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## Adolescent Eating Disorders: Peer Manifestations and Mechanisms

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**Date:** 2018-11-03T00:00:00+00:00

### Abstract

Eating disorders are highly prevalent among adolescent populations, with peers recognized as a significant influencing factor. Clarifying the underlying mechanisms holds substantial implications for the prevention and intervention of adolescent eating disorders. Research indicates that peers exert negative influences on adolescent eating disorders, primarily manifested through perceived peer behavior, actual peer behavior, the mediating role of body dissatisfaction, and the impact of peer quality. Researchers have elucidated the mechanisms and effects of peer influence on adolescent eating disorders from both direct and indirect perspectives. Future research should expand its scope to include investigations of the long-term effects of peer influence, classification of peer attributes, the magnitude of influence pathway effects, and the interactions between peer factors and other social influences on eating disorders.

### Full Text

## Eating Disorders in Adolescents: Manifestations and Mechanisms of Peer Influence

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### Abstract

Eating disorders are highly prevalent among adolescents, with peer influence recognized as a significant contributing factor. Clarifying its mechanisms holds great significance for the prevention and intervention of adolescent eating disorders. Research indicates that peer influence exerts negative effects on adolescent eating disorders, primarily manifested through perceived peer behaviors, actual peer behaviors, the mediating role of body dissatisfaction, and the impact of peer quality. Researchers have explained the mechanisms and effects of peer

influence on adolescent eating disorders from both direct and indirect perspectives. Future research should deepen its scope by increasing investigations into the long-term effects of peer influence, the classification of peer attributes, the magnitude of influence pathways, and the interactions between peer influence and other social factors affecting eating disorders.

**Keywords:** eating disorders; adolescents; peer influence

## 1 Introduction

Eating disorders, also known as feeding disorders, are psychiatric conditions characterized by abnormal eating habits or a cluster of atypical eating behaviors that negatively impact physical and mental health (Berkman, Lohr, & Bulik, 2010). Clinically, they manifest primarily as bulimia nervosa (BN), anorexia nervosa (AN), and binge-eating disorder (BED). Subclinical manifestations mainly include dieting and bulimic behaviors. Clinical eating disorders typically evolve from subclinical forms. While clinical eating disorders are relatively rare, subclinical eating disorder phenomena are remarkably common, affecting 60% of girls and 30% of boys (Eisenberg & Neumark-Sztainer, 2010), with a trend toward further increase. Research has identified media, family, and peers as the three primary sources of influence on eating disorders (Alison et al., 2008). However, previous studies have predominantly focused on the roles of media and family, neglecting research on peer influence (Hutchinson & Rapee, 2007; Woelders et al., 2010; Ferguson, Muñoz, & Garza, 2014).

Peers refer to individuals of equal status, such as age-mates. Compared to childhood and adulthood, adolescents are more heavily influenced by peers during the socialization process (Spear, 2000; Steinberg & Monahan, 2007; Neumark-Sztainer, Wall, Larson, Eisenberg, & Loth, 2011). Adolescents have a strong need for peer acceptance, spend substantial time with peers, and form their own circles and cliques. Peers are also recognized as important factors influencing adolescent risk behaviors (Boyce, Davies, Gallupe, & Shelley, 2008), as the negative effects of “social comparison” are concentrated primarily among peers rather than parents or media.

Do peers influence the development of eating disorders in adolescents? How do peers affect the progression of adolescent eating disorders? And what are the underlying mechanisms of peer influence? These questions have garnered attention from eating disorder researchers, prompting a series of studies. This paper aims to systematically summarize previous findings, organize and synthesize the pathways through which peers influence adolescent eating disorders, and provide a foundation for future systematic investigations into the mechanisms of peer influence.

## 2 Manifestations of Peer Influence on Adolescent Eating Disorders

Empirical research on the theme of “peer influence on adolescent eating disorders” has predominantly employed cross-sectional designs, supplemented by longitudinal studies, yet these studies have been fragmented and disconnected. This paper seeks to consolidate previous research findings and present a clearer framework for understanding the manifestations of peer influence on adolescent eating disorders, including direct and indirect effects of peer behaviors on eating disorders, as well as the impact of peer quality.

