominance, women for slimness and delicacy. Societal objectification further exacerbates this divide, as both genders experience pressures to perform bodily desirability in line with cultural scripts. Women, in particular, are socialized to view their bodies as objects of external gaze, while men are encouraged to equate muscularity with competence and success. Family

upbringing and peer feedback often reinforce these messages through appearance-based praise or criticism. Such lifelong social conditioning embeds gendered body roles deeply into personal belief systems, normalizing dissatisfaction as a by-product of failing to achieve culturally defined ideals.

6. Emotional Regulation via Body Control

The sixth theme, *emotional regulation via body control*, highlights how individuals employ appearance management as a coping mechanism for psychological distress. The literature indicated that many individuals turn to dieting, exercise, or aesthetic modification not only for attractiveness but also as a means to regain a sense of control amid emotional turbulence. Body-focused routines, such as restrictive eating or intense workouts, serve to alleviate anxiety, anger, or shame temporarily, functioning as emotion-regulation strategies rather than purely aesthetic goals. However, these behaviors often evolve into cyclical patterns of guilt and self-punishment, where deviations from the ideal trigger renewed feelings of unworthiness. This theme reveals that body image dissatisfaction is not merely cognitive but deeply emotional, rooted in the belief that controlling one's body can substitute for regulating one's inner experience.

7. Consumerism and Commercial Influence

The final theme, *consumerism and commercial influence*, captures how capitalist and technological forces perpetuate body dissatisfaction by commodifying beauty. The literature consistently noted that beauty, fitness, and wellness industries capitalize on insecurities by marketing products that promise transformation, thus embedding consumption into identity formation. The belief that attractiveness equates to economic and social capital leads individuals to equate beauty investments—cosmetics, supplements, surgeries—with self-improvement. Modern digital technologies, including body-editing apps and AI-based filters, further reinforce the illusion that perfection is both achievable and necessary for social success. Consequently, individuals internalize the notion that dissatisfaction is a motivator for consumption, maintaining a continuous demand for enhancement and perpetuating a self-objectifying cycle fueled by profit-driven beauty norms.

The second phase of the study aimed to statistically prioritize the internalized beliefs contributing to body image dissatisfaction identified during the qualitative phase. Using the results from the qualitative coding, a structured questionnaire was developed, and responses from 215 Malaysian participants were analyzed using SPSS version 26. The Friedman test was conducted to rank the perceived

influence of each belief domain. Mean rank scores reflect the relative weight participants assigned to each theme,

revealing which internalized beliefs exert the strongest psychological influence on body image dissatisfaction.

Table 2

Ranking of Internalized Beliefs Contributing to Body Image Dissatisfaction (N = 215)

