Research Article

Adolescents' Perceptions of Disordered Eating Behaviors, Influencing Factors, and Perceived Effects on Health and Well-Being

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ABSTRACT

Objective: To explore adolescents' perceptions of disordered eating behaviors, influencing factors, and perceived effects on health and well-being.

Design: Focus group discussions.

Setting: Porto, Portugal.

Participants: 80 adolescents aged 15−19 years.

Phenomenon of Interest: Disordered eating behaviors.

Analysis: Thematic content analysis.

Results: Factors influencing disordered eating behaviors include individual (including response to emotional status, body image, and self-perception), interpersonal (encompassing interactions with school peers and family, and health professionals), and social factors (namely social norms regarding beauty and their influences, such as social media). In terms of the impact of disordered eating, health implications such as malnutrition, obesity, and some cardiometabolic disorders were mentioned. Disordered eating behaviors, according to the adolescents' perspective, can also lead to guilt and depression and serve as a pathway to eating disorders. In addition, concerns about weight and body image were identified as contributing to social isolation.

Conclusions and Implications: Findings highlight the complex interplay of factors shaping disordered eating behaviors in adolescents. Comparison with others, body image concerns, beauty standards, and social media emerged as key influencing factors, along with appearance-related comments. Future research could assess longitudinal social media effects, media literacy interventions, and explore gender-specific experiences across clinical and nonclinical settings.

Key Words: feeding and eating disorders, body image, adolescent, focus groups (*J Nutr Educ Behav.* 2026;58:416−426.)

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INTRODUCTION

Disordered eating behaviors encompass a wide spectrum of eating and weight-related behaviors, including binge eating, restriction, and unhealthy weight control strategies, such as vomiting, fasting, skipping meals, and laxative or diuretic use.[1,2] A complex interplay of factors, including genetics, psychological disturbances, and family and social determinants, influences these behaviors.[3−5] Adolescence is a particularly vulnerable period for the onset of disordered eating, as it is characterized by rapid biological development, identity formation, and increased sensitivity to external social norms.[1,6,7] Adding to the natural heightened emphasis on physical appearance and the internalization of societal beauty standards[8,9] during this period, adolescents face a particularly challenging scenario: living in an obesogenic environment while being exposed to the pressures of maintaining a healthy lifestyle ideal and having an unrealistic thin and fit body.[10,11] These ideals have been perpetuated for a long time through traditional media and, in the last decades, have been amplified by social media

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platforms, centered on visual content and appearance.[12,13] Sociocultural theories of disordered eating suggest that repeated exposure to societal appearance ideals (through media, peers, or family) leads to internalization of these ideals, which can contribute to body dissatisfaction (i.e., a negative body image and a discrepancy between the current and ideal appearance).[14,15] Body dissatisfaction is, in turn, tightly intertwined with disordered eating in adolescence and young adulthood.[8,16]

A deep understanding of disordered eating behaviors in adolescence is of major importance, considering their prevalence and association with adverse health outcomes.[1,7,17] Disordered eating behaviors have been associated with weight fluctuations, metabolic changes, and an increased risk of future eating disorders, which are among the most life-threatening of all mental health conditions.[17–19] Eating disorders have risen over the last few decades, with studies reporting increases in prevalence, admission rates, and symptom severity.[20] In addition, disordered eating behaviors have been linked to several risky health behaviors, including smoking, drinking, and drug use.[21]

Despite the growing evidence, particularly quantitative, there is still a lack of understanding of how early manifestations of disordered eating are perceived and experienced across this age group. Complementary research approaches, such as qualitative research, which is centered on the voices and perspectives of adolescents, are essential to bridge this gap in such a complex domain. However, most existing qualitative studies have focused on specific subgroups of adolescents: females, individuals with diagnosed conditions, or those identified with disordered eating through specific questionnaires,[22–24] potentially missing valuable insights from the broader general population of adolescents with subclinical disordered eating.

Therefore, the objective of this study was to explore adolescents' perceptions of disordered eating behaviors, including their influencing factors and perceived effects on well-being and health in the general population. By understanding the perceptions of adolescents about these topics, we aim to improve informed, evidence-based interventions and educational initiatives that can promote healthier attitudes and behaviors among this demographic group, ultimately contributing to their long-term well-being and overall health.

