

Why Can't I be the Main
Character:
The Depictions of Eating
Disorders in Films from
2000-2020

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Meet Dr. Jermeckia Sandefer, LPC-MHSP

Clinical and Counselor Education work: Specializing in eating disorders in all ages using cognitive behavioral therapy and mindfulness-based approaches. Full-time Professor at Grand Canyon University and Adjunct instructor at Northwestern University.

Plans for continued research: Planning to take a more thorough focus on diversity and representation, especially in respect to media portrayals, and how they can greatly assist eating disorder research.

What's next: Publishing a workbook on eating disorder interventions to help seasoned and new clinicians navigate eating disorders with their clients titled "The Eating Disorder Recovery Playbook: 80 Activities for Therapists".



Objectives

- Analyze the gap between the rising prevalence of eating disorders and their portrayal in modern cinema.
- Critically evaluate how films perpetuate stereotypes and myths surrounding eating disorders.
- Recognize the importance of accurate media portrayals for counselors and educators working to address eating disorders.

Introduction and Research Background

The **purpose** of this dissertation was to examine depictions of eating disorders in films from 2000-2020 as a means of investigating the stereotypes and representations of eating disorders in modern cinema. For this study, ten movies about eating disorders were analyzed; these movies are *Sharing the Secret* (2000), *Dying to Dance* (2001), *Hunger Point* (2003), *Thirteen* (2003), *In the Mirror Dimly* (2007), *Disfigured* (2008), *Starving in Suburbia* (2014), *Little Miss Perfect* (2016), *To the Bone* (2017), and *Feed* (2017).

Eating disorders impact individuals regardless of age, sex, gender, sexual orientation, culture, race, or ethnicity (Levinson et al., 2018; Olofsson et al., 2020, Palmeroni et al., 2020).

- Eating disorders are inaccurately portrayed in society, films, and media
- Minority women are underrepresented in media and films
- Who is the focus of the research literature?
- Life imitates art vs art imitates life



Overview of the Research Process

Qualitative Research

A method of research which assists in generating useful and informative data.

Directed Content Analysis

A qualitative research method that involves the systematic analysis of content or meaning of messages in the films.

Case Studies

Each individual film is a case study. Every aspect of the protagonist's life and history as it relates to ED is detailed.

Research Questions

Central Question:

The guiding question for this study is: How are eating disorders depicted in film from 2000-2020?

Sub-questions:

1. What myths about eating disorders appear in films?
2. How do the portrayals track with the clinical literature about ED?
3. How is the therapeutic process described/portrayed, if at all, in the films?
4. What are the factors as described in the film that contributed to the protagonist's ED?

"Pig."

The thought rings through my mind as I catch a glimpse of my distorted body outside the large city windows of American Eagle. I grab the sleeve cuffs of my XL hoodie and wrap my arms around my bloated stomach to hide from the world.

Disappear.

Most people would say I am too skinny. And I'm not.

"Keysha?" Jessica grabs my shoulder as I lose myself in a daze. "Can we go eat? I'm starving?"

"You're starving," I thought to myself, I haven't eaten in three days and I'm fine. You're not starving. You're weak."

"I had a big breakfast after my run this morning," I lied. "But I'll sit with you while you eat." I have mixed feelings about watching others eat. It makes me feel empowered, but when the food looks and smells delicious, I feel like a victim being tortured. In a twisted way, I like being tortured.

The smell of food twists my stomach a thousand ways until the feeling of hunger vanishes and grows into nausea and disgust.

"As much as you run, I'm surprised you don't look anorexic," my friend jokes.

I instantly feel my cortisol levels rise, and every muscle in my body tightens. I fake a smile and glance at my body in the window one last time: my dark brown skin is barely visible in the dark window, but there is just enough light to still hate what I can see.

I follow my friend to a nearby restaurant and sit across from her. The reflection of my face catches my attention from my iPhone. Because of the angle, it looks like I have two chins. I grow angry at myself. "Fat fuck," I think to myself.

"I'm gonna head to the bathroom while you order," I say to Jessica.

I get up from my seat and head to the bathroom, where I enter the first available stall and dig through my purse searching for my caffeine and diet pills. I take 3 of each even though the bottle says to only take one. One is for normal people. I'm not normal.

I head back to the table my friend is sitting at and ask her what she ordered.

"A cheeseburger and fries. Want to try it? Theirs are the best in town!"

"You know I'm vegan now," I reply.

"One of my coworkers went vegan for 6 months, and she lost 40 pounds," Jessica responds as her cheeseburger arrives at the table.

I've been vegan for 2 months and have only lost 3 pounds. "Why is her coworker losing more weight than me?" I start shaking my foot to make sure I'm still burning calories while sitting at the table. I look up at Jessica as she takes a big bite of her cheeseburger.

I sometimes get annoyed with people like Jessica who can eat whatever they want without gaining a pound; meanwhile, the salad I ate 4 days ago still feels like it's lingering in my body and mind.

My stomach starts to growl watching Jessica eat her burger. I grab my glass of water and begin chugging it, filling the emptiness with liquid.

Who do you visualize?



Eating Disorder Types

Anorexia Nervosa

Depicted as weight loss, with the individual struggling to maintain the appropriate body weight for the individual's height, age, gender, and sex.

Physical Health Consequences: osteoporosis, brittle bones, dehydration, renal failure, fainting, brittle nails, hair loss

Mental Health Consequences: OCD, anxiety, substance abuse, body dysmorphia, depression, suicidality

Causal Pathways: Genetics, sports that focus on body shape and size, biological psychological, and environmental variables

Bulimia Nervosa

Depicted as episodes of eating, bingeing, and unhealthy behaviors such as self-induced vomiting, diet pills, laxatives, over-exercising.

Physical Health Consequences: chemical and electrolyte imbalances, irregular heartbeats, heart failure, stomach rupture, hair loss, brittle nails, tooth decay, constipation

Mental Health Consequences: low self-esteem, body image distortions, suicidality, BPD, MDD, GAD

Causal Pathways: Childhood trauma, neglect, abandonment, witnessing or experiencing violence, chronic stress, traumatic events

Binge-Eating Disorder

Depicted as episodes of binge eating in which a very large quantity of food is consumed in a brief period of time.

Physical Health Consequences: cardiovascular issues, type 2 diabetes, elevated blood pressure, gallbladder illness, heartburn, bloating, diarrhea

Mental Health Consequences: guilt, shame, loathing, anxiety, depression, PTSD, suicidality

Causal Pathways: Childhood trauma, abandonment

Eating Disorders Common Characteristics

- ❑ ED treatment relies heavily on Cognitive Behavioral Therapy
 - ❑ Family-Based Treatment
 - ❑ Interpersonal Psychotherapy
 - ❑ Dialectical Behavioral Therapy
 - ❑ Acceptance and Commitment Therapy
 - ❑ Trauma-Informed Care
- ❑ 30 million people will suffer from an ED
- ❑ Before the age of 40, 1 in 5 American women are predicted to have an ED
- ❑ Before the age of 40, 1 in 7 American men experience an ED
- ❑ More people than not experience ED



Diagnostic Tools, Questionnaires, & Assessments

Eating Disorder Examination Questionnaire (EDE-Q)

- Purpose: Self-report version of the EDE.
- Measures: Same domains as the EDE (eating restraint, shape/weight concern, eating concern).
- Pros: Less time-intensive, widely used in research and clinical practice.
- Cons: Self-report bias may influence results.

Eating Attitudes Test (EAT-26)

- Purpose: Screens for eating disorder risk and behaviors.
- Measures: Dieting, bulimia, and food preoccupation.
- Pros: Brief, easy to administer, and widely validated.
- Cons: More of a screening tool than diagnostic.

