

**Grant Proposal**  
**Beyond the Mirror: Building Body Trust & Media Literacy**

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TSOCW 533A  
16 March 2024

## Overview

The prevalence of eating disorders (EDs) has increased drastically over the past decade, with social media playing a significant role in their development and ongoing perpetuation (Galmiche et al., 2019; Marks et al., 2020; Romano et al., 2021). This grant proposal not only examines the rising rates of EDs and the underlying factors contributing to their increase, but also highlights the disparities experienced by different communities and identities. Interviews with individuals who have lived experience with EDs, along with a review of current interventions and resources, were conducted to identify the most necessary intervention. The review reveals significant gaps in existing resources, which are primarily based outside the U.S., often costly, lacking in comprehensiveness and gender inclusivity, and focused more on prevention than on providing support for individuals currently struggling with EDs (Bell et al., 2022; McLean et al., 2017). Clearly, there is a need for an accessible, inclusive intervention that addresses the multiple factors that contribute to negative body image and disordered eating. My proposed intervention, *Beyond the Mirror: Building Body Trust and Media Literacy*, is a free online program designed for individuals with EDs or body dissatisfaction of all genders, identities, shapes, and sizes. *Beyond the Mirror* will offer interactive learning modules on Body Trust and media literacy, as well as an optional peer support group. *Beyond the Mirror* is built on the Body Trust framework and the Developmental Theory of Embodiment (DTE), guiding the program's approach to challenge harmful societal narratives surrounding weight, health, and beauty. (Kinavey & Sturtevant, 2022; Piran, 2019). Ultimately, this program will empower individuals to cultivate a healthier relationship with their bodies, while also equipping them with the tools to navigate social media in a way that fosters self-acceptance and resilience against unrealistic beauty standards.

## Social Positionality Statement

I am motivated to propose this intervention, considering I am someone who has battled an ED since the age of 13. I bring a personal understanding of the complexities surrounding EDs and social media. My journey has been marked by the challenges of comorbid depression, anxiety, and suicidality, all of which intensified my ED symptoms and deepened my feelings of hopelessness. I personally experienced the detrimental effects of social media, which often exacerbated my struggles and distorted my self-image, leading me to understand the critical need for effective support and intervention in addressing these issues. Throughout my recovery journey, I have been in and out of treatment and the hospital, navigating various therapeutic approaches and support systems. A pivotal moment in my recovery came when a compassionate social worker helped change my perspective on recovery, demonstrating the profound impact that effective support and education can have on individuals facing similar challenges. This transformative experience has inspired me to pursue a degree in social work, aiming to provide the same level of support and understanding to others in need. Without my personal experiences and the support of that social worker, I doubt I would be where I am today, driven to address the lasting impacts of social media on the development and perpetuation of EDs.

## Problem Definition & Analysis

### Who is Affected?

One person dies from an ED every 52 minutes, highlighting the importance of understanding who is most affected (Strategic Training Initiative et al., 2020). The lifetime prevalence of EDs in the U.S. is 8.60% for females and 4.07% for males, with rates doubling over the past two decades (Romano et al., 2021; Strategic Training Initiative et al., 2020). According to Galmiche et al. (2019), EDs are more common in women, adolescents, and young

adults, though men are less likely to seek treatment (Coffino et al., 2019). While prevalence is higher among white individuals, Black and Hispanic individuals are less likely to pursue help (Coffino et al., 2019; Kamody et al., 2019). Transgender, gender-diverse individuals, sexual minorities, and those in larger bodies face particularly high risks, with sexual minorities experiencing more than double the lifetime ED diagnoses compared to heterosexual individuals (Harrop et al., 2023; Kamody et al., 2019; Romano et al., 2021).

Intersecting identities and social statuses profoundly shape how individuals experience EDs (Coffino et al., 2019). For instance, men often encounter heightened shame and stigma, as EDs are typically seen as “female disorders,” which creates barriers to seeking treatment and contributes to the under recognition of symptoms by healthcare providers. Black and Hispanic individuals face additional barriers to care, such as fear of stigmatization, doubts about available support, insufficient symptom screening, and financial challenges. Similarly, sexual minorities often experience discrimination and stigma linked to their identity, which can lead to maladaptive coping mechanisms and internalized cultural standards that fuel body shame (Kamody et al., 2019). Individuals with higher body weights also face significant stigma, as healthcare providers may downplay their symptoms, fail to screen or diagnose, praise ED behaviors, and prioritize weight loss over holistic care (Harrop et al., 2023).

### **How are they Affected?**

The profound impact of EDs extends far beyond physical symptoms such as weight changes, cardiovascular complications, and nutritional deficiencies (Himmerich et al., 2021; Jenkins et al., 2011). Individuals with EDs often experience significant psychiatric comorbidities, with anxiety, depression, and suicidality being the most common. Furthermore, EDs are associated with a more severely impaired quality of life than other psychiatric conditions and even serious medical illnesses, impacting areas such as social functioning, emotional well-being, relationships, and physical pain (Galmiche et al., 2019; Jenkins et al., 2011). EDs further reduce self-esteem and hope while fueling body dissatisfaction and obsessive thoughts about weight and food. This creates a vicious cycle of disordered eating and emotional distress that severely diminishes overall well-being and quality of life (Polivy et al., 2002). Although these specific challenges vary across identities and each specific individual, the pervasive emotional and physical toll of EDs affects everyone, underscoring the need for inclusive and individualized approaches to care (Galmiche et al., 2019; Himmerich et al., 2021; Jenkins et al., 2011).

