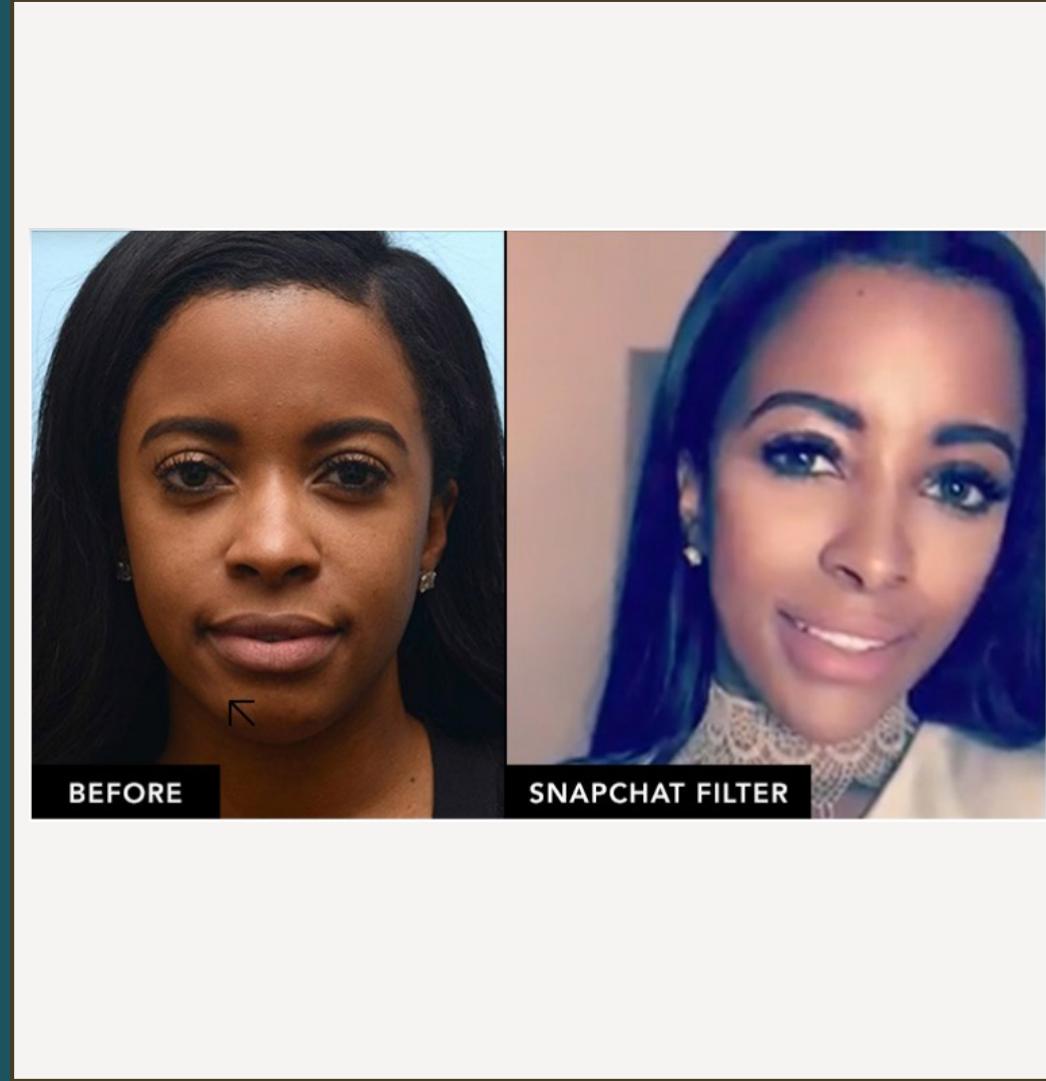


Filtered Realities: Addressing the Impact of Social Media on Body Image and Eating Disorders

Jenny Copeland, PsyD.

Marie-Laure Firebaugh , LMSW



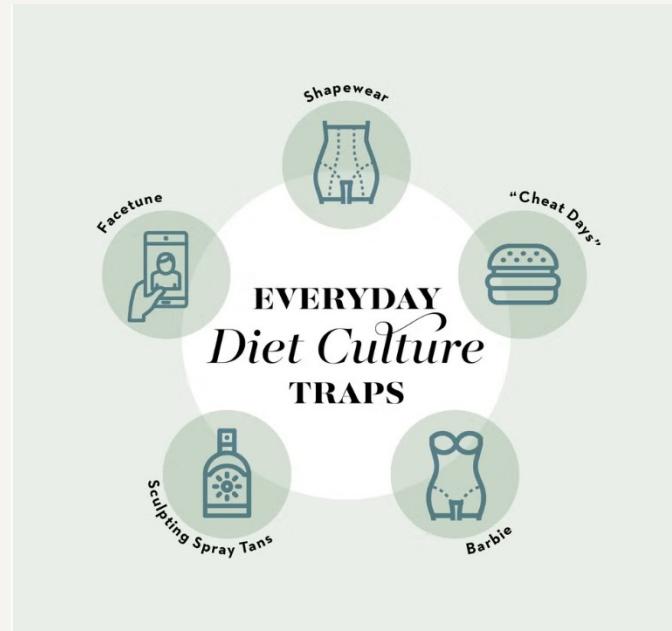
Pressure to Be Perfect

- Perfect body
- Perfect diet
- Perfect productivity
- Perfect relationships
- Perfect parent
- Perfect child
- Perfect homes
- Perfect worker
- Perfect neighbor
- Perfect friend
- Perfect citizen
- Perfect ...



What is diet culture?

- A system of social beliefs and expectations that promotes thinness and weight loss above all else.
- Beliefs that weight-loss and thinness are the ultimate health goals.
- The belief that someone's value is dependent on their body size

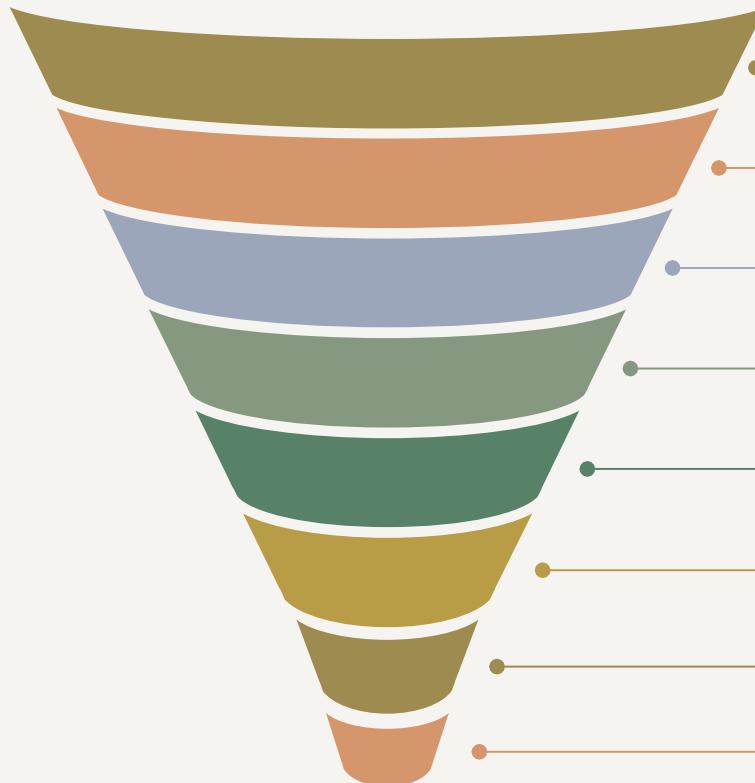


Thin = Healthy

Exercising = Thin

Thin = Healthy = Good

Some Harmful Diet-Culture Beliefs



- Thin is the only healthy body type and thinness equates to health
- A person's health status can be discerned visually
- Fitness and fatness cannot co-exist
- BMI as a measure of health is good and accurate medicine
- Higher weight is a sole cause of many medical issues
- All bodies utilize energy the same way
- Weight loss is a sole cure for illness and appropriate medical advice
- Medical doctors are, by default, experts in nutrition

Diet Culture and Weight Bias

Can interfere with prompt diagnosis and treatment of eating disorders.