METHODS

A qualitative research study was conducted in a school environment, using focus group (FG) discussions to answer the study's objectives. Considering the developmental stage that adolescence represents and how adolescents' attitudes, perceptions, and behaviors are shaped and co-constructed through interaction with peers, teachers, and the school culture, this study was grounded in a social constructionist perspective. According to this approach, individuals create their reality and understanding of the world based on human actions and the interactions established within a specific historical and cultural context.[25,26] This paradigm guided the study's inquiry method and the analysis and interpretation of the study's findings. This study followed the consolidated criteria for reporting qualitative research.[27]

Recruitment

The study included adolescents aged 15–19 years who attended an urban public school in Porto, Northern Portugal, during the 2022–2023 academic year. This school was selected based on convenience, considering previously established project collaborations. Trained project staff contacted the participants in person and assessed their eligibility, which included being in grades 10th through 12th, corresponding to the peak age for disordered eating and eating disorder onset, and not having special educational needs that could compromise the data collection. Students who met the eligibility criteria were considered potential participants in each class. Project staff sent personal invitations confirming participation, location, and time of the FG discussions 15 days in advance. We invited 120 eligible adolescents to participate in the study (40 from each grade), and 80 agreed to participate. The General Directorate of Education (survey n° 0869700001) and the Institute of Public Health of the University of Porto Ethics Committee (code CE22234, approved on January 19, 2023) reviewed and approved the protocol of this study.

Participants were required to provide oral assent to participate in the study. For participants aged < 18 years, written informed consent was obtained from their legal guardians; those aged ≥ 18 years provided their own written consent. Each consent form briefly explained the study's purpose and methodology, emphasizing the voluntary nature of participation and the option to withdraw at any time. The research team also emailed participants and their guardians to address any potential questions or concerns. We removed identification data from transcriptions to ensure anonymity.

Data Collection

Participants' characteristics. Each participant completed an initial anonymous short questionnaire on paper designed to collect data and characterize participants on relevant sociodemographic characteristics, dietary habits, and body image constructs related to disordered eating. Sociodemographic characteristics included age, sex, parents' age and education, and household income. Dietary habits included information on dieting during the past 12 months, and current weight perception (i.e., if they perceived their weight as low, adequate, or excessive) was assessed along with body dissatisfaction. Using a body size silhouette figure rating scale,[28] adolescents chose from 9 gender-specific silhouettes of increasing size (ranging from very thin to severely obese) the silhouette representing their current and desired body. Body dissatisfaction was determined by the discrepancy between the 2 ratings (current and desired body). No difference indicated satisfaction with the current body, negative differences indicated a desire for a larger body, and positive differences indicated a desire for a thinner body.

Focus group procedures. A total of 80 adolescents participated in 9 FGs

Table 1. Focus Groups (n = 9) Composition by Participants' Characteristics, Including Age, Gender, and School Year

Focus Group	School Year	Age Range (y)	Female Participants, n	Male Participants, n	Total Participants, n
1	10	15–16	6	3	9
2	10	15–16	5	4	9
3	11	16–18	3	6	9
4	12	16–18	4	4	8
5	12	17–19	6	4	10
6	12	17–18	5	4	9
7	11	16–17	6	3	9
8	12	17–18	5	4	9
9	12	17–18	6	2	8

(Table 1). Each FG consisted of 8–10 adolescents. For logistical reasons, most FG discussions were arranged based on the school class to which they belonged. We divided students into smaller groups within each class to ensure balanced representation by sex. The FGs were conducted in carefully chosen classroom settings, prioritizing a tranquil, comfortable, and fitting environment for these discussions. Apart from the participants and researchers, no one else was in the classroom during the FGs. The participants had no previous relationship with these researchers, only knowing their affiliations and occupations.

The average duration of each FG was approximately 60 minutes, and they were audio-recorded. Three female researchers conducted the FGs, with 2 present in each session: one as moderator and the other as comoderator, taking notes on who was talking, specific nonverbal attitudes and behaviors, and the main ideas being discussed. The sessions followed a semistructured script with open-ended questions developed by the research team, which had expertise in nutrition and epidemiological studies. Before data collection, the team participated in training on FG facilitation and held preparatory meetings to pilot the interview guide, refine questions, and standardize procedures. Subsequently, an external researcher (a social sciences researcher with extensive expertise in qualitative research) revised it to ensure the appropriateness of language and content. The content of the included questions was related to personal attitudes toward food and nutrition, motivations for dieting, influences on eating habits, body image concerns (how they begin and how they differ between boys and girls), connections between body image an eating behavior, consequences to health and well-being and possible interventions on body image and eating disorder—the complete script is presented as Supplementary Data. The formulated script allowed for flexibility during the conversation and kept the flow while fostering consistency across FGs.