### **Risk Factors**

EDs arise from a complex interplay of various factors, including individual vulnerabilities, family dynamics, and sociocultural influences (Polivy & Herman, 2002). Individuals who already struggle with low self-esteem, feelings of hopelessness, perfectionism, or body dissatisfaction are at a heightened risk for developing EDs. Traumatic experiences, abuse, and high levels of stress can trigger these disorders, particularly when individuals lack healthy coping mechanisms. Genetic predispositions also play a significant role, as do family dynamics, especially in families with a history of EDs or patterns of insecure attachment and coercive control. Additionally, experiences of discrimination, stigma, and internalized cultural standards related to one’s sexual minority status can significantly heighten the risk of developing an ED (Kamody et al., 2019).

In recent years, social media has emerged as a significant factor in shaping perceptions and behaviors around body image (Marks et al., 2020; Polivy & Herman, 2002). In Western societies, increased social media engagement has intensified pressures to attain the ideal slim, athletic figure, especially for women, who are culturally expected to conform to ideals that

equate slimness with worth and fatness with negativity. Excessive use often leads to negative body image and toxic comparisons through curated self-presentation (Marks et al., 2020). Many individuals and companies online share edited photos that distort reality and reinforce unattainable beauty standards, creating a cycle of self-objectification and dissatisfaction that heightens the risk of developing EDs. Notably, a recent study showed that within minutes of using TikTok, 13-year-olds were exposed to ED-related content (Kropka, 2024). This underscores social media's role in accelerating access to harmful material through its algorithm-driven recommendations. Further research suggests that exposure to image-based content, such as "thinspiration" and "fitspiration," significantly impacts body dissatisfaction and can encourage disordered eating behaviors, emphasizing the need for critical engagement with social media content (Marks et al., 2020).

### **Protective Factors**

Various protective factors can mitigate the influence of risk factors on the development of EDs (Levine & Smolak, 2016). Individual factors such as body appreciation, mindful self-care that aligns with internal cues like hunger, experiencing positive body functionality, and practicing self-compassion all support resilience. A strong sense of autonomy, including the ability to reject the thinness ideal, further reinforces self-acceptance. Protective factors also involve an appreciation for diverse body shapes and mindfulness of body image distress or eating habits. On a broader level, supportive family relationships, feminist influences, and media literacy contribute to resisting societal pressures around appearance. These factors together underscore the critical importance of comprehensive education on body image, size diversity, and media literacy in fostering resilience against EDs (Levine & Smolak, 2016).

### **Major Shifts in Understanding**

While there is still much progress to be made in understanding the complexities of EDs, significant strides have been achieved over the past several decades (Marks, 2019). Disordered eating has existed since Hellenistic and medieval times, but it was only about 50 years ago that our understanding and treatment of these disorders rapidly evolved. In the 1960s, EDs were veiled in secrecy and stigma, with individuals often experiencing profound shame and a lack of understanding about their behaviors (Marks, 2019). A pivotal moment came with the inclusion of EDs in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1980. Since then, research, advocacy, and changes in the DSM have deepened our understanding of the biological, psychological, and sociocultural factors influencing EDs. Historically, EDs were seen as affecting young, white women, but now research shows they impact individuals of all genders, races, and body types (Coffino et al., 2019; Harrop et al., 2023; Marks, 2019). Recent progress, such as the inclusion of atypical anorexia in the fifth edition of the DSM and the growing adoption of the Health at Every Size (HAES) approach, reflects a more inclusive understanding and treatment. However, significant gaps remain in addressing systemic stigma and ensuring equitable access to care for marginalized populations (Coffino et al., 2019; Harrop et al., 2023; Kamody et al., 2019; Marks, 2019; Romano et al., 2021).

### **Theoretical Framework**

The Developmental Theory of Embodiment (DTE) provides a comprehensive framework for understanding how societal forces shape and regulate the bodies of diverse girls and women (Piran, 2019). It explains how these forces impose expectations that prioritize femininity practices, ultimately contributing to the creation of "docile" and disempowered bodies. DTE is research-based, grounded in the narratives of girls and women, and is supported by a range of quantitative studies. This theory aims to predict the quality of embodied lives among girls and

women by examining risk factors that contribute to body dissatisfaction, disordered eating, and disempowerment, as well as protective factors that foster body connection, autonomy, and empowerment. According to DTE, the quality of girls and women's embodied lives is shaped by social experiences across three interconnected domains: the physical, mental, and social power and relational connection domains. In the physical domain, protective factors include freedom in physical activities, bodily safety, care for the body, and the freedom to experience and express desire. In the mental domain, protective factors involve cultivating an assertive voice and a critical stance toward societal norms, including gendered appearance and comportment standards, and rejecting harmful constructions of race and ethnicity. The social power and relational connection domain focus on protective factors such as freedom from prejudice and harassment, social power that is not tied to appearance, empowering relationships, and inclusion in equitable and supportive communities. Overall, DTE sheds light on the intricate connections between social structures and individuals' embodied experiences, enhancing our understanding and paving the way for improved therapy and the development of new interventions (Piran, 2019).