Excessive value placed on weight loss, as well as the conflation of health and weight by providers and society, can delay eating disorder recognition and impede treatment.

Academy for Eating Disorders
(2021)



Weight stigma predicts disordered eating

“A narrative review found a consistent relationship between greater weight stigma and more disordered eating cognitions and behaviors.”

“the study revealed that weight stigma predicted disordered eating behaviors in both weight spectrums during the pandemic. Experiences of weight stigma and the perceived increase in weight stigma significantly increased the likelihood of engaging in binge eating, food restriction, and purging among individuals with overweight. Furthermore, the internalization of weight stigma was longitudinally associated with all examined eating behaviors, regardless of anthropometric status.”

Levinson, J. A., Kinkel-Ram, S., Myers, B., & Hunger, J. M. (2024). A systematic review of weight stigma and disordered eating cognitions and behaviors. *Body image*, 48, 101678.

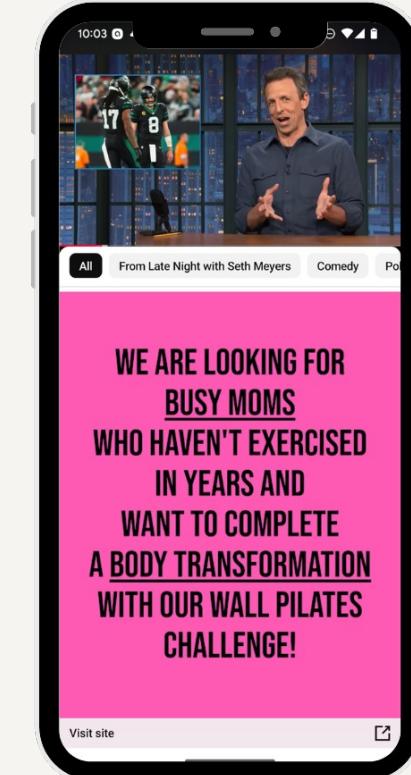
de Macêdo, P. F. C., Brito, E., de Magalhães Cunha, C., de Farias Costa, P. R., Araújo, M. D. P. N., Martins, P. C., & de Santana, M. L. P. (2024). Weight stigma is a predictor of disordered eating in Brazilian college students during the COVID-19 pandemic: A 16-month cohort follow-up. *Appetite*, 192, 107084.

Diet culture isn't just about food

- It is the representation of idealized physical traits: thin, fit, white, blond straight hair, light colored eyes, and able body.
- Diet culture sells
 - Miracle products to achieve ideal body
 - Miracle cures to heal or prevent diseases
- Reinforces the ideal for gendered norm:
 - Thin women
 - Muscular men
 - Androgenous non-binary people



What diet culture looks like in our society



Social Media and Body Image Dissatisfaction

- Body image dissatisfaction and eating disorders are rising
- 95% of teens in the UK would change their appearance
- Body image is one of the top 3 anxieties in Australian youth.
- Fit/thin body ideal on social media is linked to low body image satisfaction and disordered eating

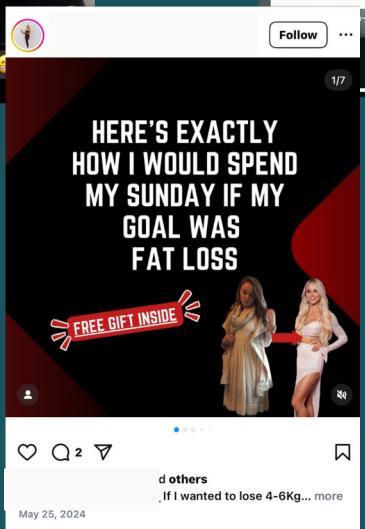
House of Commons. Changing the perfect picture: an inquiry into body image. London: UK Parliament; 2020 [cited 2021 1 June]. Available from: <https://committees.parliament.uk/publications/5357/documents/53751/default/>. Tiller E, Fildes J, Hall S, Hicking V, Greenland N, Liyanarachchi D, et al. Youth survey report 2020. Mission Australia. 2021.

Dane A, Bhatia K (2023) The social media diet: A scoping review to investigate the association between social media, body image and eating disorders amongst young people. PLOS Global Public Health 3(3): e0001091. <https://doi.org/10.1371/journal.pgph.0001091>

Social Media: A Daily Essential

- Customize how one views society
- Idealized, curated version of life, highlighting filtered photos and edited images
 - 70% of women and 50% of men (aged 18-35) report regularly editing their photos
- 91% of US adolescents are on social media
 - 50% check their social media once per hour
 - Spend an average of **5 hours/day** on social media





Diet Culture and TikTok

- 63% of teens use TikTok
 - 57% report using it daily
- A research analysis of 250 videos using the most popular dieting hashtags found almost half portrayed “body checking” and negative body image
 - Over half promoted dietary advice
 - 6.4% promoted eating disorder behaviors
 - 64% of individuals claimed to be expert
- TikTok algorithm updates based on content interaction



Diet culture Sells

- Weight loss industry reached \$90 billions revenue
- Health and Fitness club reached \$147 billions revenue
- Influencers/content creators get paid to create ads for companies

<https://www.statista.com/statistics/242190/us-fitness-industry-revenue-by-sector/>

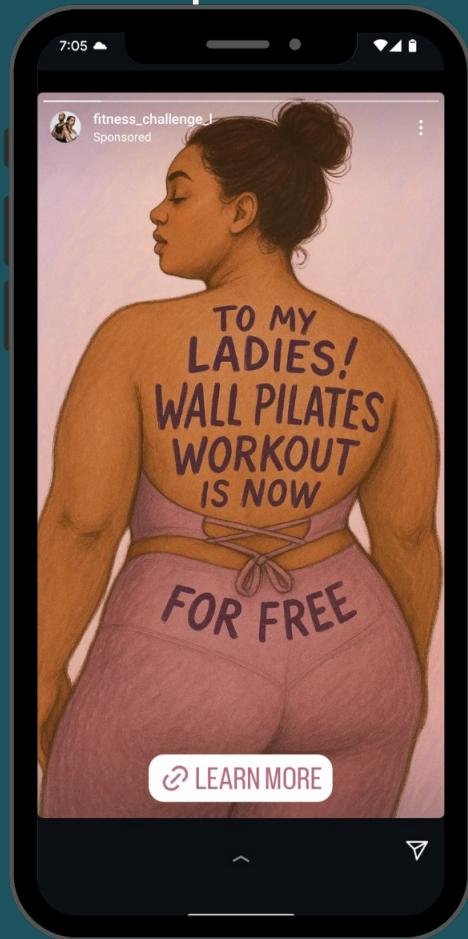
<https://blog.marketresearch.com/u.s.-weight-loss-industry-grows-to-90-billion-fueled-by-obesity-drugs-demand#:~:text=Top%20Weight%20Loss%20Industry%20Stats,to%20%2493.8%20billion%20in%202024.>