Once the moderators had presented themselves and the ground rules were established, we reminded participants that there were no right or wrong answers, that the information would be kept confidential, and that, at any moment, they could cease their participation in the study. Before we started recording the session, we asked for permission once again. At the beginning of each session, an ice-breaker exercise took place, during which participants discussed their preferred meals. Researchers presented the questions using clear and easily understandable language, tailored to engage the adolescents and encourage their voluntary participation.[29] The initial topics were related to adolescents' perceptions about changes in eating behaviors. To introduce the topic of disordered eating, we conducted a visualization activity. Three short videos were shown: one displaying a female adolescent engaging in excessive physical exercise after consuming ice cream, another featuring a male adolescent refusing to eat after weighing himself on a scale, and a third video showing a female adolescent crying while voraciously eating cake after receiving a poor grade on an examination. For each video, they had to answer the following questions: (1) What can you tell us about the video we are showing? (2) In your opinion, what might explain these behaviors? and (3) What impact or effects might these behaviors have on our lives?

Meetings among the research team were held during data collection to address challenges and ensure consistency across sessions.

Data analysis. Focus groups were audio-recorded and transcribed verbatim. Three members of the research team, blinded to each other's initial interpretations, conducted an inductive thematic analysis, following the Braun and Clarke approach.[30] First, each researcher independently read all transcripts to become familiar with the data and generated preliminary codes grounded in participants' accounts of disordered eating behaviors. In the next stage, the team met to compare codes, clarify their meanings, and resolve discrepancies through discussion and consensus. A preliminary codebook was then developed collaboratively and iteratively refined as new data were reviewed, ensuring consistency across all transcripts. Themes were subsequently constructed using an inductive approach. Related codes were grouped and continuously checked against the data to ensure they accurately reflected participants' perspectives. To enhance trustworthiness, we engaged in reflexive discussions to consider our own positionalities and potential biases and maintained an audit trail of coding decisions. Credibility was further

strengthened through triangulation of coders and iterative team discussions until consensus was reached on the final themes. The most illustrative verbatim quotes were carefully selected and reviewed. We translated the findings into English, along with anonymized quotes from the interview transcripts, which are presented in the results section.

RESULTS

The characteristics of the study participants are presented in Table 2. Approximately 58% of adolescents were female, with a median age of 17 years. Most perceived their family income as comfortable (68%). In terms of parental demographics, approximately 60% of mothers and fathers were aged between 41 and 50 years, and 41% had completed high school education. In addition, 95% of the adolescents followed an omnivorous diet, and 20% reported having been on a diet in the last 12 months. Fourteen percent of adolescents perceived their bodies as low weight, and 13% as overweight. Approximately 46% were satisfied with their current body, while 20% desired a thinner body.

We identified 4 overarching themes inductively from the analysis: individual factors, interpersonal factors, social factors, and health consequences, each with related subthemes (Table 3).

Table 2. Participants' (n = 80) Sociodemographic, Dietary, and Body Image Characteristics

Characteristics	Values	
Sex, n (%)		
Male	34 (42.5)	
Female	46 (57.5)	
Age (y), median (IQR)	17.0 (1.0)	
Perceived household income, n (%)		
Comfortable	54 (68.4)	
Enough for the needs	18 (22.8)	
We have to be careful with spending	7 (8.9)	
Type of diet, n (%)		
Omnivore	76 (95.0)	
Flexitarian	3 (3.8)	
Pescetarian	1 (1.3)	
Weight perception, n (%)		
Low weight	11 (14.1)	
Adequate	57 (73.1)	
Excessive weight	10 (12.8)	
Body dissatisfaction,[a] n (%)		
Desired a thinner body	27 (33.8)	
Satisfied	37 (46.3)	
Desired a larger body	16 (20.1)	
Dieting during the past 12 mo, n (%)		
Yes	16 (20.0)	
	Mother	Father
Parental educational level, n (%)		
University degree	11 (13.8)	11 (13.8)
High school	33 (41.3)	33 (41.3)
No education beyond elementary school	36 (44.8)	36 (44.8)
Parental age (y), n (%)		
31–40	10 (12.5)	3 (3.9)
41–50	49 (61.3)	49 (63.6)
≥ 51	21 (26.3)	28 (32.5)

IQR indicates interquartile range.
[a]Body image dissatisfaction was assessed as the difference between perceived ideal and current body size, using the Stunkard silhouettes.[28]

Interpersonal factors refer to direct influences within the adolescents' immediate social environment, such as peers, family members, or health professionals, whereas social factors capture broader societal norms and ideals—often reinforced by media, fashion, and social media—that shape perceptions of body image and eating behaviors. To facilitate understanding of the relationships between these themes, a diagram illustrating the factors identified and their interactions is presented in the Figure. Themes are presented in detail below, with quotations to demonstrate findings.

