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The Role of Ego Strength and Alexithymia in Predicting Body Image

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ABSTRACT

The present study was conducted to examine the role of ego strength and alexithymia in predicting body image. The research employed a descriptive–correlational design. The statistical population consisted of all individuals referring to therapeutic clinics located in Lahijan County in 2025. A total of 180 participants were selected using voluntary sampling. Data were analyzed using SPSS software, Version 26. Data collection instruments included the DSM-5-TR–based Psychological Disorders Screening Form (researcher-made), the Psychological Inventory of Ego Strengths (PIES), the Toronto Alexithymia Scale (TAS-20), the Multidimensional Body-Self Relations Questionnaire (MBSRQ), and the Bowel Symptom Severity and Frequency Scale (BSS-FS). Data were analyzed using Pearson correlation and multiple regression analyses. The findings indicated a significant correlation between ego strength, alexithymia, and body image ($p < .05$). Furthermore, regression analysis demonstrated that ego strength and alexithymia significantly predicted body image ($p < .05$). The findings of this study may be applied in the design of psychological interventions and multidimensional therapeutic approaches targeting negative body image.

Keywords: Ego strength, alexithymia, body image.

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Introduction

Body image is increasingly conceptualized as a multidimensional psychological construct that reflects individuals' perceptions, evaluations, and emotional–behavioral orientations toward their own physical appearance and bodily functioning. Contemporary models emphasize that body image is not merely a "cognitive picture" of the body, but an integrated system shaped by affect regulation, self-concept development, interpersonal experiences, and sociocultural pressures, with meaningful downstream consequences for mental health, quality of life, and health behaviors (1-3). Empirical evidence in Iranian samples also supports the centrality of body image in psychological adjustment. For example, body image has been linked to broader indices of mental health in adolescent girls (4) and has been discussed as a clinically relevant correlate in women's body image bias and dissatisfaction across social–cognitive pathways (5). In parallel, more recent applied work has shown that body image may co-vary with emerging psychosocial risk contexts such as internet addiction and related mental health vulnerabilities (6). Taken

together, these findings justify treating body image as a core outcome in psychological research and as a key target for preventive and therapeutic interventions.

A particularly relevant clinical context for studying body image and emotion-related personality processes is irritable bowel syndrome (IBS). IBS is often accompanied by heightened stress sensitivity, altered interoceptive awareness, and recurrent discomfort that can affect self-evaluation and bodily confidence, thereby potentially reshaping body image through both somatic and affective pathways. Within this framework, emotion processing deficits and self-regulatory vulnerabilities are repeatedly observed among individuals with IBS and other psychosomatic conditions. Prior Iranian research comparing patients with IBS and healthy individuals has documented meaningful differences in alexithymia and mental health-related variables (7). These findings align with a broader psychosomatic literature suggesting that alexithymia is not confined to any single disorder, but appears across multiple health conditions where emotion awareness, symptom interpretation, and physiological arousal interact. For instance, systematic synthesis has highlighted the relevance of alexithymia in medical contexts such as asthma, underscoring its role in symptom perception, illness management, and psychological burden (8). Therefore, exploring body image as an outcome in samples that include individuals with IBS is theoretically and clinically warranted, because IBS can amplify the salience of the body as a source of threat, discomfort, or self-criticism while simultaneously taxing emotion regulation capacities.

Alexithymia—commonly operationalized as difficulties identifying and describing feelings alongside an externally oriented cognitive style—has become a central construct for understanding how emotion-processing deficits translate into maladaptive self-related outcomes. Individuals high in alexithymia often report attenuated emotional insight, limited emotional vocabulary, and reduced capacity to integrate affective signals into coherent self-representations. Such patterns can plausibly influence body image by increasing reliance on external standards, intensifying bodily preoccupation, and limiting adaptive reappraisal of appearance-related distress. Several Iranian studies directly support the association between alexithymia and body image concerns. Comparative research across weight-status groups has shown differences in emotional alexithymia and body image, suggesting that emotion-processing patterns may coexist with body dissatisfaction and appearance-related concerns (9). In addition, dispositional alexithymia has been positioned as a mediator that helps explain how ambivalence in emotional expression predicts body image concerns, highlighting the mechanism through which conflictual emotional expression may be "channeled" into body-related worry (10). More recent work in adolescent girls similarly indicates that emotional alexithymia—alongside self-compassion—relates to body image concerns, reinforcing the developmental importance of emotion awareness in shaping body-focused distress (11). Beyond body image as a general outcome, alexithymia has also been studied in relation to broader mental health among adolescents, where it co-occurs with ambivalence of expression and emotion control, again suggesting that emotion-processing difficulties may be embedded in a wider psychosocial risk network (12).