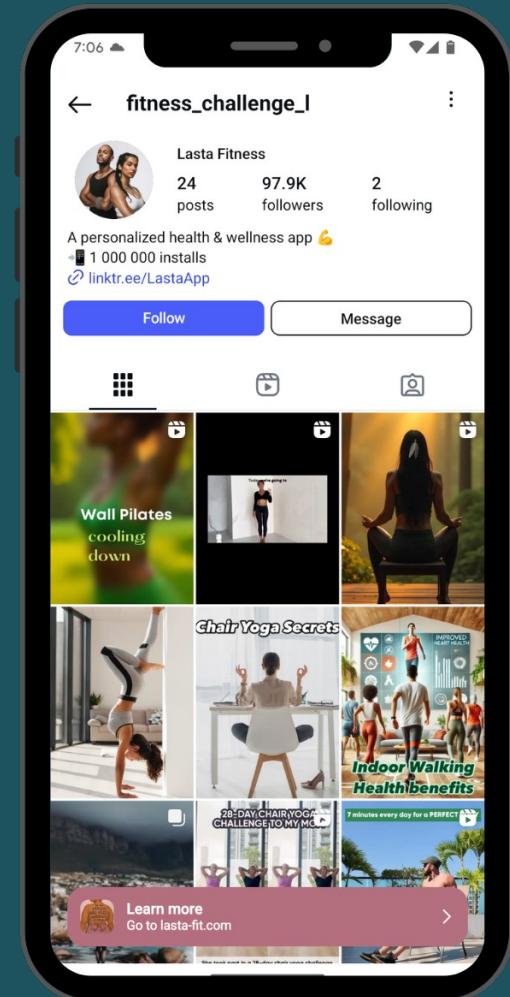
Advertising on Social Media

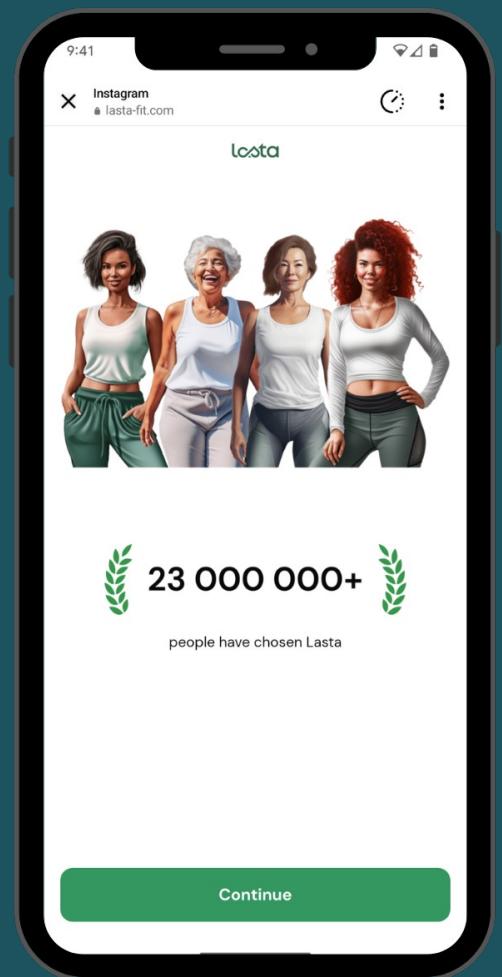
- By 2025 in the U.S, companies are expected to spend \$82 billions advertising on social media
- 90% of companies advertise on social media

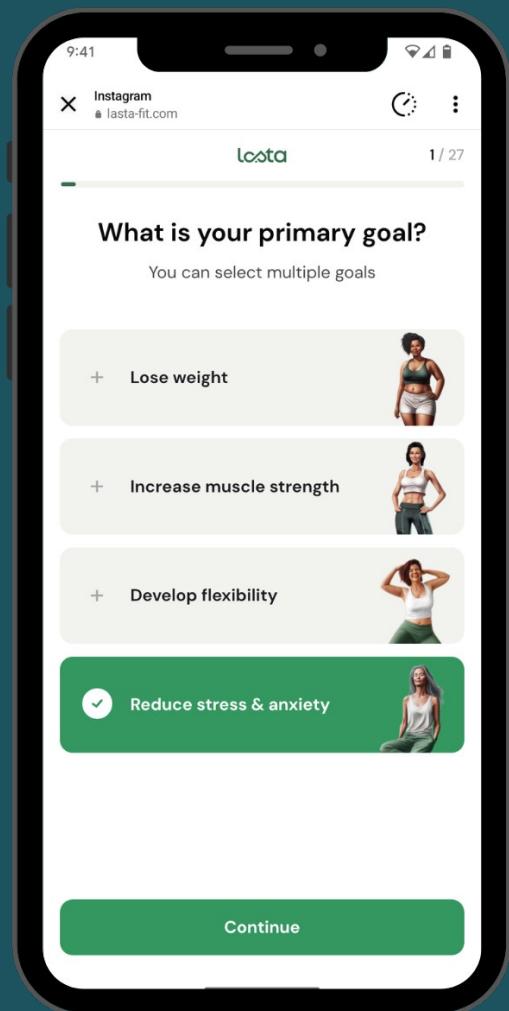
Take your phone out, how long do you have to scroll on social media to find a diet culture related post or ad?