Individual Factors

Individual cognitions and emotions. Adolescents identified that emotional statuses, such as stress, anxiety, and sadness, may alter their eating behaviors. They highlighted that individual responses vary widely, with some reporting a reduction of food intake in response to emotions or increased appetite and overeating:

> *Some people, when they are more anxious, they may stop eating. Others may eat more and gain weight. In my case, when I am going through challenging or depressive periods in life, I tend to eat less*. [male in FG 3]

Body image concerns and body image perception. Another commonly mentioned factor was body image, specifically how adolescents perceive their bodies and their level of satisfaction, as well as their desire to attain a specific body ideal:

> *I think that when we start entering adolescence, we begin to idealise a perfect body, a body that we would like to have. And what is related to the body? Food. So, we start thinking, "I'm too skinny, I need to start gaining weight, what do I need to eat more of?" or "I'm a bit on the heavier side, I want to lose weight, I need to eat less."* [male in FG 5]

It was emphasized that a negative self-perception could contribute to

Table 3. Summary of Themes and Subthemes Identified by Adolescents on Factors Related to Disordered Eating Behaviors

Factors Related to Disordered Eating Behaviors
Individual factors
Response to emotional statuses (such as stress, anxiety, and sadness)
Body image
Self-perception
Interpersonal factors
Family/home environment (comments from family members and food environment)
School peers (weight-related comments, bullying)
Health professionals influence
Social factors
Social norms regarding beauty
Social media
Impact of disordered eating
Health consequences (malnutrition, eating disorders)
Social isolation

the development of disordered eating behaviors. Participants also recognized the connection between mental well-being, mental health, and body image:

> *The problem is that in individuals with mental health issues, this greatly affects them because they never fit into the standards they wanted to achieve, and they never feel integrated into the world.* [female in FG 2]

Interpersonal Factors

Weight/appearance-related comments and bullying (family, peers, and school). Within the school environment, both weight-related comments made by peers and situations of bullying were commonly reported as a cause for changing eating behaviors. This included (1) restrictive dieting ("Being a victim of bullying. If someone calls another person 'fat,' she will start feeling bad and want to lose weight" [male in FG 1]); (2) compensatory behaviors instigated by "The pressure felt by others; bullying" [male in FG 1] and "Comments from other people" [female in FG 3]; or (3) overeating. When asked about who made the comments and when the comments were made, answers varied from "school or also from family" [female in FG 3]; "from small groups of people in school hallways" [female in FG 3] or "at the school changing rooms" [female in FG 3].

Comments from family members (parents or relatives) were also considered hurtful by the adolescents and had the potential to trigger disordered eating behaviors. Comments such as "you are fat", "above the weight", or "too skinny" can affect adolescents' self-esteem.

> *Then, these people will want to achieve certain goals (regarding their body) to stop hearing those comments and start feeling good about themselves.* [female in FG 6].

Home food environment and family eating habits. Participants also mentioned aspects of the family environment that were not explored in detail in the FG. These included topics such as food availability at home (healthy vs unhealthy foods) and the eating habits of the household members:

> *I think that the family environment influences a lot. The comments and habits of the family can influence these types of behaviours.* [female in FG 4].

> *For instance, the fridge of a person who eats healthy has light yoghurt there, does not have chocolate (. . .) if one arrives home and finds mousse and chocolates there, it is a lot harder. . ..* [female in FG 4]

Health professionals. Regarding the causes of restrictive dieting, health professionals were also mentioned as motivators of such behaviors:

> *I think that at these ages we tend to attend the paediatric service or routine appointments, and dieting and monitoring our weight is something doctors, in general, tend to motivate their patients to do.* [male in FG 9]

Social Factors

Societal beauty standards and ideals. In relation to the perception of participants regarding current social norms on beauty, the specificities of women's and men's ideal body images were identified. Overall, the beauty ideal pattern characteristics mentioned included the following: skinny person but not too skinny, not too fat, and without any kind of flaw. For girls, important attributes included the following: skinny with curves but legs not too skinny, flat belly, and thin waist, along with other valued body parts such as the buttocks and breasts. The fashion industry was mentioned as the possible generator of this beauty pattern:

> *I think that for a person to be a model, he/she has to be elegant, have a certain height, and have that specific body. Blonde or White people are often preferred; there is a lot of prejudice against Black, Asian, or overweight women; normally not seen. When talking about models, it's always the same: skinny, White women. . ..* [female in FG 8]

For boys, muscularity appeared to be an important feature, along with low body fat mass. Defined abdominals, a developed back and chest, and a jawline were also highlighted. It was also mentioned that this pattern is subjective to each individual:

> *It depends on the person, there are people who care more about the personality.* [female in FG 2]