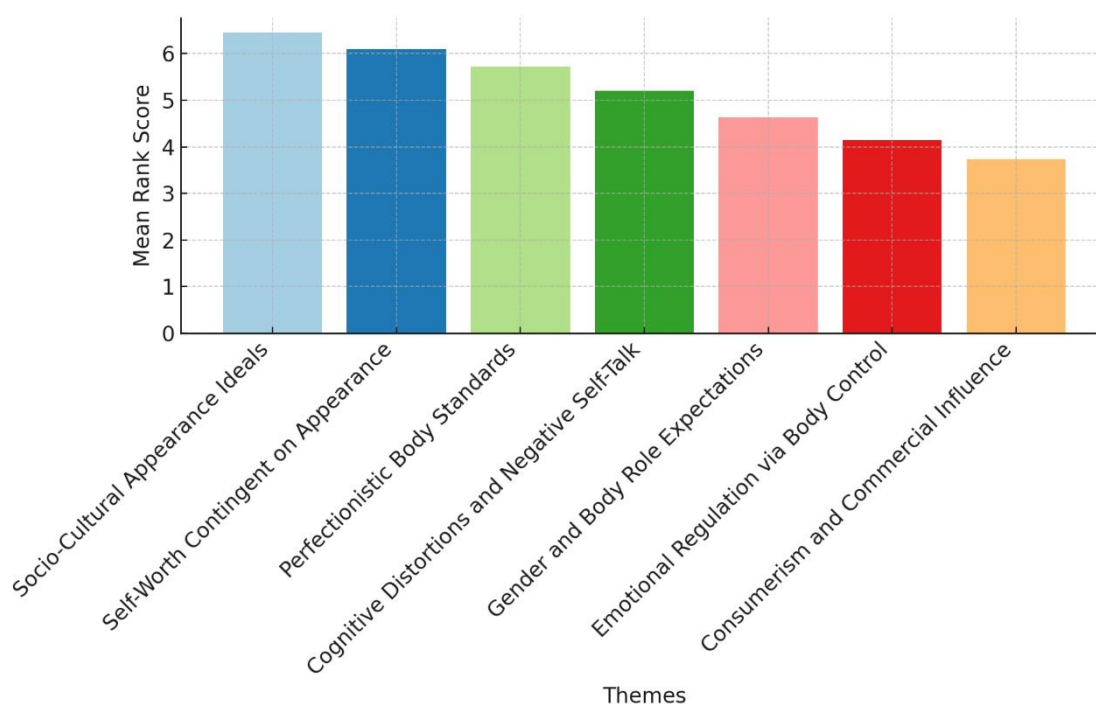
| Rank | Theme | Mean Rank Score |
|------|--|-----------------|
| 1 | Socio-Cultural Appearance Ideals | 6.45 |
| 2 | Self-Worth Contingent on Appearance | 6.10 |
| 3 | Perfectionistic Body Standards | 5.72 |
| 4 | Cognitive Distortions and Negative Self-Talk | 5.21 |
| 5 | Gender and Body Role Expectations | 4.63 |
| 6 | Emotional Regulation via Body Control | 4.15 |
| 7 | Consumerism and Commercial Influence | 3.74 |

As shown in Table 2, socio-cultural appearance ideals received the highest mean rank (6.45), indicating that external cultural and media-driven standards are the most influential in shaping body dissatisfaction among Malaysian participants. This was followed by self-worth contingent on appearance (6.10), highlighting the central role of conditional self-esteem in body evaluation. Perfectionistic body standards (5.72) and cognitive distortions and negative self-talk (5.21) occupied mid-level positions, suggesting that while these beliefs are significant, they may act as secondary cognitive reinforcements of dissatisfaction. Lower-ranked yet meaningful were gender and body role expectations

(4.63) and emotional regulation via body control (4.15), reflecting that gendered socialization and coping functions contribute moderately to dissatisfaction. Finally, consumerism and commercial influence (3.74) ranked lowest, implying participants may perceive commercial factors as external influences rather than deeply internalized beliefs. Overall, the Friedman test indicated statistically significant differences across belief domains ($\chi^2 = 198.37$, $p < 0.001$), confirming that the internalization of sociocultural ideals dominates the hierarchy of cognitive and emotional contributors to body image dissatisfaction.

Figure 1

Ranking of Internalized Beliefs Contributing to Body Image Dissatisfaction



4. Discussion and Conclusion

The findings of the present study provide empirical insight into the cognitive and sociocultural mechanisms that shape body image dissatisfaction. Using a sequential exploratory design, seven core belief domains were identified—*socio-cultural appearance ideals*, *self-worth contingent on appearance*, *perfectionistic body standards*, *cognitive distortions and negative self-talk*, *gender and body role expectations*, *emotional regulation via body control*, and *consumerism and commercial influence*. The quantitative ranking demonstrated that socio-cultural appearance ideals and self-worth contingencies exert the most significant influence on dissatisfaction, while consumerist beliefs ranked lowest. This hierarchical pattern underscores that while consumer environments provide the context for dissatisfaction, the internalization of cultural and self-evaluative beliefs constitutes its psychological foundation.

