

City University of New York (CUNY)

CUNY Academic Works

Dissertations and Theses

City College of New York

2021

Does Social Media Promote Disordered Eating?

Carly Feldstein
CUNY City College

[How does access to this work benefit you? Let us know!](#)

More information about this work at: https://academicworks.cuny.edu/cc_etds_theses/984

Discover additional works at: <https://academicworks.cuny.edu>

This work is made publicly available by the City University of New York (CUNY).
Contact: AcademicWorks@cuny.edu

Does Social Media Promote Disordered Eating?

Carly Feldstein

Advisor: Dr. Adriana Espinosa

Department of Psychology Fall 2021

The City College of New York, CUNY

Hispanic people are the largest and fastest-growing minority group in the U.S. with a total of 18.5% of the U.S population being of Hispanic descent (United States Census Bureau, 2020). Although eating disorders (ED), particularly those involving binge eating, comprise a significant health concern, EDs are often overlooked in the Hispanic culture (Higgins et al., 2016; Opara & Santos, 2019). Eating Disorders are defined as both behavioral conditions and emotional disorders characterized by severe and persistent disturbance in eating behaviors and are associated with distressing thoughts and emotions (Guarda, 2021). Common EDs that are highlighted as emotional disorders include anorexia nervosa, bulimia nervosa, and binge-eating. Anorexia nervosa is characterized by self-starvation and weight loss resulting in low weight for height and age. Bulimia nervosa is characterized by alternating dieting with low-calorie “safe foods” with binge eating “forbidden” high-calorie foods, with binges followed by fasting, vomiting, laxative misuse, or compulsive exercise. Binge eating disorder is described as episodes of eating large quantities of food in a brief period, and a sense of loss of control over overeating followed by distress after the binge behavior (Guarda, 2021).

Hispanic individuals have comparable rates of anorexia nervosa, bulimia nervosa, and an even higher rate of binge eating disorders compared to non- Hispanic (NH) White individuals (Higgins et al., 2016). Within Hispanic adults, the lifetime prevalence of EDs is higher for women than for men. For example, the estimated lifetime prevalence of anorexia nervosa among Hispanics is roughly .08% in women and .03% in men, of bulimia nervosa is 1.9% in women and 1.3% in men, and of binge eating disorder is 2.3% in women and 1.6% in men (Reyes-Rodriguez et al., 2013). Additionally, Hispanic individuals that have spent more than 70% of their lifetime

in the United States report the highest rate of lifetime bulimia nervosa (Alegria et al., 2007). Therefore, among Hispanic people, those who are second-generation or higher may face the highest risk of EDs.

The medical consequences of EDs range from minor to severe and in extreme cases can lead to death (Patmore et al., 2019). Eating disorders are linked to a higher risk of chronic health conditions of disproportionate proportion to Hispanic individuals, such as diabetes, cardiovascular disease, obesity, asthma, and others (O'Brien et al., 2017). Moreover, Hispanic people with a history of EDs are less likely to utilize mental health services and to be referred for further evaluation in comparison to NH White individuals (Reyes-Rodriguez et al., 2013). Thus, Hispanic individuals, particularly women, may face a disproportionate burden of EDs which further exacerbate existing health disparities. Understanding the factors that relate to ED symptoms in early adulthood among Hispanic women is key for informing prevention programs seeking to mitigate the risk of EDs.

Body Dissatisfaction as a Potential Risk Factor for EDs Among Hispanic Women

Previous research has noted that body dissatisfaction is a predominant risk factor for EDs. Davenport & Smith (2012) examined body image and the effect of appearance on a Hispanic women college population. Their results showed that Hispanic women and NH White women reported a much higher concern for their body appearance than African American women. Hispanic college women also reported a higher investment than NH White women in being physically fit, but lower satisfaction with their body image and appearance than NH White women. Additionally, Hispanic women reported lower levels of perceived physical health as well as a less health-conscious lifestyle (Davenport & Smith, 2012). This study found that Hispanic college women experienced higher levels of body dissatisfaction than NH White women and

African American women, and while Hispanic women recognized the importance of healthy eating and exercising, they did not tend to participate in these practices themselves. Moreover, the authors found that relative to NH White and African American women, Hispanic women had a higher prevalence of physical health issues and illness.

Erikson & Gerstle (2007) also explored ethnic group differences in body image, with the primary aim of investigating whether body image had fundamentally different measurement meanings for Hispanic and NH White preadolescent girls. The results of this study showed that both Hispanic and NH White preadolescent girls had similar rates of body dissatisfaction. Furthermore, body dissatisfaction was equally predictive of disturbed eating attitudes and behaviors such as dieting, restrictive eating, excessive exercise, and preoccupation with food, weight, and body appearance for both groups.

Other researchers have noted that many Hispanic women in the US seek to be thinner despite the belief that Hispanic cultures are more accepting of curvier female types (Opara & Santos, 2019). Yet, the scope of the research still focuses on NH White women (Opara & Santos, 2019). Research that explores the role factors that contribute to body dissatisfaction among Hispanic women is necessary for the development of tailored interventions aiming to reduce EDs.

