The Effectiveness of Weight-Inclusive Food Messages in '#WhatIEatInADay' Videos in Mitigating Orthorexic Tendencies Among Young Women

by

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DISSERTATION ABSTRACT

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Doctor of Philosophy in Communication and Media Studies

Title: The Effectiveness of Weight-Inclusive Food Messages in '#WhatIEatInADay' Videos in Mitigating Orthorexic Tendencies among Young Women

Research background: Diet culture's dichotomous classification of food as either "good" or "bad" based on perceived weight impact fosters problems related to body image and disordered eating, including Orthorexia Nervosa (an unhealthy obsession with healthy eating). Being exposed to counteractive opinions is known to be effective in neutralizing one's polarized perspective. The current study aims to 1) compare the influence of weight-normative and weight-inclusive food messages embedded in popular #WhatIEatInADay social media content on orthorexic tendencies among young women through one's social appearance comparison, thin-ideal internalization, and body dissatisfaction, accounting for maternal body image influence, and 2) understand the effectiveness of direct instruction of encouraging weight-inclusive perspectives on food in inducing flexibility in obsession with eating healthy.

Method: A single-factor between-subjects experiment assessed the effectiveness of the social media intervention in reducing orthorexic tendencies. Participants aged 19-25 years old who identify themselves as women were recruited through Prolific, and a total of 472 were randomly assigned to one of the four conditions: non-food daily vlogs, weight-normative #WhatIEatInADay vlogs, weight-inclusive #WhatIEatInADay vlogs, and weight-inclusive #WhatIEatInADay vlogs with direct instruction to consider the positive health impact of so-called "unhealthy" foods. Social appearance comparison, thin-ideal internalization, and body

dissatisfaction were included as mediators, and mother's body-related influence was included as a moderator for each mediator. Orthorexic tendency was set as the final outcome of the path. A series of pairwise moderated multiple mediation models for path analysis was implemented.

Results: Weight-inclusive #WhatIEatInADay vlogs resulted in lower orthorexic tendencies among young women than weight-normative #WhatIEatInADay vlogs. Providing additional prompts encouraging viewers to consider alternative perspectives to weight-focused eating messages on top of weight-inclusive vlogs was also associated with lower orthorexic tendencies among young women compared to those who were exposed to weight-normative vlogs. Maternal body-related influence showed no significant moderated mediation effect on orthorexic tendencies. Any indirect effects were found to be insignificant.

Discussion: Weight-normative and weight-inclusive content can be understood as framing different health and eating ideologies, which in turn may shape individuals' orthorexic tendencies. Additional direct instruction to "consider the opposite" may be insufficient to produce incremental effects, suggesting the need for conditions that elicit deeper cognitive engagement with the situation. This study contributes to extensions of the Tripartite Influence Model by conceptualizing social media as a form of both mass media and a peer-like sociocultural influence. Leveraging social media platforms and dominant content formats offer scalable and accessible public health strategies aimed at promoting a more desirable relationship with food. Future research should move beyond classic appearance-based pathways and more directly examine mechanisms related to food, eating practices, and everyday dietary regulations. Rather than focusing only on the influence of one's mother figure in childhood, considering the broader family eating environment as a potential contributor to orthorexic risk is needed.

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DEDICATION

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CHAPTER I

INTRODUCTION

Diet culture that equates thinness with health is pervasive in contemporary society and significantly impacts individuals' well-being, leading to issues such as body dissatisfaction, lower self-esteem, and depression, especially among young women (Faw et al., 2021; Jovanovski & Jaeger, 2022). Diet culture moralizes weight-loss-promoting foods, reinforcing a dichotomous view of food as either 'healthy (good)' or 'unhealthy (bad)' (Palascha et al., 2015). This oversimplified societal value contributes to distorted relationships with food among individuals, which could result in disordered eating and other serious health issues (Martini et al., 2023; Neumark-Sztainer et al., 2006; Yang & Kim, 2021).

Weight-normativity is currently the dominant perspective of diet culture that sets weight as a primary indicator of health (Tylka et al., 2014). While weight-inclusive approaches advocate for health at every size and reduction of body-based stigma (Bacon, 2010), weight-normative perspectives emphasize higher body mass index (BMI) as a determinant of poor health, often leading to the endorsement of weight loss as the solution to various health problems. One concerning consequence of weight-normative perspectives, along with the dichotomous moral categorization of foods, is the development of Orthorexia Nervosa (ON).

ON is a pathological obsession with healthy eating, adhering to strict dietary rules based on food quality (Barthels et al., 2015). People with ON could develop mental distress, nutritional imbalances, and even severe complications of other disordered eating (Messer et al., 2023; Novara et al., 2021; Segura-Garcia et al., 2015). Despite its risks, ON remains underrecognized compared to other eating disorders, as the widespread perception that healthy eating is inherently

positive obscures awareness of the harms associated with obsession with healthy eating. In addition, ON is not officially classified as an eating disorder in the Diagnostic and Statistical Manual of Mental Disorders, as there are some overlaps with Anorexia Nervosa, Obsessive Compulsive Disorder, or Avoidant/Restrictive Food Intake Disorder (Koven & Abry, 2015; Kummer et al., 2008). However, researchers advocating for attention to ON argue that it has distinctive characteristics compared to other eating or mental disorders, such as an excessive fixation on health and food quality, emphasizing the need for dedicated research on this specific condition (Dunn & Bratman, 2016). Current ON research primarily focuses on investigating its predictive factors (Rzeszutek et al., 2024; Zydek et al., 2025), but limited attention has been paid to the mitigation of the symptoms and their mechanisms.

The media has long performed as an amplifier of diet culture, glorifying certain types of bodies and foods (Jovanovski & Jaeger, 2022; Raiter et al., 2023). Previous research has examined how thinness-focused media affects the eating behaviors of young women who are under immense societal pressure to achieve appearance ideals (Ahmadi et al., 2017; Harrison, 2021). The exposure to such media content leads to the internalization of unrealistic thin body standards that are often rebranded as health in diet culture (Del Pozo et al., 2024; Dittmar & Howard, 2004; Minadeo & Pope, 2022). According to the Tripartite Influence Model that explains sociocultural influences on disordered eating behaviors, peers are another significant factor pressuring individuals with their body image through interactions that emphasize appearance and weight-related topics (Carey et al., 2014; Rodgers et al., 2015; Shroff & Thompson, 2006). Social media combines characteristics of traditional media and peer relationships by not only disseminating information widely but also facilitating interactions between individual users (Al-Quran, 2022; Sherman et al., 2016). A recent social media trend

that plays the dual role of media and peers is 'What I Eat in a Day (#WhatIEatInADay)' short-form videos that showcase one's daily food consumption. #WhatIEatInADay is a typical manifestation of health myths surrounded by weight-normativity, presenting visually curated and edited depictions of an individual's food intake within a limited timeframe (Pfender et al., 2023). These videos often portray restrictive 'clean' eating that could reinforce body dissatisfaction and intent to diet (Drivas et al., 2024).

Despite the negative impact of media on body image and disordered eating, efforts to examine positive outcomes through media have been pursued. Previous media and body image studies have demonstrated that exposure to body-positive social media content can improve diverse body image-related variables such as thin-ideal internalization, appearance comparison, and body dissatisfaction (Hepburn & Mulgrew, 2023; Rodgers et al., 2022; Stevens & Griffiths, 2020). However, existing intervention methods have difficulty reaching people who are already trapped in social media algorithms that reproduce idealized body images (Baumann et al., 2026; Harriger et al., 2022; Hussain et al., 2025). To reach people who need help breaking ideal body stereotypes, the intervention needs to appear within the social media algorithms they frequently engage with.

One way to challenge ingrained stereotypes is through the application of the "consider-the-opposite strategy," a proven method for reducing dichotomous thinking and fostering cognitive flexibility (Anderson & Godfrey, 1987; Arkes et al., 1988; Fahsing et al., 2023). By encouraging individuals to consider alternative perspectives, this strategy can disrupt the black-and-white thinking that is typically associated with societal beliefs about food, weight, and body image. In this study, the "consider-the-opposite strategy" will be applied by incorporating weight-inclusive food messages into the popular #WhatIEatInADay video trend. This approach

aims to challenge weight-normative perceptions of socially stigmatized "fattening" foods often portrayed in social media content, promoting a more nuanced understanding of food and body diversity. Through this intervention, individuals may learn weight-inclusive food messages and observe others' unrestricted eating habits on social media, fostering new norms that food cannot be categorized as inherently "good" or "bad." This shift is expected to help reduce orthorexic tendencies. Furthermore, encouraging participants to generate weight-inclusive food message ideas can enhance their cognitive flexibility by prompting direct consideration of specific counteractive realities, leading to stronger mitigation effects.

However, the efficacy of interventions likely varies depending on the influence of family, which is the third and final element of the Tripartite Influence Model. In particular, mothers are known to critically affect daughters' body-related attitudes and behaviors, as daughters model and imitate mothers' body image perceptions and behaviors throughout their lifespans (Bäck, 2011; Bauer et al., 2013; Hillard et al., 2016). While previous research has primarily focused on the direct effects of maternal influence on individuals' body-related issues, this study explores maternal influence as a key moderating factor in assessing intervention effects.

The current study employed a single-factor between-subjects experiment to empirically verify the effectiveness of the ON intervention among young women. Participants were randomly assigned to one of four short-form vlog conditions: non-food (control condition 1), weight-normative #WhatIEatInADay (control condition 2), weight-inclusive #WhatIEatInADay only (experiment condition 1), weight-inclusive #WhatIEatInADay with direct instruction for 'consider-the-opposite' (experiment condition 2). Two control groups watched either non-food-related vlogs or typical #WhatIEatInADay videos with weight-normative food messages, whereas the other two experimental groups both watched #WhatIEatInADay videos with weight-

inclusive food messages. The direct-instruction experimental group (experiment condition 2) was further asked to provide weight-inclusive opinions about traditionally regarded as 'unhealthy' food.

This research contributes both theoretically and practically. Theoretically, it extends the Tripartite Influence Model by conceptualizing social media as a dual sociocultural influence that functions both as traditional media and as a peer-like context within the eating behaviors domain, especially with orthorexia nervosa. By focusing on how weight-inclusive framing preventively influences orthorexic tendencies among young women in addition to testing conditions that demand further engagement beyond simple consumption of alternative messages, this work moves beyond simply investigating risk factors of orthorexia. It also offers robust implications for theory-driven intervention development. Practically, this study can provide feasible insights for developing mass-level health interventions that challenge the diet culture by leveraging popular social media platforms and their content formats to disseminate accessible public health messages to those who have limited access to conventional treatment for body image and eating problems.

In summary, the purpose of this study is to examine the effectiveness of weight-inclusive food messages in #WhatIEatInADay videos in mitigating orthorexic attitudes among young women. In addition, it investigates the potential indirect effects of social appearance comparison, thin-ideal internalization, and body dissatisfaction on these relationships as well as the potential moderating effect of maternal influence. By utilizing the current social media trend dominated by algorithms, it seeks to inform effective public interventions for positive health outcomes in a society obsessed with unhealthy "healthy eating."

CHAPTER 2

LITERATURE REVIEW

Diet Culture and Orthorexia

Diet Culture

Slender and toned physiques have long been the dominant ideal body types in modern society. Since the Industrial Revolution, when garment manufacturers standardized clothing sizes for streamlined business, people have associated their worth with numerical body measurement (Ashdown, 2007). In addition to fashion trends, the rise of modern advertising and mass media throughout the late 19th and early 20th centuries promoted thin and muscular bodies as standards of attractiveness (Levine & Murnen, 2009; Ridley et al., 2022; Swami, 2015). Idealization of Hollywood celebrities and the marketing of various weight-loss products reinforced the social notion that achieving such idealized bodies is a desirable lifestyle (Brownell, 1991).

Moreover, the obesity epidemic emerged as a problematic phenomenon in Western societies in the 1980s, often being blamed for the cause of numerous illnesses (Lin & Li, 2021; Temple, 2022). As a result, the pursuit of thin bodies through physical activities and restrictive eating became synonymous with a healthy lifestyle (Koehler & Drenowatz, 2019; Neuhouser, 2019), contributing to the proliferation of diet culture. Diet culture is a systematic belief that identifies losing weight as becoming healthy, assigns moral superiority to thin bodies, and demonizes certain foods and ways of eating that could lead to weight gain (Jovanovski & Jaeger, 2022). Within the diet culture framework, a thin body symbolizes self-control, self-improvement, and achievement through hard work, permeating the misconception that anyone can reach the ideal body by following the “right” diet because one’s body is malleable (Barsky, 1988; Glassner, 1989).

This reflects a core ideology of diet culture: weight normativity – the belief that health is only attainable at a specific weight, with the achievement of a socially desirable weight attributed to personal responsibility (Tylka et al., 2014). However, this perspective overlooks critical biological variables (i.e., genetics) that are influential in regulating body shape and other social and systematic barriers (e.g., unsafe housing, access to the healthcare system, or education inequality) that affect an individual's health outcomes. The same illness can occur in all body types, and weight cannot be the only reductionist determinant of health (Brownell, 1991).

Dichotomous Thinking on Food

Dieting – the regulation of eating practice – is the most widely used method to improve body shape, often framed as a means of preventing health issues, typically involving calorie restriction to lose weight (Guth, 2014; Sacks et al., 2009; Strychar, 2006). "Healthy eating" in diet culture means more consumption of whole grains, fruits, vegetables, and lean proteins than processed food (Esselstyn, 2001; Mingay et al., 2021; Tuso et al., 2013). In line with this approach, people practicing healthy eating often restrain their food consumption, categorizing food as either 'good (healthy)' or 'bad (unhealthy)' (Eneli et al., 2008; Palascha et al., 2015). The dichotomous dieting approach is so simplistic that people believe they can control their weight and achieve health efficiently and successfully merely by eating 'good' food (Nitzke et al., 2007).

However, food cannot be oversimplified into these two categories. Even the nutritional impact of the same food can vary depending on individuals' physiological and psychological status (Lakritz et al., 2022; Martini et al., 2023). Despite its well-intentioned start, the moralization of food and restrained eating often result in a maladaptive relationship with food (de Witt Huberts et al., 2013; Polivy & Herman, 1999; Stice et al., 1998; Yang & Kim, 2021),

and could lead to malnutrition or eating disorders in extreme cases (Hsu, 1997; Neumark-Sztainer et al., 2006). Long-term inappropriate diet is associated with concerning health outcomes such as hair and muscle loss, amenorrhea, osteoporosis, hypertension, and chronic inflammation (Tylka et al., 2014). Common dieting behaviors such as restricting calories, eliminating certain foods, and skipping meals are recognized as major warning signs for the development of disordered eating (Elran-Barak et al., 2015).

Orthorexia Nervosa (ON)

The side effects of healthy eating have recently gained more attention from health professionals and researchers. Orthorexia Nervosa (ON) is a pathological obsession with healthy eating behavior, which is characterized by strict food consumption rules, overemphasis on food quality, and mental distress when these self-imposed regulations are violated (Bratman, 2000). Individuals with ON are fixated on eating more "clean, pure, and correct" foods such as fruits and vegetables shopped from organic food stores instead of white grains or processed meat (Dunn & Bratman, 2016; Hanganu-Bresch, 2020; Moroze et al., 2015; Varga et al., 2014). This behavior is often seen as a positive effort to improve overall well-being by preventing illness, but it ironically can evolve into an "unhealthy" preoccupation with food quality and meal preparation (Donini et al., 2005; Dunn & Bratman, 2016; Koven & Abry, 2015). The problem is that the subjective decision about food restrictions becomes stricter and more foods are classified as "forbidden" over time (Barthels et al., 2015). At first, people start by avoiding a few foods considered unhealthy (e.g., refined carbohydrates such as white bread or white rice), but it escalates into the exclusion of entire groups of food (e.g., any types of carbohydrates, even whole grains), narrowing their food choices.

ON overlaps with typical disordered eating symptoms such as obsessive rituals regarding eating and emotional fears or anxiety related to food intake (Missbach & Barthels, 2017). Similar to Anorexia Nervosa – a type of eating disorder that extremely limits food consumption –, ON shows a desire to control eating and select food based on cognitive evaluation of calories or nutritional benefits rather than on the feeling of hunger or personal taste (Barthels et al., 2015). Many empirical studies reported that ON symptoms are increasing among individuals diagnosed with eating disorders, as the strict dietary rules could promote other eating disorder-related behaviors and eating disorders (Messer et al., 2023; Novara et al., 2021; Segura-Garcia et al., 2015). Certain populations that are more susceptible to eating disorders, such as athletes or performance artists, are known to have higher rates of ON due to their heightened focus on appearance and diet (Aksoydan & Camci, 2009; Kapsetaki & Easmon, 2019; López-Gil et al., 2023).

Body image and weight concerns are commonly found in the correlation of ON, as there are misperceptions about equating thinness with health (McGovern et al., 2021). ON is positively associated with the number and types of diets followed over a lifetime and the idealization of thinness (Novara et al., 2021), while negatively associated with body satisfaction, self-acceptance, self-esteem, and mood, particularly among young women (Abraczinskas et al., 2012; Barthels et al., 2015; Mahfoud et al., 2023; Yılmaz & Dundar, 2022). Beyond its harm to mental health, ON could result in imbalances and deficiencies in nutrition similar to those observed in AN (Koven & Abry, 2015). ON may also cause social isolation problems as individuals with ON feel uncomfortable and want to avoid gatherings involving food that often conflicts with their dietary rules (Horovitz & Argyrides, 2023).

Vulnerable Population to Diet Culture: Young Women

Diet culture is pervasive across modern society, and young women are especially vulnerable to the norms emphasizing thinness, restrictive eating, and moralization of food (Harrison, 2021). Orbach (1978) argues that dieting is rooted in the social constraints placed on women. Women are more subject to stringent appearance ideals and objectification to be attractive (Sáez et al., 2019). Diet culture expects women to achieve impossible body standards, and women feel more pressure to engage in the 'corrective' practice than men (Fiske et al., 2014; Gailey, 2014). More than 70% of women reported having low body confidence, and 90% of them said they strive for a healthy body by worshipping thinness (Jacob & Panwar, 2023; Kamps & Berman, 2011; Runfola et al., 2013). This tendency is more common and severe among girls than boys, and the pressure becomes more significant during the time of transition to adulthood (Neagu & Rainer, 2015). College-aged women endorse diet culture ideals as peer norms, leading to increased dieting and disordered eating during the first year of college (Dakanalis et al., 2016; Darling et al., 2017). Similar to the fact that eating disorders are more prevalent in women (Sharan & Sundar, 2015; Striegel-Moore et al., 2009), the tendency of pathologically healthful eating is more pronounced in women than men (Strahler, 2019).