### 2.1 Direct Effects of Peers on Adolescent Eating Disorders

Numerous studies have demonstrated that peers exert direct influence on adolescent eating disorders, as summarized in Figure 1 [Figure 1: see original paper]. This influence can be further divided into perceived and actual peer influence. Perceived (self-reported) and actual (peer-reported) peer attitudes and behaviors constitute distinct risk predictors (Rayner, Schmiering, Rapee, & Hutchinson, 2013). The figure illustrates three main components: perceived peer behaviors (including perceived peer eating disorders and perceived weight-related teasing), actual peer behaviors (encompassing discussions about weight-loss strategies and appearance for social acceptance, appearance-related teasing, and fat talk), and peer quality (negative peers).

**2.1.1 Perceived Peer Influence** Perceived peer influence refers to adolescents’ self-perception and self-evaluation of peers’ weight-related attitudes, behaviors, or social interactions (such as teasing and appearance conversations). In essence, it reflects whether adolescents believe their peers engage in dieting or bulimic behaviors. However, data collected through self-report questionnaires often suffer from singularity, bias, and overestimation.

Related research has found that perceived peer eating disorders—that is, adolescents’ beliefs that their peers engage in dieting or bulimic behaviors—significantly increase their own likelihood of engaging in such behaviors (Hutchinson & Rapee, 2007). Additionally, perceiving peers’ concerns about thinness and weight loss, or feeling pressure to lose weight, shows strong positive correlations with body dissatisfaction and eating disorders among adolescent girls (Jacobi, Hayward, de Zwaan, Kraemer, & Agras, 2004). Longitudinal studies have also demonstrated this predictive effect. For instance, Blodgett and Gondoli (2011) measured middle school girls’ perceptions of peers’ concerns about thinness and weight loss at 12-month intervals and found that such perceptions positively predicted body dissatisfaction 12 months later. Rayner et al. (2013) similarly found that perceived peer influence had a direct effect on dieting behavior—the greater the perceived influence, the more likely dieting behaviors increased—though the relationship between perceived peer influence and bulimic behavior was mediated by body dissatisfaction. Furthermore, research has demonstrated that adolescents’ perceived weight-related teasing positively predicts individual

eating disorders (Hutchinson, Rapee, & Taylor, 2010). Adolescents sometimes sensitively misinterpret peers' jokes or comments as teasing, which subsequently triggers unhealthy weight-control behaviors such as dieting.

**2.1.2 Actual Peer Influence** Actual peer influence refers to the impact of peers' own evaluations of their weight-related attitudes and behaviors (dieting, bulimia) on adolescent eating disorders, typically collected through peer-report questionnaires. Compared to perceived peer influence, actual peer influence overcomes biases and overestimation, better representing peers' genuine attitudes and enabling more precise examination of peer effects on adolescent eating disorders. The influence of actual peer behaviors on adolescent eating disorders manifests in two aspects. First, peers' eating disorders (dieting, bulimic behaviors) may directly affect the occurrence of eating disorders in adolescents, though research in this area remains limited and requires further verification. Second, peers' conversational behaviors can subtly contribute to individual eating disorders. These conversational behaviors primarily include: discussions about weight-loss strategies and appearance for social acceptance, appearance-related teasing, and fat talk.

Discussions about appearance for social acceptance refer to peer conversations conveying that conformity to ideal body standards facilitates social acceptance—that is, peer groups propagate the notion that appearance plays a crucial role in popularity and interpersonal relationships. Qualitative research has found that middle adolescent girls consider thinness important because they believe it affects peer acceptance (Mooney, Farley, & Strugnell, 2009). Similarly, two cross-sectional studies on girls found that body dissatisfaction correlated with beliefs that thinness benefits interpersonal relationships or attracts boys' attention, remaining significant after controlling for various variables (Paxton, Schutz, Wertheim, & Muir, 1999; Schutz & Paxton, 2007). Longitudinal research has yielded comparable findings. Jones, Vigfusdottir, and Lee (2004) measured middle school girls' perceptions of appearance-based social acceptance and dieting behaviors at 12-month intervals, discovering that appearance-based social acceptance positively predicted dieting behavior 12 months later. Overall, frequent appearance conversations create a “peer appearance context,” wherein adolescents who overemphasize appearance report greater body dissatisfaction and maladaptive eating behaviors.