Social Media May Promote a Thin White Ideal that Increases Body Dissatisfaction Among Hispanic Women

Little research has examined the relation between social media usage on body dissatisfaction and ED symptoms (Li & Wan-Hsiu, 2014). We define social media in this study as websites and applications that enable users to create and share content or to participate in social networking. Although this type of research on Hispanic emerging adulthood's body image

is limited, the available evidence indicates that Hispanic women may compare themselves to mainstream White and thin images of women promoted on social media, thus resulting in body dissatisfaction and ED symptomology. Previous research has examined disordered eating, body image, and social media usage among a large, racially/ethnically diverse sample of college women. Results showed little difference in disordered eating, body image, and social media usage between NH White and Hispanic participants (Quick & Byrd, 2014). Authors found that higher social media usage was associated with higher body dissatisfaction and disordered eating for NH White and Hispanic women. This study inferred that the similar results in NH White and Hispanic women participants was due to the sample of U.S. students being acculturated to the Western lifestyle, and thus, were similar in striving to meet the Western White and thin ideal through comparison of oneself versus these mainstream media images (Quick & Byrd, 2014). In this study, Hispanic women indicated that they received a promoted message on social media to meet a thin White ideal regarding health, weight, appearance, and diet. This message may be promoted via famous social media influencers as well as ads that consist of White and thin women. Social media's algorithm pushes these types of influencers and ads so they can be consistently viewed by users. Hispanic women who placed greater importance on social media's promotion of the mainstream, White and thin dominant culture had greater body dissatisfaction than Hispanic women that do not place greater importance on social media's mainstream White and thin dominant culture (Quick & Byrd, 2014). This evidence suggests that social media may be a risk factor for body dissatisfaction through the promotion of the importance of meeting a mainstream White and thin ideal.

Additional research indicates that Hispanic females as young as 11 years old report regular magazine reading, and mainstream women's magazines such as *Cosmopolitan*, *People*,

and InStyle (Schooler & Daniels, 2014). This research indicates that Hispanic individuals are underrepresented in these mainstream magazine advertisements, appearing in fewer than five percent of ads featuring human models (Schooler & Daniels, 2014). As a result, Hispanic individuals rarely see individuals from their ethnic group in mainstream magazines. Instead, they are exposed to media images of thin White women and men at high rates (Schooler & Daniels, 2014). Schooler and Daniels (2014) concluded that the internalization of White thin magazine media ideals predicted body dissatisfaction and disordered eating among male and female Hispanic adolescents. These findings are in accordance with previous research highlighting the influence of social media. Previous research has also demonstrated that traditional mass media consumption such as television viewing affects how Hispanic women acculturate into the American mainstream beauty ideal through the promotion of thin White women and a lack of representation of Hispanic women. Survey research documents associations between mainstream TV viewing and Hispanic adolescents' body dissatisfaction. Specifically, in a sample of Hispanic high school boys and girls, youth who watched more hours of mainstream soap operas and those who watched more movies reported greater body dissatisfaction than their peers (Schooler & Daniels, 2014). In a longitudinal study of Hispanic middle and high school girls, watching mainstream sitcom TV was associated with decreased body satisfaction (Schooler & Daniels, 2014).

In summary, the little research evidence on social media and body dissatisfaction for Hispanic women suggests that exposure to mainstream social media, which may frequently portray a thin, white, ideal as the beauty standard for all women may pose a risk to body dissatisfaction and ED symptomology of Hispanic women. The previous research on mainstream television and magazine viewing on body dissatisfaction for Hispanic women also suggests that

this exposure frequently portrays a thin white ideal as the beauty standard and may pose a risk for body dissatisfaction and ED symptomology for Hispanic women. Since social media on body dissatisfaction and ED symptomology is an emerging field of research and there are several gaps in knowledge that need to be addressed, it is necessary to study mechanisms on social media and on explaining why social media may be a risk factor for eating disorders. The little previous research on social media indicates that the specific aspect of social media use of comparing oneself to images of attractive thin white mainstream images is a risk factor for body dissatisfaction, yet Facebook is the only social media platform that has been the focus of this research on social media and body image. In our present-day, other social media platforms are growing in popularity, such as Instagram and TikTok. Some of these social media platforms such as Instagram are more image-based than Facebook and thus may provide more opportunities for users to compare their appearance to a thin White ideal. Therefore, the impact of these image-focused platforms should be tested in future research (Fardouly & Vartanian, 2016). Further research is also needed with more diverse samples such as Hispanic individuals to provide a clearer picture of the effect that social media may have on diverse users' body dissatisfaction and ED symptomology.