The Tripartite Influence Model

The Tripartite Influence Model (TIM) (Thompson et al., 1999) is one of the most widely tested and supported sociocultural models regarding body image and disordered eating. The TIM suggests that media, peers, and family are the three main sources of appearance-related pressure for oneself. These factors are known to result in body dissatisfaction and disordered eating, such as bulimia or anorexia, via two mediating mechanisms of thin-ideal internalization and appearance comparisons (see Fig.1) (Keery et al., 2004; Rodgers et al., 2015; Shroff &

Thompson, 2006). This model has been empirically proven to fit across national, racial/ethnic, and gender groups with a few differences in the strength of pathways (Burke et al., 2021; de Carvalho et al., 2017; Hazzard et al., 2019; Rakhkovskaya & Warren, 2014; Schaefer et al., 2021; Shagar et al., 2019; Yamamiya et al., 2008).

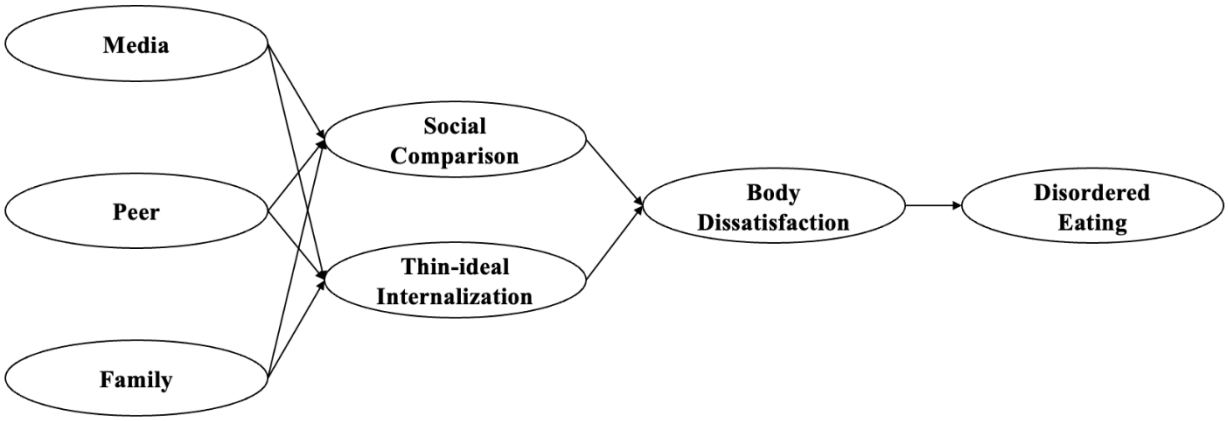


Fig. 1. The Tripartite Influence Model

The Influence of Media

Perpetuation of Diet Culture and Thin Ideal

Among the three main appearance-pressuring sources of TIM, diverse media have proliferated the diet culture and healthy eating practices in society (Ahmadi et al., 2017). Traditionally, mass media such as TV, movies, or magazines have accentuated thinness. For example, Fouts and Burggraf (1999) conducted a content analysis of 28 different prime-time television shows to examine the body-related elements of 52 central female characters. They found that below-average-weight characters were over-represented and received significantly more positive verbal comments regarding their body weight than over-average-weight characters. Also, dieting characters gave themselves significantly more verbal punishment for their body shape. Constant exposure to such media makes people believe that body ideals and dieting depicted in the media are representations of reality (for a more detailed discussion on Cultivation

Theory, see Brown, 2002; Gerbner et al., 2002). As individuals come to view these media portrayals as reflections of real life, they internalize socially defined standards of appearance, particularly the thin ideal (Dittmar & Howard, 2004; Thompson & Stice, 2001; Uhlmann et al., 2018). Saito (2017) reported that reading fashion magazines increased the drive for thinness mediated via thin-ideal internalization among young Japanese women. The internalized thin ideals of individuals gradually become the social norm within diet culture, fostering the belief that achieving such an appearance is essential for living a fulfilling and socially accepted life (Kirk, 2004).

At the same time, media consumers keep comparing themselves with the "represented reality" to evaluate themselves (for a more detailed discussion on Social Comparison Theory, see Festinger, 1954). Young women from late teens to early 20s, in particular, easily pick up the socially standardized beauty and lifestyle presented in the media as a comparison baseline, as they are relatively more vulnerable to sociocultural messages of the ideal body than men (Strahan et al., 2006; Want, 2009). Several studies reported that social appearance comparisons caused by the media have concerning effects on women's psychological and physical health. Cattarin and colleagues (2000) found that social comparison triggered by televised thin images led to higher appearance dissatisfaction and Harper and Tiggemann (2008) confirmed that thin-idealizing magazine advertisements are associated with higher body dissatisfaction, weight-related appearance anxiety, and negative mood. Munsch and colleagues (2021) corroborated that thin-ideal media exposure increased body dissatisfaction and negative mood, which was worse in women with eating disorders.

As the TIM described, body dissatisfaction mediated media exposure and eating disorders (Thompson & Heinberg, 1999). Uchôa and colleagues (2019) demonstrated that body

dissatisfaction followed by mass media influence is a predictor of eating disorder risks in both genders, but greater in girls than in boys. Orthorexia nervosa (ON) has only recently gained attention as a distinct eating disorder research variable, and studies on its relationship with traditional mass media remain limited. However, research examining the relationship between social media – now a dominant form of media – reported that social media usage is associated with negative body image, increased risk of eating disorders, and ON (Yurtdaş-Depboylu et al., 2022). Particularly, higher Instagram use is linked to a greater ON tendency (Turner & Lefevre, 2017). Further reviews on social media, body image, and disordered eating continue below, alongside the examination of the influence of peers, which is another key element in TIM.

The Influence of Peers

Expansion of Peer Interaction on Social Media

Beyond mass media, which have delivered uniform messages to the public, social media messages can reach individuals more easily and quickly, and in ways that feel more relatable. Social media has become a platform where messages promoting standardized body image and diet are rampant, negatively impacting young women's body image concerns and eating behaviors (Carrotte et al., 2015; Chau, 2010; Cohen et al., 2017; Fardouly & Vartanian, 2015; Holland & Tiggemann, 2016). In addition to its elongated role of traditional media in perpetuating beauty and diet ideals, social media functions as a pseudo-peer.

The peer environment is characterized by a significant pressure to conform to appearance expectations (Kenny et al., 2017). Applying the psychological constructs of modeling and reinforcement (for a more detailed discussion on the Social Cognitive Theory, see Bandura, 2001), peer influence operates as a predictor of body image disturbance and disordered eating (Meyer & Gast, 2008). Modeling is especially more influential when a person displaying the

behavior is found to be attractive, and for many young individuals, the subject is often their peers.

Traditional peer influence in offline spaces has shifted to online spaces due to the advancement of information and communication technologies, now operating within relationships with peers in digital environments (Chung et al., 2021). Social media influencers and peers sharing their private lives and daily routines make their followers feel more authentic and closer to them (García-Rapp, 2017; Nouri, 2018). Social media interaction functions such as likes, comments, and sharing make the experience more personal, accentuating the peer-like nature of the content (Nesi et al., 2018). In a qualitative work, girls reported comparing themselves to social media photos with many "likes", interpreting the number of "likes" as peer (dis)approval of their appearance (Chua & Chang, 2016). Social media platforms foster peer dynamics through such communal validation and reinforcement, and eventually strengthen the normative beliefs to follow societal standards of diet culture (Sherman et al., 2016).

Cohen and colleagues (2017) reported that appearance-focused activities on social media, such as viewing friends' appearance-related pictures and following health, fitness, or celebrity accounts, were associated with thin-ideal internalization and body surveillance. Rosenthal-von der Pütten and colleagues (2019) found that social media users use the "like" function for social comparison, and this upward comparison negatively affected their emotions. Similarly, a survey study conducted by Fardouly and Vartanian (2015) showed that Facebook usage was positively related to body dissatisfaction and drive for thinness, mediated by appearance comparison with close friends, distant peers, and celebrities on the platform. Peer-related social media usage, furthermore, was linked to greater body dissatisfaction, dietary restraint, and eating concerns (Mabe et al., 2014; McLean et al., 2015; Sidani et al., 2016). Regarding ON, following health

food Instagram accounts and diet and fitness content viewership were all associated with a greater tendency toward ON (Noebel et al., 2024; Turner & Lefevre, 2017).

Nevertheless, peer environments can help prevent poor body image and eating problems by discouraging unhealthy weight loss behaviors or supporting positive body image attitudes (Paxton, 1996). One of the most commonly investigated social media interventions involves examining the impact of exposure to body-positive content. Experimental studies, such as Cohen and colleagues' (2019) research comparing body image measures before and after showing body-positive Instagram images, and Tiggemann and colleagues' (2020) study that randomly assigned participants to view either body-positive or thin-ideal images, found that exposure to body-positive social media content improved body satisfaction and body appreciation among young women. Although research investigating the relationship between body-positive content and disordered eating is nascent, Tisko and Casas (2023) reported that their online survey research found an association between greater exposure to body-positive social media content and lower eating disorder symptomatology. Still, beyond the influence of social media that explicitly promotes the thin ideal from an aesthetic perspective, it is necessary to further examine the impact of social media that emphasizes “health” concerning eating habits.

Healthy Eating Social Media Content

Young adults are frequently exposed to food-related content on social media such as Instagram, TikTok, and YouTube (Friedman et al., 2022). Social media facilitates certain social norms regarding eating behaviors (Hawkins et al., 2020), as their content is intrinsically visually appealing, easily disseminated through digital connections, and motivates others (Chung et al., 2017). Users can obtain and share healthy recipes and meal plan information on such platforms based on their actual daily eating habits. This process could promote observational learning and

enhance self-efficacy in performing healthy eating practices (Kreft et al., 2023; Pancer et al., 2022). Audiences adopt similar health or eating attitudes and behaviors to those who made the social media content. Adolescents exposed to social media content demonstrating the preparation of fruits and vegetables showed a stronger intention to prepare similar snacks than others who watched content illustrating the preparation of sweets for snacks (Ngqangashe & Backer, 2021).

However, social media content related to healthy eating often adheres to weight-normative ideals, emphasizing the pursuit of a specific body weight as a marker of health. Such content frequently showcases images of lean body types and advocates practices such as calorie tracking and portion control as ways to achieve health goals (Minadeo & Pope, 2022). Unlike weight-inclusive content, which consists of messages and portrayals for body diversity, self-acceptance, and health behaviors independent of body weight, weight-normative social media content delivers misleading messages or even triggers negative eating behaviors. Dietary information shared on social media is oftentimes not aligned with national dietary guidelines and evidence-based dietary recommendations (Ramachandran et al., 2018). Recipes shared on Instagram with the hashtag #healthy predominantly promote unbalanced nutrition by cutting out certain food groups or excessively increasing protein intake, which could contribute to the development of eating disorders (Del Pozo et al., 2024).

Even if creating and sharing health content on social media is well-intended, unexpected negative outcomes are inevitable. Studies on the relationship between media and body image indicate that even inspirational and motivating healthy lifestyle content could negatively impact some individuals by reinforcing distorted body image (Deighton-Smith & Bell, 2018; Ratwatte & Mattacola, 2021; Talbot et al., 2017; Tiggemann & Zaccardo, 2015). This occurs because such content perpetuates ideal lifestyles and encourages users to compare themselves to others based

on narrow standards (Dignard & Jarry, 2021). In terms of eating, viewers feel guilty when they fail to meet the standards promoted in healthy eating videos (Sandal, 2018; Santarossa & Woodruff, 2017). Clean eating content on social media is associated with the internalization of ideal appearance, body dissatisfaction, dietary restraint, and even disordered eating, particularly among young women (Allen et al., 2018; Wu et al., 2022). Diet advice shared through social media may foster ON, and Instagram use and watching healthy eating vlogs on YouTube showed increased symptoms of ON (Geise, 2021; Turner & Lefevre, 2017).

'What I Eat in a Day (#WhatIEatInADay)' Videos

A practical manifestation of healthy eating content that is a popular trend on social media is 'What I Eat in a Day (#WhatIEatInADay)'. #WhatIEatInADay videos document and show one's daily food intake, often as part of a given diet with an explanation about recipes, nutrition, and calories (Eltink & Bröer, 2023). #WhatIEatInADay emerged in the 2010s, but it became popular on TikTok in early 2021 with the rise of short-form video content (Tait, 2021), recording 17.2 billion videos on TikTok alone as of June 2023 with the hashtag #WhatIEatInADay. Short-form videos, usually ranging from three seconds to ten minutes, captured the attention of millions of users worldwide (Anderson, 2020), and they changed the interest of people in the impact of social media from static images to video-based content (Vandenbosch et al., 2022). #WhatIEatInADay is especially popular among women in their late teens and 20s, as they wish to motivate themselves and others, sharing the aspiration to achieve a healthy lifestyle (Sandal, 2018). Specifically, #WhatIEatInADay video titles often contain the creators' social identity (e.g., 'What I eat in a day as a mom of 3', 'What I eat in a day as a college student', 'What I eat in a day as a full-time office girl'), which could deliver the message that mimicking the eating of

those who share the same social identity with self could result in a similar appearance to them (Pfender et al., 2023).

Although #WhatIEatInADay videos present a mundane daily food intake on the surface, they are meticulously curated and edited parts of someone's life (Topham & Smith, 2023). Different from *mukbang* videos in which creators eat conspicuously large amounts of food (Strand & Gustafsson, 2020), #WhatIEatInADay videos usually portray restrictive amounts of food or 'clean' diets, consisting of foods categorized as typical healthy-eating ingredients, such as acai bowl, avocado toast, and salmon with spinach. Also, many #WhatIEatInADay videos include image footage of people who have ideal thin and toned bodies, implying their eating habits described in the video resulted in admirable physiques. A content analysis of #WhatIEatInADay vlogs on YouTube reported that influencers in the videos superficially advocate body positivity, but their actual content contains appearance-focused weight-normative messages putting appearance, such as muscle, glossy hair, skin, and nails, at the forefront outcome of their eating practice (Pfender et al., 2023). Even though there are counteractive movements to document #WhatIEatInADay videos from the perspectives of anti-diet, non-restrictive, or intuitive eating practices, the majority of #WhatIEatInADay content still glorifies traditional 'healthy eating' labeling food as good or bad.

Conforming to previous research that demonstrated exposure to weight-normative messages is associated with lower state appearance esteem and less positive affect (Robinson & Vendemia, 2023), watching #WhatIEatInADay vlogs with low-calorie foods led to some negative outcomes related to body image (Drivas et al., 2024). Drivas and colleagues (2024) conducted an experimental study with young adults to examine the effects of viewing "what I eat in a day" TikTok videos on body image and intent to diet through the mediating roles of social

comparison and mood. Their finding revealed that viewing #WhatIEatInADay videos portraying low-calorie food increased upward social comparison (comparing oneself to someone perceived as better) and decreased positive mood compared to viewing high-calorie videos. Although negative mood did not mediate the relationship between social comparison and body image variables, it directly increased body dissatisfaction and intention to diet. This study is significant as the first to demonstrate the influence of short-form food diary content on young adults' mood, body image concerns, and dietary intentions. However, it has limitations as it includes a broad range of participants from late teens to early 30s of all genders, whereas #WhatIEatInADay content is primarily created and consumed by young women (Davis et al., 2023). Furthermore, it did not examine the relationship between body dissatisfaction and intent to diet, a key pathway in the theoretically and empirically validated Tripartite Influence Model. Therefore, further investigation into the influence of #WhatIEatInADay videos on young women's body image concerns and eating behaviors is necessary.

The Influence of Family

Mother's Body-Related Impact on Daughters

Aside from the societal pressure to achieve an ideal body, family (parents) influences children's body perception. 78% of adolescents reported that at least one parent had commented on, teased, or attempted to talk about their weight, shape, or eating (Dahill et al., 2021). Especially, women learn and develop body image ideals from the closest women, their mothers (Abraczinskas et al., 2012). Weight-centric family environments and a mother's dieting contribute to the development of negative perceptions of weight, body image, eating behaviors, health attitudes, or self-esteem in adolescent girls (Goodman, 2005; Kluck, 2010). Mothers are the primary models for daughters' body image development throughout their lives, as children

learn and imitate the dieting attitudes and weight-loss behaviors of their mothers (Bäck, 2011; Domoff et al., 2021; Hart & Chow, 2020).

Jones and Young (2021) investigated the influence of daughters' perceptions of mothers' body- and weight-related attitudes (thin-idealization), communication (fat-talk), and behaviors (weight-loss action) on daughters' body image issues. Their study revealed that all three were strongly associated with the daughter's own body dissatisfaction and motivation to lose weight. Daughters may use the thin-ideal standards heard and observed by their mothers as a measure of being a good and lovable daughter, placing heavy value on thinness. Mothers who endorse socially defined ideals of attractiveness contribute to daughters' dissatisfaction with their own bodies and motivate them to lose weight or restrict eating in order to achieve these standards (Chow & Tan, 2018; Myntti et al., 2024; Webb et al., 2018).

Negative body talk, also known as fat talk, refers to ritualistic conversations expressing dissatisfaction with one's body size or weight that is often accompanied by discussions about dieting (Nichter & Vuckovic, 1994). These unfavorable talks stem from diet culture and contribute to concerning body image outcomes (Arroyo & Harwood, 2012). Simply hearing others having fat talk, not even actively participating in the conversation, is known to facilitate the internalization of idealized appearance and body comparison (Britton et al., 2006). Although mothers try to convey well-intended messages to their daughters, wishing them to be comfortable with their bodies and weight, weight-focused communication is related to increased psychological distress and disordered eating, such as secretive, restrictive, or binge eating, among their children (Bauer et al., 2013; Puhl et al., 2022). Growing up with a mother demonstrating negative body talk concerning weight gain or emphasizing restrictive eating for health could make the daughter internalize similar attitudes, leading to negative mental and

physical outcomes regarding body image and eating habits (Chow & Tan, 2018; Cooley et al., 2008; Hillard et al., 2016).

