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"Usually People Just Accept Media And Don't Talk About It" The Perceived Value And Enjoyment Of Critical Media Literacy In Eating Disorder Treatment

ABSTRACT

Despite the growing success of media literacy in eating disorder prevention programs there is a lack of research on the role of media literacy in eating disorder treatment. This pilot study extends previous research through the creation and implementation of the ERA (education-recognition-activism) curriculum, which was comprised of four-weekly, 50-minute group sessions where participants in treatment for eating disorders explored the tenets of critical media literacy, reflected on their emotional responses to media, considered how dominant media messages and social forces conflicted with personal goals for a healthy life, and engaged in activism by writing letters to organizations that contributed to or challenged toxic media culture. More specifically, this study explores the perceived value and enjoyment of the ERA curriculum in eating disorder treatment. Participant perception of media literacy as valuable and enjoyable is significant because it has the potential to combat the ambivalence and resistance that is common among individuals in eating disorder treatment and hinders recovery. Overall, the findings suggest that moving beyond prevention initiatives and incorporating critical media literacy into eating disorder treatment may be beneficial to the recovery process.

KEY WORDS
Media literacy. Eating disorders. Women. Empowerment.

1. Introduction

Studies show that media play a key role in self-definition, preoccupation with weight and shape, anxiety over fat and weight gain, prejudice and stigma around overweight individuals, the glorification of the thin-ideal, and the internalization of unrealistic beauty ideals.[1] In response, media literacy scholars have developed prevention interventions that have resulted in improved body image,[2] body acceptance and satisfaction,[3] and eating attitudes[4] as well as decreased internalization of the thin-ideal[5] and concern with weight.[6] Despite the growing success of media literacy in eating disorder prevention programs,[7] there is a lack of research on the role of media literacy in eating disorder treatment. Thus, incorporating media literacy into eating disorder treatment programs may be a way to mitigate the potential negative impact of the media. This pilot study extends previous research through the creation and implementation of a media literacy curriculum with individuals in treatment for eating disorders. That said, not all approaches to media literacy are the same and some approaches, such as critical media literacy, may be better suited for working with individuals with eating disorders.

What is Critical Media Literacy?

Typically considered an extension of traditional literacy, media literacy, in its broadest sense, is *"the ability to access, analyze, evaluate, and create media in a variety of forms"*.[8] However, this definition of media literacy leaves a great deal of room for interpretation regarding *"media's power and consequent effects, the perceived agency of viewers, and the motivation behind developing the viewers' critical thinking skills"*.[9] In response, critical media literacy (CML) emerged as a way to address *"issues of power, domination, and control that might be overlooked by more limited approaches to media education"*.[10] In other words, critical media literacy goes beyond the ability to interpret the veracity, realism, or harmfulness of media messages[11] and instead views media as a social force that impacts our perceptions of ourselves and the world around us.

1   LEVINE, M. P.: *Media Literacy as an Effective and Promising Form of Eating Disorders Prevention.* [online] [2021-10-12]. Available at: <https://www.edcatalogue.com/media-literacy-as-an-effective-and-promising-form-of-eating-disorders-prevention/>.

2   RICHARDSON, S. M., PAXTON, S. J.: An Evaluation of a Body Image Intervention Based on Risk Factors for Body Dissatisfaction: A Controlled Study with Adolescent Girls. In *International Journal of Eating Disorders*, 2010, Vol. 43, p. 117.

3   ESPINOZA, P. et al.: Prevention Programme for Eating Disturbances in Adolescents. Is Their Effect on Body Image Maintained at 30 Months Later? In *Body Image*, 2013, Vol. 10, p. 180.

4   GONZALEZ, M. et al.: Disordered Eating Prevention Programme in Schools: A 30-month Follow-up. In *European Eating Disorders Review*, 2011, p. 353.

5   LOPEZ-GUIMERA, G. et al.: Impact of a School-Based Disordered Eating Prevention Program in Adolescent Girls: General and Specific Effects Depending on Adherence to the Interactive Activities. In *The Spanish Journal of Psychology*, 2011, Vol. 14, No. 1, p. 297.