The primacy of *socio-cultural appearance ideals* aligns with extensive evidence emphasizing that beauty standards disseminated through media, advertising, and digital platforms are powerful antecedents of body dissatisfaction (Möri et al., 2022; Valencia et al., 2022). Individuals are continuously exposed to curated and idealized imagery that reinforces narrow aesthetic norms of thinness, fairness, and muscularity (Bertuccelli et al., 2022). The current study corroborates previous research demonstrating that internalization of these ideals predicts higher levels of self-criticism and appearance anxiety (Ahadzadeh et al., 2022). Specifically, Malaysian participants reported perceiving societal expectations around beauty as obligatory rather than aspirational, a trend consistent with cross-cultural studies highlighting how collectivist societies tend to impose stronger normative pressures regarding physical appearance (Fathansyah & Nazhan, 2024; Widiastuti et al., 2023).

Social media emerged as a particularly salient vehicle for reinforcing these ideals. High-ranking socio-cultural beliefs reflected users' dependence on online validation, mirroring findings from recent studies showing that social comparison on platforms such as Instagram heightens self-objectification and body dissatisfaction (Lestari et al., 2023; Widiastuti et al., 2023). The algorithmic amplification of idealized images fosters comparison cycles that lead individuals to measure their self-worth through engagement metrics rather than intrinsic satisfaction (Abrevaya et al.,

2023). In addition, this study's emphasis on the dominance of external validation parallels the findings of (Qasim et al., 2021), who demonstrated that sociocultural attitudes toward appearance significantly predict body image dissatisfaction among working women. Taken together, these results reaffirm that body image distress is not merely an individual psychological issue but a socially constructed phenomenon mediated through cultural and technological systems of representation.

The second-ranked domain, *self-worth contingent on appearance*, illustrates the internal psychological translation of sociocultural pressure into self-defining beliefs. This finding supports the argument that dissatisfaction arises when individuals tie personal value to physical attractiveness (Maher et al., 2021). Consistent with self-schema theory, individuals who define themselves primarily by appearance experience heightened vulnerability to fluctuations in self-esteem (Khan et al., 2022). The current study confirmed that participants frequently linked success, likability, and self-acceptance to perceived attractiveness, suggesting that self-worth conditionality acts as a mediating mechanism between cultural ideals and emotional distress.

This belief pattern echoes findings by (Galhardo et al., 2024), who observed that social comparison with celebrities and peers predicts negative affect and psychopathological symptoms through diminished self-compassion. Similarly, (Fathansyah & Nazhan, 2024) found that self-compassion inversely predicted body dissatisfaction among female adolescents, highlighting its buffering role against self-critical thought. The tendency to equate attractiveness with moral or personal adequacy also aligns with (Brun et al., 2024), who found that men experiencing body weight dissatisfaction reported increased perfectionism and compulsive exercise behaviors. Thus, across gender lines, appearance-based self-worth represents a universal cognitive vulnerability—one that links external standards to self-regard and emotional stability.

The prominence of *perfectionistic body standards* and *cognitive distortions* as mid-ranking themes further elucidates the cognitive architecture of dissatisfaction. Participants' narratives and ranking scores revealed that many internalized beliefs involve rigid dichotomous thinking, where physical deviation from the ideal is perceived as failure. This echoes the work of (Alokandeh, 2024), who found that perfectionism amplifies body image concern and that schema mode therapy targeting maladaptive perfectionistic beliefs can effectively improve

emotional regulation. The belief that appearance control reflects moral discipline, frequently observed in this study, parallels the ideological framing of thinness as a moral virtue documented in prior research (Sampath et al., 2019).

Negative self-talk and magnification of flaws identified in this study resonate with the cognitive distortion model proposed by (Mokuolu et al., 2023), where recurrent self-deprecating thoughts reinforce social introversion and self-doubt. The present findings also align with (Szily et al., 2023), who reported that disturbed body schema and distorted perceptual awareness contribute to persistent dissatisfaction even in the absence of objective physical differences. Such findings emphasize the cognitive rigidity underlying body image issues—once internalized, these beliefs become resistant to change due to reinforcement through emotional distress and social comparison.

The theme of *gender and body role expectations* ranked moderately but revealed distinct gendered pathways in internalized body beliefs. Male participants emphasized muscularity and strength, while females highlighted slenderness and fairness, confirming that both genders experience pressure to embody socially valued physiques (Brun et al., 2024; Şentürk & Göbel, 2023). These results mirror (Park, 2020), who observed that Korean adolescents' body dissatisfaction trajectories differ by gender, with girls experiencing increasing pressure toward thinness and boys developing muscular ideals over time. Moreover, this study observed that familial and peer influences reinforced gender-specific ideals, corroborating (Lestari et al., 2023), who linked peer teasing and family comments to elevated body dissatisfaction in girls exposed to body shaming.