Daughters also replicate the behaviors of dieting and weight loss of their mother (Abraczinskas et al., 2012). While weight-loss behaviors are not intrinsically a negative model of health and wellness as long as they are limited to a decent amount of physical activity and a good amount of food intake, such behaviors can adversely impact daughters who observe their mothers endlessly engaging in slimming behaviors. Neumark-Sztainer and colleagues (2010) reported that mothers' dieting behaviors are associated with daughters' unhealthy and extreme weight-control behaviors. Mothers performing weight-loss behaviors can signal that they are dissatisfied with their appearances, and such attitudes and behaviors can be carried over to their daughters' views of themselves and weight-loss behaviors.

Counteracting Diet Culture Bias

Consider-the-Opposite Strategy

In contemporary diet culture, individuals often hold dichotomous biases about eating and health. Health is commonly equated with thinness achieved through restrictive eating practices and the consumption of "good" and "clean" foods, whereas larger body sizes and the intake of "bad" and "toxic" foods are regarded as inherently undesirable. As discussed earlier, such polarized beliefs are associated with increased risk for negative body image and maladaptive behaviors. This all-or-nothing dichotomous framework limits individuals' ability to consider more nuanced and flexible understandings of health. Thus, alternative perspectives, such as the idea that health can be improved without changes in weight or body shape, through practices like body appreciation and engagement in enjoyable physical activities rather than compulsive weight-losing exercise, may be difficult to conceive.

That said, many social studies that intentionally encouraged people to consider the opposite or other possible alternatives have empirically proved that the strategy effectively reduces dichotomous bias (Anderson & Godfrey, 1987; Arkes et al., 1988; Fischhoff, 1982; Hoch, 1985; Koriat et al., 1980; Wason & Golding, 1974). The consider-the-opposite strategy is beneficial for invoking analytic and creative thinking to solve problems, as various options help individuals process the information they have more thoroughly (Hirt et al., 2004; Hirt & Markman, 1995; Keeney & Raiffa, 1976; Markman et al., 2007, 2008). Counter-explanation breaks the inertia of the already activated judgmental frames (Koehler, 1991). Individuals who simultaneously hold conflicting information tend to experience confusion and, as a result, would rather decide to choose a midpoint on a bipolar scale than pick one of the opposing ends (for a more detailed discussion on the Theory of Cognitive Dissonance, see Festinger, 1957; Kaplan, 1972). Putting opposite opinions into judgment was found to be effective in reducing perceptive errors in various related studies about overcoming explanation bias, hindsight bias, overconfidence, and confirmatory hypothesis testing (Anderson & Godfrey, 1987; Arkes et al., 1988; Fischhoff, 1982; Hoch, 1985; Koriat et al., 1980; Lord et al., 1984; Wason & Golding, 1974). Expanding upon research that primarily applied the ‘consider-the-opposite’ strategy in dichotomous conditions, Hirt and Markman (1995) broadened its scope by bringing in multiple and open-ended options. They validated that considering not just a single opposing alternative but any plausible possibilities for an event successfully decreased judgment bias. This finding suggests that encouraging individuals to acknowledge a wider range of options nudges them toward more balanced conclusions.

Although the domains that applied the ‘consider-the-opposite’ strategy to counteract bias have mostly been conducted in ideological judgment or political decision-making contexts

(Fahsing et al., 2023; Lord et al., 1984), the strategy has been extended to the health fields, where dichotomous thinking is also highly prevalent. Research that explored how prompting individuals to actively generate and externalize alternative considerations can reduce bias reported meaningful results. For example, Mumma and Wilson (1995) found that bias reduction in clinical judgment improved when participants were asked to explicitly write down relevant cues before making decisions. Compared to those who reviewed information passively, participants who took notes of multiple cues were more likely to consider a broader range of possibilities rather than relying on imminent interpretation. This process of externalizing information made alternative considerations more salient and accessible, thereby interrupting biased judgment. Similarly, Bentz and collegues (2009) applied the consider-an-alternative debiasing procedure in eating-related contexts. In the study, participants were presented with ten scenarios that could lead to overeating. The intervention group was instructed to generate three positive outcomes in which the situation would end with balanced and nutritious eating, before making judgments about non-restrictive eating situations. In contrast, the control group made judgments without generating alternative outcomes. Their findings showed that generating multiple possible alternative outcomes reduced pessimistic judgments about the likelihood of non-restrictive eating, particularly among women with lower dietary restraint.

Building on the previous body of research, the “consider-the-opposite” strategy may also be useful in reducing dichotomous biases within diet culture. Specifically, perspectives that health can be improved without weight loss through practices such as body appreciation and joyful movement could be the opposite of the entrenched belief that weight loss and restrictive dieting are essential for achieving health. Introducing such opposing viewpoints of weight-inclusivity may help disrupt rigid, weight-centric beliefs and encourage more balanced

evaluations. Weight-inclusive perspectives, which will be discussed in the following section, have shown empirical evidence of positive effects on various psychological and physical health outcomes regarding body image.

Weight-Inclusive Perspectives to Challenge the Diet Culture

Health, nutrition, and dietetics professionals who witnessed negative consequences of weight-centric health care management that increase not only weight stigma but also diverse chronic psychological (e.g., body dissatisfaction, drive for thinness, or disordered eating symptoms) and physiological distress (e.g., higher cortisol, blood pressure, or inflammatory cytokines) have argued to adopt opposite weight inclusive perspectives (Hunger et al., 2015; Hunger & Tomiyama, 2018; Lichtfuss et al., 2023; Steinberg & Bohon, 2023). Weight-inclusivity in health care rejects the focus on weight, asserting healthfulness can be achieved across diverse body weights, sizes, and shapes (Calogero et al., 2019). Furthermore, weight-inclusivity acknowledges that body weight is the result of a combination of genetic and environmental factors, not merely determined by individuals' strong will (Drewnowski, 2010; Monsivais & Drewnowski, 2009; Silventoinen et al., 2010).

The weight-inclusive approach in health care encompasses frameworks such as body positivity and neutrality, Health at Every Size (HAES), and intuitive or mindful eating paradigms, serving as countermeasures to diet culture (O'Hara & Taylor, 2018; Tylka et al., 2014; Tylka & Homan, 2015). Health or nutrition interventions designed upon such frameworks adopt eating a wide variety of food or listening to one's hunger and satiety cues, disregarding the weight-related impact of food intake. Exposure to weight-inclusive notions has been empirically associated with both physical and mental health improvements (Bégin et al., 2019; Mensinger et al., 2016).

A systematic review of Health at Every Size (HAES) intervention on health-related outcomes of people with larger bodies found that HAES intervention led to psychological and physical benefits, promoting behavioral and qualitative changes in eating habits (Ulian et al., 2018). For instance, Bacon and colleagues (2005) conducted a six-month randomized clinical trial with a two-year follow-up involving 78 female chronic dieters aged 30 to 45 years old. Participants were assigned to either an HAES program or a traditional diet program led by professional counselors. The HAES intervention emphasized body acceptance, unrestricted eating guided by internal hunger cues and personal taste preferences, physical activities for enjoyment, and social support to navigate societal weight stigma and assert personal boundaries. Participants in the HAES group showed significant reductions in restricted eating, bulimia, body dissatisfaction, and improvements in self-esteem. These benefits were sustained over time, unlike the outcomes for the diet group, which focused on weight loss through restrictive eating. Similarly, Mensinger and colleagues (2016) compared the effectiveness of the weight-neutral and weight-loss programs through a six-month randomized trial involving 80 women with high BMIs aged 30 to 45, with a two-year follow-up. The weight-neutral program emphasized eating for well-being and pleasure, size acceptance, hunger- and satiety-driven food intake, psychoeducational worksheets, and affirmation CDs. In contrast, the weight-loss program set explicit goals for weight loss through dietary change based on external prescriptions and caloric restriction. The weight-neutral program led to a more significant reduction in cholesterol levels and greater improvements in intuitive eating. While the weight loss program initially yielded weight loss, the improvements were not maintained in the long term.

In addition, active application of dissonance intervention that encourages higher engagement demonstrated greater effectiveness in improving body image concerns and eating

behaviors (Stice et al., 2009). Stice and colleagues found that dissonance-based treatment sessions, which involved voluntary skill exercises such as making verbal affirmations, discussing the thin ideal and unrealistic societal standards, listing strategies to resist the thin ideal, recording positive personal attributes, and role-playing to dissuade others from pursuing the thin ideal, led to a greater decrease in thin-ideal internalization, body dissatisfaction, dieting behaviors, and eating disorder symptoms among adolescent girls. These outcomes were more advantageous than the simple distribution of a two-page psychoeducational brochure explaining the risks of negative body image and eating disorders, along with general advice on achieving a positive body image, as the intervention session minimized didactic presentation but focused on developing behavioral skills and self-efficacy.

A recent cross-sectional survey involving over 400 adults found a negative relationship between mindful eating – characterized by self-acceptance, awareness, non-reactivity, routine, and conscious eating – and orthorexia nervosa (ON) (Christodoulou et al., 2024). While the study did not focus on evaluating the effectiveness of interventions, it highlights the potential of engaging in non-weight-related eating behavior as a means of mitigating ON.

The Current Study

Previous studies highlight several important gaps in the literature. First, little is known about how exposure to weight-normative versus weight-inclusive messages embedded in #WhatIEatInADay short-form vlogs influences orthorexic tendencies. Second, limited research has examined the mechanisms through which orthorexic tendencies develop, particularly the psychological pathways that may link media exposure to orthorexic tendencies. Third, to the current knowledge, no media research has assessed the role of maternal influence in the intervention of orthorexic tendencies among young women. To begin addressing these gaps, the

present study conducted an online experiment to examine the effectiveness of weight-inclusive food messages in #WhatIEatInADay vlogs in mitigating orthorexic attitudes among young women. The study further investigated the potential indirect effects of social appearance comparison, thin-ideal internalization, and body dissatisfaction, as well as the potential moderating role of maternal influence, which are all primary components of TIM.

Although it may have been intended to promote a healthy lifestyle, social media content about clean eating practices has been associated with higher dietary restraint and disordered eating, particularly among young women (Allen et al., 2018; Wu et al., 2022). Since social media is inherently visual, it inevitably frames good health through the display of appearance. #WhatIEatInADay videos are a popular trend among young women, and viewers try to mimic their food intake, not considering that every person needs different nutrition (Andersen et al., 2021). Moreover, #WhatIEatInADay content on social media is more likely to represent white, thin, able-bodied figures, promoting traditional ideal body image and alluding to the result of such daily eating as the 'perfect body' shape (Marson & Keenan-Miller, 2022; Pfender et al., 2023; Pilgrim & Bohnet-Joschko, 2019). Since the superficial #WhatIEatInADay message mainly advocates health, drawing a line between pursuing a 'healthy' lifestyle and promoting 'problematic' eating habits is vague under the pervasiveness of diet culture. Therefore, expanding the previous research that articulated the association between weight-normative #WhatIEatInADay content with negative body image and intent to diet (Drivas et al., 2024), the current study first hypothesizes that young women exposed to weight-normative #WhatIEatInADay short-form vlogs have higher orthorexic tendencies than those who were not exposed to such vlogs via social appearance comparison, thin-ideal internalization, and body dissatisfaction.

H1. *Young women who watch weight-normative #WhatIEatInADay vlogs will have higher orthorexic tendencies than those who watch non-food vlogs, with this effect mediated by higher social appearance comparison, thin-ideal internalization, and body dissatisfaction.*

Although critiques on the negative effects of 'healthy eating' practices represented in social media content are not difficult to encounter, practical and effective interventions at the mass level are sparse. Once social media users engage with the #WhatIEatInADay trend by watching, liking, or sharing the content, they are more likely to be exposed to and trapped in a similar content bubble provided by the algorithmic recommendation (Harriger et al., 2022). Given the impracticality of fully regulating such trends, leveraging the characteristics of social media and its trends as intervention tools looks pragmatic. In fact, social media is well used to deliver health intervention materials as it can facilitate the effects on individuals in natural settings (Petkovic et al., 2021). Exposure to body-positive or appearance-neutral social media posts delivered in individuals' everyday lives has been considered a digital body image intervention, and research has found positive effects on state body image and other psychologically related meaningful outcomes such as mindfulness and self-compassion (Atkinson & Diedrichs, 2021; Baumel et al., 2020; Fraser et al., 2022; Fuller-Tyszkiewicz et al., 2019; Gobin et al., 2022). This study borrows the #WhatIEatInADay content format to investigate an effective intervention to mitigate orthorexic tendencies among young women.

Weight-inclusive food messages, framed through the 'consider-the-opposite' strategy, challenge the weight-normative notion typically represented in #WhatIEatInADay videos by

promoting the idea that health can be achieved at every body size, regardless of the foods people consume. Weight-inclusive food messages embedded in the trendy videos could be effective in blurring the misperception that foods could be binarily divided into healthy and unhealthy based on their perceived impact on weight change, which is the main logic of orthorexic attitudes. Foods socially regarded as unhealthy (or less healthy), such as hamburgers or ice cream, could be reinterpreted from the opposite perspective of weight-normativity. (e.g., *"This pizza is delicious. It's such a comforting meal to share with loved ones", "Eating ice cream with your friends could increase your happiness and decrease stress level, which could benefit your overall health."*). Exposure to videos that encourage individuals to consider the opposite perspective without focusing on the impact of food on body weight can help demystify the biased thinking patterns perpetuated by diet culture. Such exposure allows individuals to observe and learn new social norms and behaviors, ultimately enhancing their self-efficacy to apply these behaviors in their own lives. Thus, individuals' obsession with eating perceived non-fattening "healthy" foods is expected to reduce.

Weight-inclusive videos are expected to be negatively associated with orthorexic tendencies, whereas weight-normative videos, which are anticipated to reinforce such tendencies, are expected to have a positive relationship with orthorexic tendencies. Given that today's young women often internalize weight loss and diet culture as normative values, weight-inclusive videos may be related to lower orthorexic tendencies compared to the default state without external triggers. However, the potential effects of watching weight-inclusive videos compared to non-food social media videos remain unclear. Therefore, this study proposes a research question and hypotheses to explore the comprehensive effects of weight-inclusive #WhatIEatInADay vlogs.

RQ1. *How does watching weight-inclusive #WhatIEatInADay vlogs, compared to non-food vlogs, influence young women's social appearance comparison, thin-ideal internalization, body dissatisfaction, and orthorexic tendencies?*

H2. *Young women who watch weight-inclusive #WhatIEatInADay vlogs will have lower orthorexic tendencies than those who watch weight-normative vlogs, with this effect mediated by lower social appearance comparison, thin-ideal internalization, and body dissatisfaction.*

As previous literature suggested, open-ended choices – encouraging individuals to think of possible alternatives on their own rather than relying on provided binary options – have proven effective in debiasing (Bentz et al., 2009; Hirt & Markman, 1995). Building on this, it is expected that watching the #WhatIEatInADay short-form vlogs featuring weight-inclusive food messages combined with direct instruction to consider the positive impact of foods on overall health that were often not classified as "healthy" will be associated with weak orthorexic attitudes. Since social media's commenting function allows viewers to write and share their own thoughts, more active engagement in the discourse can be encouraged. Articulating situations that contradict the weight-normative perspective on food could prompt more active information processes. It may serve as a more effective persuasive tool than merely accepting information provided by others. Therefore, this study further hypothesizes that individuals encouraged to independently come up with weight-inclusive perspectives on food will show a lower extent of orthorexic tendencies compared to those in other experimental groups.

H3. *Young women who watch weight-inclusive #WhatIEatInADay vlogs with direct "consider the opposite" instructions will have lower orthorexic tendencies than those who watch weight-normative vlogs, with this effect mediated by lower social appearance comparison, thin-ideal internalization, and body dissatisfaction.*

H4. *Young women who watch weight-inclusive #WhatIEatInADay vlogs with direct "consider the opposite" instructions will have lower orthorexic tendencies than those who watch weight-inclusive vlogs only without instructions, with this effect mediated by lower social appearance comparison, thin-ideal internalization, and body dissatisfaction.*

However, the majority of #WhatIEatInADay content consumers are young women who are often transitioning to independent living for the first time during college or early employment. Despite their independence, many young adult children in their late teens and early 20s continue to rely on parental guidance, and those who have recently moved out frequently seek their emotional and practical support from their mothers (Parker et al., 2024). Early family environments may therefore continue to shape how young women interpret and respond to health-related media messages. It thus sheds light on the importance of examining the lingering maternal influence on the impact of #WhatIEatInADay short-form vlogs on young women's orthorexic attitudes.

When individuals deeply endorse narrow ideal standards, they may be less receptive to alternative perspectives that challenge dominant norms. Since a mother's weight-related attitudes and behaviors are influential on the daughter's internalization of eating habits and ideal body

image (Abraczinskas et al., 2012), young women who grew up in a weight-centric dieting family environment may already hold stronger appearance-based standards when evaluating themselves. Such apparent standards may also influence the extent to which they engage in social appearance comparison, thin-ideal beliefs, and body dissatisfaction when exposed to body- and eating-related media content. As a result, young women who were raised by weight and appearance-focused mothers may be more resistant to weight-inclusive messages presented in #WhatIEatInADay short-form vlogs. Consequently, maternal influence may affect how young women respond to such media exposure, with the extent to which these messages influence their social appearance comparison, thin-ideal internalization, body dissatisfaction, and finally orthorexic tendencies.