Body Shape Questionnaire (BSQ)

- Purpose: Measures body shape dissatisfaction.
- Pros: Specifically targets body image concerns.
- Cons: May not capture broader eating disorder behaviors.

Eating Disorder Prevalence Rates in Different Ethnic Groups

ETHNICITY	ANOREXIA NERVOSA	BULIMIA NERVOSA	BINGE EATING DISORDER
BLACK	0.0%	3.4%	6.9%
HISPANIC/LATINX	1.4%	7.8%	3.5%
WHITE	0.7%	5.9%	5.4%
ASIAN-AMERICAN	0.8%	6.2%	7.7%

Eating Disorders and Childhood Trauma

- ❑ Childhood trauma as a powerful antecedent to ED
- ❑ ED may function as internalized sense of control
- ❑ Traumatic experiences put individuals at risk for developing ED
- ❑ Research shows ED patients with a history of childhood trauma differ from individuals who develop an ED in the absence of trauma

Eating Disorders and Comorbidity

	ANOREXIA NERVOSA	BULIMIA NERVOSA	BINGE EATING DISORDER
ANXIETY DISORDERS	47.9%	80.6%	65.1%
MOOD DISORDERS	42.1%	70.7%	46.4%
IMPULSE CONTROL DISORDERS	30.8%	63.8%	43.3%
SUBSTANCE ABUSE DISORDERS	27.0%	36.8%	23.3%
ANY MENTAL HEALTH DISORDER	56.2%	94.5%	78.9%

SOCIAL CONSTRUCTIONISM & EATING DISORDERS

SOCIETAL & CULTURAL INFLUENCES

- Media Messages
- Societal norms around beauty and thinness
- Cultural beliefs about food and eating

DEVELOPMENT OF DISTORTED BELIEFS

- Beliefs about body image
- Beliefs about the relationship between food and self-worth
- Unrealistic body standards
- Internalization of the "thin ideal"

TRIGGERING EVENTS

- Traumatic Experiences (e.g., childhood abuse, bullying)
- Negative body image and dissatisfaction
- Obsessive thoughts about food and weight

REINFORCEMENT OF DISORDERED BEHAVIORS

- Restrictive Eating
- Purging
- Over-exercising
- Bingeing
- Demonization of certain foods
- Emphasis on "clean" or "healthy" eating

MAINTENANCE OF DISTORTED BELIEFS

- Continued reinforcement of disordered behaviors
- Difficulty seeking help or changing behaviors

SOCIAL & CULTURAL FACTORS IN RECOVERY

- Social support from friends and family
- Stigma and shame
- Societal pressure to conform to certain body ideals
- Access to treatment

MEDIA PORTRAYALS OF ED

- Glamorization of thinness and weight loss
- Negative portrayals of overweight individuals
- Emphasis on diet and exercise

DEPICTIONS OF ED IN FILMS

- Portrayal of ED as a choice or lifestyle
- Portrayal of ED as a White woman disorder
- Misrepresentation of the causes and consequences of ED

The background features a soft watercolor wash in shades of purple, teal, and light blue. Scattered throughout are delicate gold leaf-like patterns and small gold speckles, giving it a textured, artistic feel.

“Nothing tastes as
good as **skinny** feels”

- *Kate Moss*

Media Portrayals of ED

- ❑ The media promotes a plethora of beliefs about what it means to be slender and beautiful.
 - ❑ Unrealistic
 - ❑ Harmful
 - ❑ Unattainable standard of attractiveness
 - ❑ Deflated self image





**“I’LL STARE DIRECTLY AT
THE SUN BUT NEVER IN
THE MIRROR.”**

**- TAYLOR
SWIFT**



Eating Disorders: Myths vs. Reality

Myth 1

Eating disorders are not serious illnesses.

Myth 2

Eating disorders revolve entirely around food.

Myth 3

Only women are afflicted with eating disorders.

Myth 4

Individuals with eating disorders will never recover.

Myth 5

Eating disorders are solely caused by parents.

Myth 6

Only very thin people suffer from eating disorders.

Myth 7

You can tell an individual has an eating disorder based on appearance.

Myth 8

Only white individuals are afflicted with eating disorders.

True or False?

1. Individuals with eating disorders are often aware of the irrationality of their behaviors but are unable to change them due to a lack of willpower.

False: Many individuals with eating disorders struggle with distorted thinking and have difficulty recognizing the irrationality of their behaviors due to the nature of the disorder.

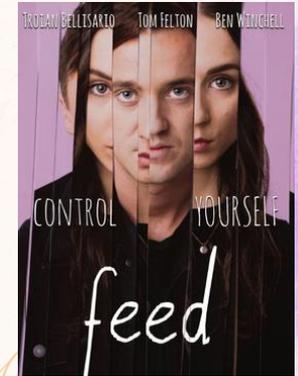
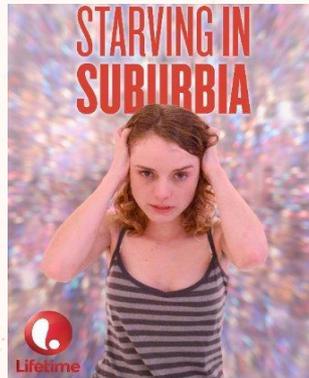
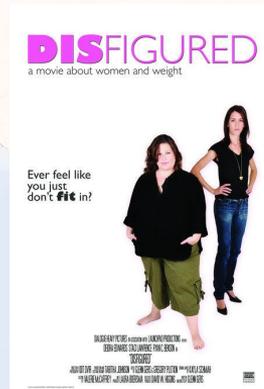
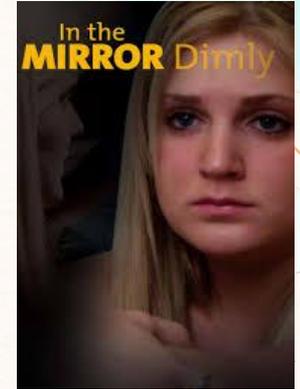
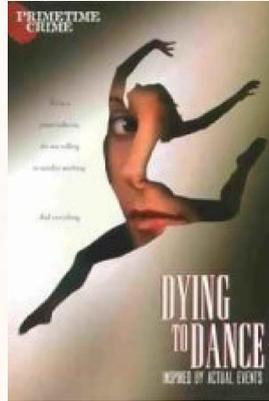
2. The effectiveness of eating disorder treatment is largely determined by the individual's adherence to a prescribed treatment plan, with less emphasis on the quality of therapeutic relationships.

False: While adherence is important, the quality of therapeutic relationships and support systems are crucial factors in the effectiveness of treatment for eating disorders.

3. Family dynamics and relationships can significantly impact the development and treatment of eating disorders.

True: Family dynamics and relationships play a crucial role in both the development of and recovery from eating disorders.

Depiction of ED in Film



Depictions of ED in Films Rubrics

Name of film:

Physical Attributes of Main Character

Thin

Protruding Bones

Damaged Nails/Teeth

Frail

Broken blood vessels

Thinning hair

Weight fluctuations throughout film

Clothes too tight

Clothes too loose

Name of film:

Behavioral Attributes of Main Character

Eating in secret

Covering up in layers of clothing

Frequently checking in mirror

Exercising excessively

Severely restricting food intake

Bingeing

Self-induced vomiting

Dieting

Laxatives, diet pills, etc.

Calorie counting

Social withdrawal

Frequently weighing

Name of film:

Emotional/Mental Attributes of Main Character

Body dysmorphia

Suicidal Ideations

Co-morbidity (depression, anxiety, mood disorders, substance abuse, etc.)

Low self-esteem

Depictions of ED in Films Rubrics

Name of film:

Eating Disorder Myths

ED are not serious illnesses.

ED revolve entirely around food.

Only women are afflicted with ED.