### **Interventions**

Research has identified a range of effective interventions for preventing and mitigating the impact of social media on EDs and body dissatisfaction. No More Weighting is grounded in the Body Trust framework and empowers individuals to address internalized weight stigma, disordered eating, body shame, and traumatic stress (Mensing, 2022). Body Trust challenges the belief that health and well-being depend on achieving an "ideal" body size, promoting weight-neutral self-care, intuitive eating, joyful movement, self-compassion, and redefining success. It also challenges a society that profits from body insecurities and promotes perfectionism by encouraging participants to embrace imperfection. No More Weighting operates at micro, mezzo, and macro levels, offering weekly learning modules on body neutrality, self-compassion, and intuitive eating; group-based activities through discussion boards and Zoom sessions; and advocating for inclusive, weight-neutral healthcare. Overall, this program is a powerful example of how a holistic, weight-neutral approach can challenge societal norms and foster individual and collective healing. The program could benefit from being adapted to serve more diverse populations, as most participants have been female. It could also improve by incorporating media literacy to help individuals navigate online platforms and counter harmful body ideals (Mensing, 2022).

Digital Bodies, a single-session classroom-based intervention in England, is designed to improve adolescent body image by addressing unrealistic beauty ideals, particularly on social media (Bell et al., 2022). This program includes an engaging 1-hour session that features a self-affirmation activity, exercises to build cognitive dissonance, development of critical literacy skills, and the creation of a personalized plan to challenge societal appearance ideals. The content specifically focuses on the social construction of body ideals on social media, challenging myths about the "perfect body," and examining how adolescents contribute to and perpetuate these standards through online platforms. Digital Bodies operates at the micro, mezzo, and macro levels by fostering individual awareness and self-empowerment, promoting group discussions and collective action, and challenging societal beauty norms to shift perceptions of body image and self-worth. Overall, the program's strength lies in its ability to engage and empower adolescents to challenge harmful beauty standards, providing a strong foundation for positive body image. However, it could benefit from multiple sessions to promote deeper exploration and lasting change, especially if adapted for U.S. schools (Bell et al., 2022).

Boost Body Confidence and Social Media Savvy is a social media literacy intervention in Australia designed to help adolescent girls tackle body image challenges posed by social media and develop healthier ways to navigate online platforms (McLean et al., 2017). This program consists of three 50-minute lessons aimed at enhancing media literacy by helping adolescents recognize the persuasive tactics used in social media advertising, critically assess digitally altered images, and reduce appearance-based comparisons. It also focuses on building resilience against social comparisons, minimizing appearance-focused comments among peers, and shifting social media interactions away from an emphasis on appearance. Boost Body Confidence and Social Media Savvy operates at micro, mezzo, and macro levels by providing individual education on media literacy and body image, fostering group discussions and peer support, and advocating for broader cultural and societal shifts in how appearance is emphasized in social media interactions. Overall, the program excels in its ability to equip adolescents with critical skills to navigate social media more consciously, promoting healthier body image perceptions. This program could be enhanced by broadening its reach to include a more diverse range of participants, such as boys and non-binary youth, to ensure a more inclusive approach to body image and social media literacy (McLean et al., 2017).

There are a variety of public health and policy interventions that have been implemented to promote positive body image, healthy eating patterns, and reject society's thin-ideal (Rodgers et al., 2019). For example, the Dove Real Beauty Campaign was launched in 2004 to reduce appearance anxiety among women by demonstrating in a video how model's appearances are modified with makeup, lighting, and digital modification. While the campaign showed positive effects in the short term, its impact was limited, suggesting that extending the campaign and reinforcing its messages over a longer period could potentially lead to more lasting changes in societal perceptions of beauty. The Aerie Real initiative, launched in 2014 by the U.S.-based lingerie brand, marked a significant shift in the fashion industry by eliminating digital retouching of its models' bodies. The campaign also embraced greater diversity by featuring models of various ethnic backgrounds and body sizes, promoting a more inclusive and authentic representation of beauty. Vulnerable women were found to find these images less detrimental to their body image and, in turn, felt more comfortable and prouder of their bodies. This positive impact highlights the need for more companies to follow suit and prioritize diverse, unretouched portrayals of beauty in their marketing (Rodgers et al., 2019).