> *You have to show self-confidence regarding your body because if you*

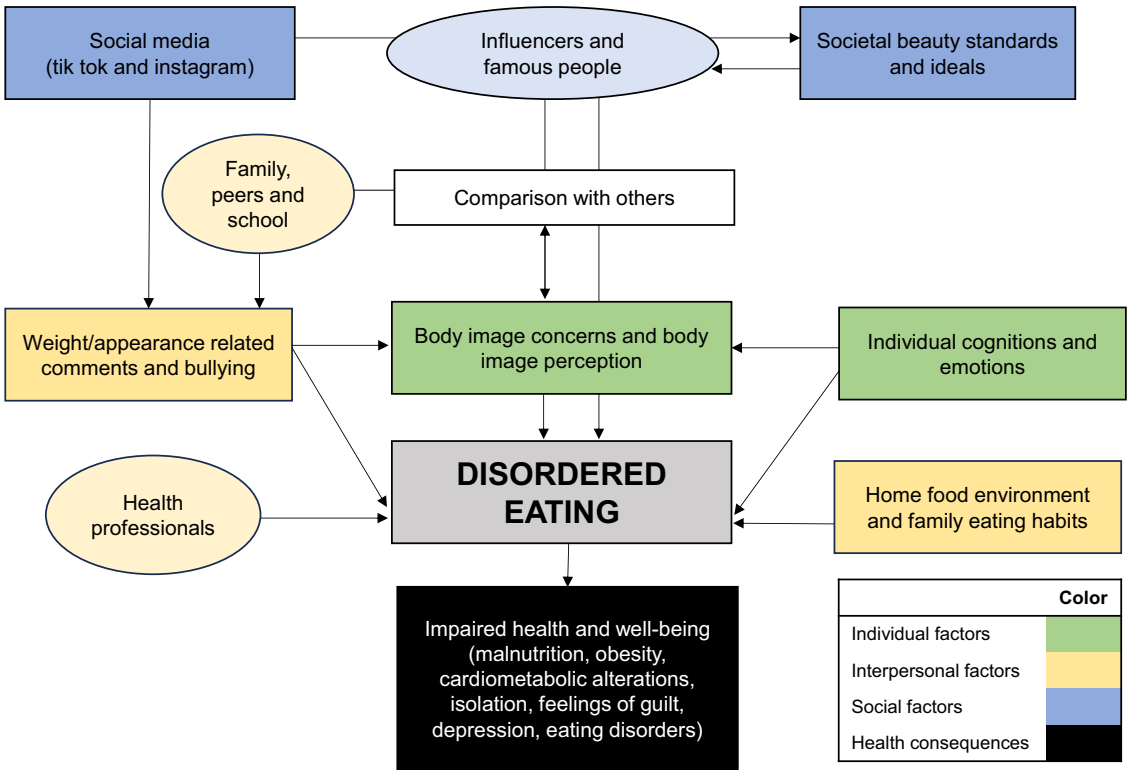


Figure. Different factors influencing disordered eating and its consequences were identified by adolescents. Our own cognitions and emotions impact the way we perceive our body and our eating behaviors. In contrast, influencers and famous people, through social media (mainly Instagram and TikTok), are the role models for what is considered the accepted beauty pattern. By comparison, adolescents aim to attain that body image, likely engaging in disordered eating (e.g., dieting or compensatory behaviors). Adding to it, comments read and made in social platforms, as well as comments made by peers and family members about body appearance, reinforce the desire to change body appearance. Health professionals were also identified as motivators of restrictive dieting through weight monitoring and diet motivation. Finally, the food available at home and the family's eating habits have also been mentioned as influencing adolescents' eating behaviors. Various dimensions of health were reported to be impacted by disordered eating, from malnutrition to obesity and mental health.

> *show any vulnerability and don't feel good about it, you are already judged in another way.* [male in FG 7].

Concerning gender differences, while the majority mentioned that girls face higher societal pressure to conform to the beauty ideal—"It looks as though people expect more from women, then they follow that pattern" [female in FG 5]—others defended the notion that societal pressure is now similar between genders.