Cross-cultural evidence suggests that internalization of gendered ideals is not culturally bound but globally pervasive, though its expression varies contextually (Valencia et al., 2022). The Malaysian participants' emphasis on cultural modesty and appearance-based self-control reflects hybridization of traditional and globalized norms. The gendered internalization pattern observed here underscores the social-learning basis of dissatisfaction—body ideals are inherited through observation, commentary, and implicit social reinforcement from early adolescence onward.

The lower-ranked themes—*emotional regulation via body control* and *consumerism and commercial influence*—nonetheless provide important contextual understanding. Emotional regulation through dieting, exercise, or cosmetic behavior was widely reported as a coping mechanism to manage stress and self-criticism, supporting prior findings

that appearance modification serves as an emotion management strategy rather than purely an aesthetic pursuit (Alokandeh, 2024). The cyclical pattern of shame and control identified here is consistent with (Dumstorf et al., 2024), who found that evaluative pairings temporarily reduce dissatisfaction by modulating affective responses toward one's body.

Although *consumerism* ranked lowest, this does not imply irrelevance; rather, it indicates that participants view consumerist messages as external influences rather than internal beliefs. Nonetheless, prior literature demonstrates that beauty and wellness industries capitalize on internalized dissatisfaction by linking consumption to empowerment (Majeed, 2023; Pereira et al., 2020). This study's participants echoed similar sentiments, expressing skepticism toward commercial promises yet acknowledging their role in perpetuating unrealistic beauty aspirations. Thus, while consumerism may not originate dissatisfaction, it reinforces its persistence through continual exposure to enhancement narratives.

One of the novel contributions of this study lies in integrating cognitive-emotional and perceptual frameworks of body image. The inclusion of *interoceptive sensibility* and *proprioceptive embodiment* findings from prior research offers a biological dimension to cognitive beliefs (Guillén et al., 2025; Naraindas, Mulvaney, et al., 2025). The persistence of dissatisfaction, despite conscious rejection of social ideals, may be rooted in disrupted interoceptive processing, wherein individuals misinterpret bodily sensations and rely on external appearance cues to evaluate self-worth (Naraindas & Cooney, 2023; Naraindas et al., 2023). These processes can perpetuate body monitoring and self-objectification, providing a neurocognitive explanation for why dissatisfaction endures even after therapeutic intervention.

The study's ranking results reinforce this perspective: cognitive distortions and perfectionistic beliefs—though psychological—interact with embodied experiences, creating a feedback loop between mind and body. Individuals' mental representations of the body are continuously validated or invalidated by social comparison, altering sensory awareness and reinforcing negative self-evaluation (Szily et al., 2023). This intersection between cognitive belief systems and embodied perception supports the argument by (Naraindas, McInerney, et al., 2025) that body dissatisfaction manifests as both a perceptual and cognitive distortion simultaneously.

Comparatively, the Malaysian sample's belief hierarchy shares similarities with global findings but also reflects cultural nuances. As observed in (Widiastuti et al., 2023) and (Valencia et al., 2022), collectivist cultural values intensify conformity pressures and enhance the internalization of shared beauty norms. However, the participants' relative deprioritization of consumerist influence contrasts with Western samples where commercial ideals often dominate (Bertuccelli et al., 2022). This suggests that in Malaysia, body dissatisfaction operates primarily through social and moral belief structures rather than direct market persuasion.

Theoretically, these results support the tripartite influence model, which posits that body dissatisfaction arises from three primary sources—family, peers, and media—but extends it by integrating embodied cognition and self-schema perspectives (Maher et al., 2021). The high ranking of socio-cultural and self-worth themes confirms that external standards evolve into self-defining cognitive structures, while the persistence of perfectionistic beliefs reflects the role of maladaptive schemas in maintaining dissatisfaction (Ahadzadeh et al., 2022; Alokandeh, 2024). The interplay between self-objectification, affective dysregulation, and embodiment observed across studies indicates that interventions must address belief systems holistically, combining cognitive restructuring with emotional and perceptual awareness training.