6   WILKSCH, S. et al.: Prevention Across the Spectrum: A Randomized Controlled Trial of Three Programs to Reduce Risk Factors for Both Eating Disorders and Obesity. In *Psychological Medicine*, 2015, Vol. 45, p. 1820.

7   LEVINE, M. P., SMOLAK, L.: The Role of Protective Factors in the Prevention of Negative Body Image and Disordered Eating. In *Eating Disorders*, 2016, Vol. 24, No. 1, p. 39.

8   HOBBS, R.: The Seven Great Debates in the Media Literacy Movement. In *Journal of Communication,* 1998, Vol. 48, No. 1, p. 16.

9   BINDIG, L., CASTONGUAY, J.: Should I Really Kill My Television? Negotiating Common Ground Among Media Literacy Scholars, Educators, and Activists. In DE ABREU, B., MIHAILIDIS, P. (eds.): *Media Literacy Education in Action*, New York : Routledge, 2014, p. 139.

10   YOUSMAN, B., BINDIG YOUSMAN, L.: *Critical Media Literacy and Cultural Autonomy in a Mediated World*, 2020, p. 6. [online]. [2021-08-10]. Available at: <https://www.culturereframed.org/wp-content/uploads/2020/02/CR_Critical_Media_Literacy_Report_2020.pdf>.

11   MCLEAN, S. A. et al.: The Measurement of Media Literacy in Eating Disorder Risk Factor Research: Psychometric Properties of Six Measures. In *Journal of Eating Disorders*, 2016, Vol. 4, No. 30, p. 2.

CML begins with understanding that media are constructions that shape our reality and have commercial, ideological, and political implications as well as unique forms and content that viewers negotiate to make meaning.[12] However, rather than simply focusing on the experiences of isolated individuals, CML acknowledges the role of structural forces on both the individual and society, questions inequality, and advocates for social change.[13] As Yousman (2016) explains:*"From this perspective, in addition to being able to skillfully deconstruct media texts, the person who is truly media literate is also knowledgeable of the political economy of the media, the consequences of media consumption, and the activist and alternative media movements that seek to challenge mainstream media norms and create a more democratic system."*[14]

Furthermore, through the intersectional interrogation of hierarchal power relations, CML reveals the intertwined (and overdetermined) inequalities and social forces that uphold the status quo as well as offers possibilities for challenging them.[15] By helping individuals become *"subjects in the process of deconstructing injustices, expressing their own voices, and struggling to create a better society,"*[16] CML cultivates critical consciousness and a sense of empowerment.

In particular, CML is well-suited for addressing eating disorders since it is aligned with what eating disorders scholars have referred to as the *"5 As"* of successful prevention programs: ***awareness*** and ***analysis*** of messages about gender, beauty, and body ideals; ***activism*** and ***advocacy*** that challenges negative messages and celebrates positive messages; and ***access*** to media as a vehicle for participatory citizenship.[17] In addition to the *"5 As,"* successful eating disorder prevention programs are rooted in *"critical analysis, systemic changes, and participatory processes."*[18] As noted above, critical analysis, systemic changes, and participatory processes are hallmarks of CML, which lend further support for adopting this particular media literacy approach when focusing on eating disorder treatment. Moreover, because *"powerlessness is a significant health risk factor,"* the sense of empowerment fostered through CML, may help curb body image and eating disturbances as well as aid eating disorder recovery.[19]

Despite the alignment of CML with successful eating disorder prevention programs, it is necessary to remember that individuals seeking treatment for eating disorders are far more entrenched in their disordered attitudes and behaviors than the general population who typically participates in prevention programs. Thus, individuals with eating disorders may be more resistant to treatment (regardless of whether it incorporates CML or not) because of their lack of readiness or willingness to change. In other words, afflicted individuals are often resistant to treatment because they perceive it as trying to *"take away"* their eating disorder, which that has become part of their identity and a source of maintaining

[12] AUFDERHEIDE, P.: Media Literacy: From a Report on the National Leadership Conference on Media Literacy. In KUBEY, R. W. (ed.): *Media Literacy in the Information Age: Current Perspectives*. New Brunswick, NJ : Transaction Publishers, 2001, p. 80.