### **Resources**

While more resources are needed to prevent and mitigate EDs and body dissatisfaction, there are already some promising initiatives aimed at addressing these challenges. One such program is the National Eating Disorders Association (NEDA) Body Project, which focuses on improving body image and self-esteem by challenging societal pressures and unrealistic appearance ideals (National Eating Disorders Association, n.d.). The program offers training for facilitators, equipping them to deliver educational workshops, provide additional resources, and support women in U.S. high schools and colleges. Its primary goal is to prevent disordered eating and promote a healthy body image by challenging the pervasive thin ideal and unhealthy dieting culture. Through group-based discussions and peer support, the NEDA Body Project fosters a collaborative environment that encourages participants to rethink societal beauty standards and develop a more positive perception of their bodies. Research demonstrates that when girls and women engage in discussions about appearance ideals and explore ways to challenge and reject them, they experience improved body satisfaction. The NEDA Body Project has consistently proven effective in reducing body dissatisfaction, disordered eating, unhealthy dieting behaviors,

and negative mood. Overall, this evidence-based program plays a crucial role in the prevention and early intervention of EDs. However, it could be further enhanced by broadening its focus to address body image concerns across all genders and identities, incorporating media literacy education, and expanding its reach through digital platforms in addition to in-person workshops (National Eating Disorders Association, n.d.).

Another valuable resource is the Center for Body Trust, an organization founded by a therapist and dietitian that offers various approaches to support individuals in healing their relationship with food and their bodies, fostering a renewed sense of Body Trust (Kinavey & Sturtevant, n.d.). The Center for Body Trust operates in the U.S. and focuses on individuals of all body sizes, ages, and genders/identities. The Body Trust framework guides individuals in exploring their personal body narratives, understanding coping mechanisms as adaptive survival strategies rooted in wisdom, and addressing how harmful cultural beliefs and practices have disrupted their relationship with their bodies. The Center for Body Trust provides a range of opportunities for both professionals and community members to engage in learning and growth. These include online courses, professional training, in-person retreats, community events, and individual and group coaching that require a cost. Their offerings focus on fostering body acceptance, promoting intuitive eating, embracing weight inclusivity, and challenging societal constructs related to health, size, beauty, race, gender, and age. They also offer the book *Reclaiming Body Trust: Break Free from a Culture of Body Perfection, Disordered Eating, and Other Traumas*, which provides guidance on healing and liberating oneself from societal norms that perpetuate body perfectionism and disordered eating. Overall, the Center for Body Trust provides a comprehensive array of resources that hold significant potential for reducing EDs and fostering body acceptance. However, its impact could be further enhanced by integrating media literacy education and offering financial assistance or free access to courses, as cost may be a barrier for many individuals (Kinavey & Sturtevant, n.d.).

The Dove Self-Esteem Project is a resource focused on fostering body confidence and self-esteem in young people to help prevent EDs and body dissatisfaction (The Dove Self-Esteem Project, n.d.). It offers free training and workshops for parents and educators to support healthy body image development in children and teens. Additionally, online guides and activities are available for young individuals to complete independently and with their peers. Coaches can access specialized tools to enhance their athletes' body confidence, encouraging continued participation in sports, while the "Proud to Be Me" program provides tailored support for LGBTQ+ youth. The project also campaigns to challenge beauty stereotypes, promote realistic beauty standards in media, and advocates for policy changes, such as the 2023 revision of the Kids Online Safety and Privacy Act, to create a safer digital environment for children. Overall, the Dove Self-Esteem Project effectively raises awareness about body image issues in young individuals and provides a variety of resources for adults and children to challenge beauty stereotypes and embrace their uniqueness. This project could further improve by including training on media literacy education along with expanding their reach to offer a program for adults and people living in larger bodies (The Dove Self-Esteem Project, n.d.).

### **Stakeholder Information**

Three stakeholders with lived experience were interviewed to explore the root causes of EDs, the impact of social media, treatment disparities, emotional challenges, and potential intervention ideas. The first, a transgender male social worker with atypical anorexia, highlighted how societal pressures, peer influence, and family dynamics contributed to their disorder. Reflecting on early influences, they shared, "My mom was the first person that told me to lose

weight,” describing how her dieting behaviors shaped their relationship with food at a young age. Social media, especially Tumblr, exacerbated their ED through harmful thinspiration and body-checking content, including posts like, “I didn’t eat for three days so I could be pretty.” They also detailed significant disparities in accessing care, noting how being in a larger body and within the LGBTQ+ community often led to denial of treatment or extreme costs. Testosterone-induced body changes worsened their ED symptoms, as societal biases about weight masked the severity of their struggles. They emphasized the need to address emotional and social aspects of EDs in treatment, advocating for education on navigating social situations and social media more healthily. To combat harmful online content, they proposed implementing disclaimers and developing an app designed to limit “doom scrolling,” block triggering ED-related posts after extended viewing, and redirect users to uplifting, body-positive content. Clearly, their experience highlights the urgent need for trans-affirming, weight-inclusive care with a stronger focus on addressing the harmful impact of social media in perpetuating disordered eating.