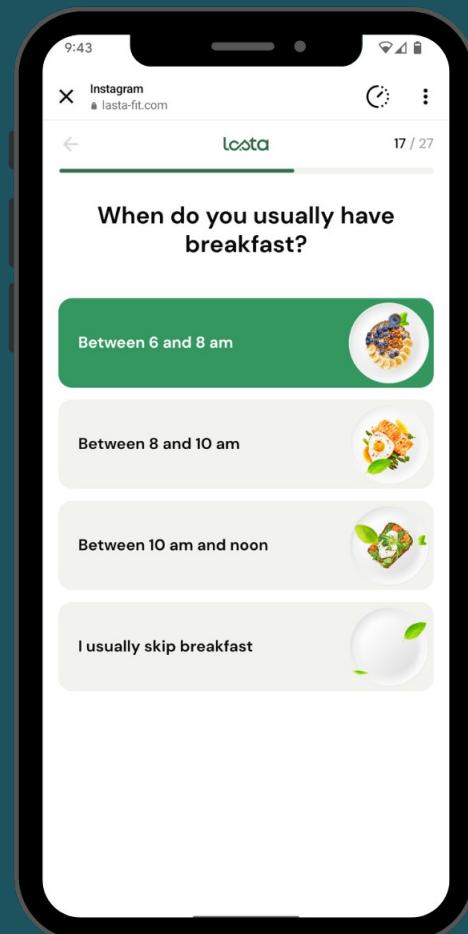
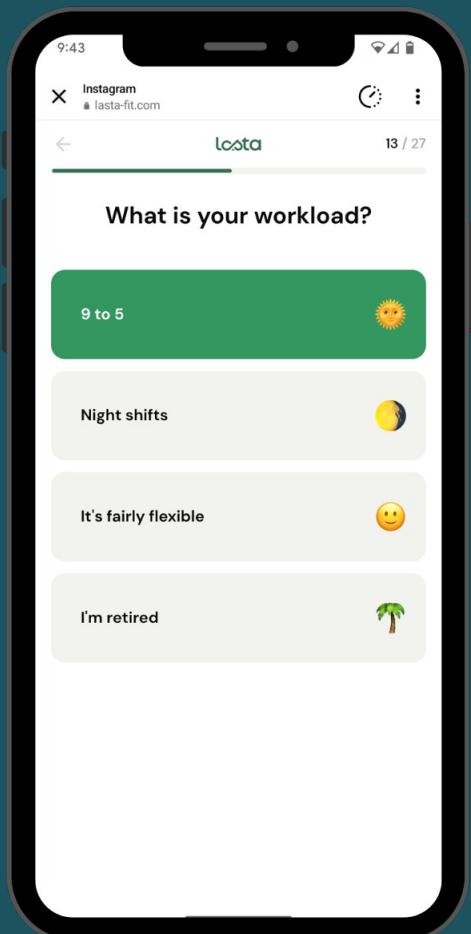
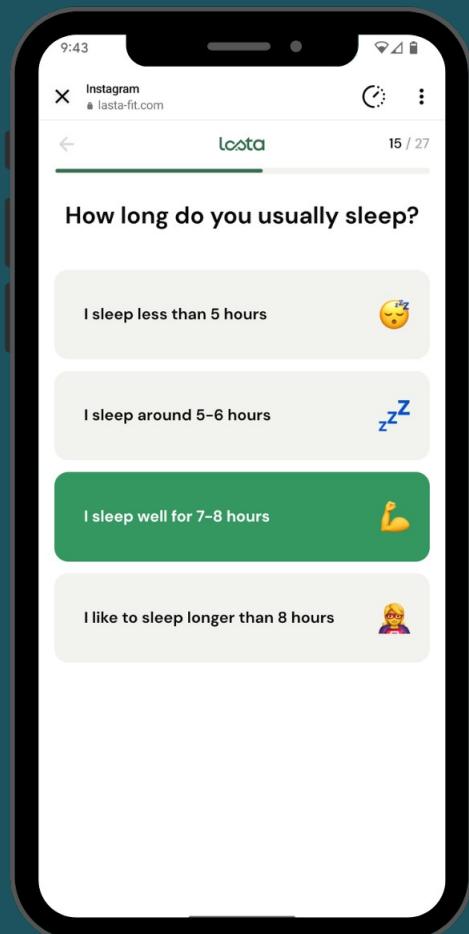
The Diet Culture Experience