Appearance-related teasing refers to teasing about appearance and weight (Jung, 2009; Menzel et al., 2010). Numerous correlational studies have examined the relationship between appearance teasing and body dissatisfaction and eating disorders, yielding fairly consistent results. The relationship remains significant after controlling for various variables (Jones, Vigfusdottir, & Lee, 2004; Paxton et al., 1999; Taylor et al., 1998; Vander Wal & Thelen, 2000). However, longitudinal studies have produced two divergent results. Jones, Vigfusdottir, and Lee (2004) found that teasing did not predict adolescents' body dissatisfaction one year later, whereas Paxton et al. (2006) found that teasing positively

predicted body dissatisfaction five years later. Additionally, Jackson and Chen (2014) found that teasing may occur only in early adolescence. Nevertheless, appearance-related teasing undoubtedly correlates positively with body dissatisfaction and eating disorders. In summary, compared to typical adolescents, individuals who frequently experience peer teasing about appearance and weight tend to report greater body dissatisfaction and are most vulnerable to eating disorder behaviors.

Fat talk is a common cultural conversational phenomenon wherein women frequently express dissatisfaction with their bodies and discuss this dissatisfaction among peers. Nichter and Vuckovic (1994) considered this type of conversation ritualistic, coining the term “fat talk” to describe information exchange among women about their physical appearance, particularly regarding body fat, weight, body shape, type, and comfort. Women internalize information about ideal bodies obtained through fat talk, incorporating it into their self-perceptions. However, few can achieve these ideal body standards, leading to thin-ideal internalization, body dissatisfaction, and subsequently, eating disorders (Wu, Lü, Chen, Wang, & Xiao, 2016). Direct research on fat talk and eating disorders has found that among adolescent females, exposure to negative body talk among peers and topics related to dieting behaviors can increase body dissatisfaction, dieting behaviors, food preoccupation, and binge-eating symptoms (Compeau & Ambwani, 2013; Woelders et al., 2010). For example, Eisenberg and Neumark-Sztainer’s (2010) five-year longitudinal study on middle school students revealed that open peer communication, such as critical comments about weight and appearance, positively predicted adolescents’ unhealthy eating behaviors like dieting. Similarly, Jackson and Chen’s (2008b) nine-month prospective study of 593 non-Western participants found that adolescents’ concerns about being fat (i.e., perceiving themselves as overweight despite normal or low weight) and negative peer feedback about appearance contributed to body dissatisfaction and eating disorders. These findings indicate that fat talk is a significant factor influencing eating disorders.

## 2.2 Indirect Effects of Peers on Adolescent Eating Disorders

In addition to direct effects, substantial research demonstrates that peers also exert indirect influence on adolescent eating disorders, with body image serving as a mediator (Bearman, Presnell, Martinez, & Stice, 2006; Jung, 2009; Juan et al., 2012). This is summarized in Figure 2 [Figure 2: see original paper], which depicts pathways from peers to body dissatisfaction through appearance comparison and thin-ideal internalization, then to eating disorders (dieting and bulimia) via negative emotions.

**2.2.1 Body Image Disturbance** Body image refers to the mental representation individuals form of their own bodies, encompassing cognitions about physical and psychological functions, attitudes (such as emotions and evaluations), and behavioral influences (Chen, 2006). Body image disturbance (BID),

also termed negative physical self (NPS), involves negative cognitions about one's body, negative emotional experiences, and corresponding behavioral regulation (Chen, 2006). Negative body image manifests as excessive body focus, body dissatisfaction, low self-esteem, negative emotions, and eating disorders (Chen et al., 2007; Carlson, 2004).

**2.2.2 The Mediating Role of Body Image Disturbance** Research on eating disorders indicates that body dissatisfaction is a crucial cause of eating disorders (Wang, Lü, Chen, Wu, & Xiao, 2016; Jacobi, Hayward, de Zwaan, Kraemer, & Agras, 2004; Stice, 2002; Woelders et al., 2010). Eating disorders resulting from body dissatisfaction are particularly prevalent among females (Yang & Chen, 2006; Gerbasi et al., 2014; Taylor et al., 2006). In recent years, male body image disturbance has begun attracting scholarly attention, with related research gradually increasing. Studies have found that body dissatisfaction is becoming increasingly common among men in Western societies (Adams, Turner, & Bucks, 2005; Webb & Zimmer, 2014). Unlike women's pursuit of thinness, men's body concerns primarily focus on muscularity and height (Shi, Kou, & Chen, 2017).