The second stakeholder, a transgender therapist with lived experience of an ED, offered valuable insights into the systemic, interpersonal, and cultural factors contributing to disordered eating. They described risk factors like a genetic predisposition to anxiety, depression, and obsessive-compulsive behaviors, compounded by a family environment filled with body shaming and criticism. “My mom constantly told me my body was wrong and ugly,” they shared, highlighting how such scrutiny shaped their relationship with food and their body. Social media amplified these pressures by promoting harmful fitness culture and “thinspiration” content, including quotes like, “Nothing tastes as good as skinny feels,” which further fueled their disordered behaviors. They detailed how their ED led to profound struggles with depression, anxiety, suicidal ideation, and self-harm, leaving them overwhelmed by “guilt, shame, fear, and sorrow.” They noted the lack of recognition for EDs outside the stereotype of emaciated white women, pointing out the significant barriers to validation and care faced by people of color, transgender individuals, and those assigned male at birth. As a trans person, they expressed more concern about systemic issues, such as the lack of safety and access to gender-affirming care, than the impact of social media. They advocated for inclusive screening tools that address the intersection of gender dysphoria and disordered eating, as well as improved access to gender-affirming care. They argued that without these systemic changes, EDs among transgender individuals will continue to rise. Their reflections emphasize the need to address not only the emotional aspects of eating disorders but also the structural inequalities that drive disparities in treatment and prevention.

The third stakeholder, a female psychology student with lived experience of an ED, shed light on the complex interplay of systemic, psychological, and societal factors contributing to EDs. She identified key risk factors, including genetic predisposition, low self-esteem, perfectionism, and environmental influences such as cultural beauty standards and family dynamics. She detailed the profound impact of social media, describing how algorithms perpetuate cycles of comparison and disordered behaviors by promoting extreme dieting and fitness trends. “The algorithm maliciously creates a constant comparison cycle,” she said, highlighting her ongoing struggle to filter triggering content. She also discussed disparities in care, noting that marginalized groups such as people of color, LGBTQ+ individuals, and those in larger bodies are often underdiagnosed or dismissed. “When I was at a ‘healthy’ weight and still struggling, I wasn’t taken seriously,” she shared, expressing frustration with the lack of recognition for EDs in non-stereotypical populations. Her experience with treatment underscored significant barriers, including the rigid structure of care options that left her feeling trapped and

hopeless. “I kept being rejected by treatment centers that told me it was inpatient or nothing,” she said, emphasizing the need for more flexible, accessible programs. The toll of her ED extended beyond herself, straining relationships with family and placing her husband in a caretaker role that left him traumatized. She advocated for interventions focused on media literacy education to empower individuals to critically analyze harmful social media content and break free from the cycle of comparison. Her reflections emphasize the need for systemic changes, inclusive care, caregiver support, and innovative approaches that address both the personal and societal dimensions of EDs.

### **Needs Statement**

Based on this analysis of current interventions, resources, and lived experiences of stakeholders, several significant gaps emerge that have informed my steps to create the most necessary and effective intervention. The most significant gaps identified are the lack of media literacy education, comprehensiveness, gender disparities, and the need for more companies to portray more diverse standards of beauty. Media literacy is crucial for addressing the pervasive influence of harmful beauty standards and unrealistic body ideals perpetuated by the media. Without the skills to critically analyze media content, individuals, particularly young people, remain vulnerable to internalizing damaging messages that contribute to body dissatisfaction, disordered eating, and diminished self-esteem. Most media literacy programs currently available are outside of the U.S., are limited to girls and women, and solely focus on prevention (Bell et al., 2022; McLean et al., 2017). The gender disparity in these programs limits their reach and effectiveness, as they often fail to include male and non-binary individuals who are also affected by media representations and societal expectations. With these programs focusing solely on media literacy education, they lack comprehensiveness and overlook the biological, psychological, cultural, and social factors that contribute to negative body image and EDs. Furthermore, there is a need for greater advocacy and initiatives to encourage more companies, beyond just Aerie, to portray diverse, realistic, and unretouched standards of beauty in their marketing. All three stakeholders agreed that current resources and interventions are insufficient in addressing the complex issues surrounding EDs and social media. With the gaps identified in the analysis and all the stakeholders' concerns taken into account, it becomes clear that a more holistic and inclusive intervention is needed.

### **Description of Intervention**

My proposed intervention, *Beyond the Mirror: Building Body Trust and Media Literacy*, is a free online program designed for individuals aged 14 and older with EDs or body dissatisfaction of all genders, identities, and body sizes. The program will include five interactive modules on Body Trust and media literacy to start at launch, along with an optional peer support group to foster connection, validation, and shared learning among participants. To ensure accessibility, the program will be offered entirely online, allowing individuals to engage from various locations and at their own pace.