Social media. Social media was considered one of the most prominent factors influencing social norms regarding beauty, body image perception, and, either directly or indirectly, disordered eating behaviors. This influence seems to occur through 2 main paths: (1) adolescents comparing themselves to what influencers and famous people look like, eat, and do, and (2) via the comments made and received on social platforms about appearance. Among participants, it was clear that disordered eating was a consequence of trying to attain the perfect body, according to the beauty standard patterns. The most common disordered eating behavior referred to was restrictive dieting:

> *Society's standards often motivate these things, so teens want to fit into the pattern society wants (...) Sometimes adolescents see a lot of lies on the internet because people use Photoshop. To attain that unrealistic body, they stop eating or overeat, which ends up dysregulating them.* [female in FG 7]

Comments read on social platforms, even if not targeted at adolescents, but to a person with a body type that they identify with, can be felt as an offense and make adolescents rethink their body image. Regarding the social platforms in which these types of comments were most common, participants were mostly unanimous in choosing TikTok: "Through Instagram, it is harder because it is more personal" [female in FG 6], "On TikTok people hide behind an account and can comment whatever they wish to" [female in FG 6], and "Especially if you have a public profile, anyone can comment and criticise, even if you don't know them" [female in FG 6].

The criticism of achieving beauty ideals seems to arise not only from the ubiquitous pressure felt but

also from the constant change of what is trendy: "The ideal is always changing, from year to year" [female in FG 1] and "Very skinny bodies have been a trend before, now they are criticised" [female in FG 1].

In addition, online content, such as "what I eat in a day videos" , in which social influencers film and share what and how much they have eaten during a day, was mentioned as potentially inducing restrictive and dieting behaviors. However, awareness regarding the danger of replicating others' eating day was mentioned: "Now there are also a lot of 'what I eat in a day to have this body,' but it may work for that person but not for me" [female in FG 9].

In contrast, it was also mentioned that social media could be beneficial and a positive side if one can be critical of the content: "I also follow a lot of people who are good examples, so it is important to analyse carefully" [female in FG 8].

The consciousness that what is seen online is not always real or natural was also mentioned, either because photographs are altered in programs such as Photoshop or because the body image shown is a result of aesthetic enhancements or unrealistic procedures. Despite this knowledge, there is still the necessity and desire to look alike:

> *We see, for example, a body that (a social influencer name) has. We will never have one like hers because it's simply a result of medical surgeries.* [female in FG 4].

Against the current beauty patterns, emerging ones trying to foster body acceptance, particularly greater weight shapes, were also mentioned. However, reluctance to support these movements and concern about the health consequences of obesity were shown: "She (a social influencer) romanticises obesity in an unhealthy way, it is romanticising a serious health issue (...)" [female in FG 7]; "The person has to feel good about their body, but they also need to be aware of their health" [male in FG 7] and "You shouldn't judge heavier people and things like that but trying to normalise it can harm that person's health" (male in FG 7].

Some adolescents also pointed out the societal appreciation of beauty and appearance. The constant use of makeup raises the standards of what is considered beautiful ("[I]f people got used to seeing people without makeup, then they would not say that person is ugly without makeup" [female in FG 2]. At the same time, the existence of applications that measure facial symmetry and give you a score on how beautiful you are further reinforces these standards.

In addition, the pressure to change body appearance seems to be felt not only on social media platforms but also through more traditional media, such as television, with ads and content on how to become thin and lose weight: "Not only social media but also the television by giving tips to lose weight (either correctly or incorrectly)" [male in FG 2].

On both social and interpersonal levels, a frequently heard word was comparison, either between adolescents themselves and others (social influencers and peers) or when family members compare them with others:

> *I think that after hearing those comments, people start comparing themselves to others.* [female in FG 5];

> *Comments come a lot from family, a lot really… For instance, when there are brothers, there is the tendency to be compared with them or with other family members.* [male in FG 8].

Comments of this nature, regardless of good intentions, seem to be felt as negative by adolescents, which may impact their mental health, their self-perception, and their eating behavior. However, when asked whether social influencers, their friends, or family had a greater impact on their body image, answers were consistent: celebrities, social influencers, and famous people.

Health Consequences

The adolescents described that disordered eating behaviors have a detrimental effect on individuals' health: "harms health in various ways" [female in FG 3]. Overall, in the case of food restriction and dieting, participants understood that they become more susceptible to malnutrition, which can result in "not getting enough vitamins for daily life" (female in FG 3) and consequently "weakening the body's defences" [female in FG 3]. Participants mentioned overeating as potentially leading to the development of hypertension, diabetes, obesity, and high cholesterol levels. Moreover, it seems to generate a feeling of guilt in adolescents, causing them to feel hatred toward their bodies and consequently become depressed and "obsessed with looking good for others" [male in FG 4].

In extreme situations, adolescents acknowledged that these changes in eating behavior can lead to the onset of eating disorders:

> *This gives rise to eating disorders a lot (...) I want to eat, I eat, but then I vomit to get rid of it or exercise excessively, often unnecessarily.* [female in FG 7].

The main eating disorders mentioned were anorexia nervosa, bulimia, and binge eating.