Regarding the pathway of peer → body image disturbance (body dissatisfaction) → eating disorders, Thompson et al. (1999) proposed the tripartite influence model to explain body dissatisfaction and eating disorders in women. This model has also been applied to male populations (Karazsia & Crowther, 2009; Rodgers, Ganchou, Franko, & Chabrol, 2012) and non-Western samples (Jackson & Chen, 2010). The model posits that sociocultural factors—namely media, family, and peers—are the three primary sources of influence on body dissatisfaction and eating disorders, with appearance comparison and internalization of the thin ideal serving as mediators between sociocultural factors and body satisfaction. Appearance comparison involves individuals evaluating their own physical appearance by comparing themselves to others, with peers providing the primary comparison targets for adolescents. Myers and Crowther's (2009) meta-analysis on social comparison indicated that frequent social comparison positively predicts body dissatisfaction, with women and adolescents being more susceptible than men and adults. Thin-ideal internalization refers to women internalizing the slender body types presented by media models as standards for evaluating their own bodies and striving to achieve such physiques (Tang, Chen, & Lu, 2006; Fong-Ching et al., 2013). Peers, with whom adolescents interact daily, undoubtedly serve as optimal comparison targets. For instance, Jackson and Chen's (2008a, 2008b) two longitudinal studies on non-Western samples over 9 and 18 months revealed that perceived social pressure positively predicted adolescents' body dissatisfaction at 9 months, but this effect became non-significant at 18 months, whereas thin-ideal internalization showed significant positive predictive effects. This pattern may occur because perceived social pressure is temporary, short-term, and unstable, whereas the “deep-rooted” effects of thin-ideal internalization may be long-term and stable. Furthermore, research has demonstrated that negative emotions mediate the relationship between body

dissatisfaction and eating disorders (Schulte & Thomas, 2013), supported by the affect regulation model (McCarthy, 1990). On one hand, low self-esteem triggered by body dissatisfaction may activate adolescents' dieting behaviors to achieve unrealistic thin ideals. On the other hand, bulimic and compensatory behaviors help regulate distressing emotions such as fear and anger. Jackson and Chen's (2014) longitudinal study on risk factors for adolescent eating disorders found similar results, showing that negative emotions positively predict the onset of eating disorders, with dieting, binge eating, and compensatory behaviors potentially serving as means to distract from emotional distress or provide emotional release. Meanwhile, the mediating role of negative emotions may explain why only some, but not all, individuals with body dissatisfaction develop eating disorders (Jackson & Chen, 2011).

### 2.3 The Impact of Peer Quality on Adolescent Eating Disorders

Two potential pathways explain how peers influence adolescent eating disorders. First, peer interaction effects, encompassing the direct and indirect influences discussed previously, are supported by extensive correlational and longitudinal research. Second, peer social support effects, referring to the impact of peer quality and quantity on adolescent eating disorders. Research indicates that poor peer quality represents a special manifestation of peer influence, while negative peer quality can inhibit specific functions of peer selection, such as intimacy, peer reliance, and mutual assistance (Sharpe, Schober, Treasure, & Schmidt, 2014). Only a few studies have examined the second pathway, yielding inconsistent results. For example, Gerner and Wilson (2005) found that low peer quality significantly correlated with body image concerns but not with body dissatisfaction or restrictive eating. Schutz and Paxton (2007) discovered that low peer quality related to body dissatisfaction, restrictive eating, extreme weight-control behaviors, and binge eating, though these associations diminished to non-significance when depression was considered. Sharpe, Schober, Treasure, and Schmidt (2014) found that negative, specific aspects of friendships correlated with body dissatisfaction and eating disorders—girls experiencing more difficulties with friends (including greater conflict and feelings of alienation) reported higher body dissatisfaction and eating disorders. They also found these associations involved depression, though it remained uncertain whether depression functioned as a moderator, and causality was undetermined: whether depression leads to body dissatisfaction and eating disorders or vice versa. A longitudinal study by Helfert and Warschburger (2011) yielded similar results, finding that social rejection and negative social relationships predicted body dissatisfaction in boys one year later, though this effect was not observed in girls. Overall, effectively intervening in adolescent eating problems requires addressing negative peer quality and social anxiety within peer relationships (Schutz & Paxton, 2007).