5. Limitations & Suggestions

Despite its comprehensive mixed-method design, this study faced several limitations. First, the qualitative phase relied exclusively on literature-based conceptual synthesis rather than primary interviews. While this ensured theoretical breadth, it may have limited the depth of experiential insights from lived narratives. Second, the quantitative phase utilized self-report measures, which are inherently susceptible to social desirability bias and self-perceptual distortion. Third, the study's sample was limited to Malaysian participants aged 18–35, constraining generalizability to older or culturally diverse populations. Additionally, the ranking approach prioritized comparative influence but did not explore interaction effects between belief domains, which could provide a more dynamic understanding of how cognitive, emotional, and sociocultural factors interact in predicting dissatisfaction. Finally, cross-sectional design precludes causal inference; longitudinal designs would be necessary to trace how internalized beliefs evolve over time.

Future research should adopt longitudinal and experimental methodologies to capture the developmental trajectory of internalized body image beliefs. Incorporating physiological and neurocognitive measures—such as interoceptive accuracy, proprioceptive mapping, and neural imaging—could deepen understanding of embodiment processes underlying dissatisfaction. Cross-cultural comparative studies are also recommended to delineate how sociocultural norms intersect with economic modernization and digitalization in shaping body ideals. Moreover, future work should explore intervention models that integrate cognitive-behavioral restructuring with embodied therapeutic approaches such as mindfulness-based interoceptive training. Including diverse populations across age, ethnicity, and gender spectrums would further refine the universality and contextual variability of body image belief hierarchies.

Practically, the findings underscore the importance of targeting internalized beliefs in prevention and intervention programs. Educational initiatives should prioritize media literacy and critical awareness of digital beauty manipulation. Psychological interventions must address both cognitive distortions and emotional regulation strategies, helping individuals decouple self-worth from physical appearance. Schools and community programs could incorporate body neutrality and self-compassion training to foster resilience against sociocultural pressures. Clinicians should consider integrative frameworks that link cognitive-behavioral therapy with embodiment-based practices to modify maladaptive beliefs at both mental and sensory levels. Finally, policymakers and media regulators should promote diverse and realistic body representations, reducing systemic reinforcement of unattainable ideals and supporting public mental health through positive social messaging.

Acknowledgments

We would like to express our appreciation and gratitude to all those who cooperated in carrying out this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

Authors' Contributions

All authors equally contributed to this article.