*Beyond the Mirror* draws from a Body Trust framework and the Developmental Theory of Embodiment (DTE) (Kinavey & Sturtevant, 2022; Piran, 2019). These frameworks both challenge harmful societal narratives around weight, health, and beauty while emphasizing self-compassion, resilience, and body autonomy. Body Trust focuses on healing relationships with the body by rejecting diet culture and unrealistic beauty standards, while DTE explores how societal forces perpetuate disempowered bodies through the physical, mental, social, and relational domains. By utilizing the Body Trust framework and DTE, my intervention aims to create a healing and empowering space where individuals of all sizes, genders, and identities can

reconnect with their bodies, challenge internalized weight stigma, and develop critical awareness of the societal forces that shape body image and self-worth. My intervention incorporates the perspectives of those affected by the problem through ensuring that the program is shaped by individuals with lived experiences of EDs and body dissatisfaction. This will be achieved through ongoing analysis of participant feedback via post-program surveys, which will assess the effectiveness of different components and identify areas for improvement. Additionally, the program will integrate personal narratives throughout its modules, offering participants the opportunity to see their own experiences reflected in the material, fostering a deeper sense of connection and understanding.

### **Body Trust & Media Literacy**

At the core of the intervention is Body Trust, a weight-inclusive framework grounded in self-compassion, imperfection, and autonomy (Kinavey & Sturtevant, 2022). Through *Beyond the Mirror*, individuals will learn to reconnect with and honor their bodies by rejecting harmful societal influences surrounding eating, appearance, and movement. They will be empowered to challenge diet culture, weight stigma, and unrealistic beauty standards while embracing self-care that feels authentic rather than being driven by external pressures. Participants will explore their body stories, understanding how diet culture and societal expectations have shaped their relationship with their bodies, and recognizing that even behaviors often labeled as "unhealthy" were once survival strategies rooted in wisdom. Through confronting harmful societal beliefs and critically analyzing the cultural norms that fueled body distrust and disordered eating patterns, individuals will begin to rebuild trust in their bodies. Ultimately, they will reclaim their body, voice, and story, embracing autonomy, imperfection, and self-care that is free from external control. By guiding participants through these processes in interactive modules, *Beyond the Mirror* will help participants cultivate a deeper sense of body trust and resilience, liberating them from the pressures of diet culture and unrealistic beauty standards, while empowering them to honor and care for their bodies authentically (Kinavey & Sturtevant, 2022).

The other core component of this intervention is media literacy, a critical tool that equips individuals with the awareness and analytical skills necessary to navigate and challenge media influences on body image, health, and food (Bell et al., 2022; The Dove Self-Esteem Project, n.d.; McLean et al., 2017; National Eating Disorders Association, n.d.; & Rodgers et al., 2019). Through *Beyond the Mirror*, participants will learn to critically examine and deconstruct media content, identifying unrealistic beauty standards and understanding how social, cultural, and economic factors shape the representation of bodies in the media. They will gain the skills to engage with social media in ways that align with their own values, encouraging self-expression, self-acceptance, and the promotion of diverse, inclusive representations of beauty. Participants will also learn how to filter their media content and adjust algorithms, curating a more supportive and positive digital environment while reducing exposure to harmful and triggering content. By integrating media literacy into *Beyond the Mirror*, this intervention will provide individuals not only with the tools to recognize and reject societal pressures but also the agency to take control of their digital experiences. By combining Body Trust and media literacy into a single, comprehensive program, *Beyond the Mirror* will be the first of its kind to address both internal and external influences on body image while providing direct support for individuals currently struggling with EDs and body dissatisfaction. Unlike existing interventions, which are primarily designed as prevention tools, *Beyond the Mirror* offers a holistic approach that fosters healing and resilience for individuals actively struggling with these challenges.

### **Activities**

Activities required to accomplish *Beyond the Mirror* will include several key steps to ensure the program is launched successfully and runs smoothly. First, two full time Master's-level social workers will be hired who are already certified in Body Trust or commit to starting the certification process upon hire. Staff members who are not yet certified will be required to read the book *Reclaiming Body Trust* as their onboarding training and will begin the certification process immediately. Staff will be recruited through online job postings and professional networking platforms such as Indeed and LinkedIn. The CEO and staff will collaborate closely to design and develop the online platform, incorporating both Body Trust and media literacy modules that are interactive, engaging, and accessible (see Appendix A). In addition, the peer support group structure will be thoughtfully designed to provide a safe, empathetic environment where participants can share their experiences, connect, and offer mutual support. Staff will be responsible to provide outreach for participants in crisis, ensuring that any individuals who need additional support are connected with the proper resources. To promote the program and attract participants, the CEO will oversee the development of advertising materials while also advocating for media campaigns and partnerships with organizations and influencers aligned with the program's mission. To measure the program's effectiveness and continuously improve, staff will develop, administer, and analyze post-tests and surveys. The full development and launch of the program, following staff hiring, will be completed within a 6-month timeframe.

### **Goals & Outcomes**

The primary long-term goal of *Beyond the Mirror* is to reduce the prevalence of disordered eating and body dissatisfaction by providing individuals with the knowledge and skills to develop a healthier relationship with their bodies, challenge societal beauty standards, and embrace imperfection and self-compassion. Through its weight-inclusive, Body Trust and media literacy education, the program aims to foster lasting change by addressing intertwining factors that contribute to body image struggles. A secondary long-term goal is to expand the program's outreach through social media campaigns and strategic partnerships. This will occur behind the scenes of the intervention itself to further promote body diversity and challenge harmful beauty ideals at a larger societal level. These campaigns will focus on highlighting raw, unedited photos, showcasing a range of body shapes and sizes, to foster a culture of inclusivity and acceptance. Collaborating with influencers, brands, and media platforms, *Beyond the Mirror* aims to shift societal norms by increasing visibility and acceptance of diverse body types. Both goals are designed to create an ongoing, multi-level impact to help individuals improve their relationship with their bodies while also challenging the larger societal systems that perpetuate unrealistic beauty standards and diet culture.