[13] See: FUNK, S. et al.: Critical Media Literacy as Transformative Pedagogy. In YILDIZ, M. N., KEENGWE, J. (eds.): *Handbook of Research on Media Literacy in the Digital Age.* Hershey, PA : Information Science Reference, 2016, p. 1-30.

[14] YOUSMAN, B.: Who's Afraid of Critical Media Literacy? In HUFF, M., ROTH, A. (eds.): *Project Censored 2017*. New York : Seven Stories Press, 2016, p. 385-386.

[15] YOUSMAN, B., BINDIG YOUSMAN, L.: *Critical Media Literacy and Cultural Autonomy in a Mediated World*, 2020, p. 23. [online]. [2021-08-10]. Available at: <https://www.culturereframed.org/wp-content/uploads/2020/02/CR_Critical_Media_Literacy_Report_2020.pdf>.

[16] KELLNER, D., SHARE, J.: Toward Critical Media Literacy: Core Concepts, Debates, Organizations, and Policy. In *Discourse: Studies in the Cultural Politics of Education*, 2005, Vol. 26, No. 3, p. 382.

[17] LEVINE, M. P.: *Media literacy as an Effective and Promising Form of Eating Disorders Prevention.* [online] [2021-10-12]. Available at: <https://www.edcatalogue.com/media-literacy-as-an-effective-and-promising-form-of-eating-disorders-prevention/>.

[18] PIRAN, N.: A Feminist Perspective on Risk Factor Research and on the Prevention of Eating Disorders. In *Eating Disorders: The Journal of Treatment & Prevention*, 2010, Vol. 18, p.195.

[19] BERGSMA, L. J.: Empowerment Education: The Link Between Media Literacy and Health Promotion. In *The American Behavioral Scientist*, 2004, Vol. 48, p. 152.

control.[20] However, based on the findings of Wade, Davidson, and O'Dea[21] participants may be less resistant to programs that adopt a media literacy approach. For instance, Wade and colleagues found that participants in a media literacy curriculum expressed greater body acceptance and satisfaction than participants in a non-media literacy self-esteem program. In addition to addressing body image issues, participants in the media literacy curriculum were also able to garner messages of self-acceptance and self-enhancement. Furthermore, the media literacy curriculum was rated as more valuable and more enjoyable than the self-esteem curriculum. Participant perception of media literacy as valuable and enjoyable is particularly relevant because it has the potential to combat the ambivalence and resistance that is common among individuals in eating disorder treatment and hinders recovery.[22] Thus, inspired by the findings of Wade, Davidson, and O'Dea, this study moves beyond prevention initiatives to explore the perceived value and enjoyment of CML in eating disorder treatment and how it may be beneficial to the recovery process.

2. Method

To address the lack of research regarding media literacy in eating disorder treatment, a CML curriculum was developed for use with young women in a partial-hospitalization and intensive outpatient (PHIOP) treatment program in New England. Similar to the Media Smart prevention program,[23] the ERA (Education-Recognition-Activism) program was grounded in media literacy, empowerment, and activism. More specifically, the goal of the ERA program was to: Increase participants' understanding of the tenets of media literacy, increase participants' sense of empowerment, and decrease participants' the drive for thinness. The ERA program consisted of four-weekly, 50-minute group sessions where participants: 1. explored the foundations of critical media literacy by applying them to popular media culture, 2. reflected on their emotional responses to media, 3. considered how dominant media messages and social forces conflicted with personal goals for a healthy life, and 4. engaged in activism by writing letters to organizations that contributed to or challenged toxic media culture. IRB approval and informed consent of participants was obtained prior to the start of the study.