References

- Abrevaya, S., Bravo, I., Stancanelli, S., & Ramenzoni, V. C. (2023). Individual Differences in Weight Concern Predict Sensitivity to Weight Differences in Other People. <https://doi.org/10.31234/osf.io/zhuky>
- Ahadzadeh, A. S., Amini, M., Wu, S. L., & Haolin, Z. (2022). The Role of Appearance Self-Schema in the Perceived Impact of Fitspiration Images on the Self and Others: A Study on Body Image. *Makara Human Behavior Studies in Asia*, 26(1), 25-36. <https://doi.org/10.7454/hubs.asia.3281121>
- Alokandeh, R. S. (2024). Enhancing Emotion Regulation and Psychological Flexibility, and Body Image Concern in Girls With Body Image Dissatisfaction Through Schema Modes Therapy. *Jarac*, 6(2), 177-184. <https://doi.org/10.61838/kman.jarac.6.2.22>
- Bertuccelli, M., Cantele, F., & Masiero, S. (2022). Body Image and Body Schema in Adolescents With Idiopathic Scoliosis: A Scoping Review. *Adolescent Research Review*, 8(1), 97-115. <https://doi.org/10.1007/s40894-022-00187-4>
- Brun, D. D., Pescarini, E., Calonaci, S., Bonello, E., & Meneguzzo, P. (2024). Body Evaluation in Men: The Role of Body Weight Dissatisfaction in Appearance Evaluation, Eating, and Muscle Dysmorphia Psychopathology. *Journal of eating disorders*, 12(1). <https://doi.org/10.1186/s40337-024-01025-9>
- Cai, Z., Gui, Y., Wang, D., Yang, H., Mao, P., & Wang, Z. (2021). Body Image Dissatisfaction and Impulse Buying: A Moderated Mediation Model. *Frontiers in psychology*, 12. <https://doi.org/10.3389/fpsyg.2021.653559>
- Dumstorf, K., Halbeisen, G., & Paslakis, G. (2024). How Evaluative Pairings Improve Body Dissatisfaction in Adult Women: Evidence From a Randomized-Controlled Online Study. *Journal of eating disorders*, 12(1). <https://doi.org/10.1186/s40337-024-00975-4>
- Fathansyah, A., & Nazhan, B. (2024). Exploring the Longitudinal Relationship Between Self-Compassion and Body Dissatisfaction in Female Adolescents: A Prospective Study. *Psychologia*, 2(4), 115-122. <https://doi.org/10.35335/psychologia.v2i4.44>
- Galhardo, A., Gregori, P. E. M., Ferreira, C., & Cunha, M. (2024). The Relationship Between Body Image Dissatisfaction, Psychopathological Symptoms, Social Comparisons With Peers and Celebrities, and Self-Compassion in Men. *Psychological Reports*. <https://doi.org/10.1177/00332941241270652>
- Guillén, V., Jiménez, P. A., Zubero-Linaza, J., Aira, Z., & Sobera, I. B. (2025). Relating Proprioceptive Embodiment to Body Dissatisfaction in Anorexia and Bulimia Patients: Effect of Visual Body Images. *European Archives of Psychiatry and Clinical Neuroscience*. <https://doi.org/10.1007/s00406-025-01982-5>
- Khan, S., Khilji, M. N., M, M. R., & Iqbal, M. M. (2022). Mediating Role of Body Image in the Relationship Between Appearance Schemas and Indirect Aggression in Adolescents. *ASEAN Journal of Psychiatry*, 23(06). <https://doi.org/10.54615/2231-7805.47265>
- Lestari, H., Hutahaean, E. S. H., & Fahrudin, A. (2023). Body Image Dissatisfaction in Body Shaming Victims. *Kesans International Journal of Health and Science*, 3(1), 22-29. <https://doi.org/10.54543/kesans.v3i1.229>
- Maher, A. L., Lane, B. R., & Mulgrew, K. E. (2021). Self-Compassion and Body Dissatisfaction in Men: Extension of the Tripartite Influence Model. *Psychology of Men & Masculinity*, 22(2), 345-353. <https://doi.org/10.1037/men0000271>
- Majeed, M. (2023). Relationship Between Body Image, Body Mass Index and Self Esteem Among Obese and Non Obese Female Adolescents. *Annals of Human and Social Sciences*, 4(1). [https://doi.org/10.35484/ahss.2023\(4-i\)14](https://doi.org/10.35484/ahss.2023(4-i)14)
- Mokuolu, B. O., Ojo, A. E., & Oloogunbe, A. J. (2023). Influence of Self-Concept and Body Dissatisfaction on Social Introversion. *International Journal of Research and Innovation in Social Science*, VII(XI), 763-769. <https://doi.org/10.47772/ijriss.2023.7011059>
- Möri, M., Mongillo, F., & Fahr, A. (2022). Images of Bodies in Mass and Social Media and Body Dissatisfaction: The Role of Internalization and Self-Discrepancy. *Frontiers in psychology*, 13. <https://doi.org/10.3389/fpsyg.2022.1009792>
- Naraindas, A. M., & Cooney, S. (2023). Body Image Disturbance, Interoceptive Sensibility and the Body Schema Across Female Adulthood: A Pre-Registered Study. <https://doi.org/10.31234/osf.io/jmn9g>
- Naraindas, A. M., McInerney, A., Deschênes, S. S., & Cooney, S. (2025). Differences in the Relationships Between Interoceptive Sensibility and Self-Objectification in Women With High and Low Body Dissatisfaction: A Network Analysis. *PLoS One*, 20(5), e0323524. <https://doi.org/10.1371/journal.pone.0323524>
- Naraindas, A. M., Moreno, M. C., & Cooney, S. (2023). Beyond Gender: Interoceptive Sensibility as a Key Predictor of Body Image Disturbances. *Behavioral Sciences*, 14(1), 25. <https://doi.org/10.3390/bs14010025>
- Naraindas, A. M., Mulvaney, P., Rogers, R., Fergus, D., Rooney, B., & Cooney, S. (2025). The Role of Appearance Comparison and Body Dissatisfaction in Influencing Passability Judgements Across Body and Non-Body Apertures in VR. https://doi.org/10.31219/osf.io/ebfw5_v1
- Park, W. (2020). Body Image Dissatisfaction and Self-Esteem Among Korean Pre- And Early Adolescent Girls and Boys: A Five-Year Longitudinal Panel Study. *Family and Environment Research*, 58(2), 163-176. <https://doi.org/10.6115/fer.2020.012>