Social Media Behaviors May Increase ED Symptoms Through Body Dissatisfaction

Researchers highlight that not only social media viewing but social media posting as well can create negative perceptions of one's body, thereby increasing the risk of developing eating disorders (Opara & Santos, 2019). Posting frequent pictures of oneself on social media worsened women's body image, perception of fatness, and body size satisfaction due to competing with and comparing oneself to others who are posting the same and becoming more aware of one's flaws (Lonergan et.al, 2020). Users compare the number of likes and positive comments on their

posted picture of themselves versus the number of likes on positive comments on their peers posted pictures of themselves, and this competition and comparison for more likes and comments than their peers create body dissatisfaction (Lonergan et.al, 2020). Zysberg and Tell (2013) also found that the social norms and youth culture of posting one's own thinness and thin expression on social media are frequently associated with a higher incidence of body dissatisfaction, disordered eating, and eating disorders.

Research on media studies emphasizes the risks of women's self-objectification when posting themselves to view themselves as objects to be assessed based on their appearance because numerous forms of social media offer unrealistic perceptions of the average person's appearance (Opera & Santos, 2019). The self-objectification when posting can cause girls and women to judge their appearances. Opara and Santos (2019) found that individuals with a negative-feedback seeking style who received a high number of comments on their own photos of themselves on Facebook were more likely to report dysfunctional eating attitudes and weight concerns, and that body dissatisfaction is a risk factor that can lead to eating disturbances.

There are several unique features of social media that differentiate from traditional media and that may contribute to any effects it has on body dissatisfaction. First, social media features posts of the users themselves and their peers (as opposed to just models and celebrities from traditional media such as magazines and television). Second, users often present an idealized version of themselves (which can be edited, enhanced, and photoshopped) to their profile and remove any images that they deem to be unattractive. Additionally, it is generally used to interact with peers and research suggests that appearance comparisons to one's peer's media images versus one's own media images may be particularly influential for body dissatisfaction (Fardouly & Vartanian, 2016). Therefore, social media may be likely to contribute to symptoms of ED

through specific social media behaviors such as frequent posting of oneself, viewing likes and comments of images of oneself and likes and comments of images of one's peers, and frequent editing and photoshopping of images of oneself for the pathway between social media and body dissatisfaction for significant treatment (Fardouly & Vartanian, 2016). Fardouly & Vartanian (2016) also states that more research is needed on more diverse populations as well as other social media platforms (ex: Instagram).

Current Study

The overarching goal of the present study is to assess if social media may be a risk factor for body dissatisfaction which then leads to ED symptoms among Hispanic female emerging adults. The present study hypothesizes that

1. Social media use will relate to higher body dissatisfaction and ED symptoms.
2. Body dissatisfaction will relate to higher ED symptoms.
3. Body dissatisfaction will mediate the relation between social media use and ED symptoms.

While these hypotheses are viable based on previous research and literature review and we have evidence that states that these relations should exist, body dissatisfaction as a mediator for the relation between social media use and ED symptoms has never been tested. This should be tested because the development of culturally sensitive intervention models is a key component to reducing health disparities in the Hispanic population. These findings fit with existing research and contribute new insights as this was the first study to look at Instagram usage effects on body image and ED symptomology, while previous research only looked at Facebook. These findings also add to the limited research on risk factors for ED symptomology in the Hispanic female

population, as previous research on risk factors for ED symptomology primarily only focused on NH white women.

Methods

Participants and Procedure

Out of the 508 participants who completed the initial screening survey, 300 were excluded for not meeting study criteria, as they were not Hispanic females, they did not use social media, or they were not a City College student. The remaining 208 participants were invited to complete the online study survey in exchange for study credit. However, an additional 11 participants failed to complete it, resulting in a final total of 197 participants. Participants were recruited in January 2021. The average participant was approximately 24 years old. The study was online and was approximately 45 minutes long. Questions were asked regarding eating behaviors, social media behaviors, and body image attitudes. This survey was approved by the Institutional Review Board at the City College of New York. All female, Hispanic City College of New York students age 18 and older were eligible for this study. Exclusion criteria included not being a City College of New York Student, not being a female, not being Hispanic, and being under the age of 18. The method of recruitment was through website posting. The study was posted on SONA through Qualtrics and available to the students of the Psychology Department at City College. Internet based informed consent was given and required to participate. Participants received one credit via SONA for completing the study, and SONA did not link their answers to the survey. Participants who withdrew from the study also received one credit. The survey did not gather identifiable data and was completely anonymous. The informed consent form and an explanation of confidentiality were given before the study began. Participants were recruited, consented, and completed research procedures online through SONA and Qualtrics.

This is a private location online on participants' own computer screen with no one else around. The participants were able to partake without feeling coerced to participate. The participants were made aware before starting that their participation is voluntary and not mandatory, that they do not have to take this study if they do not want to, and that they may leave at any point during the study if they do not wish to continue. Participants were made aware that if they do not want to participate at all or do not wish to continue with the study at any point that no consequence will be given and no information of their responses will be shared at any point.