Individuals with ED will never recover.

ED are solely caused by parents.

Only very thin people suffer from ED.

You can tell an individual has an eating disorder based on appearance.

Only white individuals are afflicted with eating disorders.

Name of film:

Causal Pathways

Activities or sports that focus on body shape and size including: ballet, bodybuilding, cheerleading, etc.

Biological factors/genes

Environmental factors/social comparison

Childhood trauma

PTSD

Relational Issues

Family

Peers

Name of film:

Representation of ED Treatment

BMI

Feeding tube

Scale

1:1 Ration/Bathroom supervision post-meals

Group therapy

Individual therapy

Family-based therapy

Hospitalization for ED

Residential treatment

Implications for Clinical Practice

- Mental health practitioners must be aware of the impact of media portrayals, particularly films, on clients with eating disorders.
- Clinicians should critically assess these representations with their clients to dispel potential misunderstandings or biases.
- Treatment should consider clients' cultural and ethnic backgrounds, addressing unique challenges and experiences with eating disorders.
- Culturally sensitive and inclusive treatment approaches are crucial, especially for minority clients.

Implications for Clinical Practice

- Media stereotypes, such as the misconception that eating disorders are a choice or limited to specific populations, can discourage clients from seeking help.
- Counselors need to counter these harmful narratives by providing accurate information and creating a supportive, non-judgmental environment.
- There is a risk that counselors may unintentionally adopt biases from media portrayals, which can result in inadequate or harmful treatment.
- Ongoing education and self-reflection are essential for counselors to challenge internalized biases and provide informed, compassionate care.

Implications for Advocacy

- Advocacy efforts should focus on promoting accurate, diverse depictions of eating disorders in films.
- Collaborating with filmmakers, production companies, and advocacy groups can encourage more inclusive storytelling and raise awareness about underrepresented populations.
- Advocates can help create guidelines for responsible and truthful portrayals of eating disorders in the media.
- Public awareness campaigns and educational initiatives should challenge misconceptions, reduce stigma, and educate about eating disorders in minority communities.

Implications for Advocacy

- Counselors have a role in promoting more realistic and inclusive portrayals of eating disorders in the media.
- Counselors can contribute by engaging in public education, conducting research that challenges stereotypes, and partnering with media organizations.
- Media literacy education should be incorporated into counselor training to prepare future counselors for the impact of film portrayals on clients.
- By advocating for accurate media depictions, counselors can support recovery and reduce stigma associated with eating disorders.

Implications

Implications of this study contributed to counseling literature by **increasing** counselors' knowledge about and sensitivity to these issues. Perhaps, more importantly, it also will act as a catalyst to **inspire** counselors to be agents of **change** and **advocates** on behalf of their clients, students, and possibly themselves. Counselors may not have the ability to **shape** the production of Hollywood film; they do have **opportunities**, however, to engage their clients in conversations about erroneous thinking and harmful attitudes about mental disorders such as eating disorders.

Recommendations for Future Research

Media Influence on Eating Disorders

- Investigate the scope and impact of media (including social media) on eating disorder development.
- Use longitudinal studies to track media exposure and its effects on eating disorder symptoms over time.
- Explore how different forms of media (e.g., social media, influencers) influence eating disorders.

Cultural Influence

- Conduct cross-cultural studies to understand how media portrayals of eating disorders affect different cultures.
- Develop culturally sensitive prevention and treatment strategies.

Diversity and Representation

- Focus on diversity in media portrayals related to eating disorders, including body image, beauty standards, and dietary behaviors.
- Examine the impact of media on underrepresented groups (men, elderly, racial/ethnic minorities, LGBTQ+).
- Investigate how media influences eating disorder prevalence and stigma in these groups

Recommendations for Future Research

Advocacy and Policy

- Research the effects of policies on responsible media representations of eating disorders.
- Partner with media organizations to study the impact of media changes on public perceptions and personal experiences with eating disorders.

Prevention and Awareness

- Promote media campaigns encouraging healthy body image and eating behaviors.
- Enhance public understanding of eating disorders through research dissemination to reduce stigma and encourage early intervention.

Eating Disorder Safety Plan

1. Personal Triggers:

Identify the situations, emotions, or environments that can trigger eating disorder behaviors.

- **Emotional triggers** (e.g., stress, anxiety, sadness)
- **Social triggers** (e.g., family gatherings, peer pressure, weight talk)
- **Environmental triggers** (e.g., mirrors, scales, specific locations like gyms)

List of my triggers:

- _____
- _____
- _____

2. Early Warning Signs:

Recognize the early signs that indicate you are struggling or heading toward a relapse.

- Preoccupation with food, weight, or body image
- Skipping meals or restricting
- Excessive exercise or compulsive behaviors
- Self-isolation or avoidance of social situations

My warning signs:

- _____
- _____
- _____

3. Coping Strategies:

Develop healthy ways to cope when faced with triggers or warning signs. These should be alternatives to eating disorder behaviors and help regulate emotions.

- **Grounding techniques** (e.g., deep breathing, mindfulness)
- **Distraction activities** (e.g., art, journaling, watching a favorite show)
- **Self-soothing methods** (e.g., taking a bath, listening to calming music)
- **Reach out to a support person**

My go-to coping strategies:

- _____
- _____
- _____

4. Safe People to Call:

Identify a list of trusted people you can contact when you're struggling, including friends, family, therapists, or helplines.

Eating Disorder Safety Plan

- Name: _____ | Phone: _____
- Name: _____ | Phone: _____
- Name: _____ | Phone: _____

5. Emergency Contacts and Resources:

In case of an emergency or crisis, having the right contacts at hand can save valuable time.

- **Therapist Name & Contact:** _____
- **Primary Doctor:** _____
- **Crisis Helpline:** 1-800-273-8255 (or local crisis number)
- **National Eating Disorders Association (NEDA) Helpline:** 1-800-931-2237

6. Self-Compassion Statements:

Include affirmations or statements that promote self-kindness, which can help reduce negative self-talk and boost confidence during difficult moments.

- **Examples:**
 - "My worth is not defined by my appearance or food choices."
 - "I am capable of recovery, even when it feels hard."
 - "I deserve nourishment and self-care."

My personal self-compassion statements:

- _____
- _____
- _____

7. Long-Term Goals:

List the reasons you want to recover and your long-term goals related to health, relationships, and personal happiness. This can act as a motivator to stick to the safety plan.

- _____
- _____
- _____

8. Relapse Prevention Plan:

Outline what steps to take if you find yourself slipping back into old behaviors.

- **Step 1:** Recognize the signs of relapse
- **Step 2:** Call a therapist or support person
- **Step 3:** Use coping strategies from section 3
- **Step 4:** Revisit meal plan or adjust with professional support
- **Step 5:** Practice self-compassion and reaffirm your commitment to recovery

References

American Counseling Association. (2014). *2014 ACA code of ethics*.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.

Artal, R., & Rubinfeld, S. (2017). Ethical issues in research. *Best Practice & Research Clinical Obstetrics & Gynaecology*, *43*, 107-114.

Assaroudi, A., Heshmati Nabavi, F., Armat, M. R., Ebadi, A., & Vaismoradi, M. (2018). Directed qualitative content analysis: the description and elaboration of its underpinning methods and data analysis process. *Journal of research in nursing*, *23*(1), 42-55.