In order to determine the effectiveness of the ERA program, participants were asked to complete pre- and post-test surveys. Building on the work of Wade, Davidson, and O'Dea, the post-test survey included five open-ended questions regarding the participants' perceived value and enjoyment of the ERA program, in addition to the 33 closed-ended questions that appeared on the pre-test. In general, open-ended questions are useful because they provide an opportunity to obtain more nuanced data about participant engagement with the curriculum; however, the perceived value and enjoyment of the ERA program may also have implications regarding participant receptivity to treatment. The open-ended survey questions included: *"What was the most valuable aspect of the curriculum?," "What was the least valuable aspect of the curriculum?," "What did you enjoy the most in the curriculum?," "What did you enjoy least in the curriculum?"* and *"What suggestions do you have for the curriculum?"* For the purposes of this study, *"value"* was defined as the perceived usefulness of the sessions, not just in everyday life, but specifically for the participants' recovery process. Likewise, *"enjoyment"* was understood

[20] ABBATE-DAGA, G. et al.: Resistance to Treatment in Eating Disorders: A Critical Challenge. In *BMC Psychiatry,* 2013, Vol. 13, p. 282.
[21] WADE, T. D. et al.: Enjoyment and Perceived Value of Two School-Based Interventions Designed to Reduce Risk Factors for Eating Disorders in Adolescents. In *Australian e-Journal for the Advancement of Mental Health,* 2002, Vol. 1, No. 2, p. 5.
[22] GREGERTSEN, E. et al.: The Egosyntonic Nature of Anorexia: An Impediment to Recovery in Anorexia Nervosa Treatment. In *Frontiers in Psychology*, 2017, Vol. 8, No. 2273, p. 2. [online]. [2017-12-22]. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5743910/>.
[23] PIRAN, N.: New Possibilities in the Prevention of Eating Disorders: The Introduction of Positive Body Image Measures. In *Body Image*, 2015, Vol. 14, p. 154-155.

as the pleasure (or lack thereof) gained from participating in the ERA curriculum. Although 73 individuals participated in the ERA program, only 50 consented to completing pre- and post-test surveys. Due to attrition, only 33 individuals, all identifying as white females between the ages of 12 and 43,[24] provided both pre- and post-test surveys for analysis. Open-ended survey questions were subject to thematic analysis using the grounded theory approach.[25]

3. Results

Quantitative analysis revealed a statistically significant increase in understanding the tenets of media literacy upon the completion of the ERA curriculum, but only slight increases for empowerment and decreases in drive for thinness.[26] However, thematic analysis of the open-ended survey questions suggested that the women in treatment for eating disorders both valued and enjoyed components from each stage (Education, Recognition, and Activism) of the CML curriculum. More specifically, they valued and enjoyed the opportunity for: critical viewing, discussions about media's social impact, personal reflection on the connection between media and eating disorders, and making a difference by engaging in activism. Though not an explicit goal of the ERA curriculum, the participants also valued and enjoyed the sense of community that was developed through the CML conversations. Though not the primary focus of this article, responses to the open-ended survey questions did show evidence of the ERA curriculum achieving its goals of fostering media literacy and empowerment as well as helping participants question eating disorder attitudes.

Theme	Most Valuable	Most Enjoyable
Critical Viewing Skills	**15**	10
Media's Social Impact	12	8
Personal Reflection	12	4
Making a Difference	4	9
Community through Conversation	13	**23**

TABLE 1: *Most valuable and most enjoyable aspects of the ERA curriculum*
Source: own processing, 2021

While the greatest number of responses to the questions regarding the aspects of the curriculum that were *"least valuable"* or *"least enjoyable"* was *"nothing,"* other participant responses included media selection, triggering, repetition, and pessimism.

Theme	Least Valuable	Least Enjoyable
Nothing	**10**	**12**
Media Selection	8	6
Triggering	3	**7**
Repetition	-	5
Pessimism	4	3

TABLE 2: *Least valuable and least enjoyable aspects of the ERA curriculum*
Source: own processing, 2021

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[24] The average age of ERA participants was 20 years old.
[25] See: HENWOOD, K., PIDGEON, N.: Grounded Theory in Psychological Research. In CAMIC, P. M., RHODES, J. E., YARDLEY, L. (eds.): *Qualitative Research in Psychology*. Washington, D. C. : American Psychological Association, 2003.
[26] BINDIG, L.: Media Literacy in Eating Disorder Treatment. In LIND, R. A. (ed.): *Race/Gender/Media: Considering Diversity Across Audiences, Content and Producers, 3rd Edition*. New York : AB-Longman, 2013, p. 35.