> ***H5.*** *The effect of #WhatIEatInADay vlogs on social appearance comparison, thin-ideal internalization, and body dissatisfaction will be moderated by maternal influence. Specifically, these effects will be smaller for young women who grew up with stronger maternal negative body-related influence compared to those with weaker maternal influence.*

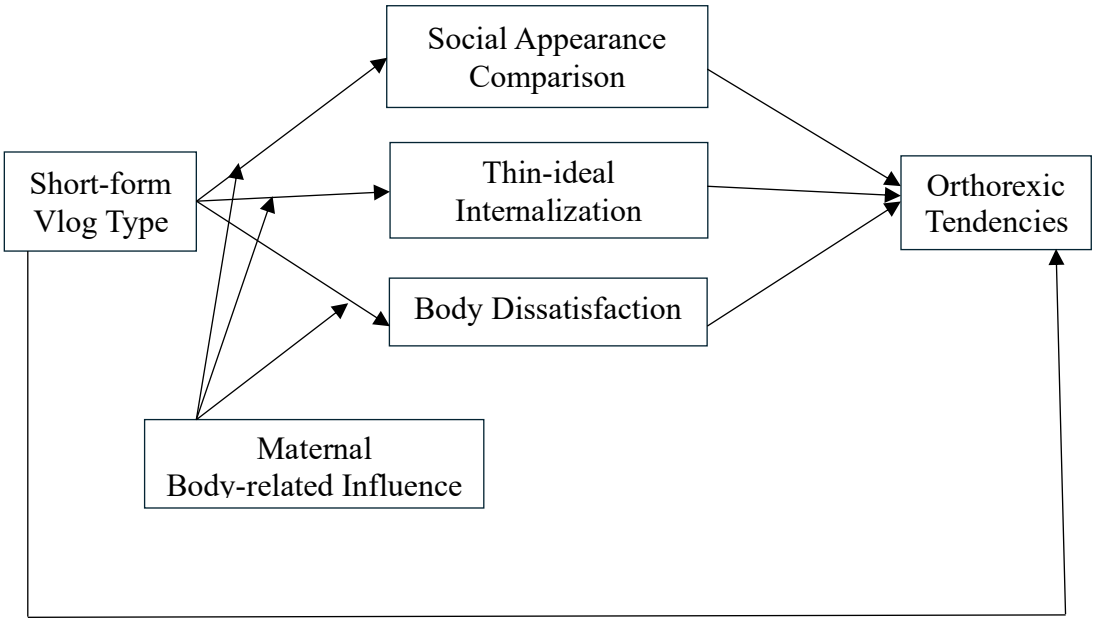


Fig. 2. Hypothesized moderated mediation model for the current study

The current study examines how exposure to #WhatIEatInADay short-form vlogs influences orthorexic tendencies through body image-related psychological factors, including social appearance comparison, thin-ideal internalization, and body dissatisfaction. While the TIM commonly conceptualizes these processes as sequential, where social comparison and thin-ideal internalization lead to body dissatisfaction (Burke et al., 2021; Drivas et al., 2024; Roberts et al., 2022), the present study models these variables as parallel mediators. This approach allows the study to explore the independent mediating roles of multiple body image-related psychological processes that may simultaneously shape eating-related attitudes in response to social media exposure.

Importantly, TIM is not intended to function as a rigid structural framework but rather as a theoretical lens that highlights key sociocultural influences and psychological mechanisms underlying body image development. Prior research has applied TIM flexibly depending on research design and context. Accordingly, the present study draws on the

core psychological pathways identified in TIM while adapting the model to examine the emerging influence of social media environments, where platforms function as both media sources and peer-like social influences.

In addition, the study incorporates maternal influences as a moderating factor. Within TIM, family influences are conceptualized as one of the three primary sociocultural influences alongside media and peers (Thompson et al., 1999). Maternal attitudes and behaviors related to body image and dieting are known to shape daughters' internalization of appearance standards and body dissatisfaction (Abraczinskas et al., 2012; Hillard et al., 2016; Kluck, 2010). Thus, maternal influence is modeled as a moderator of the initial pathways linking #WhatIEatInADay short-form vlogs to the mediating processes of social appearance comparison, thin-ideal internalization, and body dissatisfaction. This design allows the study to further delve into whether the family upbringing environment has an effect on the extent to which young women engage in these psychological processes when accepting social media content. The conceptual model tested in this study is illustrated in Fig. 2.

CHAPTER 3

METHOD

Study Design

This experimental study employed a single-factor between-subjects design with four conditions to investigate the effects of weight-inclusive food messages on orthorexic tendencies. In the present study, weight-normative and weight-inclusive content were operationalized through the framing of food, health, and weight/body shape-related messages within #WhatIEatInADay vlogs. Weight-normative vlogs emphasized food choices in relation to weight control and health improvement through body slimming. In contrast, weight-inclusive vlogs presented food consumption emphasizing enjoyment, internal cues, and body acceptance regardless of body size, without reference to weight management. Participants were randomly assigned to one of four conditions. The conditions were as follows:

(1) exposure to non-food vlogs such as travel, party, festival, or study vlogs without food consumption (control condition 1)

(2) exposure to weight-normative food message #WhatIEatInADay videos (control condition 2)

(3) exposure to weight-inclusive food message #WhatIEatInADay videos (indirect experimental condition)

(4) exposure to weight-inclusive food message #WhatIEatInADay videos with direct instruction to consider information countering the weight-related impact of foods (direct experimental condition).

A control condition that has no exposure to any type of vlog was not included in this experiment. Among young women, watching everyday life vlogs on social media is highly

normalized in daily media usage routines. Assuming a group of participants who are not exposed to any form of vlog content would therefore create an artificial scenario that does not reflect their typical media environment. Instead, non-food vlogs were used as one of the comparison conditions to maintain ecological validity.

Both experimental conditions (indirect and direct) are based on the "consider-the-opposite" strategy in that weight-inclusive food messages implicitly deliver the counter-narratives of weight normativity that dominate typical #WhatIEatInADay videos. This study is further interested in the additional effect of direct instruction that explicitly prompts viewers to consider alternative perspectives. Although direct instruction to generate opposite arguments could theoretically be effective when paired with weight-normative videos, the current study primarily focuses on the effect of direct instruction used with weight-inclusive messages. This design provides an opportunity to explore whether this additional cognitive prompt enhances the impact of intervening alternative messages already presented in the weight-inclusive content.

Study Setting

The experiment was conducted online using the survey software Qualtrics. The study was introduced as research investigating the younger generation's social media use. After being approved by the University of Oregon's institutional review board, participants were recruited via an online experiment and survey service, Prolific. Participants must meet two criteria: a) identifying themselves as women and b) being between 18 and 25 years old. Participants were not pre-screened based on their prior therapeutic experiences regarding eating problems. While such experiences may influence the study outcomes, including individuals with diverse psychological backgrounds allows for more accurate real-world contexts and enhances the generalizability of the findings. Still, information on therapeutic experiences for eating disorders

was collected and statistically controlled during the analysis to ensure the validity of the findings.

Power Analysis

Using the semPower approach (Moshagen & Bader, 2023), a power analysis conducted in RStudio (*lavaan* and *semPower* packages) for a path analysis with a medium level of model fit (RMSEA = 0.07, alpha = 0.05, power = 0.80, df = 10) required at least 333 participants. Considering the possibilities of attrition after pre-screening, the exclusion of those who could not pass the attention check, and the number of participants recruited for similar previous studies (Drivas et al., 2024; Roberts et al., 2022; Scully et al., 2023), 450 young women participants were aimed to be recruited.

Procedure

Upon receiving approval from the university's institutional review board, participants were recruited via Prolific from October 28 to November 4, 2025, to participate in the online experiment hosted on Qualtrics. Participants received $3 in exchange for participating in the study. Participants provided informed consent prior to accessing the study. Upon consent, participants were randomly assigned to one of four conditions: (1) exposure to non-food-at-all vlogs, such as travel, party, festival, or study vlogs without food consumption, (2) exposure to weight-normative food message #WhatIEatInADay videos, (3) exposure to weight-inclusive non-diet food message #WhatIEatInADay videos, and (4) exposure to weight-inclusive non-diet food message #WhatIEatInADay videos with direct instruction to consider information countering the weight-related impact of foods. Both groups 3 and 4 watched the same video, but group 4 was additionally instructed to think of the positive impact of conventionally regarded as unhealthy food (e.g., fries, white rice, cheese, or red meat). After watching the videos, the direct

experimental group was asked to type in a few full sentences about what idea they came up with in the Qualtrics open-ended questionnaire. Participants of all groups then completed the questionnaire assessing orthorexia tendencies, the extent of social comparison, thin-ideal internalization, body dissatisfaction, the mother's body-related influence, #WhatIEatInADay experience, eating disorder treatment experience, and demographic information (e.g., education, BMI, race, socioeconomic status). To prevent participants from inferring the purpose of the study, other variables unrelated to the current research interest, such as self-esteem and excessive exercise, were also measured. After they finish the questionnaire set, resources about eating disorder support (helplines, treatment centers, organizations, or educational materials) were provided. The whole process took approximately 15-20 minutes.

Materials

The stimuli were 1) non-food vlog videos, 2) weight-normative #WhatIEatInADay videos, and 3) weight-inclusive non-diet food message #WhatIEatInADay videos. Previous studies exploring the relationship between media exposure and body image showed 20 fixed images for 10 seconds each (about 3-4 minutes of media exposure) (Castellanos Silva & Steins, 2023) or 3 videos for 60 seconds each (about 3 minutes of media exposure) (Matheson et al., 2020). Given that #WhatIEatInADay videos are typically shared as short-form, averaging 15-60 seconds on social media, six 30-second videos were prepared to be shown for approximately 3 minutes.

Non-food vlogs were searched across Instagram Reels, YouTube Shorts, and TikTok with hashtags like #dailyvlog, #travelvlog, #ootdvlog, or #studyvlog. Videos from public accounts that do not include any visual or verbal cues regarding food and body were selected.

The weight-normative food videos were also searched in the same way, but using the hashtag #WhatIEatInADay. Videos that follow the typical social media first-person perspective vlog 'What I eat in a day' style, 1) showing foods from morning drinks, breakfast, lunch, snacks, and dinner, 2) explaining their ingredient and calories, and 3) portraying the video creators' lean and toned body shape, usually emphasized by wearing tight Pilates clothes, were selected. They portrayed 'conventionally healthy' food such as smoothie bowls, salads, unprocessed whole foods, and lean protein. In the videos, the figures described the foods they consumed using terms such as *homemade, detox,* and *clean,* emphasizing their healthiness and positive effects on weight management.

However, weight-inclusive non-diet food videos were created using artificial intelligence (AI)-generated platforms to ensure consistency across conditions while maintaining the stylistic authenticity of typical #WhatIEatInADay content. Since organically available non-diet #WhatIEatInADay videos are relatively scarce and heterogeneous in tone, pacing, and creator characteristics compared to typical weight-normative styles, the AI-generated approach allowed the stimuli to reflect the #WhatIEatInADay format while standardizing message delivery.

Video images were produced using *Runway Gen-4 Turbo*. Six character images were first created as still images and subsequently converted into short video clips using Runway's image-to-video generation function. Prompts specified all figures as young adult women in their early 20s of diverse racial backgrounds, only showing from the upper torso to deliberately avoid full-body visibility. Prompts also included that figures should be dressed in loose-fitting, oversized clothing to prevent revealing body shape or size, thereby minimizing potential visual cues related to body image. The food footage in the videos was also created by converting real food photographs of conventionally considered 'unhealthy', such as fried chicken, sweet pastries, and

coffee with regular creamers, into natural-looking video content using *Runway*'s image-to-video functions.

Voice narrations were generated using *ElevenLabs (ElevenCreative Text-to-Speech)* to create natural and conversational speech resembling authentic social media creators. To enhance the realism of the narration, multiple voice profiles with varied tones and intonations were used. Final videos were assembled by synchronizing AI-generated narration with the generated video clips.

All videos replicated key stylistic elements of existing #WhatIEatInADay content, such as casual narration, simple food presentation, natural lighting, and vibrant background music to maintain authenticity. Video length, pacing, and visual composition were held constant to control for extraneous variables. Most importantly, non-diet videos did not mention anything about food calories or their possible influence on weight. Regardless of the foods portrayed in the videos, even if they were commonly perceived as "unhealthy" in diet culture, weight-inclusive non-diet commentaries were incorporated. These commentaries emphasized emotional satisfaction, enjoyment, and connection associated with eating (e.g., *"I grabbed a few chips while watching a movie. I mean, who doesn't love movies and chips?", "Cream puff covered ice cream is a playful dessert to fuel my afternoon",* or *"These days, instead of asking 'what should I eat to be good?', I ask 'what actually makes me feel satisfied?'"*)

Potential social endorsements, such as the number of likes, shares, and comments, were not displayed to prevent external influences unrelated to the video messages. The order of the videos was randomized to control for sequence effects.

Pilot Study for Materials Validation

A quantitative pilot study was conducted to validate whether the experimental materials successfully convey the intended messages. After being approved by the University of Oregon's institutional review board, college students were recruited from undergraduate courses at the School of Journalism and Communication at the University of Oregon. With the instructor's approval, participants received extra credit points for their participation. After providing informed consent, participants first completed a baseline mood assessment using the PANAS scale (Watson et al., 1988; $\alpha = 0.75$ in the present sample). Then they watched all three types of videos in a randomized order. After watching each condition of the videos, participants responded to a series of questionnaires related to the video they had just watched. That is, a cycle of watching a set of videos and answering questionnaires was repeated three times.

A total of 279 students initially accessed the online pilot study. However, participants who did not complete the online experiment or failed the sound check items that verified whether they were using a device capable of playing sound, which is necessary for watching the experimental materials, were excluded. After data management and cleaning, 175 participants were retained for the final pilot study analysis. Of the 175 participants included in the final analysis, 122 identified as female (69.7%), 51 as male (29.1%), 1 as non-binary/third gender (0.6%), and 1 preferred not to disclose their gender (0.6%). Participants' ages ranged from 18 to 24 years ($M = 20.21$, $SD = 1.40$). Although the pilot study did not limit participation to women, the majority of participants were female, aligning with the intended target population of the main study. Additionally, the age range of the pilot sample closely matched the target sample. These demographic similarities support the appropriateness of using the pilot data to assess whether the experimental materials deliver the intended message.

The first question asked participants "Which of the following describes the videos you just watched?" with five response options including (a) Women showing her healthy eating habits for certain goals, (b) Women enjoying their eating of the day and not worrying about weight management/loss, (c) Women on a healthy diet to manage weight, (d) Women accepting foods as they are without considering weight management/loss, and (e) Women engaging in various activities that are not centered on eating or dieting. Participants' responses were marked as correct if they selected option '(e)' after watching non-food vlogs, options (a) or (c) after the weight-normative #WhatIEatInADay vlogs, and options (b) or (d) after the weight-inclusive #WhatIEatInADay vlogs.

As a result, 155 participants (88.6%) correctly identified the non-food vlogs, 150 participants (85.7%) correctly identified the weight-normative vlogs, and 123 participants (70.3%) correctly identified the weight-inclusive vlogs. Given that chance performance ranged from 20% to 40% depending on the condition, the observed accuracy rates (70-89%) indicate that participants successfully comprehended the vlog types and their intended characteristics used in the study. However, results from a generalized linear mixed-effects model revealed a statistically significant difference in video type recognition accuracy across video types. As can be seen in the percentage of correct answers, participants had significantly more difficulty answering the correct answer for weight-inclusive food vlogs compared to both the non-food vlogs (b = -.1.76, SE = 0.38, z = -4.60, $p < .0001$) and the weight-normative food vlogs (b = -1.40, SE = 0.35, z = -3.95, p = .0002). Despite its relatively lower accuracy, the 70% correct response rate is substantially above chance (40%), suggesting that the majority of participants were able to correctly identify the intended characteristics of weight-inclusive vlogs. The lower recognition performance for the weight-inclusive condition may be due to participants'

unfamiliarity with weight-inclusive food messages of consuming food without weight management/loss concern, especially in a society where diet culture is dominant.

To further examine whether participants perceived the two types of #WhatIEatInADay videos as delivering different messages, their weight-normative and weight-inclusive food message perceptions were assessed. Participants were also asked to indicate their level of agreement with statements about the videos they had just watched. Perceived weight-normative message was measured by averaging responses to two items: "The diet depicted in the videos would lead to weight loss" and "The videos represent low-calorie food" ($\alpha = 0.85$). Perceived weight-inclusive message was measured with a single item: "The videos advocate a health approach that does not focus on body weight or size." In addition to the baseline mood measured before stimulus exposure, several potential covariates were included in the analysis. The included covariates were content experience (how often they encounter similar content on social media), figure recognition (whether they recognize figures in the videos), and AI perception (whether they perceived the videos as being created by a real human or by artificial intelligence).

Two linear mixed-effects models were tested. The first model examined the effect of video type on perceived weight-normative message, controlling for content experience, figure recognition, AI perception, and baseline mood. The results revealed a statistically significant effect of video type ($b = 0.83$, $SE = 0.27$, $t(344) = 3.13$, $p = 0.002$), indicating participants perceived weight-normative messages more strongly after watching weight-normative vlogs than after watching weight-inclusive videos. The second model examined the effect of video type on perceived weight-inclusive message, controlling for content experience, figure recognition, AI perception, and baseline mood. The results revealed a statistically significant effect of video type ($b = 0.71$, $SE = 0.35$, $t(344) = 2.02$, $p = 0.044$), indicating participants perceived weight-inclusive

messages more strongly after watching weight-inclusive videos than after watching weight-normative videos. Together, these results suggest that intended messages from each #WhatIEatInADay vlog type were effectively delivered, supporting the success of the manipulation.

Regarding covariates, perceived AI authorship of the videos that were all created by a real human was negatively associated with perceived weight-normative message (b = -0.20, SE = 0.08, $t(344)$ = -2.62, p = 0.009). Given that 166 participants (94.9%) correctly recognized that the videos were created by a real human and only 2 participants indicated that the videos were "probably created by AI" (7 answered 'not sure'), this effect likely reflects general attentiveness to the study rather than the true effect of AI perception.

In fact, to examine whether participants distinguished AI-generated from human-generated videos, AI perception ratings were further compared across the three video types using another linear mixed-effects model with participants as a random intercept. Results showed that there is a significant effect of video type, $F(2, 522) = 1559.9$, $p < .001$. Post-hoc pairwise comparisons indicated that the AI-generated weight-inclusive vlogs (M = 1.20, SE = 0.05) were perceived as significantly more AI-generated than both the human-generated non-food vlogs (M = 4.61, SE = 0.05, $p < .001$) and the weight-normative vlogs (M = 4.52, SE = 0.05, $p < .001$). There was no significant difference in AI perception between the two human-generated video types (p = 0.388). These findings suggest that participants successfully distinguished the AI-generated stimuli from the human-generated videos.