Bacon, L., & Aphramor, L. (2011). Weight science: Evaluating the evidence for a paradigm shift. *Nutrition Journal*, *10*(1), 9. doi: 10.1186/1475-2891-10-9

Bang, L., Kristensen, U. B., Wisting, L., Stedal, K., Garte, M., Minde, Å., & Rø, Ø. (2020). Presence of eating disorder symptoms in patients with obsessive compulsive disorder. *BMC psychiatry*, *20*(1), 1-10. <https://doi.org/10.1186/s12888-020-2457-0>

Bardone-Cone, A. M., Maldonado, C. R., Crosby, R. D., Mitchell, J. E., Wonderlich, S. A., Joiner Jr, T. E., & Crow, S. J. (2018). Revisiting differences in recovery from anorexia nervosa and bulimia nervosa using latent profile analyses. *Journal of Consulting and Clinical Psychology*, *86*(6), 569-580. <https://doi.org/10.1037/ccp000328>

Bardone-Cone, A. M., White, J. P., Thompson, K. A., Zucker, N., Watson, H. J., & Bulik, C. M. (2022). Examination of perfectionism and self-concept constructs across stages of eating disorder recovery in men: An exploratory study. *Eating Behaviors*, *46*, 101658.

Barnes, J. M., Prescott, C. A., & Pakula, B. (2016). Ethnic differences in the presentation of eating disorders in women: A systematic review. *International Journal of Eating Disorders*, *49*(3), 205-215. doi: 10.1002/eat.22487

Beagan, B. L. (2014). All Our Fingers Are Not Equal: Telling Apart Normality and Disorder in Eating Disorders Treatment. *Culture, Medicine and Psychiatry*, *38*(1), 107-126.

Becker, A. E., Hadley Arrindell, A., Perloe, A., Fay, K., Striegel-Moore, R. H. (2010). A Qualitative Study of Perceived Social Barriers to Care for Eating Disorders: Perspectives from Ethnically Diverse Health Care Consumers. *International Journal of Eating Disorders*, *43*(7), 633-647.

Berg, Bruce. (2001). *Qualitative research methods for social sciences*.

Berry, J. W. (2006). Acculturative stress. In *Handbook of multicultural perspectives on stress and coping* (pp. 287-298). Springer, Boston, MA.

Brewerton, T. D. (2005). Psychological trauma and eating disorders. *Rev Eat Disord*, *1*, 137-54.

Brewerton, T. D. (2017). Eating disorders, trauma, and comorbidity: Focus on PTSD. *Eating Disorders*, *25*(5), 438-448. doi: 10.1080/10640266.2017.1330609

Brewerton, T. D., & Chen, S. (2015). Eating disorders, trauma, and comorbidity: Focus on PTSD. *Eating Disorders*, *23*(4), 285-294. doi: 10.1080/10640266.2015.1023031

Brewerton, T. D., Alexander, J., & Schaefer, J. (2019). Trauma-informed care and practice for eating disorders: personal and professional perspectives of lived experiences. *Eating and Weight Disorders-Studies on Anorexia, Bulimia and Obesity*, *24*(2), 329-338.

Brewerton, T. D., Dansky, B. S., O'Neil, P. M., & Kilpatrick, D. G. (2013). The number and type of adverse childhood experiences (ACEs) associated with PTSD in a cohort of women with eating disorders. *Child Abuse & Neglect*, *37*(5), 341-347.

References

- Brown, A., Mountford, V. A., & Waller, G. (2013b). Therapeutic alliance and weight gain during cognitive behavioral therapy for anorexia nervosa. *Behavior Research and Therapy*, 51, 216-220. doi.org/10.1016/j.brat.2013.01.008
- Brown, C., & Smolak, L. (2017). Body image and disordered eating in adolescence and young adulthood. In L. J. L'Abate (Ed.), *Mental illnesses: Understanding, prediction and control* (pp. 1-23). Nova Science Publishers.
- Brown, T. A., Forney, K. J., Keel, P. K., & Grilo, C. M. (2015). A randomized controlled trial of cognitive-behavioral therapy for binge-eating disorder: Effects on comorbid conditions. *Behavior Therapy*, 46(2), 218-229. doi: 10.1016/j.beth.2014.08.007
- Brown, Z., Tiggemann, M., & Vartanian, L. R. (2016). Perceived Ideal and Actual Body Size in Caucasian, Hispanic, and Native American Girls. *Body Image*, 18, 139-142.
- Bulik, C. M., & Kendler, K. S. (2019). Anorexia nervosa and bulimia nervosa: Genetic mysteries unravelled. *Nature Reviews Neuroscience*, 20(11), 633-643. doi: 10.1038/s41583-019-0229-3
- Burr, V. (2015). *Social constructionism*. Routledge.
- Burr, V. (2018). Social constructionism. In J. Valsiner (Ed.), *The Oxford handbook of culture and psychology* (pp. 77-93). Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780190455813.013.5>
- Burr, V., & Dick, P. (2017). *Social constructionism* (pp. 59-80). Palgrave Macmillan UK.
- Busetto, L., Wick, W., & Gumbinger, C. (2020). How to use and assess qualitative research methods. *Neurological Research and practice*, 2(1), 1-10.
- Byrne, S. M., Wade, T. D., & Hay, P. (2018). A randomized controlled trial of three psychological treatments for anorexia nervosa. *Psychological Medicine*, 48(4), 534-544.
- Calogero, R. M., & Thompson, J. K. (2017). Gender and body image. In T. F. Cash & L. Smolak (Eds.), *Body image: A handbook of science, practice, and prevention* (pp. 43-51). Guilford Press.
- Camic, P. M., & Gross, J. (2020). Social constructionism: A framework for understanding the nature of social reality. *Journal of Social Issues*, 76(3), 617-634. <https://doi.org/10.1111/josi.12387>
- Campos, P. (2004). The obesity epidemic: Assembling the facts. In P. Campos & M. Saguy (Eds.), *The obesity epidemic: Science, morality and ideology* (pp. 1-38). Routledge.
- Capuzzi, D., & Stauffer, M. D. (2016). *Counseling and psychotherapy theories and interventions*. American Counseling Association.
- Cheng, Z. H., Perko, V. L., Fuller-Marashi, L., Gau, J. M., & Stice, E. (2019). Ethnic differences in eating disorder prevalence, risk factors, and predictive effects of risk factors among young women. *Eating behaviors*, 32, 23-30.
- Chiat, A. (2021). Body Positivity Movement: Influence of Beauty Standards on Body Image.
- Christian, C., Perko, V. L., Vanzhula, I. A., Tregarthen, J. P., Forbush, K. T., & Levinson, C. A. (2019). Eating disorder core symptoms and symptom pathways across developmental stages: A network analysis. *Journal of Abnormal Psychology*. 129(2), 177-190. <http://dx.doi.org/10.1037/abn0000477>
- Constantino, M. J., Arnow, B. A., Blasey, C., & Agras, S. W. (2005). The association between patient characteristics and the therapeutic alliance in cognitive-behavioral and interpersonal therapy for bulimia nervosa. *Journal of Consulting and Clinical Psychology*, 73, 203-211. doi: 10.1037/0022-006X.73.2.203