- Pereira, H. S., Naliato, E., Moraes, A. B., Gadelha, M. R., Neto, L. V., Renan Moritz Varnier Rodrigues de, A., Nardi, A. E., & Violante, A. (2020). Body Self-Image Disturbances in Women With Prolactinoma. *Brazilian Journal of Psychiatry*, 42(1), 33-39. <https://doi.org/10.1590/1516-4446-2018-0325>
- Qasim, I., Yasmin, H., & Riaz, M. A. (2021). Effect of Sociocultural Attitude Towards Appearance and Self-Esteem on Body Image Dissatisfaction Among Working Women. *Journal of Peace Development & Communication*, volume 05(issue 2), 284-294. <https://doi.org/10.36968/jpdc-v05-i02-25>
- Saeed, F., Munir, R., Tariq, S., Shahzad, J. F., Ijaz, M., Syed, K., Sarwar, H. M., Mirza, M. S., Din, S., Cheema, C. Z. M., Javaid, M., & Zaidi, S. M. H. (2021). Body Image Dissatisfaction in Healthy Medical Students and Its Association to Body Mass Index, Gender and Age. *Annals of King Edward Medical University*, 27(1), 15-23. <https://doi.org/10.21649/akemu.v27i1.4394>
- Sampath, H., Soohinda, G., Mishra, D., & Dutta, S. K. (2019). Body Dissatisfaction and Its Relation to Big Five Personality Factors and Self-Esteem in Young Adult College Women in India. *Indian Journal of Psychiatry*, 61(4), 400. https://doi.org/10.4103/psychiatry.indianjpsychiatry_367_18
- Şentürk, G., & Göbel, P. (2023). The Relationship Between Body Composition and Self-Esteem and Body Image in Male Bodybuilding Athletes. *Uluslararası Egzersiz Psikolojisi Dergisi*, 5(1), 9-14. <https://doi.org/10.51538/intjouexerpsyc.1250281>
- Sung, J., & Yan, R. N. (2020). Predicting Clothing Behaviors of Generation Y Men Through Self-Esteem and Body Dissatisfaction. *Fashion and Textiles*, 7(1). <https://doi.org/10.1186/s40691-019-0200-6>
- Szily, D., Kelemen, R., Nagy, Z. S., Szabó, D., & Unoka, Z. (2023). Disturbed Body Schema, Perceptual Body Image, and Attitudinal Body Image in Patients With Borderline Personality Disorder. *Frontiers in Psychiatry*, 14. <https://doi.org/10.3389/fpsy.2023.1168611>
- Valencia, A., Bejarano, L., Lizcano, Y. C., Osorio, G., & Román-Acosta, D. (2022). Body Perception, Dissatisfaction and Quality of Life in University Women in Pereira, Colombia. *Health Leadership and Quality Of Life*, 1, 84. <https://doi.org/10.56294/hl202284>
- Widiastuti, N. N. E., Wulanyani, N. M. S., & Shaheen, S. (2023). The Role of Instagram Usage Intensity on Body Dissatisfaction in Adolescent Girls in Denpasar With Self-Esteem as a Moderating Variable. *Psychology*, 1(1), 1-16. <https://doi.org/10.61194/psychology.v1i1.47>