The relevance of alexithymia to body-focused attitudes is also visible in pathways that lead to cosmetic body modification and appearance-oriented behaviors. In women seeking cosmetic surgery, maladaptive cognitive–emotional systems—including schemas and fashion tendency—have been modeled as predictors of surgical inclination through the mediating role of emotion regulation, a pattern consistent with the idea that emotion-processing deficits can be redirected toward body-altering solutions (13). This interpretation

is compatible with findings that connect ego-related constructs and personality organization to cosmetic facial surgery seeking, thereby pointing to deeper personality and self-structure correlates of body-related dissatisfaction (14). Importantly, such findings imply that body image difficulties can be reinforced when emotional awareness is limited and when self-worth is negotiated through appearance management. At the neuropsychological level, research on eating-disorder phenotypes provides further support for the role of perceptual–somatosensory processes in body image disturbance; for example, altered visuospatial and somatosensory functional connectivity has been observed in anorexia nervosa, suggesting that body image disruption may be partly underpinned by atypical integration of bodily signals with higher-order self-processing (15). While anorexia nervosa differs from IBS, this evidence reinforces a general principle: body image is shaped by the interaction of affect, cognition, and bodily sensation processing, making alexithymia a plausible contributor through its effects on emotion–body integration.

Alongside alexithymia, ego strength represents a second major theoretical lens for understanding variation in body image. Ego strength is typically defined as a set of capacities that enable adaptive coping, reality testing, impulse regulation, and integration of self-experience under stress. From a developmental perspective grounded in Eriksonian theory, ego strengths (e.g., hope, will, purpose, competence, fidelity, love, care, wisdom) reflect psychosocial resources that support identity coherence and resilience across the lifespan. Narrative and counseling-based theorizing describes ego strength as a backbone of psychological functioning, shaping how individuals process distress, maintain self-consistency, and engage with therapeutic change (16). Empirical studies likewise indicate that ego strength is meaningfully associated with psychological vulnerability and adaptive functioning. For example, ego strength has been modeled as predictable from attachment styles (17), suggesting that early relational patterns can build or erode self-regulatory resources that later influence self-evaluation processes, including how people relate to their bodies. Moreover, ego strength has been examined as a predictor of vulnerability to addiction—both directly and via emotional suppression—indicating its relevance for understanding self-regulatory failure under affective pressure (18). Such evidence supports the claim that ego strength is a transdiagnostic protective factor, likely to shape body image by enabling flexible coping with body-related stressors and by reducing reliance on maladaptive avoidance strategies.

Crucially, ego strength has also been studied in association with defense mechanisms and personality functioning—domains that are theoretically close to body image because defensive styles can reorganize distress into somatic or appearance-based concerns. Research on emotional inadequacy and defense styles indicates meaningful links between emotional functioning and defenses, offering a psychodynamic perspective on how individuals manage affective conflict (19). Further, comparisons of ego strength, defense mechanisms, and object relations between depressed and healthy individuals provide evidence that ego strength covaries with broader personality structure and affect regulation resources (20). Interventions can also modify these ego-related resources. For instance, cognitive-analytic therapy has been shown to improve ego strength and object relations among individuals with borderline personality disorder, indicating that ego strength is not only a trait-like resource but also a potentially malleable therapeutic target (21). In medical samples, brief dynamic psychotherapy has been reported to influence emotional expressiveness, defense styles, and ego strength in patients with IBS, further supporting the clinical relevance of ego strength in psychosomatic contexts (22). These results imply that ego strength may shape not just general adjustment

but also how bodily discomfort and emotional distress are integrated into self-perception—making it a theoretically compelling predictor of body image.