Measures

The Self-Report Photo Manipulation Scale (Mclean et al., 2015)

Participants responded to 10 items from 1 (*never*) to 5 (*always*) to indicate the extent to which they manipulated or edited photos of themselves prior to posting. Example items were “Edit or use apps to smooth skin” and “make yourself look skinnier”. Total scores, ranging from 10 to 50, were calculated from the sum of item responses and higher scores reflected more frequent photo manipulation. Internal consistency in the current study for our sample was 0.73.

Investment in Other’s Selfies (Mclean et al., 2015)

Participants responded to 3 items from 1 (*never*) to 7 (*always*) to assess investment and effort participants expend examining photos of others who share on social media and concerns they have about others’ posts. Example items were “Do you examine the number of likes in another person’s selfies or photos?” and “Do you examine who liked or commented on other’s selfies or photos?” Total scores ranging from 3 to 21 were calculated from the sum of item responses and higher scores reflected more frequent investment in others’ selfies or photos. Internal consistency in the current study for our sample was 0.77.

Socio-Cultural Attitudes Towards Appearance Questionnaire (SATAQ-3) (Thompson et al., 2004)

The SATAQ-3 is a 30-item measure scale measuring the multi-dimensional impact of sociocultural influences on body image. The scale consists of four factors assessing the degree to which various media are considered an important source of information about being attractive, feeling pressures by various media to strive for cultural ideals of beauty, endorsement and acceptance of media messages touting unrealistic ideals for female beauty and the striving towards these ideals, and the endorsement and acceptance of an athletic and toned body ideal. Items are rated on a five-point response scale ranging from definitely disagree (1) to definitely agree (5), with higher scores indicating greater media endorsement towards appearance. Example items were “I’ve felt pressure from TV or magazines to lose weight” and “I compare my appearance to the appearance of people in magazines”. Total scores ranging from 30 to 150 were calculated from the sum of item responses. The SATAQ-3 is internally reliable, with Cronbach’s alpha coefficients generally exceeding .80. Internal consistency in the current study for our sample was 0.71.

Eating Disorder Examination Questionnaire (EDE-Q) (Higgins et al., 2016)

Participants were asked the number of times in the past 28 days they had vomited, taken laxatives or diuretics, and exercised in a hard, driven, or compulsive way as a means of controlling their shape or weight. Responses for all items were summed, representing the number of occasions participants engaged in any of these compensatory behaviors in the past four weeks. Participants were also asked the number of times in the past 28 days they ate “what other people would regard an unusually large amount of food” accompanied by a sense of “loss of control” reflecting binge eating. The EDE-Q provides subscale scores reflecting the severity of aspects of

the psychopathology of eating disorders. The subscales are Restraint, Eating Concern, Shape Concern, and Weight Concern. To obtain a particular subscale score, the ratings for the relevant items are added together and the sum is divided by the total number of items forming the subscale. The clinical cutoff for women is 2.8, which is considered to be of clinical significance. The EDE-Q has demonstrated acceptable internal consistency and test-retest reliability in Hispanic females (Higgins et al., 2016). Internal consistency in the current study for our sample was 0.78.

SCOFF (Sanchez-Armass et al., 2017)

The SCOFF contains five yes/no items assessing multiple aspects of disordered eating. A point is given for affirmative responses; a score of two or greater is generally considered a positive screen for ED. Example items were “Do you make yourself sick (induce vomiting) because you feel uncomfortably full?” and “Do you think you are too fat, even though others say you are too thin?”. The SCOFF has been validated in several previous studies in different settings and with different populations of adolescents and young adults and showed good sensitivity and specificity. Internal consistency in the current study for our sample was 0.78.

Physical Appearance State and Trait Anxiety Scale-State (PASTAS) (Gromel et al., 2000)

The Physical Appearance State and Trait Anxiety Scale (PASTAS) state version was developed to tap into the anxiety component of appearance concern. It assesses current body image anxiety. It contains 16 items for participants to rate current anxiety on a scale of 0 (not at all anxious) to 4 (exceptionally anxious) about their body. Example items include “Right now, I feel anxious, tense, or nervous about the extent to which I look overweight” and “Right now, I feel anxious, tense, or nervous about my muscle tone”. The internal consistency for the State version is 0.82-0.92 and the test-retest reliability is .87. The internal consistency in the current

study for our sample was 0.83. To investigate if social media usage (SM usage) relates to eating disorder symptomology (ED symptomology) through body dissatisfaction (BD), we measured SM usage using the 10-item Self Report Photo Manipulation Scale developed by Mclean et al. (2015), the 3-item Investment in Others Selfies developed by Mclean et al. (2015), and the 30-item Socio-Cultural Attitudes Towards Appearance Questionnaire (SATAQ-3) developed by Thompson et al. (2004). These questionnaires measured the extent to which participants use social media, manipulate or edit photos of themselves prior to posting on social media, the extent to which participants examine photos and posts of others who share on social media, and the extent to which various media outlets are considered an important source of information about being attractive, feeling pressured by various media to strive for cultural ideas of beauty, and endorsement and acceptance of media messages towards unrealistic ideals for female beauty. For each participant, we calculated total scores of each questionnaire and added those scores together to get an SM usage score total with a minimum score of 46 and a maximum score of 240, with lower scores indicating low SM usage and higher scores indicating higher SM usage. The mean SM usage score was 136.70 with a standard deviation of 30.86.