The discomfort and concern about achieving the perfect body can also potentially lead to social isolation, which was the main social consequence mentioned:

> *They feel bad, and then they see that some friends eat and don't gain weight, which makes them feel even worse. I don't think it is possible to socialise properly.* [female in FG 6]

> *I think people get into that vicious cycle of I can't eat, I can't eat, and it starts affecting them psychologically, making them more distant.* [male in FG 5].

DISCUSSION

This qualitative study explored the adolescents' perceptions of disordered eating behaviors, their influencing factors, and their potential effects on well-being and health. A range of influencing factors was identified and categorized into 3 domains: individual factors (including

responses to emotional status and body image perception), interpersonal factors (including interactions with school peers and the family), and social factors (such as social norms regarding beauty and their related influences). Regarding health implications, malnutrition, obesity, and some cardiometabolic disorders were mentioned. Disordered eating behaviors, according to the adolescents' perspective, can also lead to guilt and depression and serve as a pathway to eating disorders. In addition, an obsession with body weight and shape was identified as a contributor to social isolation.

Adolescents believed that emotional status could affect eating behaviors in divergent ways, leading to overeating or undereating, according to the individual. Several studies have shown a substantial interindividual variability in emotional eating.[31] Of particular concern is the occurrence of regular episodes of overeating, which can escalate to binge eating (i.e., the consumption of an unusually large amount of food in a short period of time alongside the loss of control).[32]

Consistent with the literature, body dissatisfaction was identified as a key precipitant of disordered eating and extreme weight control behaviors.[14,33] In addition, mental health was mentioned in relation to body dissatisfaction; studies have shown that poor body image is linked to depression, anxiety disorder, and social anxiety, among other negative psychological outcomes.[34,35]

Participants in our sample also described that body image perception is influenced by social media, as well as both family and peer pressure regarding appearance. This is supported by the "tripartite influence model of body image," a sociocultural model that states that media, peers, and family foster internalization of the thin ideal and comparison, acting as vehicles of pressure to comply with body ideal standards.[15] Accordingly, most adolescents agreed that weight and appearance-related teasing/comments from both peers and family have a negative impact, a fact that is supported by the literature.[36–39] Indeed, the susceptibility to peer influence and internalization of body ideals seems to be heightened in adolescence,[9] a critical period for the onset of disturbed body image perception.[40] Adolescents mentioned that comparison to peers, but primarily to social influencers and celebrities, was the main driver of desire for body appearance change, and evidence seems clear in this matter. A recent scoping review found that social media comparison and the idealization of thinness mediate the relationship between social media exposure and body dissatisfaction and disordered eating behaviors in youth aged 10–24 years.[41]

Concerningly, social media use has risen significantly, with daily global use increasing by 56 minutes since 2013.[42] Platforms such as TikTok, Instagram, and Tumblr, widely used among youth, are a source of constant exposure to appearance ideals portrayed by digital influencers and public figures.[43] However, this pursuit of beauty, as we see portrayed in social media, reflects a long-standing cultural pursuit of beauty, shaped across historical periods and by social norms and roles socially attributed to gender.[44] Evidence from the 1980s indicates that the ideal body type was characterized by a well-developed chest, arms, and wide shoulders—an appearance that would match the masculinity, strength, and sense of duty expected from men.[45] Female Western beauty standards have always mainly valued thinness, with a recent focus on toned muscles and curviness.[46] Various FGs in this study also acknowledged this volatile and changing dimension of body image ideals. However, the pressure to change appearance was felt as real. Adolescents described the prevailing body ideal as a lean physique, with males also expressing concern about muscularity. Congruently, in a qualitative study with female adolescents, thinness and weight stigma regarding having a heavier body were considered the current body social norm.[47] In addition, in a study with 186 students (aged 16–18 years), body image concerns were mainly related to body fat, facial hair, height, and complexion among females.[39] In contrast, males reported being more concerned about not being muscular, having acne, and their height and weight.[39]

Dieting and dietary restriction were the most common behaviors, and most participants who desired a thinner silhouette reported having dieted in the last year (34%). The literature suggests that, once established in adolescence, behaviors such as dieting, binge eating, and compensatory behaviors may persist into young adulthood,[17,48,49] and that body dissatisfaction tends to increase,[50,51] which adds to the health burden of disordered eating.