The first outcome of *Beyond the Mirror* is for participants to gain increased knowledge of Body Trust. This will be indicated by at least 50% of participants demonstrating comprehension of Body Trust concepts in a post-test administered upon completion of all modules. Success will be shown by participants achieving a post-test score of 80% or higher. Additionally, an improved relationship with body, food, movement, and internal hunger cues will serve as another indicator of Body Trust knowledge. This will be assessed through a follow-up survey administered one month after module completion, as behavior takes time to change. Success will be determined if at least 25% of participants report improvements in these areas, with a minimum 20% increase in self-reported Body Trust. The second outcome of *Beyond the Mirror* is for participants to develop increased knowledge of media literacy. This will be demonstrated by at least 50% of participants understanding how to identify and critically analyze unrealistic beauty standards in the media and how to filter harmful content. A post-test administered after module completion

will measure success, with an 80% or higher score indicating sufficient comprehension. Additionally, *Beyond the Mirror* aims to reduce social media-related body dissatisfaction among participants. This will be assessed in a one-month follow-up survey, with success defined as at least 25% of participants reporting a 20% or greater reduction in body dissatisfaction linked to social media use. Since peer support groups are optional, follow-up survey data will be gathered separately for those who engaged only in the modules versus those who also participated in peer support. This distinction will help assess the added impact of peer support and connection.

### **Validity & Reliability**

*Beyond the Mirror* will ensure validity by developing and piloting test questions to confirm that assessments accurately measure Body Trust concepts and media literacy skills. Staff will collaborate with subject matter experts to align test questions with the most current research on Body Trust and media literacy, ensuring that assessments effectively evaluate participant learning. Pilot testing will help refine questions, ensuring clarity, relevance, and alignment with program objectives. To ensure reliability, all participants will receive the same standardized online tests and surveys, maintaining consistency across responses. The program's automated system will record responses, track completion rates, and monitor patterns to minimize human error. All of these steps will ensure that *Beyond the Mirror* collects accurate, consistent, and actionable data to measure the program's impact effectively.

### **Barriers/Other Considerations**

While *Beyond the Mirror* offers a promising approach to addressing body dissatisfaction and EDs through a weight-inclusive Body Trust and media literacy focused intervention, several barriers and considerations must be acknowledged to ensure success. One of the primary barriers to participation is access to technology and a stable internet connection. Since the program is entirely online, individuals with low-income or those living in rural areas may face challenges in fully engaging with the program. To accommodate individuals with limited internet access, we will offer printable and mailed versions of our modules and provide the option to complete post-tests and surveys over the phone. Additionally, *Beyond the Mirror* will provide the option to join peer support groups via phone call, ensuring that those without reliable internet or video capabilities can still participate and receive support.

Given the nature of the topics discussed, some participants may experience emotional distress when reflecting on their body image struggles and past experiences with disordered eating. While the peer support group offers a space for connection and validation, it is not a substitute for therapy. Therefore, there will be clear disclaimers about the program's scope, as well as readily available crisis resources and referral pathways to professional mental health services for participants who need further support. Additionally, ensuring long-term sustainability will require consistent funding for staff salaries, platform maintenance, and program development and improvement. While offering the program for free enhances accessibility, it also requires securing financial support through grants and partnerships with advocacy organizations (See appendix B). Future sustainability strategies to address this barrier could include integrating sponsorships or funding from public health initiatives aligned with weight-inclusive care.

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## **Appendix A- Beyond the Mirror Module Format**

*Please note that the contents of this module format represent an initial idea that will be further developed and enhanced by Beyond the Mirror staff before the launch of the program.*

### **Module 1: Foundations of Body Trust and Media Literacy**

This introductory module provides participants with a foundational understanding of Body Trust and media literacy. Participants will learn about the Body Trust framework, its principles of self-compassion, autonomy, and imperfection, and how media influences body image. This module lays the groundwork for the deeper work to come, helping participants build a solid foundation for the journey of reconnecting with their bodies and critically analyzing media messages.

#### Key Objectives:

- Introduce participants to core Body Trust and media literacy concepts along with why they are important.
- Discuss how societal influences, including social media, contribute to negative body image and disordered eating behaviors.
- Help participants reflect on their own body stories and begin to recognize the impact of media on their body image.
- Guided Reflection Journal: Participants will respond to prompts about their personal experiences with body image and media influences.