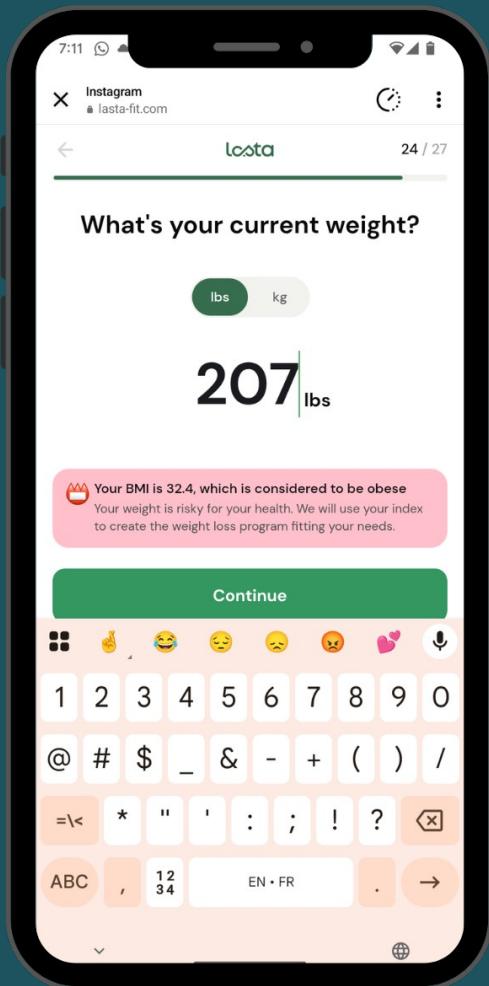


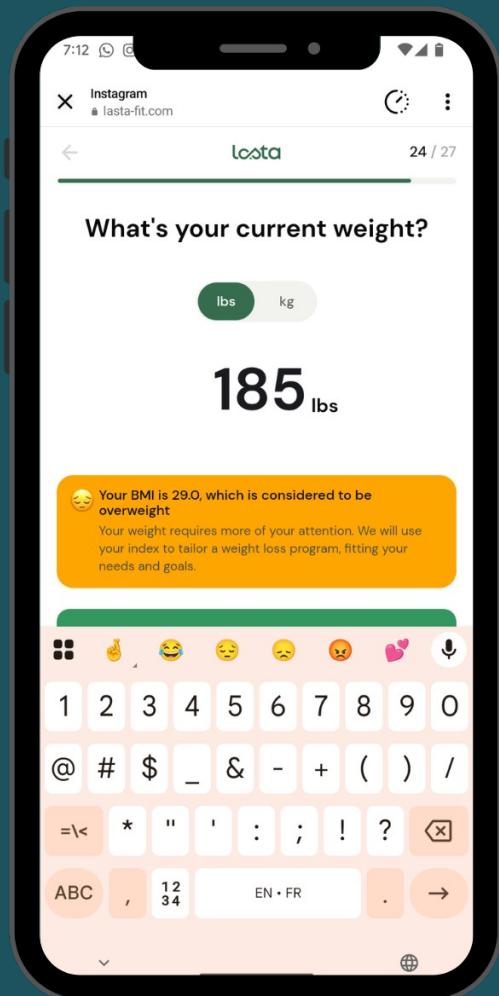


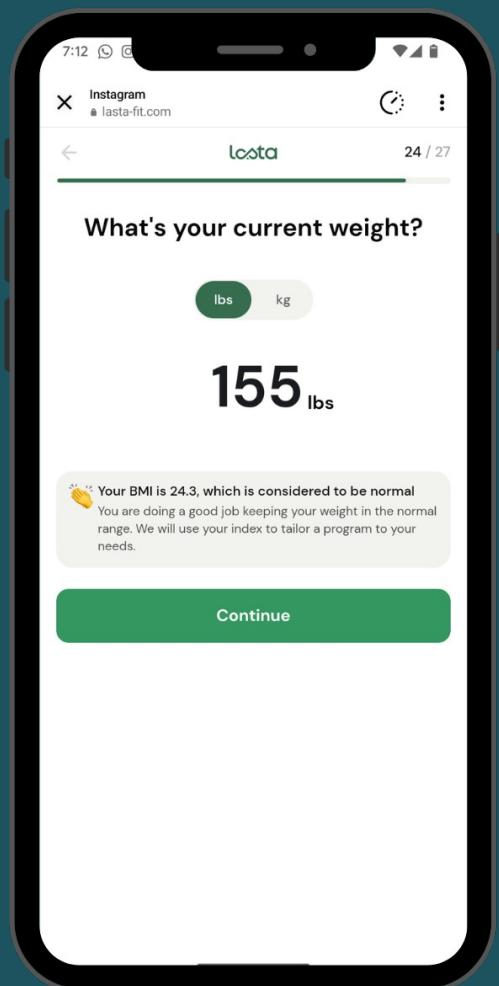


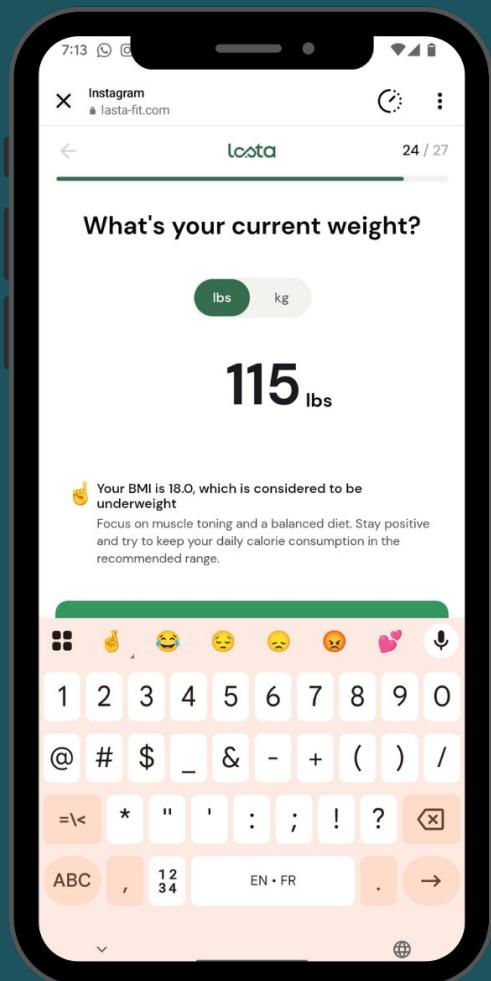


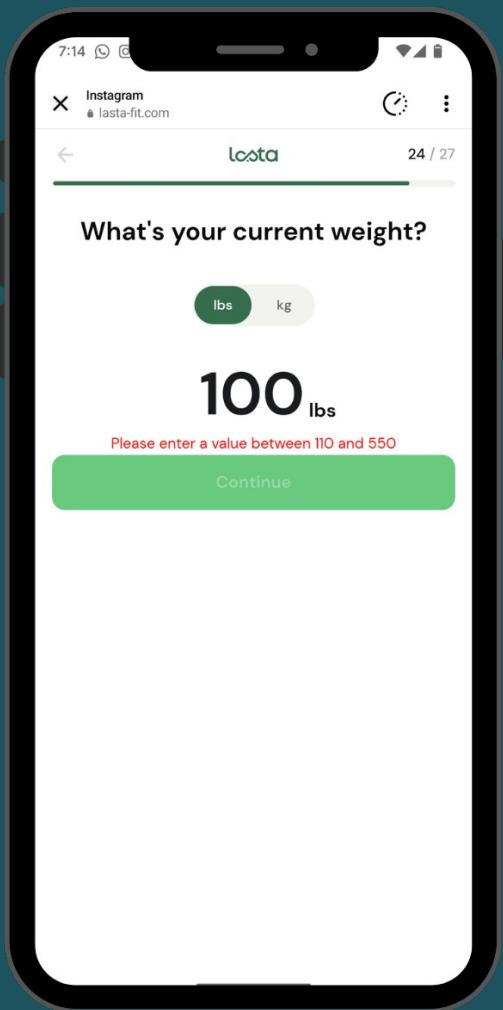


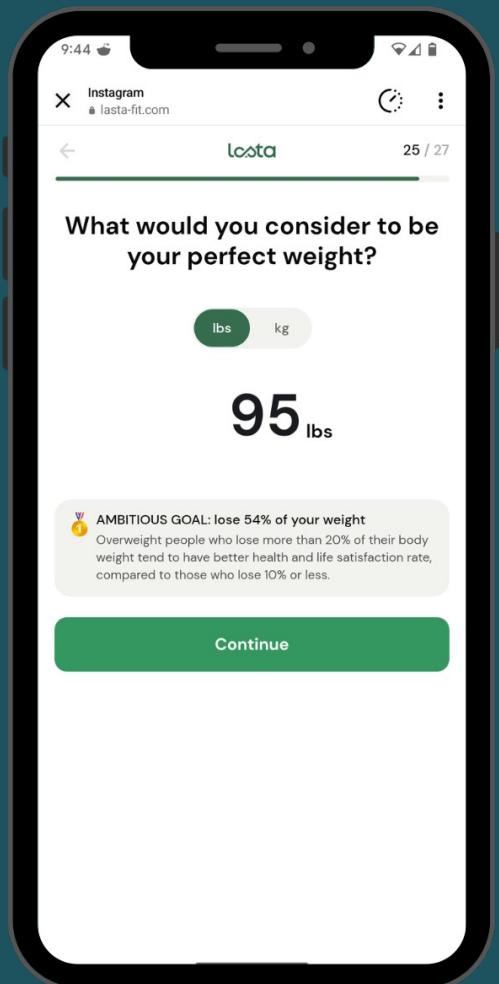


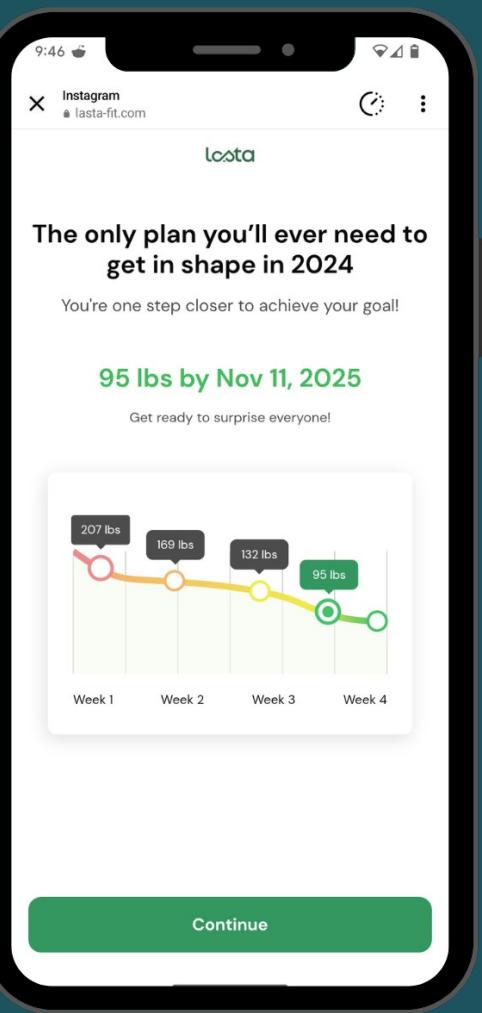




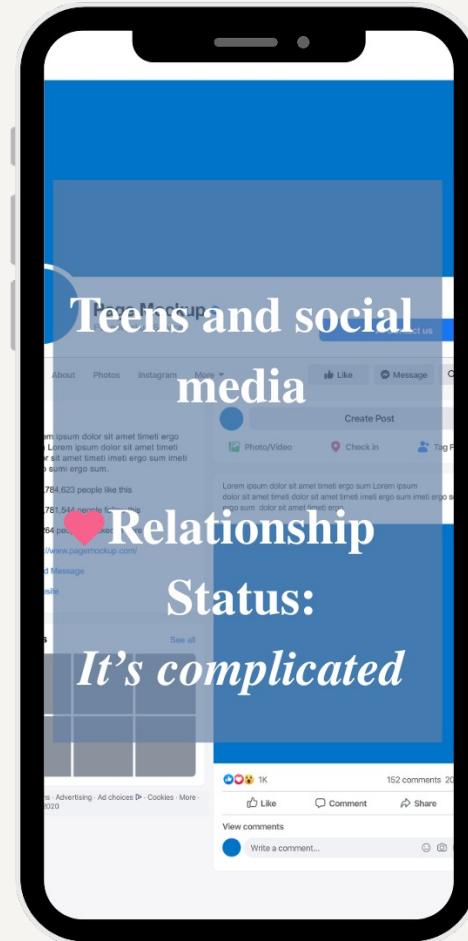






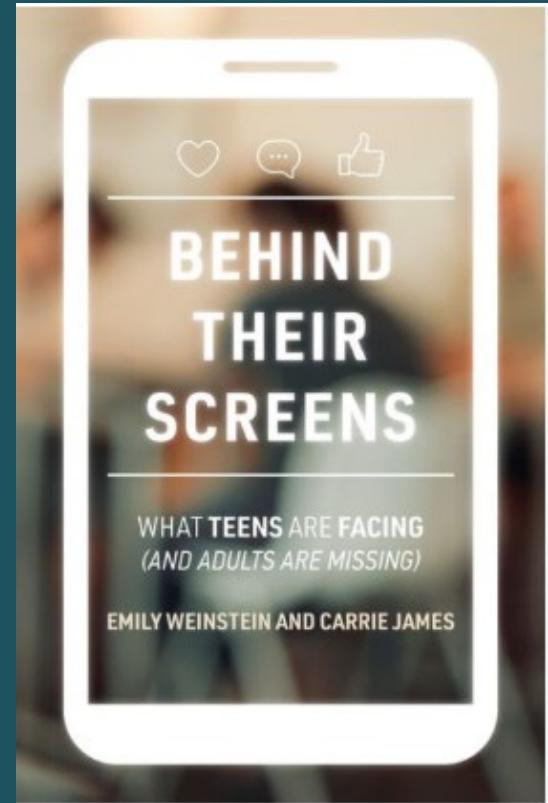


Teens and Social Media: It's Complicated



Teens Concerns with Social Media

- Pressure to comply
- Comparison
- Self-conscious about posting
- Seeking approval through likes and comments
- Feeling left out
- Impersonation
- Privacy
- Harassment
- Public humiliation
- Feeling smothered



The Impact of these Messages

- Exposure to these messages puts people at risk for:
 - Body dissatisfaction
 - Low self-esteem
 - Steroid use
 - Muscle dysmorphia
 - Depression
 - Stress
 - Eating disorders
- Body dissatisfaction is the best-known contributor to the development of an eating disorder.



Comparison is the thief of joy

- Social media is where people share their highlight reel.
- Comparing ourselves to others can leave us feeling:
 - anxious
 - Frustrated
 - Depressed
 - Feeling worse about ourselves
 - Fear of missing out (FOMO)



Are They Selling Me Something?

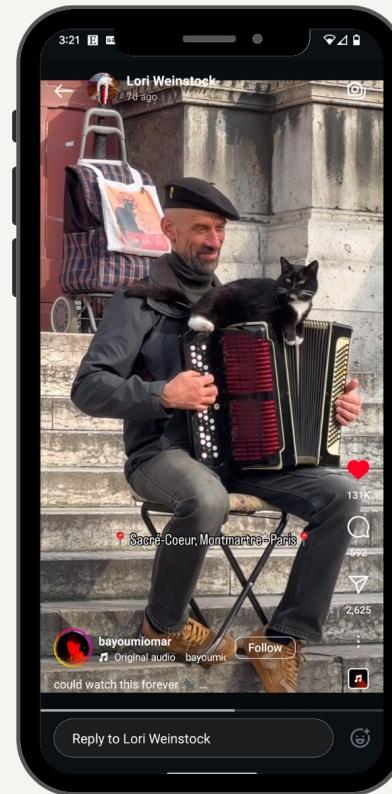
- Investigate who is sharing the information
 - Are they a trusted source? (medical provider, dietitian, etc.)
 - Is the claim reasonable?
 - Are they promising an easy fix?
 - Could their statement be proved?
- Evaluate the post for authenticity
 - Watch for words like “partnership”, “ad”, “sponsored”, “collab”, “gifted”, “ambassador”, “ad content” or thanking a brand in the post or in the comments
 - Links to a certain product
 - Filters

Curating Your Social Media

- Curate your algorithm
 - Like/share/watch photos and reels of things you like
 - Pick a “pallet cleanser”
 - Engage with content that make you happy
- Engage with body acceptance content:
 - @bodyuprogram
 - @eatingdisorder.dietitian