References

- Crenshaw, K. W. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43(6), 1241-1299. doi: 10.2307/1229039
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). Thousand Oaks, CA: Sage Publications.
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches*. *Sage Journals*, 20(9), 1-6. <https://doi.org/10.1177/1609406917733847>
- Cross, S. (2004). Visualizing madness: Mental illness and public representation. *Television & New Media*, 5(3), 197-216.
- Culbert, K. M., Racine, S. E., & Klump, K. L. (2015). Research review: What we have learned about the causes of eating disorders – a synthesis of sociocultural, psychological, and biological research. *Journal of Child Psychology and Psychiatry*, 56(11), 1141-1164. doi: 10.1111/jcpp.12441
- Cusack, A., Kohn, M. R., & Burke, E. (2016). Trauma-focused cognitive behavioural therapy for young people with eating disorders. *Eating Disorders*, 24(2), 143-155. doi: 10.1080/10640266.2015.1122142
- Dalle Grave, R., Calugi, S., & El Ghoch, M. (2019). Eating disorders and obesity: Two sides of the same coin? *Rivista di Psichiatria*, 54(2), 71-80. doi: 10.1708/3194.31667
- Dalle Grave, R., Sartirana, M., & Calugi, S. (2021). Complex cases and comorbidity in eating disorders. *Assessment and management*. Springer Nature.
- Darby, A., Haydock, D. A., & Debenham, S. L. (2019). 'I don't really see myself as being fat': Exploring the social construction of body mass index. *Journal of Health Psychology*, 24(13), 1812-1822. doi: 10.1177/1359105317721415
- Denzin, N. K., & Lincoln, Y. S. (2018). *The Sage handbook of qualitative research* (5th ed.). Sage.
- Derenne, J., & Beresin, E. (2018). Body image, media, and eating disorders—a 10-year update. *Academic Psychiatry*, 42(1), 129-134.
- DeSocio, J. E. (2019). Challenges in diagnosis and treatment of comorbid eating disorders and mood disorders. *Perspectives in Psychiatric Care*, 55(3), 494- 500. <https://doi.org/10.1111/ppc.12355>
- Donaldson, A. A., Gordon, C., & Melendez-Torres, G. J. (2016). The effectiveness of trauma-focused psychological interventions for eating disorders: A systematic review and meta-analysis. *European Eating Disorders Review*, 24(3), 167-181. doi: 10.1002/erv.2407
- Eddy, K. T., Tabri, N., Thomas, J. J., Murray, H. B., Keshaviah, A., Hastings, E., ... & Franko, D. L. (2017). Recovery from anorexia nervosa and bulimia nervosa at 22-year follow-up. *Journal of Clinical Psychiatry*, 78(2), e184-e189. <https://doi.org/10.4088/JCP.15m10227>
- Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing*, 62(1), 107-115.
- Elo, S., Kääriäinen, M., Kanste, O., Pölkki, T., Utriainen, K., & Kyngäs, H. (2014). Qualitative content analysis: A focus on trustworthiness. *SAGE open*, 4(1), 2158244014522633.
- Escobar-Koch, T., Mandlich, C. C., & Urzua, R. F. (2012). Treatments for eating disorders: The
- Evans, J. (2010). *Feminist theory today*. Sage Publications.
- Fairburn, C. G. (2008). *Cognitive behavior therapy and eating disorders*. Guilford Press.
- Fairburn, C. G., Cooper, Z., & Shafran, R. (2017). Cognitive behaviour therapy for eating disorders: A "transdiagnostic" theory and treatment. *Behaviour Research and Therapy*, 89, 641-650. doi: 10.1016/j.brat.2016.11.007

References

- Ferguson, C. J. (2018). The devil wears stata: Thin-ideal media's minimal contribution to our understanding of body dissatisfaction and eating disorders. *Archives of Scientific Psychology*, 6(1), 70.
- Fitzsimmons-Craft, E. E., Bardone-Cone, A. M., & Harney, M. B. (2019). Eating Disorder Diagnosis and Symptom Presentation Across Race/Ethnicity in a University Student Sample. *Eating Disorders*, 27(2), 119-133.
- Flyvbjerg, B. (2006). Five misunderstandings about case-study research. *Qualitative Inquiry*, 12(2), 219-245.
- Forbush, K. T., Bohrer, B. K., Hagan, K. E., Chapa, D. A., Perko, V., Richson, B., ... & Wildes, J. E. (2020). Development and initial validation of the Eating Pathology Symptoms Inventory–Clinician-Rated Version (EPSI-CRV). *Psychological Assessment*, 32(10), 943.
- Forbush, K. T., Song, Q., Tay, L., Gould, S. R., Chapa, D. A., Cushing, C. C., & Ptomey, L. T. (2020). Do differences between individuals who are healthy weight or overweight on self-report measures of disinhibited eating and restrained eating reflect reality or item “bias”? *Psychological Assessment*, 32(6), 553.
- Fosnot, C. T. (1996). Constructivism: A psychological theory of learning. In C. T. Fosnot (Ed.), *Constructivism: Theory, perspectives, and practice* (pp. 8-33). Teachers College Press.
- Frieiro Padin, P., González Rodríguez, R., Verde Diego, M. D. C., & Vázquez Pérez, R. (2021). Social media and eating disorder psychopathology: A systematic review. *Cyberpsychology Journal of Psychosocial Research on Cyberspace*.
- Gabbard, G. O., & Gabbard, K. (1999). *Psychiatry and the Cinema*. American Psychiatric Pub.
- Galmiche, M., Déchelotte, P., Lambert, G., & Tavolacci, M. P. (2019). Prevalence of eating disorders over the 2000–2018 period: a systematic literature review. *The American journal of clinical nutrition*, 109(5), 1402-1413.
- Gard, M. (2011). What we talk about when we talk about fat: Online archives as corpus data. In S. Harding & A. Potts (Eds.), *Obesity and the media* (pp. 15-33). Ashgate.
- Garke, M., Sörman, K., Jayaram-Lindström, N., Hellner, C., & Birgegård, A. (2019). Symptom shifting and associations with mental illness: A transdiagnostic approach applied to eating disorders. *Journal of Abnormal Psychology*, 128(6), 585-595. <http://dx.doi.org/10.1037/abn0000425>
- Gergen, K. J. (2015). The social constructionist movement in modern psychology. *American Psychologist*, 70(9), 819–820. <https://doi.org/10.1037/a0039868>
- Giel, K. E., Teufel, M., Junne, F., Zipfel, S., & Schag, K. (2017). Food-related impulsivity in obesity and binge eating disorder—a systematic update of the evidence. *Nutrients*, 9(11), 1170. doi: 10.3390/nu9111170
- Giordano, S. (2015). Eating disorders and the media. *Current opinion in psychiatry*, 28(6), 478-482.
- Gittus, M., Fuller-Tyszkiewicz, M., Brown, H. E., Richardson, B., Fassnacht, D. B., Lennard, G. R., & Krug, I. (2020). Are fitbits implicated in body image concerns and disordered eating in women?. *Health Psychology: Official Journal of the Division of Health Psychology, American Psychological Association*, 1-5. <http://dx.doi.org/10.1037/hea0000881>
- Gordon, K. H., Perez, M., & Joiner Jr, T. E. (2002). The impact of racial stereotypes on eating disorder recognition. *International Journal of Eating Disorders*, 32(2), 219-224.