We measured ED symptomology using the 28-item EDE-Q and the 5-item SCOFF questionnaires. These questionnaires measure the number of times participants in the past 28 days had vomited, taken laxatives or diuretics, and exercised in a compulsive way as means of controlling shape or weight, as well as examining multiple aspects of disordered eating. For each participant, we calculated total scores of both questionnaires and added those scores together to get an ED symptomology score total with a minimum score of 0 and a maximum score of 132, with lower scores indicating none- low ED symptomology and higher scores indicating high ED

symptomology. The mean ED symptomology score was 69.59 with a standard deviation of 46.39.

We measured the mediator of BD using the 16-item PASTAS questionnaire developed by Gromel et al. (2000) which examined participants' current body image anxiety. For each participant, we calculated total scores to get a BD score total with a minimum score of 0 and a maximum score of 64, with lower scores indicating none-low BD and higher scores indicating higher BD.

Data Analysis

To investigate if SM usage relates to ED symptomology through BD, a simple mediation analysis was performed using model 4 PROCESS in Python (Preacher & Hayes, 2004). The outcome variable for analysis was ED symptomology. The predictor variable for the analysis was SM usage. The mediator variable evaluated for the analysis was BD.

Results

Table 1 presents indirect and total effects for all numerical measures. As shown, SM usage related to higher BD and ED symptomology. SM effect on BD estimate is 0.1448. The direct effect of SM on ED symptomology is 0.6030. The relation between SM and BD is positive and significant, and the relation between SM and ED symptomology is positive and significant.

As shown, results showed that BD related to higher ED symptoms. BD effect on ED symptomology holding constant SM usage estimate is 1.7082. Therefore, the relation between BD and ED symptomology holding constant SM is positive and significant.

As shown, BD mediated the relation between SM usage and ED symptomology. For mediation to occur, the indirect effect of SM usage on ED symptomology through BD should be significant, which according to the output, it is (0.24 with a 95% confidence interval of (.15, .36).

All relations are strong and stable. Consistent with the primary hypothesis, the mediation analysis for SM and BD is positive and significant. The direct effect is .60 with a p-value <.001.

Specifically, BD mediated 29% of the total effect of SM on ED symptomology.

Table 1

| Type | Effect | Effect Estimate | SE | Lower | Upper | p |
|-----------|--------------|-----------------|--------|--------|--------|--------|
| Indirect | SM → BD → ED | 0.2473 | 0.0520 | 0.1526 | 0.3575 | 0.0000 |
| Component | SM → BD | 0.1448 | 0.0271 | 0.0916 | 0.1980 | 0.0000 |
| Component | BD → ED | 1.7082 | 0.2044 | 1.3075 | 2.1089 | 0.0000 |
| Direct | SM → ED | 0.6030 | 0.0828 | 0.4408 | 0.7652 | 0.0000 |
| Total | SM → ED | 0.8503 | | | | |

Figure 1 presents the results from mediational analyses (i.e. total, direct, and indirect effects of BD) for SM usage and ED symptomology. As shown, BD partially mediated the relations between SM usage and ED symptomology. Specifically, BD mediated 29% of the total effects of SM usage on ED symptomology. High SM usage is positively related to increased ED symptomology through increased BD. The relation between SM and BD symptomology is positive and significant. The indirect effect on SM usage on ED symptomology was found to be statistically significant [effect =.24, 95% C.I. (.15, .36), $p < .05$].