Beyond clinical severity, ego strength also appears to be related to cognitive functioning and executive control—capacities that influence self-regulation, attention deployment, and the management of intrusive appearance-related thoughts. Empirical work suggests that ego strength can mediate the relationship between attachment styles and executive functions among individuals with mild psychopathology, indicating that ego strength may help translate relational security into cognitive control and adaptive functioning (23). Such cognitive benefits are relevant to body image because negative body image often involves attentional bias toward perceived flaws, rigid self-evaluative rules, and repetitive negative thinking. In addition, ego strength has been connected to meaning-related and spiritual variables in structural modeling work, suggesting that existential resources and ego capacities may jointly influence emotional outcomes, potentially including body-related evaluations in stressful conditions (24). Complementary research has examined ego strength within populations exposed to chronic stressors, such as prisoners, highlighting its association with mental health alongside intimacy needs (25). Collectively, these studies position ego strength as a broad resilience construct with plausible pathways to body image through emotion regulation, executive control, and adaptive meaning-making.

Body image itself is shaped by multiple determinants beyond intrapsychic resources, including biological indices, sociocultural contexts, and health-risk behaviors. For example, anthropometric indicators and spiritual intelligence have been examined as predictors of body image satisfaction in young girls, suggesting that physical parameters and value-based resources may interact in shaping body-related satisfaction (26). Similarly, work on internet addiction underscores modern environmental pressures that can intensify appearance comparison and body dissatisfaction while simultaneously undermining mental health (6). Clinical populations may also experience body image shifts after medical procedures, where changes in bodily integrity and identity are salient. Evidence from Acceptance and Commitment Therapy (ACT) interventions indicates that body image and emotion regulation can be improved in patients following mastectomy, reinforcing the clinical modifiability of body image through psychological mechanisms (27). Moreover, interventions that blend spiritual–multidimensional approaches centered on emotion regulation have demonstrated benefits for cognitive flexibility and ego strength in distressed individuals, suggesting that targeting emotion regulation can simultaneously enhance self-capacities relevant to body-related self-evaluation (28). Finally, research has examined ego strength in association with suicide tendency in divorced women, demonstrating how ego resources can be protective in high-risk contexts and likely influence self-worth and self-perception in broader domains (29). These strands collectively indicate that body image must be investigated as a product of interacting psychological and contextual forces, with ego strength and alexithymia representing two central mechanisms.

The integration of ego strength and alexithymia within a single predictive framework is theoretically important for several reasons. First, these constructs represent complementary aspects of self-regulation: ego strength reflects the availability of adaptive coping resources and integrative self-capacities, whereas alexithymia reflects deficits in identifying, labeling, and symbolizing affect. Second, both constructs are linked to defensive functioning and interpersonal patterns, suggesting that they may shape how individuals internalize and interpret bodily experiences—especially in conditions characterized by chronic discomfort,

ambiguity of symptoms, or heightened sensitivity to internal cues, such as IBS. Third, because body image is a psychologically and culturally salient outcome with implications for mental health and health behavior, identifying robust predictors can directly inform assessment and intervention planning. While prior work has examined ego strength or alexithymia in relation to health and psychological outcomes, fewer studies have explicitly tested their combined predictive value for body image in samples that include both clinical (e.g., IBS) and nonclinical groups in a single analytic design. Existing evidence nevertheless provides a strong basis for such an investigation: alexithymia is consistently associated with body image concerns (9-11), and ego strength is repeatedly connected to adaptive functioning, therapeutic change, and psychosomatic adjustment (16, 20, 22). Additionally, personality-trait correlates of alexithymia in clinical populations and its linkage to DSM-based personality traits support its conceptualization as a stable vulnerability factor with broad relevance for self-evaluation processes (30). Therefore, a model that simultaneously considers ego strength and alexithymia is well-positioned to clarify the self-regulatory and emotion-processing pathways that underpin body image variation in both healthy individuals and those experiencing IBS-related distress.

The present study aimed to examine the role of ego strength and alexithymia in predicting body image.

Methods and Materials

Study Design and Participants

The present study was applied in terms of purpose and descriptive–correlational in terms of data collection method. The statistical population included all individuals referring to therapeutic clinics located in Lahijan County in 2025. A total of 180 participants were selected using voluntary sampling. Inclusion criteria consisted of the absence of psychiatric disorders and medication use (assessed using a DSM-5-TR–based psychological disorders screening form) and willingness to participate in the study. Exclusion criteria included incomplete questionnaire responses and unwillingness to continue participation. The researcher conducted the study in accordance with the following ethical principles: obtaining written permission to conduct the research; acquiring informed consent from research participants; introducing the researcher to all participants; ensuring participants' freedom to participate or withdraw from the study; explaining the research objectives to all participants; guaranteeing confidentiality of information; assuring participants of their right to withdraw at any stage; and informing participants that a summary of findings would be provided upon request.