References

- Gostin, L. (1991). Ethical principles for the conduct of human subject research: Population-based
- Griffiths, S., Rossell, S. L., Mitchison, D., Murray, S. B., & Mond, J. M. (2018). Pathways into treatment for eating disorders: A quantitative examination of treatment barriers and treatment attitudes. *Eating disorders*, 26(6), 556-574.
- Guthman, J. (2011). *Weighing in: Obesity, food justice, and the limits of capitalism*. University of California Press.
- Gutin, I. (2018). In BMI we trust: reframing the body mass index as a measure of health. *Social Theory & Health*, 16(3), 256-271.
- Gwet, K. L. (2014). *Handbook of inter-rater reliability: The definitive guide to measuring the extent of agreement among raters*. Advanced Analytics, LLC.
- Hardin, A. S., & Weinberg, R. (2017). Colorism and color preferences in eating disorders: An exploratory study. *Eating Disorders*, 25(1), 1-11. doi: 10.1080/10640266.2016.1232979
- Hartmann, A., Orlinsky, D., Weber, S., Sandholz, A. & Zeeck, A. (2010). Session and intersession experience related to treatment outcome in bulimia nervosa. *Psychotherapy, Theory, Research, Practice, Training*, 47(3), 355-370. doi: 10.1037/a0021166.
- Hay, P. (2020). Current approach to eating disorders: a clinical update. *Internal Medicine Journal*, 50(1), 24-29.
- Henderson, Z. B., Fox, J. R., Trayner, P., & Wittkowski, A. (2019). Emotional development in eating disorders: A qualitative metasynthesis. *Clinical Psychology & Psychotherapy*, 26(4), 440-457. <https://doi.org/10.1002/cpp.2365>
- Hilbert, A., & Tuschen-Caffier, B. (2004). Body image interventions in cognitive-behavioural therapy of binge-eating disorder: a component analysis. *Behaviour research and therapy*, 42(11), 1325-1339.
- Hill, L. K., Huynh, H. P., & McInerney, J. D. (2019). Inter-rater agreement and reliability. In *Research methods in language and education* (pp. 83-97). Springer, Singapore. doi: 10.1007/978-981-13-1746-7_6
- Howard, L. M., Haislip, B. N., Heron, K. E., & Hu, X. X. (2019). Associations among social connections, body dissatisfaction, and disordered eating in african american and european american college women. *Psi Chi Journal of Psychological Research*, 24(1), 33-42. <https://doi.org/10.24839/2325-7342JN24.1.33>
- Hsieh, H. F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative health research*, 15(9), 1277-1288.
- Hsieh, H. F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, 15(9), 1277-1288.
- Iacovino, J. M., Gredysa, D. M., Altman, M., Wilfley, D. E., & Taylor, C. B. (2017). Psychological interventions for eating disorders in individuals with trauma histories: A systematic review. *Journal of Trauma & Dissociation*, 18(1), 107-129. doi: 10.1080/15299732.2016.1188478
- Lzydorczyk, B. (2017). Trauma in relation to psychological characteristics in women with eating disorders. *Current Issues in Personality Psychology*, 5(4).
- Jacobi, C., Hayward, C., de Zwaan, M., Kraemer, H. C., & Agras, W. S. (2004). Coming to terms with risk factors for eating disorders: Application of risk terminology and suggestions for a general taxonomy. *Psychological Bulletin*, 130(1), 19-65. doi: 10.1037/0033-2909.130.1.19
- Keel, P. K., & Brown, T. A. (2010). Update on course and outcome in eating disorders. *International Journal of Eating Disorders*, 43(3), 195-204. doi: 10.1002/eat.20767
- Kim, J. L., & Zane, N. (2016). Cultural Considerations in the Diagnosis and Treatment of Eating Disorders. In T. L. Brink (Ed.), *Eating Disorders in Special Populations: Medical, Nutritional, and Psychological Treatments* (pp. 33-56). Routledge.
- Kong, S., & Bernstein, K. (2009). Childhood trauma as a predictor of eating psychopathology and its mediating variables in patients with eating disorders. *Journal of Clinical Nursing*, 18(13), 1897-1907.
- Koo, T. K., & Li, M. Y. (2016). A guideline of selecting and reporting intraclass correlation coefficients for reliability research. *Journal of chiropractic medicine*, 15(2), 155-163. doi: 10.1016/j.jcm.2016.02.012
- Kornbluh, M., & Neal-Barnett, A. (2015). Trauma-informed treatment for eating disorders. *Eating Disorders*, 23(4), 313-325. doi: 10.1080/10640266.2015.1012870
- Kostro, K., Lerman, J. B., & Attia, E. (2016). The current status of suicide and self-injury in eating disorders: A narrative review. *Journal of Eating Disorders*, 4(1), 1-11. doi: 10.1186/s40337-016-0115-z
- Krippendorff, K. (2013). *Content analysis: An introduction to its methodology* (3rd ed.). Thousand Oaks, CA: Sage Publications.
- Kwan, M. Y., Gordon, K. H., & Minnich, A. M. (2018). An examination of the relationships between acculturative stress, perceived discrimination, and eating disorder symptoms among ethnic minority college students. *Eating Behaviors*, 28, 25-31.
- Kwan, S. (2018). The BMI controversy: Its implications for public health and medical practice. *Journal of General Internal Medicine*, 33(4), 540-546. doi: 10.1007/s11606-018-4303-1
- LaMarre, A., Rice, C., & Rinaldi, J. (2019). Tracing fatness through the eating disorder assemblage. In *Thickening fat* (pp. 64-76). Routledge.

References

- Lee, S. (2019). Fat phobia, ableism, and the limits of intersectionality. *Journal of Bioethical Inquiry*, 16(2), 189-201. doi: 10.1007/s11673-019-09918-7
- Legenbauer, T., Radix, A. K., Augustat, N., & Schütt-Strömel, S. (2018). Power of cognition: How dysfunctional cognitions and schemas influence eating behavior in daily life among individuals with eating disorders. *Frontiers in psychology*, 9, 2138.
- Legenbauer, T., Thiemann, P., Vocks, S., & Schütt-Strömel, S. (2019). CBT for eating disorders: The current status and what needs to be done to improve treatment outcomes. *Current Psychiatry Reports*, 21(8), 72. <https://doi.org/10.1007/s11920-019-1056-5>
- Levinson, C. A., Spoor, S. P., Keshishian, A. C., & Pruitt, A. (2021). Pilot outcomes from a multidisciplinary telehealth versus in-person intensive outpatient program for eating disorders during versus before the Covid-19 pandemic. *International Journal of Eating Disorders*, 54(9), 1672-1679.
- Levinson, C. A., Vanzhula, I., & Brosco, L. C. (2018). Longitudinal and personalized networks of eating disorder cognitions and behaviors: Targets for precision intervention a proof of concept study. *International Journal of Eating Disorders*, 51(11), 1233-1243.
- Linardon, J., & Wade, T. D. (2020). Predictors, moderators, and mediators of eating disorder treatment outcome: A systematic review. *European Eating Disorders Review*, 28(6), 713-743. <https://doi.org/10.1002/erv.2766>
- Linardon, J., Fairburn, C. G., Fitzsimmons-Craft, E. E., Wilfley, D. E., & Brennan, L. (2017). The empirical status of the third-wave behaviour therapies for the treatment of eating disorders: A systematic review. *Clinical Psychology Review*, 58, 125-140.
- Linardon, J., Wade, T. D., De la Piedad Garcia, X., & Brennan, L. (2017). The efficacy of cognitive-behavioral therapy for eating disorders: A systematic review and meta-analysis. *Journal of consulting and clinical psychology*, 85(11), 1080.
- Lincoln, Y. S., & Guba, E. G. (1985). But is it rigorous? Trustworthiness and authenticity in naturalistic evaluation. *New directions for program evaluation*, 1986(30), 73-84.
- Lincoln, Y. S., Lynham, S. A., & Guba, E. G. (2011). Paradigmatic controversies, contradictions, and emerging confluences, revisited. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (4th ed., pp. 97-128). Sage Publications.
- Liu, C. C., & Chen, I. J. (2010). Evolution of constructivism. *Contemporary issues in education research*, 3(4), 63-66.
- López-López, J. A., Davies, S. R., Caldwell, D. M., Churchill, R., Peters, T. J., Tallon, D., ... & Welton, N. J. (2019). The process and delivery of CBT for depression in adults: a systematic review and network meta-analysis. *Psychological medicine*, 49(12), 1937-1947.
- Marciello, F., Monteleone, A. M., Cascino, G., Patriciello, G., Pellegrino, F., Fiorenza, G., & Monteleone, P. (2020). Early traumatic experiences and eating disorders: a focus on the endogenous stress response system. *Trauma: psychopathology, boundaries and treatment*, 26, 77-84.
- Marks, R. J., De Foe, A., & Collett, J. (2020). The pursuit of wellness: Social media, body image and eating disorders. *Children and youth services review*, 119, 105659.
- Marques, L., Alegria, M., Becker, A. E., Chen, C. N., Fang, A., Chosak, A., & Diniz, J. B. (2011). Comparative prevalence, correlates of impairment, and service utilization for eating disorders across US ethnic groups: Implications for reducing ethnic disparities in health care access for eating disorders. *International Journal of Eating Disorders*, 44(5), 412-420. doi: 10.1002/eat.20842
- Mason, T. B., Lavender, J. M., Wonderlich, S. A., & Crosby, R. D. (2015). A review of attention biases in women with eating disorders. *Cognition and Emotion*, 29(5), 903-922. doi: 10.1080/02699931.2014.944285
- Matherne, C. E., Angelone, D. J., & Green, B. A. (2017). Family-based interventions for pediatric obesity: Methodological and conceptual challenges from family systems theory. In L. J. L'Abate (Ed.), *Mental illnesses: Understanding, prediction and control* (pp. 127-150). Nova Science Publishers.
- Mehl, A., Rohde, P., Gau, J. M., & Stice, E. (2019). Disaggregating the predictive effects of impaired psychosocial functioning on future DSM-5 eating disorder onset in high-risk female adolescents. *International Journal of Eating Disorders*, 52(7), 817-824.
- Merriam, S. B. (1998). *Qualitative research and case study applications in education*. San Francisco, CA: Jossey-Bass.
- Merskin, D. (2017). Media Representation: Minorities. *The international encyclopedia of media effects*, 1-10.
- Mitchell, K. S., Mazzeo, S. E., Schlesinger, M. R., Brewerton, T. D., & Smith, B. N. (2012). Comorbidity of partial and subthreshold PTSD among men and women with eating disorders in the National Comorbidity Survey-Replication study. *International Journal of Eating Disorders*, 45(3), 307-315.
- Morse, J. M., Barrett, M., Mayan, M., Olson, K., & Spiers, J. (2002). Verification strategies for establishing reliability and validity in qualitative research. *International Journal of Qualitative Methods*, 1(2), 13-22.