### **Module 2: Understanding Weight Stigma and Challenging Harmful Health Narratives**

This module dives into the harmful effects of weight stigma and how societal health narratives are influenced by diet culture and weight-based discrimination. Participants will learn how to challenge the harmful stereotypes surrounding weight, health, and body size. Through critical analysis, participants will gain tools to identify these biases and begin cultivating a more inclusive, body-positive mindset.

#### Key Objectives:

- Understand the psychological and social impacts of weight stigma
- Learn how to recognize and challenge harmful health narratives perpetuated by media and society.
- Explore the link between diet culture, weight stigma, and disordered eating behaviors.
- Empower participants to reframe their beliefs about health and body size.
- Understand Facts vs. Myths: A drag-and-drop activity where participants differentiate between common health and weight myths and factual information.

### **Module 3: Spotting and Dismantling Harmful Media Messages**

In this module, participants will focus on recognizing harmful messages within the media, including advertising, social media, and popular culture. Participants will learn specific strategies to dismantle and challenge these messages, as well as ways to curate their media feed to foster positive body image and self-worth.

#### Key Objectives:

- Equip participants with tools to spot harmful media messages related to body image and beauty standards.
  - Teach methods for dismantling unrealistic beauty ideals and messages of body dissatisfaction.
  - Learn how to adjust social media algorithms and curate a digital environment that aligns with personal values and promotes body acceptance.
  - Engage in discussions about the long-term impact of media on body image and ways to build resilience.
  - Participants will be recommended body positive media accounts they can follow that promote imperfection and diverse portrayals of beauty.
  - Learning Video: Video that demonstrates how models and influencer's appearances are modified with makeup, lighting, filters, and digital modification.
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#### **Module 4: Embracing Imperfection, Compassion, and Internal Body Cues**

This module focuses on cultivating a compassionate and accepting relationship with one's body, emphasizing the importance of imperfection. Participants will learn how to embrace internal body cues, and develop a compassionate, non-judgmental approach to their bodies.

##### Key Objectives:

- Explore the importance of imperfection and how it relates to body acceptance.
  - Learn to listen to and honor internal body cues for hunger, fullness, and satisfaction.
  - Cultivate self-compassion as a core practice for improving body image and relationship with food.
  - Discuss how societal pressures distort body trust and how embracing imperfection can be liberating.
  - Hunger/Fullness/Satisfaction Tracking: A self-reflection tool to help participants know how to identify, track, and honor their internal body cues.
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#### **Module 5: Integrating Body Trust and Media Literacy into Daily Life**

The final module provides participants with practical tools for incorporating the principles of Body Trust and media literacy into everyday life. Participants will learn how to maintain their body trust practices, challenge harmful media messages, and create an ongoing, supportive environment for body acceptance and self-compassion.

##### Key Objectives:

- Develop a plan for integrating the concepts of Body Trust and media literacy into everyday activities and mindset.
- Explore strategies for maintaining a healthy relationship with the body and media over time.
- Learn how to navigate and cope with challenging situations, including social pressures and media exposure, with resilience.
- Encourage participants to participate in and share their experiences in the peer support group to foster community connection beyond the program.

- Personalized Action Plan: Participants will create a step-by-step plan through the help of prompts, ideas, and coping strategies to maintain their Body Trust and media literacy practices.

### Appendix B- Beyond the Mirror Annual Budget

<b>Revenue</b>			<b>Notes</b>
Individual Contributions		\$30,693	Individual donors/fundraising efforts
Private Grants	Grant 1: National Eating Disorder Association (NEDA)	\$150,000	
	Grant 2: Eating Disorder Coalition (EDC)	\$55,000	
	Grant 3: National Alliance on Mental Illness (NAMI)	\$150,000	
Government Grants			
Program Fees			
In-Kind			
Other			
<b>TOTAL REVENUE</b>		<b>\$385,693</b>	

<b>Personnel Expenses</b>	<b>FTE</b>	<b>Annual Wages</b>	<b>Taxes &amp; Benefits</b>	<b>Cost to Program</b>	<b>Notes</b>
CEO/Program Director	1.0	\$90,000	\$27,000	\$117,000	
Master's-level Social Worker (2)	2.0	\$75,000 each	\$22,500 each	\$195,000	
<b>Total Personnel Expenses</b>				<b>\$312,000</b>	
<b>Non-Personnel Expenses</b>					
Space (Virtual platform/office)				\$5,000	Website, cloud storage, Zoom
Communications				\$1,000	Advertisement, fundraising
Supplies				\$200	Includes copies of <i>Reclaiming Body Trust</i> for staff
Travel				\$500	Conferences/professional development
Equipment				\$3,000	Computers for staff at home
Client Support				\$500	Printed/mailed materials for clients without internet, outreach
Training				\$8,000	For staff not certified in Body Trust (costs \$4,000 per individual)
Other Expenses				\$1,000	Miscellaneous/unexpected costs
<b>Subttl Non-Personnel Expenses</b>				<b>\$19,200</b>	
<b>Subtotal All Expenses</b>				<b>\$350,630</b>	
Admin/Indirect Costs				\$35,063	10% Admin/Indirect
<b>TOTAL EXPENSES</b>				<b>\$385,693</b>	