 - @drjessicaknurick

Benefits of Social Media

- Sense of community/feeling validated
- Express their creativity
- Finding support
- Keeping up with friends and family
- Photos of cats



Plaisime, M., Robertson-James, C., Mejia, L., Núñez, A., Wolf, J., & Reels, S. (2020). Social Media and Teens: A Needs Assessment Exploring the Potential Role of Social Media in Promoting Health. *Social Media + Society*, 6(1). <https://doi.org/10.1177/2056305119886025>

Goodyear VA, Wood G, Skinner B, Thompson JL. The effect of social media interventions on physical activity and dietary behaviours in young people and adults: a systematic review. *Int J Behav Nutr Phys Act*. 2021;18(1):72. Published 2021 Jun 5. doi:10.1186/s12966-021-01138-3

Chung A, Vieira D, Donley T, et al. Adolescent Peer Influence on Eating Behaviors via Social Media: Scoping Review. *J Med Internet Res*. 2021;23(6):e19697. Published 2021 Jun 3. doi:10.2196/19697

Internalized Weight Stigma

Long-term exposure to weight stigma leads to:

- Increased depression
- Binge eating behaviors
- Increased caloric intake
- Decreased physical activity
- Increased cortisol reactivity
- Decreased weight loss
- Poor success following weight loss surgery
- Increased HbA1C
- Predicts eating disorders, disordered eating, body image disturbance





Weight Stigma is Deadly

Those who have experienced weight discrimination have a 60% greater chance of dying

(Sutin, Stephan, & Terraciano, 2015)



You see person with a grocery cart containing a variety of foods, including donuts and chips.

Stigma and Oppression are Trauma

Cheng and Mallinckrodt (2015) studied the impact of racial/ethnic discrimination.

They found:

- Increased risk of PTSD symptoms
- Increased maladaptive alcohol use



Trauma Informed Care for Eating Disorders

“We believe body trust is a birthright – you come into the world with it and somewhere along the way it gets hijacked, by the culture, your family, and the medical establishment to name a few.”