References

- Moulding, N. (2015). "It Wasn't About Being Slim" Understanding Eating Disorders in the Context of Abuse. *Violence against women*, 21(12), 1456-1480.
- Mountford, V. A., Tatham, M., Turner, H., & Waller, G. (2017). Complexity in eating disorders: A case for simple or complex formulation and treatment?. *The Cognitive Behaviour Therapist*, 10.
- Nagata, J. M., Ganson, K. T., & Austin, S. B. (2020). Emerging trends in eating disorders among sexual and gender minorities. *Current opinion in psychiatry*, 33(6), 562.
- Narayan, A. J., Lieberman, A. F., & Masten, A. S. (2021). Intergenerational transmission and prevention of adverse childhood experiences (ACEs). *Clinical Psychology Review*, 85, 101997.
- National Institute of Mental Health (2021). *Eating Disorders*. Retrieved December 13, 2021, from <https://www.nimh.nih.gov/health/topics/eating-disorders>.
- Nesbitt, J. B., & Wassenaar, E. (2020). Binge Eating Disorder in Adolescents and Emerging Adults. In *Adolescent Nutrition* (pp. 501-541). Springer, Cham.
- Neuendorf, K. A. (2016). *The content analysis guidebook*. Thousand Oaks, CA: Sage Publications.
- Nolan, Y. (2017). Obesity as a social construct. *Journal of Health Visiting*, 5(6), 276-277.
- O'Connor, C., & Joffe, H. (2020). Inter-coder reliability in qualitative research: debates and practical guidelines. *International journal of qualitative methods*, 19, 1609406919899220.
- Olofsson, M. E., Oddli, H. W., Hoffart, A., Eielsen, H. P., & Vrabel, K. R. (2020). Change processes related to long-term outcomes in eating disorders with childhood trauma: An explorative qualitative study. *Journal of counseling psychology*, 67(1), 51-65. <http://dx.doi.org/10.1037/cou0000375>
- Olofsson, M. E., Oddli, H. W., Vrabel, K. A. R., & Hoffart, A. (2020). «In solitude is safeness»: a patient perspective on eating disorders in the context of multiple childhood trauma. *Nordic Psychology*, 1-14.
- Padín, P. F., González-Rodríguez, R., Verde-Diego, C., & Vázquez-Pérez, R. (2021). Social media and eating disorder psychopathology: A systematic review. *Cyberpsychology: Journal of Psychosocial Research on Cyberspace*, 15(3).
- Palmeroni, N., Luyckx, K., Verschuere, M., & Claes, L. (2020). Body dissatisfaction as a mediator between identity formation and eating disorder symptomatology in adolescents and emerging adults. *Psychologica Belgica*, 60(1), 328.
- Parker, I. (2017). Social constructionism, critical realism, and the psychology of oppression. *Theory & Psychology*, 27(6), 749-767. <https://doi.org/10.1177/0959354316675231>
- Prather, W., & Golden, J. A. (2009). A behavioral perspective of childhood trauma and attachment issues: Toward alternative treatment approaches for children with a history of abuse. *International Journal of Behavioral Consultation and Therapy*, 5(1), 56.
- Puhl, R. M., & Heuer, C. A. (2010). Obesity stigma: Important considerations for public health. *American Journal of Public Health*, 100(6), 1019-1028. doi: 10.2105/AJPH.2009.159491
- Racine, S. E., Wildes, J. E., Coffey, K. A., & Jenkins, G. (2016). Examining the temporal relationship between depression and anorexia in adolescents: A longitudinal study. *Journal of Abnormal Psychology*, 125(4), 475-485. doi: 10.1037/abn0000159
- Rodgers, R. F., Berry, R., & Franko, D. L. (2018). Eating disorders in ethnic minorities: An update. *Current psychiatry reports*, 20(10), 1-11.
- Rodgers, R. F., Berry, R., & Franko, D. L. (2018). Eating disorders in ethnic minorities: An update. *Current psychiatry reports*, 20, 1-11.
- Safer, D. L., Telch, C. F., & Agras, W. S. (2021). Dialectical behavior therapy for bulimia nervosa: A randomized controlled trial. *American Journal of Psychiatry*, 178(3), 238-246. <https://doi.org/10.1176/appi.ajp.2020.20040443>
- Sala, M., Reyes-Rodríguez, M. L., Bulik, C. M., & Bardone-Cone, A. (2013). Race, ethnicity, and eating disorder recognition by peers. *Eating disorders*, 21(5), 423-436.
- Sala, M., Reyes-Rodríguez, M. L., Bulik, C. M., & Bardone-Cone, A. (2013). Race, ethnicity, and eating disorder recognition by peers. *Eating disorders*, 21(5), 423-436.
- Saldaña, J. (2016). *The coding manual for qualitative researchers*. Sage. <https://doi.org/10.4135/9781473911651>
- Scharff, A., Ortiz, S. N., Forrest, L. N., & Smith, A. R. (2019). Comparing the clinical presentation of eating disorder patients with and without trauma history and/or comorbid PTSD. *Eating Disorders*, 1-15.
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22(2), 63-75.
- Shrout, P. E., & Fleiss, J. L. (1979). Intraclass correlations: uses in assessing rater reliability. *Psychological bulletin*, 86(2), 420-428. doi: 10.1037/0033-2909.86.2.420
- Slevin, E., & Sines, D. (1999). Enhancing the truthfulness, consistency and transferability of a qualitative study: utilising a manifold of approaches. *Nurse Researcher (through 2013)*, 7(2), 79.
- Slof-Op't Landt, M. C., Dingemans, A. E., de la Torre Y Rivas, J., & van Furth, E. F. (2019). Self-assessment of eating disorder recovery: Absence of eating disorder psychopathology