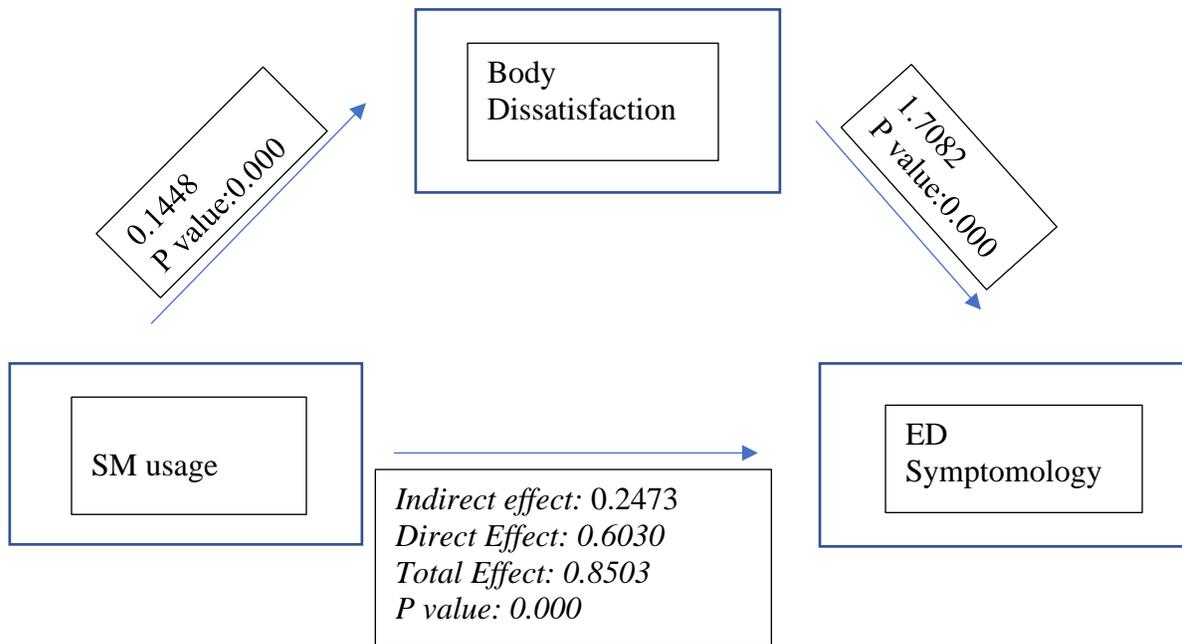
Figure 1

Figure 1: Regression coefficients for the relationship between SM usage and ED symptomology mediated by BD. Indirect effects were obtained via 5000 bootstrapped replications. Models controlled for age of respondents. The indirect effect and 95% confidence interval for BD was .24 (.15, .36). The proportion of the total effect of SM usage mediated by BD was .2908.

Table 2 presents the proportions of respondents in each level of ED severity according to the cutoffs for both the EDE-Q subscales and total and the SCOFF measures. The EDE-Q subscales and total has a clinical cutoff for women of 2.8. The SCOFF has a clinical cutoff of 2.

Table 2:

| | | |
|-------|-----------------|-----|
| EDE-Q | Restraint | 62 |
| | Eating Concerns | 45 |
| | Shape Concerns | 107 |
| | Weight Concerns | 127 |
| | EDE-Q Total | 82 |
| | SCOFF | 61 |

Table 2: For EDE-Q subscales and total: number of respondents who scored equal to or greater than 2.8. The clinical cutoff for women is 2.8, which is considered to be of clinical significance. For SCOFF: number of respondents who scored equal to or greater than 2. The clinical cutoff is 2, which a score of 2 or greater is considered to be of clinical significance. All scores are out of 197.

Discussion

These results build on the existing evidence of previous research that that higher social media usage may be associated with higher BD and disordered eating for Hispanic women (Quick & Byrd, 2014) and that many Hispanic women in the U.S. may seek to be thinner despite the belief that Hispanic cultures are more accepting of curvier female types (Opera & Santos, 2019). The present data contributes to a clear understanding that U.S. students who are acculturated to the Western lifestyle may strive to meet the Western white and thin ideal through comparison of oneself versus mainstream media images, as shown in Quick and Byrd (2014) previous research. Quick & Byrd (2014) suggested that social media is a risk factor for BD through the promotion of the importance of meeting a mainstream white and thin ideal and the present results builds on this. Schooler & Daniels (2014) previous longitudinal study showed Hispanic middle and high school girls who watched mainstream sitcom TV were associated with lower body satisfaction. In the present study, we see this existing evidence supported in social

media usage relating to body dissatisfaction in Hispanic female college students. Lonergan et al. (2020) found that posting frequent pictures of oneself on social media worsened women's body image, perception of fatness, and body satisfaction is in line with our proven hypothesis that high SM usage will relate to High ED symptomology through the mediating effect of BD. It was important to test this hypothesis because the development of culturally sensitive intervention models is a key component to reducing health disparities in the Hispanic population. Culturally sensitive intervention models emphasize the understanding of participants/clients' backgrounds, ethnicity, and belief system. For Hispanic young adults, the persistence of health disparities requires the adoption of a more culturally sensitive approach to illness prevention and behavioral intervention. Components for culturally sensitive intervention models for Hispanic young adults should include individual and interpersonal health behaviors, cultural constructs and values, acculturation, bilingual and bicultural contents, and acknowledgment of economic, social, and environmental differences and barriers.