Data Collection

Researcher-Made Psychological Disorders Screening Form (Based on DSM-5-TR): This screening form was designed by the researcher and consisted of 22 items scored on a four-point Likert scale (not at all, somewhat, much, very much). Its purpose was to assess psychological symptoms according to DSM-5-TR diagnostic criteria. The reliability of the instrument, calculated using Cronbach's alpha for the entire questionnaire, was 0.904, indicating good reliability.

Psychological Inventory of Ego Strengths (PIES): The Psychological Inventory of Ego Strengths was developed by Strom et al. (1997) as a self-report measure assessing eight components of ego strength derived from Erikson's eight stages of psychosocial development. The instrument includes the following subscales:

ego strength in affiliation, environmental mastery, integration, social integration, self-concept, superiority, moral maturity, and cognitive integration, each consisting of eight items. The instrument has demonstrated acceptable validity and reliability. Each subscale reflects a psychosocial developmental stage related to the ego, and the total scale assesses psychosocial development and adjustment. Internal consistency coefficients ranged from acceptable to very good: hope (0.81), will (0.69), purpose (0.71), competence (0.77), fidelity (0.62), love (0.60), care (0.83), wisdom (0.72), and overall ego strength score (0.97) (Jafari et al., 2023). The questionnaire contains 64 items rated on a five-point Likert scale ranging from 1 (does not describe me at all) to 5 (completely describes me). Reverse-scored items were coded inversely. Total scores are calculated by summing responses across all items, with possible scores ranging from 60 to 300. Higher scores across subscales indicate better psychosocial health and maturity. Convergent validity has been supported through associations with identity development, self-esteem, life goals, internal locus of control, and gender-role identity, while discriminant validity has been demonstrated through negative correlations with hopelessness and identity crisis (Narimani & Parnian Khoy, 2021). Strom et al. (1997) reported reliability using Cronbach's alpha of 0.68. Altafi (2016) reported Cronbach's alpha of 0.91 and split-half reliability of 0.77 in Iranian samples. Subsequent Iranian studies reported Cronbach's alpha values of 0.89 (Jafari & Joharifard, 2023), 0.91 (Mehrdadi et al., 2021), 0.78 (Oveisi et al., 2023), and 0.64 (Aini et al., 2018). Criterion validity was supported through positive correlations between ego strength scores and self-esteem (0.62), empathy (0.46), and coping styles (0.47). Confirmatory factor analysis indicated acceptable construct validity (Bartlett's index = 0.851; $\chi^2 = 6363.291$, $p < .001$) (Bahmaninia et al., 2024). Narimani et al. (2021) reported Cronbach's alpha of 0.81. In the present study, Cronbach's alpha coefficients for subscales were as follows: hope (0.749), will (0.848), purpose (0.859), competence (0.812), fidelity (0.918), love (0.789), care (0.954), wisdom (0.850), and overall reliability was 0.944, indicating excellent reliability.

Toronto Alexithymia Scale (TAS-20): The Toronto Alexithymia Scale was originally developed by Taylor (1986) and revised by Bagby et al. (1994). The instrument consists of 20 items designed to measure alexithymia and includes three components: difficulty identifying feelings (7 items), difficulty describing feelings (5 items), and externally oriented thinking (8 items). Responses are scored on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), yielding total scores between 20 and 100. Scores between 20 and 40 indicate low alexithymia, scores between 41 and 60 indicate moderate alexithymia, and scores above 60 indicate high alexithymia. Psychometric properties of the scale have been confirmed in multiple studies. In the Persian version, Basharat (2006) reported test–retest reliability coefficients ranging from 0.70 to 0.77 over a four-week interval. Concurrent validity was supported through correlations with emotional intelligence, psychological well-being, and psychological distress. Confirmatory factor analysis confirmed the three-factor structure (difficulty identifying feelings, difficulty describing feelings, externally oriented thinking) (Basharat et al., 2006). Basharat (2013) reported Cronbach's alpha coefficients of 0.85 for total alexithymia and 0.82, 0.75, and 0.72 for subscales, respectively. Other studies reported Cronbach's alpha values of 0.71), 0.81 for the total score and 0.84, 0.78, and 0.79 for subscales, and 0.80 for the total score with acceptable reliability across healthy and clinical samples (Davoudi et al., 2010). In the present study, Cronbach's alpha coefficients were 0.933 for difficulty identifying feelings, 0.862 for difficulty describing feelings, and 0.986 for externally oriented thinking, with overall reliability equal to 0.78, indicating good reliability.