References

- Smith, A. R., Forrest, L. N., Duffy, M. E., Jones, P. J., Joiner, T. E., & Pisetsky, E. M. (2020). Identifying bridge pathways between eating disorder symptoms and suicidal ideation across three samples. *Journal of abnormal psychology, 129*(7), 724.
- Smith, D. (2003). Five principles for research ethics. *Monitor on psychology, 34*(1), 56.
- Sonneville, K. R., & Lipson, S. K. (2018). Disparities in eating disorder diagnosis and treatment according to weight status, race/ethnicity, socioeconomic background, and sex among college students. *International Journal of Eating Disorders, 51*(6), 518-526.
- Stake, R. E. (1995). The art of case study research. Thousand Oaks, CA: Sage Publications.
- Stam, H. J. (2001). Introduction: Social constructionism and its critics. *Theory & Psychology, 11*(3), 291-296.
- Statistics & Research on Eating Disorders*. National Eating Disorders Association. (2021, July 14). Retrieved November 10, 2022, from <https://www.nationaleatingdisorders.org/statistics-research-eating-disorders>
- Sugermeyer, J. (2021). Eating Disorders (ED), a Global Epidemic, De-stigmatizing ED to Save Lives. *Innovations in Global Mental Health, 191-201*.
- Swartz, M. K. & Larkin, M. E. (2018). Eating Disorders. In B. J. Sadock, V. A. Sad
- Talleyrand, R. M. (2012). Disordered eating in women of color: Some counseling considerations. *Journal of Counseling & Development, 90*(3), 271-280.
- Terhoeven, V., Ninkendi, C., Bärnighausen, T., Bountogo, M., Friederich, H. C., Ouermi, L., & Harling, G. (2020). Eating disorders, body image and media exposure among adolescent girls in rural Burkina Faso. *Tropical Medicine & International Health, 25*(1), 132-141.
- Thompson, J. K., Heinberg, L. J., Altabe, M., & Tantleff-Dunn, S. (2001). Exacting beauty: Theory, assessment, and treatment of body image disturbance. *American Psychological Association*.
- Thornton, L. M., Mazzeo, S. E., & Bulik, C. M. (2011). The heritability of eating disorders: methods and current findings. *Behavioral neurobiology of eating disorders, 141-156*.
- Trottier, K., Monson, C. M., Wonderlich, S. A., & Olmsted, M. P. (2016). A review of PTSD and shame in eating disorders. *Journal of Eating Disorders, 4*(1), 1-9. doi: 10.1186/s40337-016-0111-3
- Uchôa, F. N. M., Uchôa, N. M., Daniele, T. M. D. C., Lustosa, R. P., Garrido, N. D., Deana, N. F., ... & Alves, N. (2019). Influence of the mass media and body dissatisfaction on the risk in adolescents of developing eating disorders. *International journal of environmental research and public health, 16*(9), 1508.
- Ulfvebrand, S., Birgegård, A., Norring, C., Högdahl, L., & von Hausswolff-Juhlin, Y. (2015). Psychiatric comorbidity in women and men with eating disorders results from a large clinical database. *Psychiatry Research, 230*(2), 294-299. doi: 10.1016/j.psychres.2015.09.008
- Van Alsten, S. C., & Duncan, A. E. (2020). Lifetime patterns of comorbidity in eating disorders: an approach using sequence analysis. *European Eating Disorders Review, 28*(6), 709-723.
- van den Berg, E., Melisse, B., Koenders, J., de Jonge, M., Blankers, M., de Beurs, E., & Dekker, J. (2020). Online cognitive behavioral therapy enhanced for binge eating disorder: Study protocol for a randomized controlled trial. *BMC psychiatry, 20*, 1-11. <https://doi.org/10.1186/s12888-020-02604-1>
- Van Vlierberghe, L., Braet, C., & Goossens, L. (2009). Dysfunctional schemas and eating pathology in overweight youth: A case-control study. *International Journal of Eating Disorders, 42*(5), 437-442.
- Vygotsky, L., & Cole, M. (2018). Lev Vygotsky: Learning and social constructivism. *Learning theories for early years practice, 66*, 58.
- Waller, G., Stringer, H., & Meyer, C. (2012). What cognitive behavioral techniques do therapists report using when delivering cognitive behavioral therapy for the eating disorders?. *Journal of consulting and clinical psychology, 80*(1), 171.
- Webb, J. B., Butler-Ajibade, P., Robinson, S. A., Lee, J., & Clark, L. (2014). Skin tone, cultural capital, and Black women's experiences of beauty culture. *Psychology of Women Quarterly, 38*(4), 480-493. doi: 10.1177/0361684314530337
- Webb, J. B., Siegel, J. A., & Cachelin, F. M. (2017). Ethnic differences in predictors of body dissatisfaction and disordered eating among women with eating disorders. *Journal of Counseling Psychology, 64*(2), 116-126. doi: 10.1037/cou0000184
- Weber, R. P. (1990). Basic content analysis (Vol. 49). Newbury Park, CA: Sage Publications.
- Weinbaum, C., Landree, E., Blumenthal, M. S., Piquado, T., & Gutierrez, C. I. (2018). Ethics in scientific research: An examination of ethical principles and emerging topics.

References

- Wilson, G. T., & Zandberg, L. J. (2012). Cognitive-behavioral guided self-help for eating disorders: Effectiveness and scalability. *Clinical Psychology Review, 32*(4), 343-357.
- Wisniewski, L., Bishop, E. R., & Killeen, T. K. (2014). Mindfulness Approaches in the Treatment of Eating Disorders, Substance Use Disorders, and Addictions. In *Eating Disorders, Addictions and Substance Use Disorders* (pp. 547-562). Springer, Berlin, Heidelberg.
- Wonderlich, S. A., Crosby, R. D., Joiner, T., Peterson, C. B., Bardone-Cone, A., Klein, M., ... & Mitchell, J. E. (2000). Personality and behavioral characteristics of women with bulimia nervosa with and without a history of abuse: Implications for etiology and treatment. *Journal of Consulting and Clinical Psychology, 68*(1), 109-116.
- Wonderlich, S. A., Peterson, C. B., Crosby, R. D., Smith, T. L., Klein, M. H., Mitchell, J. E., & Crow, S. J. (2014). A randomized controlled comparison of integrative cognitive-affective therapy (ICAT) and enhanced cognitive-behavioral therapy (CBT-E) for bulimia nervosa. *Psychological Medicine, 44*(3), 543-553.
- Yager, J., Devlin, M. J., Halmi, K. A., Herzog, D. B., Mitchell, J. E., Powers, P., & Zerbe, K. J. (2014). Guideline Watch (August 2012): Practice Guideline for the Treatment of Patients with Eating Disorders (3rd ed.). American Psychiatric Association.
- Yager, Joel & Devlin, Michael & Halmi, Katherine & Herzog, D.B. & III, J.E. & Powers, P. & Zerbe, K.J.. (2006). Practice guideline for the treatment of patients with eating disorders third edition. *American Journal of Psychiatry, 163*. 1-128.
- Yellowlees, R., Dingemans, A. E., Veldhuis, J., & de Vaate, A. B. (2019). Face yourself (ie): Investigating selfie-behavior in females with severe eating disorder symptoms. *Computers in Human Behavior, 101*, 77-83.
- Yin, R. K. (2018). Case study research and applications: Design and methods (6th ed.). Thousand Oaks, CA: Sage Publications.
- Zaitsoff, S., Pullmer, R., Cyr, M., & Aime, H. (2015). The role of the therapeutic alliance in eating disorder treatment outcomes: a systematic review. *Eating disorders, 23*(2), 99-114.
- Zipfel, S., & Schmidt, U. (2018). Editorial Psychobiology of Eating Disorders—a Gateway to Precision Medicine. *Current Neuropharmacology, 16*(8), 1100.