It is possible that the model of social media as a risk factor for BD and ED symptomology can operate in different directions. For example, individuals with EDs may seek to use social media to confirm that their behaviors are acceptable. Additionally, people with higher body dissatisfaction may seek to use social media to guide their behaviors. High ED symptomology and/or higher body dissatisfaction may cause higher social media usage to view these sites promoting a thin ideal. Social media is an integrated part of modern-day life, especially amongst the developmental period of the present study's sample. Social media has fundamentally changed how adolescents and young adults develop. Most people of this age group want to be accepted by their peers, so they may attach more importance to their physical appearance as a way to gain approval by others, comparing themselves to others on social media,

which in turn may relate to body dissatisfaction and ED symptomology (Quick & Byrd, 2014). Young people may be influenced daily by the pressure of social media to look a certain way, and if not careful, these thoughts may have a serious impact on their mental and physical health. Many adolescents and young people cannot discriminate between what they see on social media and what is real (Quick & Byrd, 2014). The argument developed in the current study sets the scope to inform social media platforms to help mitigate these pathways and try to undo the damage by promoting health-promoting behaviors via social media. For example, the algorithms on social media sites could be used to promote evidence-based individuals, businesses, and accurate public health information regarding the prevention of body dissatisfaction and ED symptomology. Social media sites could strengthen the presence of positive support sources and also improve their methods of content moderation. There is potential for social media platforms to offer appropriate support and advice, and/or identify users who could benefit from guidance toward help sources. Additionally, social media platforms can push for media literacy to help young people understand and evaluate mass media and advertising content more critically.

The reliability of this data was limited to a specific group of people as we only had college students for participants, which limits this study's generalizability. Furthermore, there could have been potential confounding variables that we were unable to control, such as mood. If participants took the survey when they were in a bad mood (feeling sad, feeling insecure that day) they could have overestimated how much they use social media and manipulated their pictures and answered in a more negative way regarding how they view their body image. In contrast, if they took it while they were in a good mood (feeling happy, feeling confident) they could have underestimated how much they use social media and answered in a more positive

way regarding how they view their body image. The present results are nonetheless valid for the purpose of investigating if social media usage relates to ED symptomology through BD.

Future studies should consider the impact of usage of newer, image-based social media platforms (Instagram, TikTok, VSCO) and its impact on body image and ED symptomology. Facebook was the only social media platform that had been the focus of previous research on social media and body image. The present study is the first study to look at Instagram usage and its impact on body image and ED symptomology. Future research should continue to look at Instagram, VSCO, and TikToks impact on body image and ED symptomology because these are the social media platforms the adolescent and emerging adult population are moving toward, while Facebook is becoming outdated. Future research is also needed with more diverse samples such as Hispanics, African Americans, and Asians/Pacific Islanders in order to provide a clearer picture of the effect social media has on diverse users' body image and ED symptomology. Previous research on risk factors for ED symptomology still focuses only on NH white women (Opara & Santos, 2019). It is important to research risk factors for ED symptomology on diverse samples because the development of culturally sensitive intervention models is a key component to reducing health disparities in diverse populations.

References

- Alegria, M., Woo, M., Cao, Z., Torres, M., Meng, X., & Striegel-Moore, R. (2007). Prevalence and correlates of eating disorders in latinos in the united states. *The International Journal of Eating Disorders, 40 Suppl*, S15-S21. doi:10.1002/eat.20406
- Erickson, S. J., & Gerstle, M. (2007). Investigation of ethnic differences in body image between hispanic/biethnic-hispanic and non-hispanic white preadolescent girls. *Body Image; Body Image, 4*(1), 69-78. doi:10.1016/j.bodyim.2006.11.003
- Fardouly, J., & Vartanian, L. R. (2016). Social media and body image concerns: Current research and future directions. *Current Opinion in Psychology, 9*, 1-5. doi:10.1016/j.copsyc.2015.09.005
- Gromel, K., Sargent, R. G., Watkins, J. A., Shoob, H. D., DiGioacchino, R. F., & Malin, A. S. (2000). Measurements of body image in clinical weight loss participants with and without binge-eating traits. *Eating Behaviors : An International Journal; Eat Behav, 1*(2), 191-202. doi:10.1016/S1471-0153(00)00018-0
- Guarda, A. (2021). What are eating disorders? Retrieved from <https://www.psychiatry.org/patients-families/eating-disorders/what-are-eating-disorders>
- Higgins, M. K., Bulik, C. M., & Bardone-Cone, A. (2016). Factors associated with self-identification of an eating disorder history among latinas meeting criteria for past or current eating disorders: Latinas and eating disorder identification. *The International Journal of Eating Disorders, 49*(11), 1032-1035. doi:10.1002/eat.22583