In the model predicting perceived weight-inclusive message, prior experience of similar content on social media (b = 0.30, SE = 0.15, $t(344)$ = 1.97, p = 0.003) was positively associated with message perception. It suggests that familiarity with weight-inclusive messages may have

facilitated better recognition of the video's intent (for a more detailed discussion on prior knowledge effect, see Averbeck et al., 2011; Chen et al., 2018). While other anticipated covariates did not show statistically significant effects, those found in the pilot study will be carefully considered in the main study.

Most importantly, although participants successfully distinguished the AI-generated videos from the human-generated videos, perceived AI authorship did not significantly affect the perception of the weight-inclusive message ($b = 0.03$, $SE = 0.10$, $t(344) = 0.33$, $p = 0.740$). This finding suggests that while participants recognized which videos were AI-generated, this recognition did not undermine the deliverability of the weight-inclusive message.

Collectively, these findings provide empirical support for the validity of the experimental materials conveying the intended messages, confirming their suitability for use in the main experiment.

Measures

Dependent Variable

Orthorexia tendency: The revised ORTO-15 questionnaire (Donini et al., 2005; Rogoza & Donini, 2021) was used to assess orthorexia attitudes ($\alpha = .76$ in this sample). ORTO-15 consists of 15 items and was measured on 5-point Likert scales ranging from 1 (strongly disagree) to 5 (strongly agree). Sample items include, "I am willing to spend more money to have healthier food." Higher scores were indicative of a greater orthorexic tendency.

Mediators and Moderator

Social appearance comparison: Social appearance comparison was measured using the Body Comparison Orientation subscale of the Body, Eating, and Exercise Comparison Orientation Measure (BEECOM) (Fitzsimmons-Craft et al., 2012, $\alpha = .95$ in this sample). The

subscale consists of 6 items and was measured on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Sample items include, “I pay attention to whether or not I am as thin as, or thinner than my peers.” Higher scores were indicative of a greater level of social appearance comparison.

Thin-ideal internalization: The Sociocultural Attitudes Towards Appearance Questionnaire-4 (SATAQ-4) (Schaefer et al., 2015), which includes a 5-item Internalization: Thin/Low Body Fat subscale, was used to assess thin-ideal internalization (α = .88 in this sample) . It was measured on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Sample items include, “I think a lot about looking thin.” Respondents will indicate their level of agreement with each item using a 5-point Likert scale. Higher scores were indicative of a greater level of thin-ideal internalization.

Body dissatisfaction: Body dissatisfaction was measured using the Body Shape Questionnaire (BSQ-16) (Cooper et al., 1987, α = .96 in this sample), which consists of 16 items to be rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Sample items include, “I felt so bad about my body shape that I cried.” Higher scores were indicative of a greater level of body dissatisfaction.

Mother’s body-related influence: Mother’s body-related influence was measured in three aspects (α = .95 in this sample): perceived mother’s thin idealization (attitudes, α = .95 in this sample), fat talk (communication, α = .91 in this sample), and weight-loss actions (behaviors, α = .91 in this sample) (Jones & Young, 2021). Mother’s thin idealization consists of 10 items and was measured on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Sample items include, “My mother believes in the cultural beauty standards of thinness.” The frequency of mothers’ fat talk consists of 7 items and was measured on a 5-point Likert scale

ranging from 1 (never) to 5 (always), considering how often their mothers would use phrases in the items. Sample items include "I think I am getting fat" and "I wish I were thinner." Mother's weight-loss action consists of 10 items and was measured on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Sample items include "I have seen my mother eat low-calorie or 'healthy' versions of generally 'unhealthy' foods to lose weight." Higher scores were indicative of a greater level of the mother's body-related influence.

Control variables

Experience of #WhatIEatInADay: The previous experience of #WhatIEatInADay social media content was measured via 4 items asking 1) if they have ever watched #WhatIEatInADay content on social media ("Yes", "No", "Maybe"), 2) how often they have watched #WhatIEatInADay content on social media ("once in a few months", "once in a month", "once in a few weeks", "once in a week", "once in a few days", "everyday"), 3) whether they follow social media accounts that have ever uploaded #WhatIEatInADay content on social media ("Yes", "No", "Maybe"), and 4) if they have ever filmed and uploaded #WhatIEatInADay content on their social media ("Yes", "No).

Experience with eating disorder treatments: The previous experience with eating disorder treatments was measured via 2 items asking 1) if they have ever received professional help (e.g., outpatient psychotherapy, inpatient hospitalization, nutritional counseling, others) for eating-related issues ("Yes", "No", "Prefer not to say") and 2) if so, how long has it been since their most recent treatment for the eating-related issues ("More than a year ago", "Between 6 months and 1 year ago", "Between 3 and 6 months ago", "Between 1 and 3 months ago", "Between 2 weeks and 1 month ago", "Within the last 2 weeks", "Prefer not to say").

Attention Checks

To ensure that participants paid attention to the stimuli and the questionnaire, attention check items were included: one at the beginning of the experiment, another right after watching the experimental stimuli, and the last at the end. The item at the beginning of the experiment was a sound-checking request ("Please select the word you are listening to now."). Another item following the stimuli was related to a noticeable but neutral element in the videos ("Who were the main figures in the videos you just watched?). The last item asked participants to select a particular response option ("To ensure you're paying attention, please select 'Dog' from the list below.") to indicate they are paying attention to answering the questions. Participants who did not pass all three attention check questions were excluded.

In addition, some participants in the direct experimental condition were excluded if they did not provide an open-ended response regarding the positive impact of conventionally regarded as "unhealthy" food. Their responses were binarily coded within topic relevance criteria: either 1) a relevant answer or 2) an irrelevant answer for the instruction, such as answers that were not related to the topic of food perception at all. Also, responses were coded within food evaluation criteria: either 1) the positive impact of "unhealthy" food regardless of the influence of food on weight or dieting, or 2) the non-positive (negative) impact of "unhealthy" food. Open-ended responses included comments such as: *"These foods nourish the soul and satisfy cravings. They help us enjoy life.", "They still have nutrients, and you need food to survive. Red meat is high in iron, and milled flour cakes can get you a lot of nutrients."* Two independent coders with at least a bachelor's degree in the social sciences conducted coding. Intercoder reliability between the two coders was assessed using Cohen's kappa. Overall interrater reliability was computed for n = 240, resulting in a perfect agreement, $\kappa = 1$, $p < .001$.

Statistical Analysis

A series of pairwise moderated multiple mediation models was tested in RStudio using the *lavaan* package. Five effect-coded contrasts were created to compare the four video conditions (Group 1 vs. Group 2, Group 1 vs. Group 3, Group 2 vs. Group 3, Group 2 vs. Group 4, and Group 3 vs. Group 4). For each model, social appearance comparison, thin-ideal internalization, and body dissatisfaction were included as three parallel mediators, with orthorexic tendencies as the dependent variable. These mediators were modeled simultaneously because of their substantial intercorrelations, which allows estimation of unique indirect effects for each mediator while controlling for shared variance among them. Modeling them in parallel reduces the risk of confounded mediation effects that may arise when mediators are tested separately and helps minimize omitted variable bias (Preacher & Hayes, 2008a, 2008b).

Maternal body-related influence was mean-centered and entered as a moderator on the paths from the independent variable to each mediator, along with the corresponding interaction terms. Mean-centering facilitates the interpretation of interaction effects and reduces potential multicollinearity between the main effects and interaction terms, thereby improving the stability of parameter estimates (Aiken & West, 1991). Current mood, prior vlog experience, and prior eating disorder treatment experience were included as covariates for both mediator and outcome equations. The indirect effects were estimated using 5000 bootstrap samples with 95% bias-corrected confidence intervals.

In addition, because this study conducted multiple pairwise comparisons, the analysis involves a large number of statistical tests. It could increase the risk of multiplicity and inflated false positive findings. Although bootstrapping provides robust estimation of indirect effects and confidence intervals, it does not correct the multiplicity issue. To address this issue, false

discovery rate (FDR) control was applied to all indirect effects across the five moderated mediation models. BH adjustment (Preacher & Hayes, 2008) was used to adjust the significance level and ensure more reliable interpretations of statistically significant pathways.

CHAPTER 4

RESULTS

Participants

A total of 508 participants were recruited from a subject pool of an online experiment and survey service, Prolific. After removing participants who failed the attention check (n = 12) or failed to complete the survey (n = 24), the final sample size was 472. Participants ranged in age from 19 to 25 years old (M = 23.1, SD = 1.7). Almost half of the participants identified as White/Caucasian (49.4%), followed by Black/African-American (15.3%), Hispanic or Latino (11.4%), Asian (10.8%), Multiracial or Other (12.3%), and American Indian or Alaska Native (0.8%). About 46.4% of the participants' religions were Christianity and Catholicism, followed by Agnosticism (24.4%), Atheism (13.1%), other (8.3%), Islam (3.2%), Judaism (2.1%), Buddhism (1.3%), and Hinduism (1.3%).

Participants also reported their experience with #WhatIEatInADay social media content and their eating disorder treatment experience. Most participants reported they have watched #WhatIEatInADay content on social media before (82%) and among them, they reported to watch it everyday (7.9%), once in a few days (25.1%), in a week (14.8%), in a few weeks (19.3%), in a month (12.4%), in a few months (20.5%). Almost half of the participants (48.5%) reported that they follow social media accounts that upload #WhatIEatInADay content. Only 3.9% of the participants reported that they have created #WhatIEatInADay content for social media. The majority of the participants (85.6%) reported they have not received eating disorder treatment in the past, with others reporting having received treatment (12.5%), and 1.9% reporting that they prefer not to answer. Among those who reported having received treatment, more than half of the participants (66.1%) reported that they had received the help more than a

year ago. Smaller proportions reported receiving help between 6 months to 1 year ago (10.2%), between 3 and 6 months ago (3.4%), between 1 and 3 months ago (3.4%), between 2 weeks and 1 month ago (5.1%), within the last 2 weeks (10.2%), and a small number of participants (1.7%) preferred not to answer.

Variable	*n*	*M*	*SD*	1	2	3	4	5	6	7
1. ON	472	3.18	0.55	—						
2. SAC	472	3.35	1.20	.61***	—					
3. TI	472	3.32	1.16	.56***	.67***	—				
4. BD	472	2.87	1.14	.62***	.73***	.72***	—			
5. Mother	472	2.96	0.92	.26***	.3***	.32***	.36***	—		
6. Vlog	472	5.63	3.08	.23***	.23***	.17***	.23***	.15**	—	
7. EDtreat	463	0.38	1.17	.15**	.17***	.17***	.2***	.08	.08	—

Table 1. Descriptive statistics and correlation between key variables

Note: ON = Orthorexia Nervosa Tendencies, SAC = Social Appearance Comparison, TI = Thin-ideal Internalization, BD = Body Dissatisfaction, Mother = Maternal Body-related Influence, Vlog = #WhatIEatInADay content experience, EDtreat = Eating Disorder treatment experience. $^{*}p < .05$. $^{**}p < .01$. $^{***}p < .001$.

Randomization Check

A total of 472 were successfully randomized into four experimental conditions, including non-food vlogs ($n = 119$), weight-normative vlogs ($n = 116$), weight-inclusive vlogs ($n = 118$), and weight-inclusive vlogs with direct instruction for counteractive opinion ($n = 119$). ANOVAs showed no significant difference in current mood, $F(3, 468) = 0.69$, $p = .559$, $\eta^2 = 0.004$, previous #WhatIEatInADay content experience, $F(3, 468) = 1.448$, $p = .228$, $\eta^2 = 0.009$, eating disorder treatment experience, $F(3, 459) = 0.931$, $p = .426$, $\eta^2 = 0.006$, and age, $F(3, 468) = 0.351$, $p = .789$, $\eta^2 = 0.002$. Chi-square tests neither showed any significant difference in race or ethnicity, $\chi^2(18, N = 472) = 24.01$, $p = .155$, religion, $\chi^2(21, N = 472) = 22.62$, $p = .365$, first

language, $\chi^2(18, N = 470) = 20.65$, $p = .297$, marital status, $\chi^2(9, N = 470) = 15.61$, $p = .076$, income, $\chi^2(9, N = 472) = 8.57$, $p = .478$, nor education, $\chi^2(21, N = 472) = 24.54$, $p = .268$.

Model fit

Model 1: non-food vs. diet (weight-normative) #WhatIEatInADay

The initial model showed a poor fit, χ^2 (df = 13) = 771.4, p < .001, RMSEA = .36, SRMR = .21, CFI = .3. Modification indices indicated that model fit could be improved by allowing correlations among the mediating variables: social appearance comparison and thin-ideal internalization (MI = 206.9), social appearance comparison and body dissatisfaction (MI = 241.36), and thin-ideal internalization and body dissatisfaction (MI = 231.59). These associations were also supported by the significant correlations among the mediators (see Table 1).

The initial model was specified without covariances among the mediators to test a more parsimonious and conservative structure in which each mediator was assumed to operate relatively independently in transmitting the effect of the independent variable to the outcome. However, prior literature has conceptualized these constructs as serial processes rather than fully independent mediators (Burke et al., 2021; Roberts et al., 2022), and empirical evidence from the present study indicated substantial associations among the mediators. In addition, modification indices suggested that model fit would improve with the inclusion of covariances among the mediators. Taken together, these considerations supported allowing covariances among the mediators to better reflect the underlying data structure.

Therefore, covariances among the three mediators were added, and the model was re-estimated. The revised model approached acceptable fit, χ^2 (df = 10) = 50.12, p < .001, RMSEA = .09, SRMR = .07, CFI = .96. According to the criteria set by Hooper and colleagues (2008), the

chi-square statistics indicated poor fit, but RMSEA indicated mediocre fit, and SRMR and CFI indicated good fit.

Model 2: non-food vs. non-diet (weight-inclusive) #WhatIEatInADay

The initial model showed a poor fit, χ^2 (df = 13) = 772.9, p < .001, RMSEA = .36, SRMR = .21, CFI = .29. Modification indices indicated that model fit could be improved by allowing correlations among the mediating variables: social appearance comparison and thin-ideal internalization (MI = 205.56), social appearance comparison and body dissatisfaction (MI = 243.18), and thin-ideal internalization and body dissatisfaction (MI = 229.9). Covariances among the three mediators were added, and the model was re-estimated. The revised model approached acceptable fit, χ^2 (df = 10) = 52.44, p < .001, RMSEA = .10, SRMR = .07, CFI = .96. The chi-square statistics indicated poor fit, but RMSEA indicated mediocre fit, and SRMR and CFI indicated good fit.

Model 3: diet vs. non-diet #WhatIEatInADay

The initial model showed a poor fit, χ^2 (df = 13) = 774.13, p < .001, RMSEA = .36, SRMR = .21, CFI = .3. Modification indices indicated that model fit could be improved by allowing correlations among the mediating variables: social appearance comparison and thin-ideal internalization (MI = 204.6), social appearance comparison and body dissatisfaction (MI = 242.39), and thin-ideal internalization and body dissatisfaction (MI = 231.34). Covariances among the three mediators were added, and the model was re-estimated. The revised model approached acceptable fit, χ^2 (df = 10) = 54.05, p < .001, RMSEA = .10, SRMR = .07, CFI = .96. The chi-square statistics indicated poor fit, but RMSEA indicated mediocre fit, and SRMR and CFI indicated good fit.

Model 4: diet vs. non-diet #WhatIEatInADay with direct instruction for counteractive commenting

The initial model showed a poor fit, χ^2 (df = 13) = 765.43, p < .001, RMSEA = .35, SRMR = .21, CFI = .31. Modification indices indicated that model fit could be improved by allowing correlations among the mediating variables: social appearance comparison and thin-ideal internalization (MI = 203.93), social appearance comparison and body dissatisfaction (MI = 240.68), and thin-ideal internalization and body dissatisfaction (MI = 230.37). Covariances among the three mediators were added, and the model was re-estimated. The revised model approached acceptable fit, χ^2 (df = 10) = 50.30, p < .001, RMSEA = .09, SRMR = .07, CFI = .96. The chi-square statistics indicated poor fit, but RMSEA indicated mediocre fit, and SRMR and CFI indicated good fit.

Model 5: non-diet #WhatIEatInADay vs. non-diet #WhatIEatInADay with direct instruction for counteractive commenting

The initial model showed a poor fit, χ^2 (df = 13) = 771.13, p < .001, RMSEA = .36, SRMR = .21, CFI = .29. Modification indices indicated that model fit could be improved by allowing correlations among the mediating variables: social appearance comparison and thin-ideal internalization (MI = 204.16), social appearance comparison and body dissatisfaction (MI = 242.2), and thin-ideal internalization and body dissatisfaction (MI = 229.73). Covariances among the three mediators were added, and the model was re-estimated. The revised model approached acceptable fit, χ^2 (df = 10) = 53.97, p < .001, RMSEA = .10, SRMR = .07, CFI = .96. The chi-square statistics indicated poor fit, but RMSEA indicated mediocre fit, and SRMR and CFI indicated good fit.

Model	χ^2 (df)	RMSEA	SRMR	CFI
Model 1. non-food & weight-normative	50.12 (10)	0.09	0.07	0.96
Model 2. non-food & weight-inclusive	52.44 (10)	0.10	0.07	0.96
Model 3. weight-normative & weight-inclusive	54.05 (10)	0.10	0.07	0.96
Model 4. weight-normative & weight-inclusive with instruction	50.30 (10)	0.09	0.07	0.96
Model 5. weight-inclusive & weight-inclusive with instruction	53.96 (10)	0.10	0.07	0.96

Table 2. Model fit comparison

Hypotheses Testing and Research Question

Hypothesis 1 (H1)

H1 predicted that young women who watched weight-normative #WhatIEatInADay vlogs that featured food consumption framed with weight management goals and labeling food as "clean, healthy, or detoxing" have higher orthorexic tendencies than those who watch non-food-at-all vlogs, mediated by higher social appearance comparison, thin-ideal internalization, and body dissatisfaction. After applying FDR correction (BH adjustment) to control for multiple comparisons, none of the indirect effects and the total effect were statistically significant. The total indirect effect was not significant (β = -.06, p = .068, 95% CI [-.01, .18]). Specifically, indirect effects through social appearance comparison (β = .04, p = .258, 95% CI [0, .08]), thin-ideal internalization (β = -.1, p = .539, 95% CI [-.01, .05]), and body dissatisfaction (β = .002, p = .288, 95% CI [0, .09]) were all insignificant. The total effect of weight-normative #WhatIEatInADay content on orthorexic tendencies was also insignificant (β = -.001, p = .072, 95% CI [.05, .31]). Therefore, H1 was not supported.