### 3 Mechanisms of Peer Influence on Adolescent Eating Disorders

Research on the mechanisms of peer influence on adolescent eating disorders has yielded considerable controversy, with three main directions of findings. First, peer influence effects on adolescent eating disorder behaviors are significant, while peer selection effects are not. For example, Crandall (1988) found that young women's bulimic levels became increasingly similar to close friends over time, attributing this primarily to socialization rather than selection processes. Building on this, Paxton et al. (1991) discovered that adolescent girls became similar in body image concerns and dieting, with results stemming mainly from peer influence rather than selection effects. Another study also found that adolescent girls viewed dieting as a collective activity, with peer group members engaging in dieting to avoid "standing out" and satisfy group belonging needs—an effect derived from peer influence rather than selection (Carey, Donaghue, & Broderick, 2011). Second, peer selection effects on adolescent eating disorder behaviors are significant, while peer influence effects are not. For instance, Meyer and Waller (2001) found that dieting and body dissatisfaction became increasingly similar over time, whereas bulimic behaviors did not, suggesting non-significant socialization effects. Rayner et al. (2013) also found that when examining selection and socialization processes simultaneously, selection better explained similarities in body dissatisfaction, dieting, and bulimia among women than influence did. Additionally, a study of 651 adolescents with eating disorders found that peer groups of adolescent girls were often similar in body dissatisfaction and eating disorder behaviors due to peer selection rather than influence (Kirsch, Shapiro, Conley, & Heinrichs, 2016). Third, both peer selection and peer influence effects on adolescent eating disorder behaviors are significant. For example, Hutchinson and Rapee (2007) found that members of adolescent female friendship groups were similar in dieting and binge eating, while peers' eating attitudes and behaviors simultaneously influenced individuals to engage in similar behaviors. Similarly, Zalta and Keel (2006) found that bulimia tended to be influenced by socialization, but this result applied only among peers with similar characteristics (self-esteem, perfectionism, and impulsivity)—characteristics that themselves are important factors affecting eating disorders. This suggests that peer selection and influence processes are not mutually exclusive but coexist symbiotically.

#### 3.1 The Mechanism of "Peer Selection"

"Peer selection," also termed "homophily" or the "selection process," describes how individuals similar in personality traits, psychological status, physical appearance, occupation, and other aspects are more likely to select each other as friends, potentially reinforcing similarities in psychological and behavioral attributes—the principle of "birds of a feather flock together" (Zhang & Guo, 2016). This process is crucial for friendship formation and maintenance (Hallinan & Williams, 1989; Hamm, 2000; McPherson, Smith-Lovin, & Cook, 2001).

In short, adolescents tend to select peers with similar attitudes and behaviors.

The primary theoretical explanation for peer selection effects is the similarity-attraction theory proposed by Byrne and Nelson (1965). This theory suggests that individuals tend to establish friendships with those similar in attitudes and behaviors, as similarity generates interpersonal attraction. Similarity attraction occurs not only in demographic characteristics such as gender, race, and socioeconomic status (McPherson, Smith-Lovin, & Cook, 2001) but also across personality traits, attitudes, and problem behaviors (Jeon & Goodson, 2015; Montoya & Horton, 2012). According to this theory, adolescents tend to select friends who are similar or identical to themselves in terms of body dissatisfaction and eating disorders (Woelders et al., 2010).

### 3.2 The Mechanism of “Peer Influence”

“Peer influence,” also termed “induction” or the “influence process,” embodies the principle that “one takes on the color of one’s company.” It refers to how an individual’s cognitions, expressions, postures, and actions in a given state can affect those around them, subsequently influencing distant relationships (such as peers’ peers or friends’ friends) through close interpersonal relationships (like family and intimate friends) (Zhang & Guo, 2016). In adolescent peer interactions, this “influence process” manifests as mutual assimilation of behaviors and psychological characteristics (Veenstra, Dijkstra, Steglich, & Van Zalk, 2013). In essence, given the existence of peer relationships, mutual influence among peers makes adolescents increasingly similar to one another.