- Kia-Keating, M., Santacrose, D., & Liu, S. (2017). Photography and social media use in Community-Based participatory research with youth: Ethical considerations. *American Journal of Community Psychology; Am J Community Psychol*, 60(3-4), 375-384. doi:10.1002/ajcp.12189
- Li, C., & Tsai, W. S. (2015). Social media usage and acculturation: A test with hispanics in the U.S. *Computers in Human Behavior*, 45, 204-212. doi:10.1016/j.chb.2014.12.018
- Lonergan, A. R., Bussey, K., Fardouly, J., Griffiths, S., Murray, S. B., Hay, P., . . . Mitchison, D. (2020). Protect me from my selfie: Examining the association between photo-based social media behaviors and self-reported eating disorders in adolescence. *The International Journal of Eating Disorders; Int J Eat Disord*, 53(5), 485-496. doi:10.1002/eat.23256
- McLean, S. A., Paxton, S. J., Wertheim, E. H., & Masters, J. (2015). Photoshopping the selfie: Self photo editing and photo investment are associated with body dissatisfaction in adolescent girls: Photoshopping of the selfie. *The International Journal of Eating Disorders*, 48(8), 1132-1140. doi:10.1002/eat.22449
- O'Brien, K.,M., Whelan, D. R., Sandler, D. P., Hall, J. E., & Weinberg, C. R. (2017). Predictors and long-term health outcomes of eating disorders. *PloS One; PLoS One*, 12(7), e0181104. doi:10.1371/journal.pone.0181104
- Opara, I., & Santos, N. (2019). A conceptual framework exploring social media, eating disorders, and body dissatisfaction among latina adolescents. *Hispanic Journal of Behavioral Sciences*, 41(3), 363-377. doi:10.1177/0739986319860844 [doi]
- Patmore, J., Meddaoui, B., & Feldman, H. (2019). Cultural considerations for treating hispanic patients with eating disorders: A case study illustrating the effectiveness of CBT in reducing

bulimia nervosa symptoms in a latina patient. *Journal of Clinical Psychology; J Clin Psychol*, 75(11), 2006-2021. doi:10.1002/jclp.22860

Peres, V., Corcos, M., Robin, M., & Pham-Scottez, A. (2018). Emotional intelligence, empathy and alexithymia in anorexia nervosa during adolescence. *Eating and Weight Disorders; Eat Weight Disord*, 25(1), 1-8. doi:10.1007/s40519-018-0482-5

Petrides, K. V., Pita, R., & Kokkinaki, F. (2007). The location of trait emotional intelligence in personality factor space. *The British Journal of Psychology*, 98(2), 273-289.
doi:10.1348/000712606X120618

Quick, V. M., & Byrd-Bredbenner, C. (2014). Disordered eating, socio-cultural media influencers, body image, and psychological factors among a racially/ethnically diverse population of college women. *Eating Behaviors : An International Journal; Eat Behav*, 15(1), 37-41. doi:10.1016/j.eatbeh.2013.10.005

Reyes-Rodríguez, M. L., Ramírez, J., Davis, K., Patrice, K., & Bulik, C. M. (2013). Exploring barriers and facilitators in eating disorders treatment among latinas in the united states. *Journal of Latina/O Psychology; J Lat Psychol*, 1(2), 112-131.
doi:10.1037/a0032318

Sanchez-Armass, O., Raffaelli, M., Andrade, F. C. D., Wiley, A. R., Noyola, A. N. M., Arguelles, A. C., & Aradillas-Garcia, C. (2017). Validation of the SCOFF questionnaire for screening of eating disorders among mexican university students. *Eating and Weight Disorders; Eat Weight Disord*, 22(1), 153-160. doi:10.1007/s40519-016-0259-7

- Schooler, D., & Daniels, E. A. (2014). "I am not a skinny toothpick and proud of it": Latina adolescents' ethnic identity and responses to mainstream media images. *Body Image; Body Image, 11*(1), 11-18. doi:10.1016/j.bodyim.2013.09.001
- Smith, A. R., & Davenport, B. R. (2012). An evaluation of body image assessments in hispanic college women: The multidimensional Body-Self relations questionnaire and the appearance schemas Inventory–Revised. *Journal of College Counseling, 15*(3), 198-214.
doi:10.1002/j.2161-1882.2012.00016.x
- Swami, V., Begum, S., & Petrides, K. V. (2010). Associations between trait emotional intelligence, actual–ideal weight discrepancy, and positive body image. *Personality and Individual Differences, 49*(5), 485-489. doi:10.1016/j.paid.2010.05.009
- Thompson, J. K., van den Berg, P., Roehrig, M., Guarda, A. S., & Heinberg, L. J. (2004). The sociocultural attitudes towards appearance scale-3 (SATAQ-3): Development and validation. *The International Journal of Eating Disorders; Int.J.Eat.Disord, 35*(3), 293-304.
doi:10.1002/eat.10257
- United states census bureau. Retrieved
from <https://www.census.gov/quickfacts/fact/table/US/PST045219>
- van Well, S., Kolk, A. M., & Arrindell, W. A. (2005). Cross-cultural validity of the masculine and feminine gender role stress scales. *Journal of Personality Assessment; J Pers Assess, 84*(3), 271-278. doi:10.1207/s15327752jpa8403_06
- Wisting, L., Johnson, S. U., Bulik, C. M., Andreassen, O. A., Rø, Ø, & Bang, L. (2021).
Psychometric properties of the norwegian version of the patient health questionnaire-9

(PHQ-9) in a large female sample of adults with and without eating disorders. *BMC Psychiatry; BMC Psychiatry*, 21(1), 6. doi:10.1186/s12888-020-03013-0

Zysberg, L., & Tell, E. (2013). Emotional intelligence, perceived control, and eating disorders. *SAGE Open*, 3(3), 215824401350028. doi:10.1177/2158244013500285