Finally, adolescents' perception of the detrimental effects of dysfunctional eating habits on their health is consistent with prior research, which has consistently demonstrated that restrictive diets and excessive eating can lead to nutritional deficiencies and an increased risk of chronic conditions, such as hypertension, diabetes, obesity, and high cholesterol levels.[18] Furthermore, the emotional distress described, including feelings of guilt, self-loathing, and depression, corresponds to established knowledge of the psychological toll of disordered eating patterns in adolescents.[17,52–54] Importantly, the emergence of eating disorders because of these behaviors, as mentioned by the participants, is consistent with the well-documented association between extreme dieting and the development of such disorders during adolescence.[55] Finally, the noted social consequences, such as impaired socialization and strained relationships with peers, mirror previous findings emphasizing the adverse impact of body image concerns and societal pressures on adolescent social functioning.[56] These consistent patterns between our study's results and existing literature underscore the pressing need for comprehensive interventions addressing both the physical and emotional well-being of adolescents to prevent disordered eating behaviors.

To our knowledge, this paper addresses a potential research gap by examining how Portuguese adolescents perceive disordered eating behaviors. Using FGs as a qualitative method and following the consolidated criteria for reporting qualitative research checklist to guide the

study, we collected data from a sample of 80 adolescents, which helped ensure the reliability and relevance of the findings.[27] However, some limitations need to be considered. As a convenience sample, we were unable to conduct FG discussions in different settings (e.g., rural vs urban), which constrained subgroup comparisons. There is the possibility of a social desirability bias, with adolescents responding according to what they believe is generally accepted by society. In addition, while it is common in qualitative studies on eating disorders and disordered eating to stratify samples by gender, this study had mixed gender FGs. This decision was due to logistical constraints within the school setting that prevented us from separating groups by gender. While the nonclinical nature of our sample may have partly mitigated this issue, it may nonetheless have constrained gender-specific discussions and limited the depth of insights into gender-related differences. The direct phrasing of some interview questions, particularly those concerning mood/emotions and social media influence, may have been somewhat leading. This could have introduced bias by encouraging participants to confirm anticipated thematic findings. In addition, no pretest of the FG guide was conducted, which may have limited the refinement of questions and the anticipation of participants' interpretations. Nonetheless, the sessions were facilitated by researchers with prior experience in conducting FGs with similar populations, which helped ensure the quality and relevance of the data collected. The female-only research team might have influenced participant dynamics and comfort, particularly among male participants. Finally, the number of FGs was determined *a priori*, and for logistical reasons, content analysis began only after all groups had been held. Therefore, data saturation was not a criterion for deciding sample size. Nevertheless, we could assume that data saturation was reached, considering the large sample size, and that the last FGs analyzed had no new, relevant content added.

IMPLICATIONS FOR RESEARCH, PRACTICE, AND POLICY

Our qualitative study explored the multifaceted factors influencing adolescents' attitudes and behaviors related to disordered eating. This study contributes to the existing body of knowledge by providing evidence on the interconnectedness of individual, social, and interpersonal factors associated with disordered eating behaviors and their health consequences from the adolescents' perspective. Results indicate the complexity of disordered eating, which contains a considerable psychological and cognitive dimension that extends to how adolescents connect and perceive themselves. Findings align with established theoretical frameworks on epidemiological determinants, such as sociocultural and ecological models. Particularly, on an individual level, our findings highlight the importance of fostering adequate coping mechanisms regarding emotions, such that adequate dietary intake is not compromised. On an interpersonal level, sensitizing individuals to body kindness and empathy, both toward themselves and others, is key to avoiding weight and body appearance-related comments and teasing. On a social level, the emphasis on testimonies about the influence of digital media platforms on body image and disordered eating underscores the urgent need for more comprehensive and timely research into the evolving impact of these technologies on body image and eating behaviors from an early age. Findings highlight, on the one hand, the importance of developing specific strategies to help adolescents navigate these platforms in healthier ways, thereby mitigating associated risks, and, on the other, the need for upstream regulation or guidance on the content shared online. Social media platforms, such as TikTok and Instagram, were recognized as hotbeds for comparisons, negative comments, and unrealistic beauty standards. Even when adolescents expressed critical awareness of the unrealistic nature of this content, the desire to conform to perceived norms persisted. Overall, our study highlights the need for targeted interventions, educational programs, and support systems that integrate adolescents' lived experiences, address the psychological and social drivers of disordered eating, and equip young people with the tools to foster healthier body image perceptions and behaviors. By translating these insights into practice, future programs can more effectively mitigate societal pressures and the adverse health and social consequences of disordered eating among adolescents. Future research could explore longitudinal effects of social media exposure, the effectiveness of targeted media literacy interventions, and gender-specific experiences in both clinical and nonclinical populations.

CONFLICT OF INTEREST DISCLOSURE

The authors have not stated any conflicts of interest.

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SUPPLEMENTARY DATA

Supplementary data related to this article can be found at https://doi.org/10.1016/j.jneb.2026.01.008.

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