Research Question 1 (RQ1)

RQ1 examined how young women who watched weight-inclusive non-diet #WhatIEatInADay vlogs, in which eating was portrayed with emotional satisfaction and body acceptance without weight-control goals, influence orthorexic tendencies compared to those who watched non-food vlogs mediated by lower social appearance comparison, thin-ideal internalization, and body dissatisfaction. After applying FDR correction (BH adjustment) to control for multiple comparisons, weight-inclusive non-diet #WhatIEatInADay content neither a significant total indirect effect (β = -.12, p = .857, 95% CI [-.08, .10]) nor a total effect (β = -.17, p = .647, 95% CI [-.19, .08]) on orthorexic tendencies compared to watching non-food vlogs. Specifically, indirect effects through social appearance comparison (β = .01, p = .934, 95% CI [-.04, .04]), thin-ideal internalization (β = -.07, p = .934, 95% CI [-.02, .03]), and body dissatisfaction (β = -.06, p = .679, 95% CI [-.03, .06]) were all insignificant.

Hypothesis 2 (H2)

H2 predicted that young women who watched weight-inclusive non-diet #WhatIEatInADay vlogs have lower orthorexic tendencies than those who watch weight-normative #WhatIEatInADay vlogs, mediated by lower social appearance comparison, thin-ideal internalization, and body dissatisfaction. After applying FDR correction (BH adjustment) to control for multiple comparisons, none of the indirect effects and the total effect were statistically significant. The total indirect effect was not significant (β = -.04, p = .261, 95% CI [-.16, .02]). Each indirect effect through social appearance comparison (β = -.02, p = .215, 95% CI [-.08, 0]), thin-ideal internalization (β = .04, p = .539, 95% CI [-.04, .01]), and body dissatisfaction (β = -.06, p = .539, 95% CI [-.07, .02]) confirmed that none of them mediated the relationship. However, the total effect of weight-inclusive #WhatIEatInADay vlogs was

significant (β = -.15, p = .006, 95% CI [-.37, -.11]). Since the indirect effects through the proposed mediators were not statistically significant, this indicates that the observed total effect was primarily driven by the direct effect (β = -.16, p = .002, 95% CI [-.26, -.06]). Therefore, weight-inclusive non-diet #WhatIEatInADay vlogs had a statistically meaningful total and direct effect when paired with weight-normative #WhatIEatInADay vlogs, partially supporting H2.

Path	Estimate(B)	SE	p (raw)	p (FBR/BH)	95% CI	β
Vlogs → SAC → ON	-.036	.020	.070	.215	[-.078, .000]	-.021
Vlogs → TII → ON	-.013	.013	.320	.539	[-.040, .010]	.040
Vlogs → BD → ON	-.023	.022	.290	.539	[-.069, .016]	-.062
Total indirect effect	-.071	.045	.115	.261	[-.163, .016]	-.043
Total direct effect	-.235	.067	.000***	.006**	[-.368, -.105]	-.149
Direct effect	-.163	.052	.002**	.002**	[-.263, -.063]	-.105

Table 3. Model 3 (weight-normative & weight-inclusive) path results

*p < .05. **p < .01. ***p < .001.

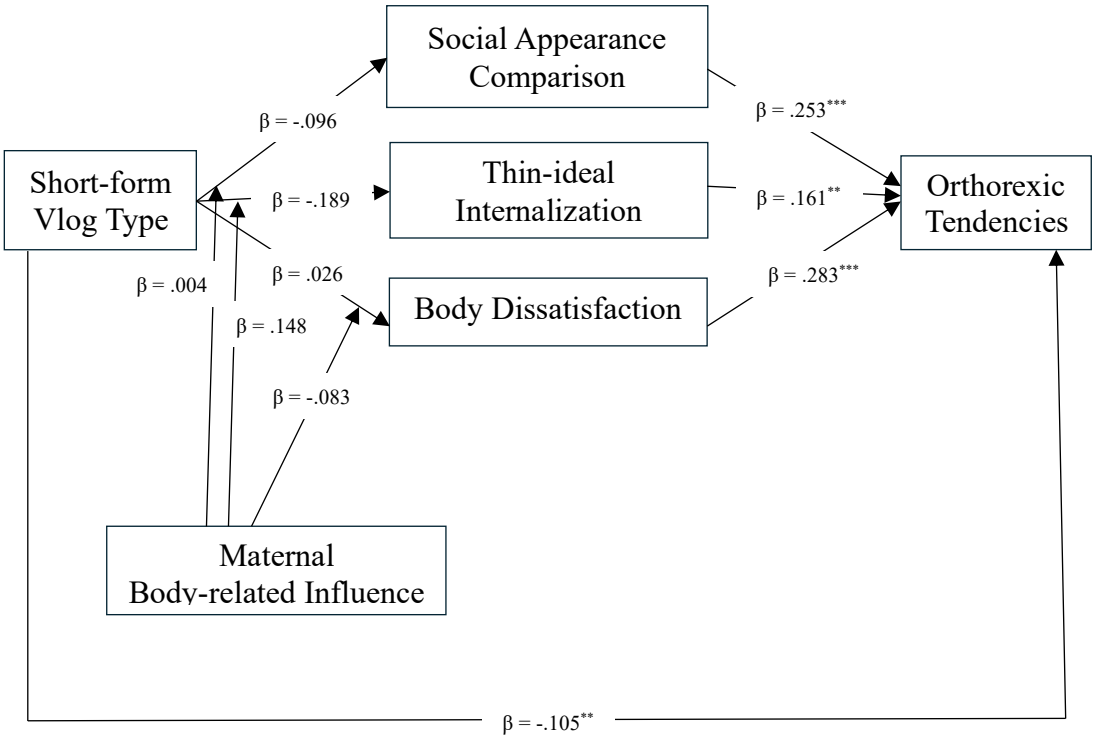


Fig. 3. Model 3 (weight-normative & weight-inclusive) path diagram with coefficients $^{*}p < .05$. $^{**}p < .01$. $^{***}p < .001$.

Hypothesis 3 (H3)

H3 predicted that young women who watched weight-inclusive non-diet #WhatIEatInADay vlogs with direct instructions to write the counteractive opinion of socially so-called 'unhealthy' food have lower orthorexic tendencies than those who watched weight-normative #WhatIEatInADay vlogs, mediated by lower social appearance comparison, thin-ideal internalization, and body dissatisfaction. Similar to previous results, after applying FDR correction (BH adjustment), watching weight-inclusive non-diet #WhatIEatInADay vlog with direct instructions to write the counteractive opinion did not have any significant indirect effect. The total indirect effect was not statistically significant (β = -.03, p = .153, 95% CI [-.2, -.01]). Indirect effects through social appearance comparison (β = -.04, p = .172, 95% CI [-.09, -.01]), thin-ideal internalization (β = .05, p = .344, 95% CI [-.05, 0]), and body dissatisfaction (β = -.05,

p = .215, 95% CI [-.09, 0]) were all insignificant. In contrast, the total effect of weight-inclusive non-diet #WhatIEatInADay content with direct instruction on orthorexic tendencies was significant (β = -.14, p = 0.005, 95% CI [-.40, -.13]). Since the indirect effects through the proposed mediators were not statistically significant, this indicates that the observed total effect was primarily driven by the direct effect (β = -.16, p = .002, 95% CI [-.26, -.06]). Therefore, H3 was partially supported, as weight-inclusive non-diet #WhatIEatInADay content with direct instruction had a significant total and direct effect on orthorexic tendencies when paired with weight-normative #WhatIEatInADay content.

Path	Estimate(B)	SE	p (raw)	p (FBR/BH)	95% CI	β
Vlogs → SAC → ON	-.044	.021	.034*	.172	[-.089, -.006]	-.036
Vlogs → TII → ON	-.019	.014	.165	.344	[-.051, .003]	.053
Vlogs → BD → ON	-.040	.022	.071	.215	[-.087, .001]	-.049
Total indirect effect	-.103	.046	.024*	.153	[-.195, -.013]	-.032
Total direct effect	-.264	.071	.000***	.005**	[-.402, -.127]	-.135
Direct effect	-.160	.050	.001**	.002**	[-.256, -.064]	-.104

Table 4. Model 4 (weight-normative & weight-inclusive with instruction) path results

*p < .05. **p < .01. ***p < .001.

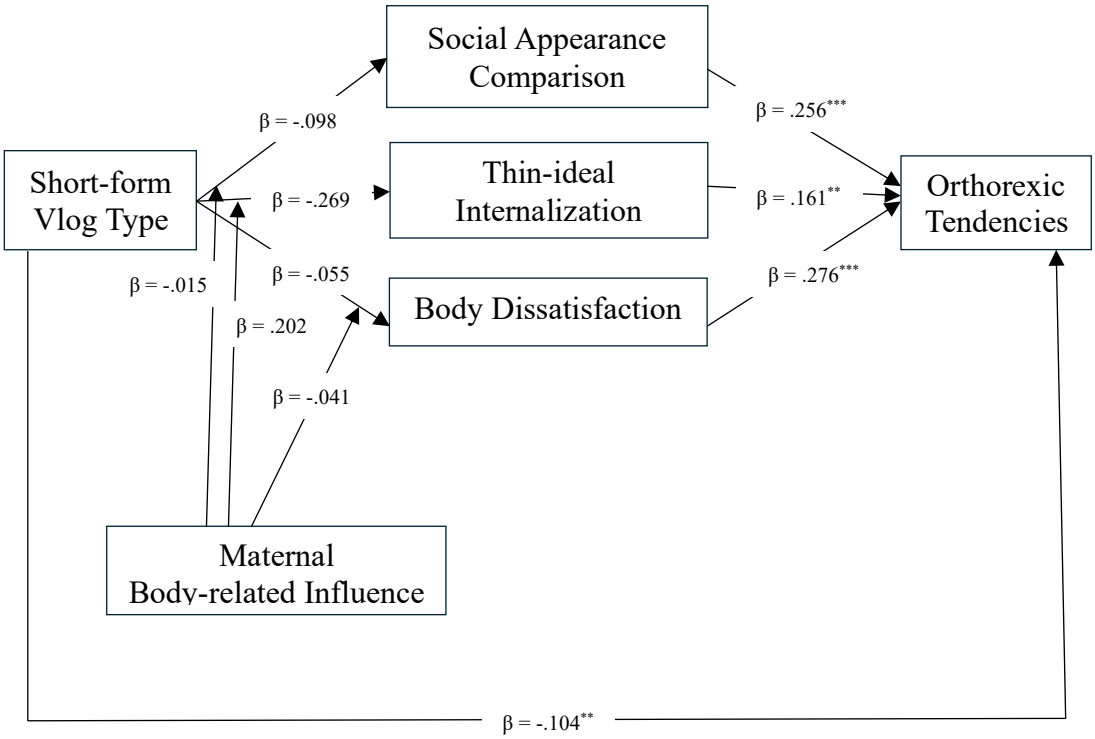


Fig. 4. Model 4 (weight-normative & weight-inclusive with instruction) path diagram with coefficients

$^{*}p < .05$. $^{**}p < .01$. $^{***}p < .001$.

Hypothesis 4 (H4)

H4 predicted that young women who watched weight-inclusive non-diet #WhatIEatInADay vlogs with direct instructions to write the counteractive opinion of socially so-called 'unhealthy' food would have lower orthorexic tendencies than those who watched weight-inclusive non-diet vlogs only, mediated by lower social appearance comparison, thin-ideal internalization, and body dissatisfaction. However, the results of applying the FDR correction (BH adjustment) showed that watching weight-inclusive non-diet #WhatIEatInADay vlogs with direct instructions to write the counteractive opinion was not associated with lower orthorexic tendencies when paired with non-diet #WhatIEatInADay vlogs only condition. Neither the total indirect effect (β = .02, p = .658, 95% CI [-.12, .06]) nor total effect (β = .03, p

= .776, 95% CI [-.17, .11]) was significant. Any of individual mediators including social appearance comparison (β = -.01, *p* = .776, 95% CI [-.05, .03]), thin-ideal internalization (β = .02, *p* = .728, 95% CI [-.04, .02]), and body dissatisfaction (β = .02, *p* = .603, 95% CI [-.06, .02]) corroborated the insignificance of indirect effects. Therefore, H4 was not supported.

Hypothesis 5 (H5)

H5 predicted that the effects of #WhatIEatInADay vlog conditions on social appearance comparison, thin-ideal internalization, body dissatisfaction, and orthorexic tendencies would be moderated by maternal body-related influence. The interaction tests showed that maternal influence significantly moderated only one of the a-paths: the effect of weight-normative #WhatIEatInADay vlogs on thin-ideal internalization compared to non-food daily vlogs (β = -.34, *p* = .029, 95% CI [-.68, -.03]). However, the indirect effect through thin-ideal internalization in this pair was not significant, as reported in the mediation results for H1. Thus, although maternal body-related influence moderated the thin-ideal internalization path, this moderation did not produce a significant moderated mediation effect on orthorexic tendencies. No significant moderation was observed for other variables. Therefore, H5 was not supported.

CHAPTER 5

DISCUSSIONS AND IMPLICATIONS

The present study sought to examine the exposure to different types of #whatieatainaday short-form vlogs on young women's orthorexic tendencies, as well as the mediating role of social appearance comparison, thin-ideal internalization, and body dissatisfaction moderated by maternal influence in the relationship. The findings suggest that watching #WhatIEatInADay vlogs with specific messages about eating attitudes and perspectives on foods has effects on young women's orthorexic tendencies to some extent.

Limited Effects of Weight-normative and Weight-inclusive Messaging in Non-food Contexts (H1 & RQ1)

The results for H1 show that there is no statistically significant impact of exposure to weight-normative #WhatIEatInADay short-form vlogs on orthorexic tendencies among young women when it is compared to that of non-food daily vlogs. No significant effect was found in any of the moderated mediators of body image concerns, including social appearance comparison, thin-ideal internalization, and body dissatisfaction. The findings for RQ1 also did not provide any statistically significant differences in the influence of weight-inclusive #WhatIEatInADay short-form vlogs on orthorexic tendencies among young women than the influence of non-food daily vlogs. Indirect effects of social appearance comparison, thin-ideal internalization, and body dissatisfaction moderated by maternal influence were not found.

The absence of statistically significant differences in orthorexic tendencies across both the weight-normative and weight-inclusive #WhatIEatInADay short-form vlogs conditions relative to the non-food condition may reflect the presence of pre-existing baseline beliefs that

young women commonly hold. In contemporary society, where diet culture has become pervasive, young women may have already internalized substantial attitudes and beliefs regarding what constitutes "ideal" eating for their body and health (Aparicio-Martinez et al., 2019; Betz et al., 2019), rendering brief experimental manipulations insufficient to produce detectable attitudinal differences.

This interpretation is further informed by the between-subjects design employed in this study, wherein each participant was exposed to only one condition and thus had no opportunity to directly compare contrasting message framings within subjects. Under such conditions, for experimental stimuli to produce measurable effects, the message differences must be sufficiently salient to exceed participants' pre-existing belief thresholds (Montoya, 2023). It is plausible that even among participants assigned to the non-food short-form daily vlogs condition, a socially desirable schema of "healthy" eating was already cognitively activated prior to exposure. Prior work on attitude strength suggests that when pre-existing opinions are strongly endorsed, persuasive messages often produce only limited attitude change (Higgins et al., 1977; Petty et al., 1997). The baseline activation may have converged participants' responses toward a similar level across conditions, thereby attenuating observable differences in orthorexic tendencies between those exposed to weight-normative or weight-inclusive #WhatIEatInADay vlogs and those in the non-food daily vlogs group.

Furthermore, although weight-normative social media content augments ideas that health is contingent upon achieving a certain body weight or shape (Tylka et al., 2014), it is still framed as an endorsement of desirable healthy dietary practices on the surface. It, therefore, may not conflict substantially with the pre-existing health beliefs that individuals generally hold. Conversely, while weight-inclusive messaging emphasizes alternative practices such as non-

restrictive eating and body acceptance, detaching health from body weight (Bacon, 2010), it ultimately revolves around overall health and well-being. Such a framing may prevent weight-inclusive vlogs from being perceived as entirely discordant with prevailing health discourse. Consequently, both message framings may have been operated in ways that were broadly aligned with the health-related values already held by young women who viewed the non-food content.

Taken together, these findings suggest the brief, single-exposure manipulations of media message framing may exert limited influence on participants' attitudes when strongly internalized health-related norms are already in place. The results indicate that individually held health norms may attenuate or even nullify the potential effects of media messages regardless of their positivity or negativity. This points to the possibility that the influence of dietary social media content on orthorexic tendencies is not primarily shaped by brief short-term exposures, especially when they are paired with baseline-activated non-food vlogs. Instead, addressing these influences may require longer-term and sustained efforts that account for individuals' repeated sociocultural engagement with such content (Mazzeo et al., 2024).

Different Health Ideology Framed by Weight-normative and Weight-inclusive #WhatIEatInADay Vlogs (H2 & H3)

H2 and H3 that compared the impact of weight-inclusive #WhatIEatInADay short-form vlogs on orthorexic tendencies among young women to that of weight-normative content. Result indicated that both the weight-inclusive #WhatIEatInADay short-form vlogs viewing-only condition and the weight-inclusive condition supplemented with an additional writing prompt, in which participants were asked to reflect on the potential positive contributions of consuming food typically perceived as "unhealthy" to their overall health and wellbeing, were associated with significantly lower orthorexic tendencies relative to the weight-normative

#WhatIEatInADay short-form vlogs condition. However, these effects were all supported only as direct effects. The effects were not supported by the hypothesized indirect pathways involving social appearance comparison, thin-ideal internalization, and body dissatisfaction as mediators moderated by maternal influence.