Theoretical explanations for peer influence effects primarily include social learning theory, social comparison theory, and sociocultural theory. The core of social learning theory is modeling, emphasizing the importance of prevalence and incentives for imitation. In the social context of peer interactions, individuals can modify behaviors through modeling, rewards and punishments, and vicarious reinforcement (learning through observation). The widespread presence of perfect-bodied models in media, along with the benefits derived from ideal physiques or peers’ popularity due to ideal bodies, constitute primary triggers for modeling learning. Social comparison theory emphasizes that individuals obtain stable self-evaluations by comparing their abilities and opinions with others, with this effect being particularly pronounced when comparison targets share many similarities with the self. Appearance comparisons with media models and peers lead to thin-ideal internalization, subsequently causing body dissatisfaction and eating disorders. Sociocultural theory highlights that sociocultural factors play a central role in the development of human cognitive functions, examining how sociocultural values influence personal values and behaviors. Based on sociocultural theory, Thompson et al. (1999) expanded the theoretical framework and proposed the tripartite influence model, which, as previously discussed, specifically explains body dissatisfaction and eating disorders in both men and women, receiving support from numerous studies (Keery et al., 2004; Shroff & Thompson, 2006).

The substantial discrepancies in previous research findings regarding peer selection and influence effects on adolescent eating disorder behaviors may be related to sociocultural differences, education levels, gender, and other demographic factors among participant samples, or may result from variations in measurement tools, types of eating disorder behaviors, and control of extraneous variables. Future research should employ more appropriate methodologies to better disentangle selection and influence effects.

#### 4 Future Research Directions and Implications

In summary, peers exert direct and indirect effects on adolescent eating disorders through selection or influence processes, yielding many valuable findings in correlational and longitudinal research. However, several aspects of the research content remain to be refined and explored:

First, the long-term effects of peer influence require further investigation. Previous studies have examined the effects of perceived peer behaviors, conversational behaviors, and peer quality on adolescent eating disorders. However, does peers' eating disorders directly influence the onset of eating disorders in adolescents over time? Additionally, how do eating disorder trajectories develop from adolescence to early adulthood—do they intensify or diminish? Furthermore, while this paper systematically summarized the “negative effects of peers on adolescent eating disorders,” do peers also have positive effects? Can peers' healthy eating attitudes ameliorate individual adolescents' eating problems through influence effects? And can positive peer relationships improve individuals' eating disorder behaviors? Moreover, with increased follow-up assessments in non-Western samples, would findings align with Western research results? These questions await exploration. Future research could employ longitudinal paradigms or increase the number of follow-up assessments to examine the long-term effects of peer influence.

Second, the classification of peer attributes requires deepening. First, research on the impact of peer quantity on adolescent eating disorders has been relatively scarce (Sharpe, Schober, Treasure, & Schmidt, 2014), and future studies should increase exploration of this aspect. Second, although previous research has established correlations between peer quality and adolescent eating disorders, the temporal sequence and causal direction remain unclear (De Jong et al., 2013). Does poor peer quality lead to eating disorders and body dissatisfaction, or do eating disorders and body dissatisfaction cause social withdrawal, subsequently resulting in poorer peer quality? This requires further investigation, and future research could examine these causal relationships more thoroughly. Third, does peer influence on adolescent eating disorders operate throughout adolescence or only during specific periods (Jackson & Chen, 2014)? Future research could deepen investigation into this question. Finally, previous studies have used broad definitions of peers without distinguishing between close friends and general friends. Future research could further differentiate peer categories.

Third, the magnitude of influence pathways needs exploration. Currently, two pathways of peer influence on adolescent eating disorders exist: (1) the peer social interaction pathway, encompassing direct and indirect peer influences as previously discussed, and (2) the peer social support pathway, involving the effects of peer quality and quantity as previously mentioned. Which of these pathways exerts a stronger effect on adolescent eating disorders? Future research should increase investigations into this area.

Fourth, the interactive effects between peer influence and other social factors on eating disorders require examination. Research indicates that parents and media significantly influence adolescents' body dissatisfaction and eating disorders (Ata, Ludden, & Lally, 2007; Field et al., 2001; Kirsch et al., 2016; McCabe & Ricciardelli, 2005). Future research could examine how the thin ideal promoted by media spreads among individuals within peer contexts and whether interactive effects exist between peers and parents regarding eating disorders. Additionally, researchers have begun investigating the impact of new internet media on female body image disturbance (Wang, Xie, Chen, & Lei, 2017). Future studies could broaden their perspective by specifying new media platforms, such as examining the effects of peer online communication via WeChat and Weibo on adolescent eating disorders.

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