In addition, participants had the opportunity to provide suggestions for the curriculum. Although the greatest number of responses was *"nothing,"* participants did include suggestions regarding content, participation, activism activities, and recognition strategies.

Theme	Responses
Nothing	8
Content	7
Participation	6
Activism	4
Recognition	3

TABLE 3: *Suggestions for the ERA curriculum*

Source: own processing, 2021

4. Discussion

The following discussion of the most valuable and enjoyable aspects of the ERA curriculum as well as its least valuable and enjoyable aspects and suggestions include representative survey responses. The names attributed to the responses have been changed to protect the privacy of the participants.

4.1 Most Valuable and Enjoyable

Critical Viewing Skills

Cited by fifteen participants, critical viewing skills emerged as the most valuable aspect of the ERA and the second most enjoyable aspect of the curriculum as indicated by ten participants. In terms of the value and enjoyment of critical viewing skills, participant responses focused on the opportunity to deconstruct and question media messages as well as talk about them. For instance, Kathy (age 22) noted, *"Usually people just accept media and don't talk about it."* Likewise, Eliza (age 24), valued that the curriculum because it *"Makes me more aware of things to watch for."* Both Kathy and Eliza's responses suggest that the ERA curriculum created a new space where participants could interrogate media messages. While Kathy valued the ability to question media in general, Eliza's response reflects a newfound awareness of underlying media ideologies and techniques. Thus, participants seemed to appreciate the CML tools that enabled them to view media in a new way.

More specifically, some participants reported valuing and enjoying critical viewing skills because it helped them evaluate the realism or truthfulness of media messages. For instance, Ellie (age 14) said, *"I think the most valuable aspect of the curriculum is that it teaches you to look at media objectively…it shows you how to identify what might not be true..."* and Kelly (age 22) noted that the most valuable aspect of the curriculum was *"Realizing/affirming the negative, insanely unrealistic sides of media."* For Ellie and Kelly, critical viewing skills helped them recognize that media messages are not always accurate or realistic. Furthermore, CML helped them establish a critical distance from media and provided ways to evaluate media messages. This participant feedback is noteworthy since being able to question the veracity and realism of media can help mitigate the harmful effects of media induced body dissatisfaction as noted by previous research.[27]

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27 MCLEAN, S. A. et al.: The Measurement of Media Literacy in Eating Disorder Risk Factor Research: Psychometric Properties of Six Measures. In *Journal of Eating Disorders*, 2016, Vol. 4, No. 30, p. 2.

Media's Social Impact

Twelve participants noted that learning how media can affect individuals was the most valuable aspect of the ERA curriculum and eight participants found it the most enjoyable. This was exemplified by Sabrina (age 16) who noted *"I think it was interesting and important to see how media distorts things and how they are targeting younger girls which is leading to lower self-esteem"* and „*how the media plays with people's minds."* While Sabrina's comments acknowledge that media do have an impact, she focuses on how media impact others, not herself. In contrast, Sydney (age 18) acknowledges the personal impact of media when she says that most valuable aspect of the curriculum was *"watching shows and seeing how it correlates to us."* Likewise, Delia (age 21) enjoyed learning *"how much media really does affect our self-perception."* While it is unclear if Sydney's use of the word *"us"* and Delia's use of *"our"* meant society as whole, individuals with eating disorders, or the participants in the study, both young women clearly include themselves as people who are impacted by media. Past research on the *"third-person effect"* has shown that individuals tend to inaccurately view media as having a greater (and more harmful) impact on others than themselves.[28] Therefore, the ERA curriculum not only helped participants recognize media's broader social influence, but also acknowledge how it directly impacts their own sense of self and well-being.