Multidimensional Body-Self Relations Questionnaire (MBSRQ): The final version of the Multidimensional Body-Self Relations Questionnaire was developed by Cash (1997). The questionnaire consists of 46 items assessing multidimensional body–self relationships. It includes three attitudinal domains—evaluation, orientation, and behavior—and six subscales: appearance evaluation (7 items), appearance orientation (12 items), fitness evaluation (15 items), fitness orientation (13 items), overweight preoccupation/self-classified weight (2 items), and body areas satisfaction (9 items). Cash (1997) reported internal consistency coefficients of 0.88 for appearance evaluation and 0.89 for fitness orientation. Subsequent studies reported internal consistency of 0.88 for appearance evaluation and 0.77 for body areas satisfaction, with validity coefficients reaching 0.86 (Eskandarnezhad, 2018). Responses are scored using a five-point Likert scale, with total scores ranging from 46 to 230, where higher scores indicate greater body satisfaction. Psychometric properties have been confirmed across numerous international and Iranian studies. Agliata and Tantleff-Dunn (2004) reported internal consistency coefficients ranging from 0.77 to 0.91 across subscales. The Persian version validated by Basharat (2008) demonstrated Cronbach's alpha coefficients of 0.88, 0.85, 0.83, 0.79, 0.91, and 0.94 across subscales in a sample of 217 students. Test–retest reliability over a two-week interval ranged from 0.61 to 0.89, indicating satisfactory stability. Khanjani, Bahadari, and Khosravani (2013) reported Cronbach's alpha of 0.86 (Dehghan Ardakani & Mostafavi Rad, 2019). In the present study, Cronbach's alpha coefficients were as follows: appearance evaluation (0.825), appearance orientation (0.835), fitness evaluation (0.967), fitness orientation (0.791), self-classified weight (0.739), body areas satisfaction (0.865), and overall questionnaire reliability was 0.943, indicating excellent reliability.

Data Analysis

Data were analyzed using Pearson correlation and multiple regression analyses, and all statistical analyses were performed using SPSS Version 26.

Findings and Results

First, the descriptive statistics of the research variables are presented in Table 1.

Table 1. Summary of Descriptive Statistics for Research Variables

Variables	Mean	Standard Deviation	Minimum	Maximum
Hope	25.572	4.714	9	37
Will	27.150	4.358	15	39
Purpose	27.077	5.547	13	40
Competence	25.944	4.302	12	39
Fidelity	28.683	5.666	9	39
Love	26.238	4.611	15	38
Care	27.927	5.005	11	38
Wisdom	26.216	5.109	13	36
Ego Strength	214.811	30.475	130	292
Difficulty Identifying Feelings	19.311	6.690	7	33
Difficulty Describing Feelings	14.811	3.478	6	25
Externally Oriented Thinking	22.477	4.411	12	34
Alexithymia	56.600	12.719	27	88
Body Image	157.250	19.808	121	211

The results presented in Table 1 indicate that the mean and standard deviation of ego strength were 214.811 and 30.475, respectively. The mean and standard deviation of alexithymia were 56.600 and 12.719,

respectively. Additionally, the mean and standard deviation of body image were 157.250 and 19.808, respectively.