Hilary Kinavey and Dana Sturtevant
BeNourished





Weight-Inclusive Treatment is Care for all bodies

There isn't a different set of rules for people based on size, age, ability, race, and gender



In a world with weight stigma, where systems and culture blame bodies, people learn to see and experience the body as a central point of discomfort in their lives. The body becomes the scapegoat, a primary language for how we express uncomfortable feelings.

Hilary Kinavey and Dana Sturtevant
BeNourished

Body Trust is repair work. We are healing our relationship with food, our bodies, and ourselves. Just like when you've lost trust in any relationship in your life, it takes time to get it back. When it comes to Body Trust, this trust is reciprocal - you are working on trusting your body and your body is working on trusting you to give it enough to eat consistently. **We cannot heal our relationship with our bodies with a plan to make them into what the dominant culture thinks they should be.**

Hilary Kinavey and Dana Sturtevant
BeNourished



*It's not my body that
needs to be changed,
altered, or
manipulated, only my
relationship to it.*

Robin Flamm



“—

A culture fixated on female thinness is not an obsession about female beauty, but an obsession about female obedience. Dieting is the most potent political sedative in women's history; a quietly mad population is a tractable one”

NAOMI WOLF



Barriers to Quality Eating Disorder Treatment Access in the United States

Estimates of Perceived Inequities Reported Among Treatment Seekers

ARTICLE

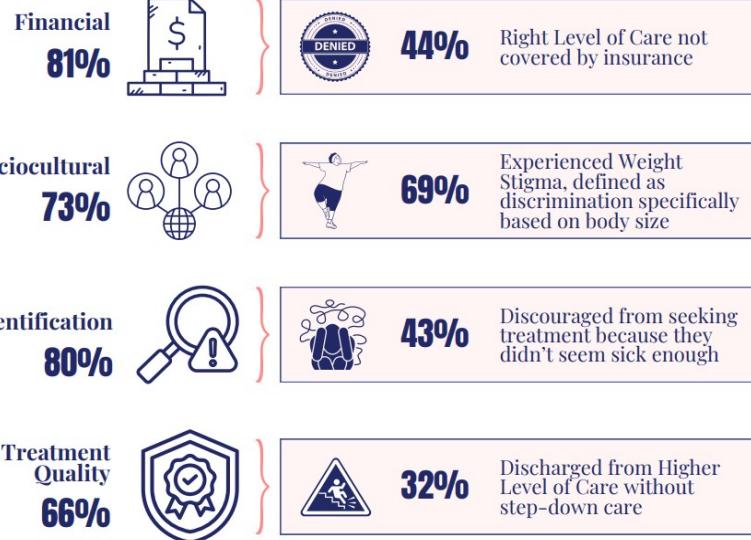
Report by the Eating Anxiety Treatment (EAT) Laboratory and Clinic & Project HEAL

CLICK FOR FULL REPORT



96% } of people experienced at least one barrier.
(1,923 of 1,995)

The sample reported barriers to accessing eating disorder treatment at the following rates:



Eating Disorder Treatment Access in the United States: Perceived Inequities Among Treatment Seekers

Taylor E. Penwell, B.A., Samantha P. Bedard, M.S., Rebecca Eyre, M.A., Cheri A. Levinson, Ph.D.

Objective: Although eating disorders are associated with high rates of psychological and physical impairments and mortality, only about 20% of individuals with eating disorders receive treatment. No study has comprehensively assessed treatment access for those with these disorders in the United States. The authors examined access to eating disorder treatments and how it might vary among some populations.

Methods: Seekers of treatment for eating disorders (N=1,995) completed an online assessment of clinical demographic and anthropometric characteristics, barriers to eating disorder treatment access, and eating disorder symptomatology. Analyses were conducted to identify treatment access barriers, compare barriers to treatment access across demographic groups, and investigate relationships between barriers to treatment access and eating disorder symptoms.

Results: Financial barriers (e.g., lack of insurance coverage) were the most frequently reported barrier to treatment

access. Participants with historically underrepresented identities and with a diagnosis of other specified feeding or eating disorder (OSFED) reported more barriers related to financial challenges, geographic location, eating disorder identification, sociocultural factors, and treatment quality compared with those with historically represented identities (e.g., White and cisgender persons). Higher frequencies of reported barriers to treatment access were associated with more severe eating disorder symptoms and poorer illness trajectories.

Conclusions: Financial barriers were the most significant impediment to accessing treatment among individuals seeking eating disorder treatment. Barriers to treatment access disproportionately affected underrepresented groups and those with an OSFED diagnosis.

Psychiatric Services in Advance (doi: 10.1176/appi.ps.20230193)

Eating disorders are psychiatric illnesses characterized by severe impairment, elevated mortality and relapse rates, and high rates of co-occurrence with other psychiatric disorders (e.g., anxiety, substance use, and trauma) (1–4). Eating disorders have a lifetime prevalence rate of 9%–13% in the U.S. population and an estimated lifetime economic and well-being cost of >\$326.5 billion, making eating disorders a serious threat to public health (4, 5). Despite the high prevalence rates, substantial costs to society, and significant health problems associated with eating disorders, most individuals with these disorders (80%) never access treatment (6). Efforts to improve access to treatment for these serious illnesses are urgently needed.

HIGHLIGHTS

- Financial barriers (e.g., lack of insurance coverage) were the most frequent treatment access barrier reported by individuals with eating disorders.
- Treatment access barriers disproportionately affected underrepresented groups (e.g., gender, racial-ethnic, and sexual minority groups) and individuals with a diagnosis of other specified feeding or eating disorder.
- Reports of greater barriers to treatment access were related to elevated eating disorder symptoms.

BARRIERS TO TREATMENT ACCESS FOR EATING DISORDERS

Among the barriers to treatment access (BTAs) for eating disorders in the United States, treatment costs—averaging approximately \$20,817 per eating disorder inpatient stay



Alkaline Phosphatase



Feasibility analysis



Geography

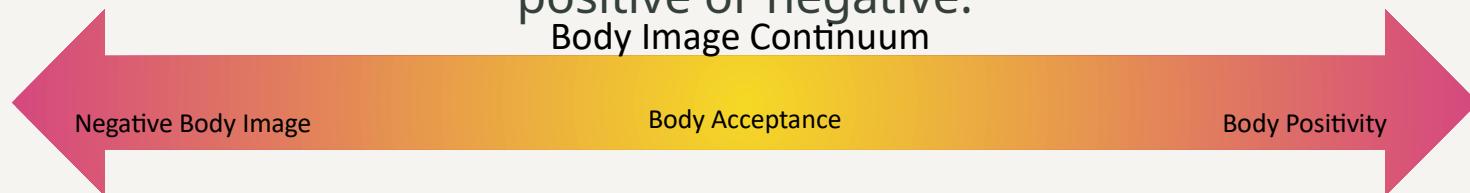
Body Acceptance

What is body acceptance?

Body acceptance is a shift in perspective, from body hatred, disgust, and dislike, to body appreciation and respect.

It is honoring and accepting the body as it is, neither

positive or negative.
Body Image Continuum



Why promote body acceptance?