These findings offer several insights into how different types of messages embedded within #WhatIEatInADay short-form vlogs may differentially influence orthorexic tendencies among young women. Consistent with previous research demonstrating that curated "clean" or "healthy" eating food diaries on social media centered around weight-normative messages are negatively associated with body image and eating attitudes (Davis et al., 2025; Drivas et al., 2024), the results of this study indicate that exposure to weight-normative #WhatIEatInADay content may predict worse orthorexic tendencies than a weight-inclusive condition. Values such as discipline, restriction, caloric and nutritional calculation, the idealization of a particular body type, and the moralization of health practices appear to be foregrounded within weight-normative content, collectively constructing a health ideology that may reinforce rigid and evaluative attitudes toward food and eating. In contrast, exposure to weight-inclusive #WhatIEatInADay content, which centers values such as body acceptance, non-restrictive eating, behavioral flexibility, and wholesome wellbeing, was associated with lower orthorexic tendencies relative to the weight-normative condition. These two framings present fundamentally different conceptualizations of health. Thus, such an ideological contrast may account for the more clearly discernible between-group differences observed when weight-normative and weight-inclusive conditions were paired directly.

These results collectively suggest that the concern may lie not in the #WhatIEatInADay format per se, but rather in the specific messages and food-related values embedded within such

content. Even within the same food diary vlog format, weight-inclusive and non-restrictive portrayals of eating, which present food choices without rules or weight management framing, appear to buffer against the exacerbation of orthorexic tendencies associated with dominant weight-normative content.

The addition of an open-response prompt that encouraged participants to reflect on the potential positive contributions of foods typically perceived as "unhealthy" to overall health and wellbeing operated similarly in forming the value framework conveyed by the weight-inclusive #WhatIEatInADay short-form vlog. This active generation of counteractive thinking appeared to create an attenuating effect on orthorexic tendencies comparable to that observed in the viewing weight-inclusive content only condition, rendering the contrast with the weight-normative condition. This is consistent with the prior research suggesting that counter-attitudinal thinking disrupts dichotomous and automatic cognitive patterns (Bentz et al., 2009; Hirt & Markman, 1995; Mumma & Wilson, 1995; Stice, Rohde, et al., 2009), thereby suppressing automatic evaluative responses to weight-normative cues. Namely, employing "consider-the-opposite" strategies, whether indirectly through exposure to weight-inclusive content only or directly via direct instruction for open responses, can facilitate the adoption of alternative or new viewpoints and resist the automatic acceptance of dominant norms.

Limited Added Effect of Direct Instruction in Weight-Inclusive Messages (H4)

H4 predicted that young women who viewed weight-inclusive #WhatIEatInADay short-form vlogs and additionally completed a self-generated response task to articulate the potential positive contributions of foods conventionally regarded as unhealthy would demonstrate lower orthorexic tendencies than those who viewed the same content without the supplementary tasks, operating through an attenuated indirect mediation pathway. Contrary to expectations, however,

no statistically significant difference in orthorexic tendencies was observed between the two weight-inclusive conditions. It is also worth noting that, although a direct comparison between the viewing-only and the viewing-plus-writing-task conditions was not conducted, the standardized beta coefficients associated with the significant direct effects observed in H2 and H3, when each weight-inclusive condition was independently compared against the weight-normative condition, were nearly identical ($\beta = -.105$ and $\beta = -.104$, respectively), suggesting that the additional open-ended response task conferred no meaningful incremental effect in lower orthorexic tendencies beyond the effect of video exposure alone.

The absence of an additive effect is noteworthy given the established efficacy of consider-the-opposite strategies in reducing cognitive bias. Prior research has consistently demonstrated that prompting individuals to actively generate counter-attitudinal arguments facilitates bias reduction, promotes less extreme and more balanced thinking, and supports the attenuation of dichotomous cognitive patterns (Lord et al., 1984; Metz, 2022; Miller & Wozniak, 2001). The present findings, however, diverge from this body of evidence. Several interpretations may account for this null result.

First, it is possible that video exposure alone was sufficient to establish a comprehensive cognitive reframing of food-related attitudes, thereby leaving little room for additional intervention effects attributable to the actively consider-the-opposite tasks. Weight-inclusive messaging of the kind featured in the experimental stimuli is increasingly present organically in participants' everyday social media environments, and repeated exposure to such content in natural contexts may already have facilitated sufficient internalization. Consequently, the supplementary writing task may have yielded minimal incremental impact on attitudes that the video itself had meaningfully activated.

Second, the limited depth of engagement induced by the open-ended response task needs consideration. The weight-inclusive vlogs featured a narrator who articulated, in a diary-like format, the reasons for embracing unrestricted, weight-inclusive eating, effectively offering the very type of response that participants were subsequently asked to generate independently. Having been recently exposed to a well-elaborated exemplary perspective, participants may not have engaged in genuine cognitive elaboration during the writing task. Instead of producing original reflective thought, participants may have reproduced content that they had observed immediately before the task, rendering the task more a matter of recall than reflection.

This interpretation is consistent with the Elaboration Likelihood Model (Petty & Cacioppo, 1986), which posits that attitudes are formed and changed through two main persuasion routes: a central route characterized by effortful and systematic cognitive processing and a peripheral route driven by heuristic cues requiring less elaboration. In the context of the current study, it is plausible that participants primarily processed the video's messages through peripheral cues, such as the narrator's personal narrative, affective tone, and visual presentation, rather than through deep independent engagement. As a result, when subsequently presented with the open-ended writing task, participants may not have been motivated to perform a higher cognitive elaboration that the task was designed to elicit. This would suggest that the reflective exercise did not function as intended, thereby limiting its capacity to produce more powerful attitudinal differences in orthorexic tendencies beyond that already achieved through video exposure.

Absence of Mediated Effects and Implications for Other Mechanisms (H1-H4)

While the direct influence of weight-inclusive #WhatIEatInADay short-form vlogs on young women's orthorexic tendencies was evident, particularly in comparison to weight-

normative #WhatIEatInADay vlogs, the hypothesized indirect effects through social appearance comparison, thin-ideal internalization, and body dissatisfaction were non-significant across all models. These null mediation findings imply that orthorexic tendencies associated with #WhatIEatInADay vlog exposure may not be adequately explained by the classic appearance-focused body image pathways proposed by the Tripartite Influence Model, but may instead operate through health- and morality-oriented cognitive mechanisms.

Since #WhatIEatInADay vlogs center explicitly on eating practices, exposure to such content may not primarily activate appearance-based concerns, but may reinforce normative standards of "clean," or "perfect" eating that emphasize rigid rules, purity, and discipline around food selection. Unlike another disordered eating, anorexia nervosa, which is typically driven by a strong desire for thinness or weight loss (Elran-Barak et al., 2015; Stice, Marti, et al., 2009), orthorexia nervosa is rooted in broader belief systems concerning health, morality, and sense of superiority associated with adherence to an idealized concept of "healthy" eating (Dunn & Bratman, 2016; Hanganu-Bresch, 2020). These distinctions underscore the need to examine health-norm and morality-based psychological mechanisms as potential pathways through which food diary social media content shapes orthorexic attitudes.

From a methodological standpoint, it is important to note that a few indirect effects initially yielded statistically significant raw p-values prior to correction. Specifically, the indirect effect through social appearance comparison ($p = .034$) and the total indirect effect ($p = .024$) in model 4, which compared the weight-inclusive-plus-writing-task condition to the weight-normative condition, were both significant before applying the Benjamini-Hochberg (BH) procedure to control for false discovery rate across multiple mediators and pairwise contrasts. Following the FDR correction, however, both effects became non-significant (corrected $p = .172$

and p = .153, respectively). This indicates that once the multiplicity and intercorrelations among mediators were accounted for, the statistical evidence for reliable indirect pathways was insufficient. These results highlight the importance of applying appropriate corrections for false discovery in complex mediation models involving multiple correlated mediators, as uncorrected p-values may yield tentative but ultimately spurious findings (Benjamini & Hochberg, 1995). Accordingly, the present study refrains from interpreting these effects as substantively meaningful, and the conclusions drawn are based on the more conservative corrected estimates.

Interestingly, despite their absence of significant indirect effect in model 3 (H2) and model 4 (H3), the second-stage paths from social appearance comparison, thin-ideal internalization, and body dissatisfaction to orthorexic tendencies were each individually statistically significant. This pattern is consistent with the broader social media and body image literature in demonstrating that body image concerns are associated with orthorexic attitudes (Barnes & Caltabiano, 2017; Mahfoud et al., 2023; McComb & Mills, 2019; Yılmaz & Dundar, 2022). It partially corroborates the suggestion by Drivas et al. (2024) that the influence of #WhatIEatInADay content should be examined through both appearance- and diet-related social comparison processes. Notably, Scheiber and colleagues (2023) reported that involvement with health and fitness accounts on social media was positively associated with orthorexic tendencies, with thin-ideal and muscular internalization serving as significant mediators, whereas body dissatisfaction and appearance comparison did not. This pattern is partially different from, yet also complements, the current findings. While the current study similarly observed non-significant indirect effects through appearance-based mediators, the significant second-stage paths from these variables to orthorexic tendencies nonetheless suggest that body image concerns retain some relevance to orthorexic attitudes. Although the present study did not capture the full

range of body image outcomes emphasized in previous research, it extends this line of inquiry by situating these associations within the specific context of orthorexic tendencies.

Crucially, however, the total direct effect of vlog exposure on orthorexic tendencies remained statistically significant in the absence of meaningful indirect effects, suggesting that the observed influence of #WhatIEatInADay vlogs operates through mechanisms beyond those captured by the appearance-focused mediators examined here. Unmeasured potential pathways, such as those involving already internalized eating norms, food-related moral cognitions, or health-based identity processes, may be more responsible for the relationship between such social media content and orthorexic attitudes among young women.

Lack of Moderating Effect of Maternal Influence (H5)

Except for one interaction, maternal influence did not significantly moderate the relationship between #WhatIEatInADay short-form vlogs and the hypothesized mediators, social appearance comparison, thin-ideal internalization, and body dissatisfaction, nor did it exert a meaningful effect on orthorexic tendencies across any of the models examined. The single significant interaction emerged in the model comparing weight-normative and non-food vlog conditions, wherein maternal influence negatively moderated the effect of weight-normative content on thin-ideal internalization ($\beta = -.34$).

One plausible interpretation is that young women who have long been exposed to appearance- or weight-focused maternal influence may have already consolidated stable thin-ideal beliefs through prolonged socialization (Cooley et al., 2008; Jones & Young, 2021). Such a brief exposure to weight-normative content may not produce little additional amplification, or may even elicit a slight attenuation of thin-ideal internalization. This pattern is consistent with the possibility that repeated exposure to appearance-focused socialization messages fosters

habituation in response to similar media content discussion for H1 and H2. Importantly, however, this moderation did not translate into a significant moderated mediation effect on orthorexic tendencies, reinforcing the broader argument that orthorexic tendencies are not adequately explained by appearance-based mechanisms alone.

A conceptual limitation may also account for the overall absence of moderating effects. Maternal body-related influence, as operationalized in the present study, primarily captures weight- and appearance-focused attitudes and behaviors such as fat talk and weight loss behaviors (Bauer et al., 2013; Jones & Young, 2021). While these constructs are theoretically relevant to appearance-centered outcomes, they are conceptually distinct from the health morality and food purity beliefs that constitute the core of orthorexia nervosa (Cena et al., 2019; Hanganu-Bresch, 2020; Novara et al., 2021). Consequently, the maternal influence measure employed may have lacked the conceptual specificity necessary to capture the pathways influenced by maternal effect most relevant to orthorexic tendencies. Detecting such pathways would likely require measures that directly assess mothers' health beliefs and attitudes toward food purity rather than weight- or appearance-focused factors alone.

Furthermore, the Tripartite Influence Model originally conceptualizes family influences as a main factor for the development of body image issues and eating behaviors (Thompson et al., 1999). It should include not only maternal attitudes and behaviors, but also other parental health beliefs, sibling dynamics, and the overall family food culture. By focusing exclusively on maternal body-related influence, the present study may have inadequately represented this broader family socialization context, potentially confounding the effects attributable to the family environment as a whole.

Theoretical Implications

Extending the Tripartite Influence Model to Social Media Contexts

The findings of this study contribute to an expanding body of work that applies the Tripartite Influence Model (TIM) to social media contexts. Originally formulated to account for the influences of media, peers, and family on body image and disordered eating, the TIM has predominantly been examined in the context of traditional, image-based media and direct interpersonal relationships (Keery et al., 2004; Roberts et al., 2022; Shroff & Thompson, 2006). The present study extends this framework by positioning social media as a unique sociocultural factor, one through which media and peer influences may converge and simultaneously simulate. In particular, the current findings carry implications for how peer influence is conceptualized within the TIM. Rather than featuring idealized celebrities, the #WhatIEatInADay format typically presents relatable, everyday individuals documenting their personal eating practices, which closely resembles the kind of informal peer communication young women encounter in their daily social lives. The fact that exposure to such content was associated with differences in orthorexic tendencies suggests that peer-like social influence on eating norms does not exclusively need direct in-person relationships, but can be transmitted through digitally mediated peer-resembling content on social media platforms. Future research could more explicitly examine the mechanisms through which such content exerts peer-like influence, including the potential role of parasocial processes and digitally mediated social dynamics (Hoffner & Bond, 2022), to further clarify how the peer influence component of the TIM operates within contemporary social media environments.

Eating Norm Mechanisms Beyond Appearance-Based Pathways

Another theoretically significant finding of the current study is that the classic appearance-focused mediators proposed by the TIM – social appearance comparison, thin-ideal internalization, and body dissatisfaction – did not hold significant indirect effects in the relationship between #WhatIEatInADay vlog exposure and orthorexic tendencies. This suggests that eating-focused social media content may operate through distinct psychological mechanisms that are different from those activated by conventional appearance-based media, especially when it has come to orthorexic attitudes. Both traditional media and image-based social media that tend to be image-centered and present idealized body standards have been shown to promote problematic eating behaviors primarily through typical appearance-based body image concerns (Hazzard et al., 2019; Roberts et al., 2022; Rodgers et al., 2015; Schaefer et al., 2021; Shagar et al., 2019). By contrast, #WhatIEatInADay content that centers on the act of eating itself, presented in a personal diary format may instead activate food-related attitudes, health norms, and moral cognitions around dietary behavior, thereby fostering orthorexic tendencies through pathways that are conceptually distinct from those emphasized in traditional body image research. These content-specific mechanisms remain to be more precisely characterized, providing the potential of expansion in the TIM framework.

The Role of Internalized Diet Culture as a Cognitive Schema

The TIM posits that individuals' body- and eating-related attitudes are shaped through the long-term, cumulative influences of sociocultural factors such as media, peers, and family (Thompson et al., 1999). This perspective offers an important lens through which to interpret the limited and selective pattern of hypotheses supported in this study. Young women who have been continually exposed to health norms and diet culture discourse across multiple sociocultural

domains may already have consolidated stable belief systems regarding food and eating. Brief single-exposure experimental stimuli could be insufficient to produce substantial attitudinal change. In this sense, pre-existing internalized health norms may function as a cognitive schema through which new media messages are interpreted and assimilated, thereby disenabling the detectable effects of short-term media exposure. Therefore, the current study highlights the importance of considering the temporal scope of sociocultural influence when applying the TIM. A more detailed theoretical delineation of the conditions under which short-term exposure effects versus long-term internalization processes are operative would contribute to a more refined establishment of the model, ultimately advancing its explanatory precision in the context of social media and problematic eating research.

"Consider-the-Opposite" Strategy and Its Boundary Conditions

This study provides preliminary evidence for the potential utility of consider-the-opposite strategies in mitigating dichotomous and weight-normative thinking around food. Across the hypotheses that were supported, the mitigating effect was consistently observed when weight-inclusive content that presents eating and health in terms of overall experiential and psychological wellbeing, without rigid body surveillance, was compared against its opposite weight-normative content focusing on the impact of food on weight management and body shape. This suggests that exposure to counter-attitudinal framings retains the potential to weaken rigid and evaluative thinking about food. However, the absence of an incremental effect from the supplementary open-ended writing task indicates that the conditions necessary to elicit deeper cognitive engagement were not sufficiently established in the current design. Maximizing the effectiveness of active consider-the-opposite strategies may require more carefully designed conditions that promote genuine elaboration. Further theoretical development and empirical

investigations are required to identify the contextual and individual-level factors that facilitate meaningful cognitive engagement with counter-attitudinal health messages.

Contribution to Orthorexia Research

Finally, this study contributes to the emerging literature on orthorexia nervosa by incorporating the role of social media environment, which is a domain that has received relatively limited attention compared to psychological risk factors such as perfectionism, obsessive-compulsive traits, self-esteem, and attachment style (Barnes & Caltabiano, 2017; Mahfoud et al., 2023; McComb & Mills, 2019; Zydek et al., 2025). By experimentally examining how different types of message framings within a specific social media format relate to orthorexic tendencies, this study situates orthorexia within a broader sociocultural and media context. The current findings suggest that orthorexic tendencies are not solely the product of individual psychological vulnerabilities but could also be developed by the normative health ideologies embedded in everyday social media environments. This perspective calls for greater integration of media factors into theoretical models for orthorexia to examine how media message framing contributes to the development of orthorexic attitudes among young women beyond mere exposure frequency.

Practical Implications

Weight-Inclusive Messaging as a Public Health Strategy

The findings that exposure to weight-inclusive #WhatIEatInADay short-form content was associated with lower orthorexic tendencies relative to weight-normative content suggest that weight-inclusive framing may serve as an effective strategy for promoting desirable eating attitudes within social media environments. The study points to the potential of leveraging existing familiar content format, rather than developing entirely new intervention modalities, to

disseminate health-protective messages in ecologically valid contexts. In this regard, content creators and influencers who produce food diary content occupy a position of considerable influence in shaping the normative food ideologies circulated on social media platforms. Given the reach and perceived authenticity that characterize influencer-generated content (Pilgrim & Bohnet-Joschko, 2019), there is a meaningful area for content creators to adopt weight-inclusive framing practices, thereby contributing to a broader cultural shift away from moralized conceptions of healthy eating. Public health practitioners and campaign designers should consider engaging with content creators as active collaborators in health promotion efforts, rather than treating social media solely as a channel for top-down messaging.