Table 2. Skewness and Kurtosis Test of Research Variables

Variables	Skewness	Kurtosis
Hope	-0.283	0.857
Will	0.175	0.310
Purpose	0.319	-0.143
Competence	0.161	0.138
Fidelity	-0.516	0.619
Love	0.181	-0.210
Care	-0.265	-0.121
Wisdom	-0.242	-0.465
Ego Strength	0.045	-0.014
Difficulty Identifying Feelings	-0.130	-0.559
Difficulty Describing Feelings	-0.046	-0.266
Externally Oriented Thinking	0.059	0.022
Alexithymia	-0.059	-0.827
Body Image	0.183	-0.388

The results presented in Table 2 indicate that none of the research variables demonstrated serious deviation from normal distribution. According to commonly accepted criteria, skewness values within the range of −2 to +2 and kurtosis values within the range of −3 to +3 indicate normality. Since none of the variables exceeded these ranges, the distribution of the data can be considered normal.

Table 3. Pearson Correlation Coefficients Between Research Variables

Variables	Body Image (r)	Direction of Relationship
Hope	0.375	Positive
Will	0.492	Positive
Purpose	0.455	Positive
Competence	0.477	Positive
Fidelity	0.353	Positive
Love	0.267	Positive
Care	0.140	Positive
Wisdom	0.534	Positive
Ego Strength	0.497	Positive
Difficulty Identifying Feelings	-0.554	Negative
Difficulty Describing Feelings	-0.330	Negative
Externally Oriented Thinking	-0.375	Negative
Alexithymia	-0.512	Negative

Analysis of Pearson correlation coefficients indicates a significant positive relationship between ego strength and body image, and a significant negative relationship between alexithymia and body image.

Table 4. Examination of Multicollinearity Among Variables

Variable	Variance Inflation Factor (VIF)	Tolerance
Ego Strength	1.489	0.671
Alexithymia	1.489	0.671

Based on the results presented in Table 4, both the Variance Inflation Factor and tolerance statistics fall within acceptable ranges, indicating that no multicollinearity problem exists among the predictor variables.

Table 5. Regression Coefficients for Predicting Body Image Based on Ego Strength and Alexithymia

Model	B	SEB	Beta	t

Constant	144.636	15.393	—	9.396
Ego Strength	0.197	0.049	0.304	4.024
Alexithymia	-0.526	0.117	-0.338	-4.477

R = 0.569; R^2 = 0.324; F = 42.368**; Durbin–Watson = 1.857; *p < .05; **p < .01*

The results of the multiple regression analysis (F = 42.368, p < .001) confirm the statistical significance of the model. Based on the obtained coefficient of determination (R^2), ego strength and alexithymia jointly explained approximately 32% of the variance in body image within the studied population. According to the regression coefficients, ego strength positively predicted body image (β = 0.304), whereas alexithymia negatively predicted body image (β = −0.338) among individuals with irritable bowel syndrome as well as healthy individuals.

Discussion and Conclusion

The present study aimed to examine the role of ego strength and alexithymia in predicting body image among individuals with irritable bowel syndrome (IBS) and healthy individuals. The findings demonstrated that ego strength had a significant positive relationship with body image, whereas alexithymia showed a significant negative relationship with body image. Furthermore, the results of multiple regression analysis indicated that ego strength and alexithymia jointly explained a meaningful proportion of variance in body image, suggesting that body image is strongly influenced by both adaptive ego capacities and emotional processing deficits. These findings contribute to the growing body of evidence emphasizing the psychological foundations of body image beyond purely physical or sociocultural determinants.

The positive association between ego strength and body image observed in the present study is theoretically consistent with developmental and psychodynamic perspectives that conceptualize ego strength as a central regulatory capacity enabling individuals to integrate emotional experiences, maintain psychological balance, and sustain a coherent sense of self. Individuals with higher ego strength possess greater resilience, adaptive coping skills, and reality-testing ability, which allow them to interpret bodily experiences in a flexible and non-threatening manner. Narrative analyses in counseling psychology have highlighted ego strength as a foundational construct that facilitates adaptive meaning-making and emotional stability during stressful experiences (16). From this viewpoint, individuals with stronger ego capacities are less likely to interpret bodily sensations or appearance-related imperfections as threats to self-worth, thereby maintaining a more positive body image.

Empirical studies also support this interpretation. Research examining ego strength in clinical populations indicates that stronger ego functioning is associated with healthier personality organization, more mature defense mechanisms, and improved psychological adjustment (20). Similarly, therapeutic interventions targeting ego-related processes have demonstrated improvements in emotional expressiveness and psychological functioning among individuals with IBS, underscoring the relevance of ego strength in psychosomatic conditions (22). Because IBS often involves chronic discomfort and heightened attention to bodily sensations, individuals with stronger ego resources may reinterpret symptoms in less catastrophic ways, preventing the internalization of illness experiences into negative body evaluations.