- Decrease dieting
- Increase mental wellbeing
- Protective of eating disorders
- Less likely to be influenced by external pressure to change their body

*your worth
is not measured
by the size
of your waist*

Body Acceptance

- Promotes self respect and encourages body appreciation
- Health is possible at any size
- Focus on well-being not appearance
- Celebrates all types of bodies
- Rejects perfectionism
- Beauty is one size, gender, shape, race, or social economic status
- Encourages intuitive/authentic eating

Diet Culture

- Promotes self-criticism and shame
- Thinness is the only acceptable body type
- Weight loss focused
- Health is determined based on appearance and weight
- Promotes conforming to societal expectations to be accepted
- Unrealistic beauty standards
- Encourages weight loss in any means necessary

Body Acceptance in Practice

- Acceptance of one's body without judgement
- Emphasis on the person rather than the appearance
- Understanding that we may not always like our body
- More inclusive of diversity including disability



Mulgrew, K. E., & Hinz, A. (2024). What is body neutrality and how is it different to existing body image concepts? An analysis of experts and general community responses. *Body Image*, 51, 101780. Pellizzer, M. L., & Wade, T. D. (2023). Developing a definition of body neutrality and strategies for an intervention. *Body Image*, 46, 434-442

How to Demonstrate Body Acceptance

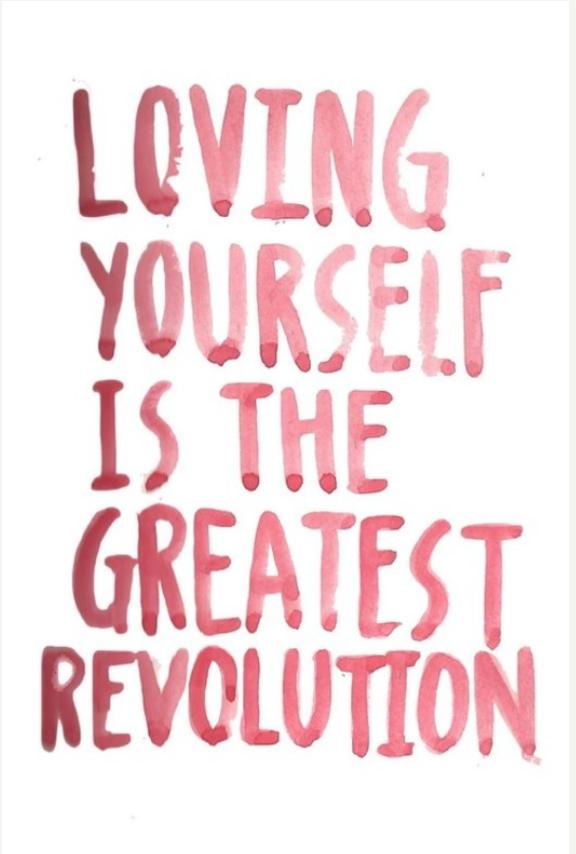
- Model healthy, balanced, and flexible dietary & exercise patterns
- Discourage the idea that a particular diet, weight, body size will lead to happiness
- Encourage students of all sizes are encouraged to participate in school activities
- Utilize terms like “bigger” or “smaller” bodies rather than skinny or fat
- Avoid labeling foods as bad and good
- Avoid discussing personal diets around students
- Abstain from “fat talk”: focus on accomplishments instead of appearance

How can showing more inclusivity change diet culture?

- Body dissatisfaction impacts everyone regardless of race, ethnicity, gender, socio economic status...
- Disrupts Fatphobia
- Challenges Beauty Standards Rooted in Exclusivity
- Promotes Body Acceptance
- Breaks the Cycle of Comparison
- Inclusive Representation Drives Social Change
 - Media does not often represent groups outside of white fit males and females

Be the Change

- Be mindful of fat talk
- Avoid labeling food as good vs. bad
- Discourage the idea that a particular diet, weight, body size will lead to happiness
- Create healthy boundaries
- Become a critical viewer: most media images are altered
- Learn to challenge thin ideal thoughts and conversations
- Honor your own hunger and cravings
- Talk about your body in a neutral way
- Speak up!



LOVING
YOURSELF
IS THE
GREATEST
REVOLUTION

Body Acceptance in your Workplace

- Avoid discussing diets/weight loss
- Use inclusive images in presentations
- Challenge stereotypes and biases
- Encourage open dialogue and create a welcoming environment
- Body inclusive furniture





- Provide training on evidence-based treatments and ongoing consultation and support
 - 500+ professionals trained across the state
 - Focus on reaching providers working in community mental health and/or rural settings
 - Over 30 trainings available online



Ultimate goal: High-quality treatment options for people in Missouri in their community

BODY U

A Wellness Program to Address
Body Image, Mood, and Anxiety

Complete a 5 minute confidential
survey and access a free online
program tailored to your needs.

Get started at bodyu.org

- Learn skills to thrive
- Cultivate a healthy body image
- Manage depression and anxiety



Available at no cost to all Missourians 18+



Body U is based on 30 years
of research and has been
used by thousands of
individuals.



@bodyuprogram



@bodyu.program

Funded by the Missouri Eating Disorders Council

Questions? Contact Marie-Laure Firebaugh at mcallewaert@wustl.edu

The Stanford-Washington University Eating Disorder (SWED) Youth Screener

- A brief, evidence-based tool designed for providers to assess eating disorder risk in youth ages 7–17.
- Providers receive immediate email results outlining the patient's risk level



DISORDERED EATING, EATING DISORDERS ECHO



EMPOWERING AND SUPPORTING HEALTHCARE PROFESSIONALS TO CONFIDENTLY AND EFFECTIVELY APPLY BEST PRACTICES

ECHO uses videoconferencing to connect interdisciplinary teams of specialists and subject matter experts. Together with the team, participants develop advanced skills and best practices through collaboration and case-based learning in an "all teach, all learn" environment. Join **every 1st and 3rd Tuesday of the month from 12:100 p.m.**

PARTICIPANTS WILL BE ABLE TO:

- Realize prevalence and presentation of disordered eating and eating disorders in all bodies inclusive of all identity characteristics, including but not limited to: age, size, race, ethnicity, ability level, socioeconomic status, sexual orientation and gender identity.
- Recognize early signs, clinical features, etiology and complexity of disordered eating and eating disorders.
- Respond through forming community partnerships and providing treatment in a team-based approach.
- Resist stigma and promote the empowerment and well-being of others by using a trauma informed and culturally humble approach to communicate about weight and health.

MEET OUR HUB TEAM

Stephanie Bagby-Stone, MD, DFAPA, CEDS-S

Psychiatrist
University of Missouri

Jenny Copeland, PsyD

Psychologist
Freeman Health System

Kelsey Esser, MSW, LCSW

Therapist
The Current Therapy Services

Beth Harrell, MS, RD, LD, CEDRD-S

Registered Dietitian
Private Practice/Independent Contractor

Melissa Lawson, MD, FAAP

Adolescent Medicine Physician
University of Missouri

Ginger Meyer, MS, RDN, CSSD, LD

Registered Dietitian, Sports Dietetics
University of Missouri

Stephanie Robbins, MS, LPC

Outpatient Program Specialist
Burrell Behavioral Health

Caroline Rudnick, MD, PhD, CEDS

Family Medicine Physician
McCallum Place



REGISTER NOW
SHOWMEECHO.ORG

FOR QUESTIONS

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