Social Media as an Intervention Platform

Beyond the role of individual content creators, the present findings suggest that short-form video formats on social media platforms may function as an effective place for digital health communication interventions more broadly. The effectiveness of weight-inclusive content delivered within the #WhatIEatInADay format, which is a genre that young women already consume organically as part of their routine social media use, indicates that interventions embedded within familiar content structures may be particularly well-suited to reach target populations without the friction associated with formal health programs. In other words, social media can serve as an accessible intervention tool and a venue for public health campaigns, extending the reach of supportive health messaging to individuals who may not otherwise be connected to therapeutic or medical systems.

Social media platforms themselves may therefore play an important facilitative role in such efforts. Platform-level systems, including algorithmic curation, content recommendation systems, and promotional partnerships with public health organizations, could be strategically

utilized to increase the visibility of weight-inclusive content, particularly among younger users who are at elevated risk for developing problematic eating attitudes. Collaboration between public health professionals, intervention researchers, and platform companies would be promising to translate the present findings into scalable, population-level health communication strategies.

Implications for Media Literacy Education

This study also carries meaningful implications for media literacy education, especially in school and university settings where young women can be systematically reached. Existing media literacy programs have largely focused on developing critical awareness of digitally manipulated images, curated visual presentations of idealized bodies, and appearance-based beauty standards (Paxton et al., 2022; Rodgers et al., 2019, 2024). While these emphases remain valuable, the present study underlines the need to expand media literacy curricula to address a distinct domain of the implicit dietary norms and food ideologies embedded within social media content. Young women who are equipped to critically recognize how #WhatIEatInADay short-form vlogs and similar content normalize particular types of eating may be better positioned to resist the internalization of moralized eating attitudes. In addition, media literacy education that moves beyond passive critical awareness toward active engagement, including encouraging participants to reflect on and articulate the food norms they encounter online by commenting on social media or creating their own content, could foster more durable attitudinal change. Such programs could also empower young women to make intentional decisions about the content they consume, create, and share, contributing to the cultivation of inclusively healthier digital food cultures. The integration of diet-norm literacy alongside appearance-focused content

literacy will provide an important but underexplored direction to the future media literacy research and program development.

CHAPTER 6

LIMITATIONS AND FUTURE RESEARCH

To the best of my knowledge, the current study is among the first to experimentally demonstrate that exposure to different types of food diary short-form social media content can differentially influence young women's orthorexic tendencies. Nonetheless, several limitations warrant consideration when interpreting the findings and these limitations point toward important directions for future research.

First, the study sample consisted primarily of White participants residing in the United States, which substantially limits the generalization of the findings to racially, ethnically, and culturally diverse populations. Cultural and racial differences in body ideals may meaningfully shape how #WhatIEatInADay content is perceived. This is a particularly salient concern given that #WhatIEatInADay content tends to feature predominantly White, Eurocentric, thin-and-toned body ideal. Prior research has shown that racial and ethnic identity can serve as a protective factor against eating pathology for some groups (Rakhkovskaya & Warren, 2016), suggesting that individuals with stronger identification with their cultural and racial heritage may be less influenced by dominant Western appearance and dietary ideals. Future research should, therefore, examine how #WhatIEatInADay content affects orthorexic tendencies across racially and culturally diverse populations, and whether racial or ethnic identity moderates susceptibility to such content.

Another limitation is the use of AI-generated stimuli only for the weight-inclusive #WhatIEatInADay condition. Since authentic weight-inclusive #WhatIEatInADay content remains relatively uncommon on social media, weight-inclusive vlogs were created using generative AI. Creating the videos using AI made it possible to standardize visual style, pacing,

narration and production quality across conditions while manipulating only the intended message. However, the use of different stimuli production methods across conditions may have introduced unintended differences. The pilot study indicated that participants' perception of AI authorship did not influence their interpretation of the messages, suggesting that AI generation did not compromise message delivery. Nevertheless, unmeasured confounding factors related to stimulus production cannot be entirely ruled out. Future research could create all experimental stimuli using a single production approach, whether AI-generated, human-produced, or collecting actual content from public social media accounts, to further strengthen internal validity.

Also, this study was limited to investigating the immediate impact of a brief exposure to #WhatIEatInADay short-form vlogs under one minute in duration. In naturalistic social media use, however, individuals are typically exposed to such content repeatedly and cumulatively over extended periods of time (Harriger et al., 2022). This pattern is reflected in this study's own sample, in which nearly half of the participants (47.8%) reported watching #WhatIEatInADay content on social media at least once per week. The pattern of null and insignificant findings observed across several hypotheses in the present study, including unsupported indirect effects, is itself consistent with the interpretation that a single short-form exposure may be insufficient to produce meaningful shifts in orthorexic tendencies. Moreover, the present study did not capture the potential effects of longer-form content, such as the extended #WhatIEatInADay vlogs of 20 to 40 minutes in duration commonly found on platforms such as YouTube, which may make viewers engage more deeply and produce more pronounced attitudinal effects. Future longitudinal research employing repeated exposure would allow for a more comprehensive examination of the cumulative effects of ongoing engagement with food diary content. Such

designs would also allow investigation of whether appearance-based mediation pathways, which did not emerge as significant in the present study, become operative under conditions of sustained exposure, and how the relative contributions of different mediating mechanisms, such as food purity and morality, may shift across short- and long-term timeframes.

A further limitation is that the study relied on cross-sectional mediation analyses. Although the experimental manipulation preceded the measurement of the proposed mediators and outcome, the mediators and orthorexic tendencies were assessed at a single time point following exposure. Consequently, the mediation model remains vulnerable to reverse causality, limiting strong causal inferences regarding the psychological processes (Li et al., 2023). Future research should employ temporal mediation designs with repeated measurements across multiple waves. Such designs would establish temporal precedence, allow researchers to control for prior levels of both the mediators and the outcomes, and substantially reduce the influence of time-invariant confounding (Roth & MacKinnon, 2012), thereby providing stronger evidence regarding the causal mechanisms through which social media content influence orthorexic tendencies.

Next, the present study relied exclusively on self-report measures, which are subject to well-documented limitations, including social desirability bias (Latkin et al., 2017). Participants may have responded in ways that reflect idealized self-perceptions or socially desirable attitudes toward food and health, rather than accurately representing their actual psychological states. This discrepancy between reported and actual attitudes may have obscured the true magnitude of experimental effects. Future research would benefit from incorporating more ecologically sensitive methodologies, such as ecological momentary assessment, which would enable repeated and real-time measurement of participantss' psychological responses to ongoing social

media exposure in naturalistic contexts, providing a more valid account of how different types of #WhatIEatInADay content shape orthorexic tendencies over time.

As discussed throughout previous chapters, orthorexia nervosa is conceptually distinct from other eating disorders in that its root is not primarily in appearance- or weight-based concerns, but in moral evaluations of food purity, nutritional quality, and adherence to idealized standards of healthy eating (Bratman, 2000; Hanganu-Bresch, 2020). Although the increasing conflation of thinness and healthiness in contemporary diet culture provides some degree of conceptual overlap, the exclusive reliance on appearance-focused mediators in the present study represents limitations. Future research should incorporate mediating variables that more directly capture the health and food morality, such as internalized health ideals and purity-based dietary beliefs, to better understand the relationship between social media and orthorexic tendencies.

Another limitation of this study is that it did not consider the sequential pathways of the mediating variables within the model. Prior research using the Tripartite Influence Model has typically examined serial processes in which media influences disordered eating through a progression of mediators, most commonly, social comparison and thin-ideal internalization leading to body dissatisfaction/appearance esteem, which ultimately contributes to disordered or restraint eating behaviors (Burke et al., 2021; Roberts et al., 2022). Given that orthorexic tendencies represent a relatively underexplored outcome variable within this framework, the present study adopted a parallel mediation approach as an initial step. However, future research would benefit from modeling serial mediation pathways to determine whether orthorexic tendencies emerge through similar cumulative pathways observed in prior TIM-based studies.

Finally, as discussed in relation to the null moderation findings for maternal influence, the present study's operationalization of family influence was restricted to maternal body-related

attitudes and behaviors. The Tripartite Influence Model, however, conceptualizes family influence as a broad socialization context that encompasses paternal influence, sibling dynamics, and overall family eating environment (Snoek et al., 2009; Thompson et al., 1999). By focusing solely on maternal influence, the present study may have inadequately represented the full scope of family-level influence processes relevant to orthorexic tendencies. Therefore, future research should adopt a more comprehensive operationalization of family-level health socialization to more fully capture the familial pathways through which orthorexic tendencies may develop and are maintained.

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Appendices

Stimuli

(Screenshots of stimuli videos)

Non-food videos



Weight-normative food message #WhatIEatInADay videos



Weight-inclusive food message #WhatIEatInADay videos



Measurements
Pre-questionniare

Base mood

1. interested
2. distressed
3. excited
4. upset
5. strong
6. guilty
7. scared
8. hostile
9. enthusiastic
10. proud
11. irritable
12. alert
13. ashamed
14. inspired
15. nervous
16. determined
17. attentive
18. jittery
19. active
20. afraid

Direct Instruction

Please reflect on foods that are commonly labeled as "unhealthy" (such as sweet deserts, fried food, or red meat). Aside from their impact on body weight, in what ways might these food **positively** contribute to your overall well-being? Please write your response in complete sentences.

Dependent Variable

Orthorexic tendency

1. When eating, I would pay attention to the calories of the food.
2. When I go into a food shop, I feel confused.
3. I feel guilt, shame, or anxiety when thinking about food.
4. I would make rigid and restrictive dietary choices because of my worry about my health status.
5. When evaluating food, I would consider the taste of food more important than the quality.
6. I am willing to spend more money to have healthier food.
7. I would worry about food for more than three hours a day.
8. I would allow myself any eating transgressions.
9. My mood would influence my eating behavior.
10. Eating healthy food would increase my self-esteem.
11. Eating healthy food would change my life style, such as how often I eat out or eat with friends.
12. Strictly eating only healthy food would improve my appearance.
13. I would feel guilty If I transgressed my eating rules.
14. I believe that there is unhealthy food on the market.
15. I would eat meals alone.

Mediators

Social appearance comparison

1. I pay attention to whether or not I am as thin as, or thinner than my peers.
2. In social situations, I think about how my figure "matches up" to the figures of those around me.
3. I notice how I compare with my peers in terms of specific parts of the body (e.g., stomach, hips, breasts, etc.).
4. I compare my body shape to that of my peers.
5. When I see a peer who is wearing revealing clothing, I have thoughts of how my own body compares.
6. I pay attention to whether or not I am as toned as my peers.

Thin-ideal internalization

1. I want my body to look very thin.
2. I think a lot about looking thin.
3. I want my body to look very lean.

4. I think a lot about having very little body fat.

Body dissatisfaction

1. I am so worried about my shape that I feel I ought to diet.
2. I am afraid that I might become fat (or fatter).
3. Feeling full would make me feel fat.
4. I would notice the shape of other women and feel that my own shape compared unfavorably.
5. Thinking about my shape interferes with my ability to concentrate.
6. Being naked, such as when taking a bath, would make me feel fat.
7. I imagine cutting off fleshy areas of my body.
8. I would not go out to social occasions because I feel bad about my shape.
9. I feel excessively large and rounded.
10. I think that I am in the shape I am because I lack self-control.
11. I worry about other people seeing rolls of fat around my waist or stomach.
12. When in company, I would worry about taking up too much room. (e.g., sitting on a sofa or a bus seat)
13. Seeing my reflection would make me feel bad about my shape.
14. I would pinch areas of my body to see how much fat there is.
15. I would avoid situations where people could see my body. (e.g., communal changing rooms or swimming baths)
16. I am particularly self-conscious about my shape when in the company of other people.

Moderator

Mother's body-related influence

Perceived mother's thin-idealization

1. My mother has a strong desire to be seen as socially attractive.
2. My mother believes in the cultural beauty standards of thinness.
3. My mother has a desire to fit the societal norms to be thin.
4. My mother experiences the pressures of society to be thin.
5. My mother believes that thin women are more attractive.
6. My mother accepts socially defined ideals of attractiveness.
7. My mother measures her beauty relative to those in the media.
8. My mother has a strong desire to be seen as physically attractive.
9. My mother believes that women with toned (lean) bodies are more attractive.
10. My mother endorses socially defined ideals of what is beautiful.

Reported frequency of mother's fat talk

1. I need to go on a diet.
2. I feel fat.
3. This outfit makes me look fat.
4. I need to start watching what I eat.
5. I wish I was thinner.
6. I think I'm getting fat.
7. You never have to worry about gaining weight.

Weight-loss actions

1. I have seen my mother go on a diet to lose weight.
2. I have seen my mother restrict food in order to lose weight.
3. I have seen my mother eat low-calorie or 'healthy' versions of generally 'unhealthy' foods in order to lose weight.
4. I have seen my mother avoid keeping certain food in the house in order to lose weight.
5. I have seen my mother pay close attention to calories or portion size in order to lose weight.
6. I have seen my mother make or eat low-calorie or 'healthy' food in order to lose weight.
7. I have seen my mother strictly monitor her food intake in order to lose weight.
8. I have seen or heard my mother vomiting after eating in order to lose weight.
9. I have seen my mother take diet pills.
10. I have seen my mother take laxatives in order to lose weight.

Control Variables

Self-esteem

1. On the whole, I am satisfied with myself.
2. I think I am no good at all.
3. I feel that I have a number of good qualities.
4. I am able to do things as well as most other people.
5. I feel I do not have much to be proud of.
6. I certainly feel useless at times.
7. I feel that I am a person of worth, at least on an equal plane with others.
8. I wish I could have more respect for myself.
9. All in all, I am inclined to feel that I am a failure.
10. I take a positive attitude toward myself.

Excessive exercise

1. I would engage in physical exercise on a daily basis.
2. I would exercise more than three days per week.
3. When I don't exercise, I feel guilty.
4. I would push myself to exercise anyway, even if I didn't feel like it.
5. If I missed an exercise session, I might feel concerned about my body getting out of shape.
6. If I missed a planned workout, I would attempt to make up for it the next day.
7. If I felt I had overeaten, I would try to make up for it by increasing the amount I exercise.
8. If I missed a scheduled exercise session, I might feel tense, irritable, or depressed.
9. I would keep a record of my exercise performance, such as how long I work out, how far or fast I run.
10. I would engage in other forms of exercise if I were unable to engage in my usual form of exercise.
11. I would engage in one or more of the following forms of exercise: walking, jogging/running or weightlifting.
12. If I have planned to exercise at a particular time and something unexpected comes up, I would skip my exercise for that day.

13. I may miss a day of exercise for no good reason.
14. I would exercise twice in one day, even though I may feel a little tired.
15. I would daydream about exercising.
16. I would exercise even when advised against such activity. (i.e. by a doctor or friend)

Experience of #WhatIEatInADay

1. Have you ever watched #WhatIEatInADay content on social media?
   a. Yes
   b. Maybe
   c. No

2. If yes, how often have you watched #WhatIEatInADay content on social media?
   a. once in a few months
   b. once in a month
   c. once in a few weeks
   d. once in a week
   e. once in a few days
   f. everyday

3. Do you follow social media accounts that have ever uploaded #WhatIEatInADay content on social media?
   a. Yes
   b. Maybe
   c. No

4. Have you ever filmed or uploaded #WhatIEatInADay content on your social media?
   a. Yes
   b. No

5. If so, how often do you film or upload it?
   a. once in a few months
   b. once in a month
   c. once in a few weeks
   d. once in a week
   e. once in a few days
   f. everyday

Experience with eating disorder treatments

1. Have you ever received professional help (e.g., outpatient psychotherapy, inpatient hospitalization, nutritional counseling, others) for eating-related issues?
   a. Yes
   b. No
   c. Prefer not to answer

2. If so, when was your most recent treatment for the eating-related issues?
   a. More than a year ago

b. Between 6 months and 1 year ago
c. Between 3 and 6 months ago
d. Between 1 and 3 months ago
e. Between 2 weeks and 1 month ago
f. Within the last 2 weeks
g. Prefer not to answer

AI Detection

1. Do you think the videos you watched were created by a real human or by AI (artificial intelligence)?
   a. Definitely created using AI
   b. Probably created using AI
   c. Not sure
   d. Probably created by a real human
   e. Definitely created by a real human

Demographic Variables

1. What is your race/ethnicity?
   a. American Indian or Alaska Native
   b. Asian
   c. Black or African American
   d. Caucasian or White
   e. Hispanic or Latino
   f. Native Hawaiian or Pacific Islander
   g. Other:_____

2. What is your religion?
   a. Agnostic
   b. Atheist
   c. Buddhism
   d. Catholicism/Christianity
   e. Hinduism
   f. Islam
   g. Judaism
   h. Other:_____

3. What is your age?
   a. 18
   b. 19
   c. 20
   d. 21
   e. 22
   f. 23

g. 24
h. 25
i. Over 25 years old

4. What is your marital status?
   a. Married
   b. Widowed
   c. Divorced
   d. Separated
   e. Never married

5. What is your annual household income?
   a. Less than $12,000
   b. $12,000 to $23,999
   c. $24,000 to $35,999
   d. 36,000 or more

6. What is the highest level of school you have completed or the highest degree you have received?
   a. Less than a high school diploma
   b. High school degree or equivalent (e.g., GED)
   c. Some college, no degree
   d. Associate degree (e.g., AA, AS)
   e. Bachelor's degree (e.g., BA, BS)
   f. Master's Degree (e.g., MA, MS, MEd)
   g. Professional degree (e.g., MD, DDS, DVM)
   h. Doctorate (e.g., PhD, EdD)

7. What language do you mainly speak at home?
   a. Arabic
   b. Chinese
   c. English
   d. French
   e. Hindi
   f. Spanish
   h. Other:_____

Eating Disorder Support Resources

If you have concerns about eating behaviors or body image, you are not alone. Below are some professional resources that can provide information, support, and assistance:

<National Eating Disorders Association (NEDA)>
• Helpline: 1-800-931-2237
• Crisis Text Line: Text "NEDA" to 741741
• Website: https://www.nationaleatingdisorders.org/

<National Alliance for Eating Disorders>
• Helpline: 1-866-662-1235
Website: https://www.allianceforeatingdisorders.com

<Academy for Eating Disorders (AED)>
• Website: https://www.aedweb.org