The present findings are also consistent with research showing that ego strength functions as a mediating psychological resource connecting attachment, executive functioning, and adaptive behavior. Studies

indicate that ego strength mediates the relationship between attachment styles and cognitive functioning in individuals with mild psychopathology (23). Such cognitive regulation may reduce rumination about physical appearance and promote balanced self-perception. Moreover, ego strength has been linked to reduced vulnerability to maladaptive behaviors through emotional regulation pathways (18). These mechanisms likely extend to body image formation, as individuals capable of regulating impulses and emotions are less susceptible to external appearance pressures and internal self-criticism.

The positive correlation between ego strength subcomponents (such as hope, purpose, competence, and wisdom) and body image further aligns with developmental theories suggesting that psychosocial maturation enhances self-acceptance. Attachment-based models propose that ego strength evolves through secure relational experiences that foster identity integration and self-coherence (17). When identity stability is achieved, physical appearance becomes only one aspect of self-definition rather than the dominant source of self-evaluation. Findings from studies examining ego strength within stressful populations also demonstrate its protective role in mental health outcomes, reinforcing the notion that ego resources buffer against negative self-perceptions (25). Thus, the current results suggest that ego strength may act as a psychological resilience factor supporting positive body image across both clinical and nonclinical groups.

In contrast, alexithymia showed a significant negative association with body image, indicating that individuals who experience difficulty identifying and describing emotions tend to report poorer body image. This finding is consistent with theoretical accounts proposing that alexithymia disrupts emotional awareness and limits individuals' ability to interpret internal states accurately. When emotional experiences remain unrecognized, distress may be misattributed to bodily appearance or physical discomfort, thereby increasing dissatisfaction with the body. Early research demonstrated associations between alexithymia and maladaptive emotional functioning, suggesting that emotional inadequacy contributes to rigid defense styles and impaired self-processing (19).

The current findings align with studies showing that alexithymia plays a significant role in body image concerns. Comparative research across weight categories reported higher emotional alexithymia among individuals experiencing body dissatisfaction, emphasizing emotion-processing deficits as contributors to negative body evaluation (9). Likewise, dispositional alexithymia has been identified as a mediator linking emotional ambivalence to body image concerns, highlighting the mechanism through which unresolved emotions translate into appearance-related distress (10). More recent research among adolescent girls similarly revealed that emotional alexithymia predicts body image concerns, reinforcing the developmental relevance of emotional awareness for healthy body perception (11).

The negative predictive effect of alexithymia observed in this study may also be understood within psychosomatic frameworks. Individuals high in alexithymia often exhibit heightened somatic focus and difficulty differentiating emotional arousal from physical symptoms. Studies comparing IBS patients with healthy individuals have documented elevated alexithymia levels alongside poorer mental health indicators (7). Systematic reviews further demonstrate that alexithymia contributes to symptom perception and illness management difficulties across medical conditions, including asthma (8). These findings suggest that alexithymic individuals may interpret bodily sensations as threatening or uncontrollable, thereby reinforcing negative body image.

The association between alexithymia and body image can also be explained through emotion regulation and interpersonal mechanisms. Structural modeling research indicates that alexithymia is influenced by early maladaptive schemas and emotional disclosure difficulties (31). When emotional communication is impaired, individuals may rely more heavily on external validation, including appearance-based approval. Studies examining cosmetic surgery motivation support this interpretation, showing that emotion regulation difficulties contribute to appearance-focused coping strategies (13). Additionally, personality organization and ego functioning have been linked to appearance-related behaviors among individuals seeking cosmetic procedures (14). These findings collectively suggest that alexithymia increases vulnerability to body dissatisfaction by weakening internal emotional regulation systems.

The regression results of the present study demonstrated that ego strength and alexithymia jointly predicted body image, explaining a substantial portion of variance. This combined effect highlights the complementary nature of these constructs. Ego strength represents adaptive psychological capacity, whereas alexithymia reflects deficits in emotional awareness; together they capture both protective and risk processes influencing body image. Contemporary biopsychosocial models emphasize that body image emerges from interactions between emotional regulation, personality organization, and environmental influences. Studies linking body image to mental health, internet addiction, and psychosocial functioning reinforce the multidimensional nature of this construct (6). Furthermore, research demonstrating improvements in body image following psychological interventions focused on emotion regulation supports the idea that emotional competencies play a central role in body image modification (27).

Another important implication of the findings concerns the role of psychological flexibility and spiritual or existential resources. Multidimensional therapeutic approaches emphasizing emotional regulation have been shown to enhance both ego strength and psychological adjustment (28). Similarly, investigations into spiritual well-being, meaning in life, and ego strength indicate that existential resources may reinforce emotional integration and self-acceptance (24). When individuals possess stronger integrative self-capacities alongside adequate emotional awareness, they may experience greater body acceptance regardless of physical health challenges. Additionally, anthropometric and psychosocial predictors of body image satisfaction suggest that psychological resources can buffer against sociocultural appearance pressures (26). The current study therefore extends previous findings by demonstrating that both adaptive ego functioning and emotional awareness operate simultaneously in shaping body image outcomes.

From a broader personality perspective, alexithymia has been associated with personality disorder traits and maladaptive interpersonal functioning (30). These characteristics may undermine stable self-representation and increase reliance on external evaluation, including appearance standards. Conversely, therapeutic work enhancing ego strength has been shown to improve object relations and psychological integration (21). The present findings suggest that strengthening ego capacities while reducing alexithymic tendencies may constitute a dual therapeutic pathway for improving body image, particularly among individuals experiencing chronic somatic conditions such as IBS.

Overall, the results support an integrative psychological model in which body image reflects the balance between emotional awareness and ego resilience. Individuals with strong ego resources are better able to regulate affect, reinterpret bodily sensations, and maintain self-coherence, whereas alexithymic individuals may experience fragmented emotional processing that becomes expressed through dissatisfaction with the

body. By demonstrating the simultaneous influence of these constructs in both clinical and healthy populations, the study contributes to a more comprehensive understanding of body image as an outcome rooted in personality organization, emotion regulation, and psychosomatic processes.

The present study should be interpreted in light of several limitations. First, the correlational design prevents causal inference, meaning that although ego strength and alexithymia predicted body image, definitive conclusions regarding directionality cannot be drawn. Second, reliance on self-report questionnaires may have introduced response bias, including social desirability and subjective interpretation of emotional experiences. Third, the use of voluntary sampling from therapeutic clinics may limit generalizability to broader populations, particularly individuals who do not seek treatment. Fourth, cultural and contextual variables influencing body image were not directly measured, which may have affected the observed relationships. Finally, cross-sectional data collection did not allow examination of temporal changes in ego strength, alexithymia, or body image over time.

Future studies are encouraged to employ longitudinal and experimental designs to clarify causal relationships between ego strength, emotional awareness, and body image. Investigations across diverse cultural contexts and age groups would help determine whether the observed relationships remain stable across developmental stages. Incorporating qualitative methodologies could provide deeper insight into subjective bodily experiences among individuals with psychosomatic conditions. Future research may also examine mediating and moderating variables such as self-compassion, resilience, attachment security, or emotion regulation strategies. Neuropsychological and psychophysiological measures could further illuminate mechanisms linking emotional processing and body perception. Comparative studies between different medical populations may also enhance understanding of how chronic illness influences psychological predictors of body image.

The findings suggest important practical implications for psychological assessment and intervention. Clinicians working with individuals experiencing body image dissatisfaction may benefit from simultaneously evaluating ego strength and emotional awareness capacities. Therapeutic approaches that enhance ego integration, emotional expression, and adaptive coping skills may improve body image outcomes. Psychodynamic, emotion-focused, and acceptance-based interventions can be integrated into treatment programs targeting psychosomatic and body-related distress. Psychoeducational programs emphasizing emotional literacy and self-understanding may also reduce vulnerability to negative body evaluation. Finally, interdisciplinary collaboration between psychologists, medical practitioners, and health educators may facilitate comprehensive interventions addressing both physical symptoms and psychological determinants of body image.

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Authors' Contributions

All authors equally contributed to 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. The study was conducted in compliance with research ethics guidelines and received ethical approval under code IR.IAU.LIAU.REC.2025.075.

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.

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