Personal Reflection

Like media's social impact, twelve participants found the recognition stage, where they made connections between media and their eating disorders, valuable. Additionally, four participants cited personal reflection on the connection between media and their eating disorders as the most enjoyable aspect of the curriculum. For instance, Marissa (age 17) reported that the ERA curriculum was valuable and *"eye-opening"* because it *"brought my attention to media messages – made me realize how important [it] is to recognize my reaction to media messages."* In other words, for Marissa the ERA curriculum provided an opportunity to reflect on the way media can trigger an eating disorder mindset or behavior. When Mona (age 18) states she valued the curriculum for *"focusing on stopping [the] voices in [our] head[s] that tell us to agree with media,"* she suggests that not only does the ERA curriculum help participants recognize media triggers, but CML also provides tools to combat them.

For Delia (age 21), the personal reflection encouraged in the recognition stage was valuable for *"challenging us to think about what we want in [the] long run and how an ideal body won't necessarily lead to happiness."* Delia (age 21) also noted that she enjoyed the reflection portion of the recognition stage because it made her ask herself questions such as *"Why should I let a hashtag have an impact on whether I feel good [about myself]?"* Delia's responses suggest that CML is not only useful for critiquing media, but also can be an effective tool in helping individuals in treatment reflect on media triggers, question their responses to media triggers, and start developing new ways of thinking about themselves and their future. Delia's personal reflection seems to indicate a newfound sense of self-worth suggesting that CML can positively impact self-esteem and self-efficacy – two key factors of empowerment[29] – which are key to overcoming eating disorders.

Similarly, Lisa (age 21) noted that she enjoyed personal reflection because it served as a catalyst for *"getting angry."* Although anger may seem like a counter-productive emotion for individuals in treatment for eating disorders, the ability to tap into and recognize emotions is essential for recovery. In fact, studies have shown that anger can be a *"motivating force"* and a sign of empowerment if it leads to social or individual change.[30] Since Lisa reported her anger as enjoyable, she seems to suggest that the ERA curriculum may not only be empowering, but also a pleasurable way to deal with a difficult part of the recovery process.

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[28] TIEDGE, J. T. et al.: Discrepancy Between Perceived First-Person and Perceived Third-Person Mass Media Effects. In *Journalism Quarterly*, 1991, Vol. 68, No. 1/2, p. 142.

[29] ROGERS, E. S. et al.: A Consumer-Constructed Scale to Measure Empowerment Among Users of Mental Health Services. In *Psychiatric Services,* 1997, Vol. 48, No. 8, p. 1044.

[30] Ibidem, p. 1046.

Making a Difference through Activism

Interestingly, while nine participants indicated that the activism was enjoyable, only four mentioned that it was valuable. Several participants suggested that they valued and enjoyed the activism session because the letter-writing activity provided a concrete way to intervene and be a catalyst for positive social change. For instance, Sally (age 13) stated that she enjoyed *"the feeling that it [letter writing] could possibly made a difference."* Likewise, Bailey (age 20) valued *"knowing we can change the future"* and Lisa (age 21) enjoyed the way the activism activity fostered *"a renewed desire to make a difference [emphasis original]."* Like reflection, the letter writing activity seems to foster optimism about the ability to effect change, which is a central component of empowerment.[31]

Other participants enjoyed the activism stage because in addition to making a difference, it also was an opportunity to make their voices (and feelings) heard. For example, Ellie (age 14) noted, *"I really enjoyed writing letters—[it] made me feel like I had a voice and was helping to make a difference."* Ellie's comment is significant given that individuals with eating disorders often struggle with feelings of voicelessness.[32] While not as explicit as Ellie, Kathy (age 22) enjoyed the *"opportunity to criticize media rather than just accepting [it]."* For both Ellie and Kathy, the ability to speak out and challenge toxic media messages rather than being a passive consumer was key to their enjoyment. Thus, the activism stage of the ERA curriculum provided an opportunity for participants to „*build capacities to act on their own behalf,"* which is another essential component of empowerment.[33]

Although some participant responses about activism merely allude to empowerment, Delia (age 21) explicitly notes that she both valued and enjoyed writing letters because she found it *"very empowering."* While participating in activism reflects the engaged citizenship that is essential to a healthy democracy, the empowerment fostered by letter writing is necessary for a healthy individual. As past research suggests empowerment can be predictive of body image and eating disturbances[34] and is *"an important construct for successful risk factor reduction."*[35] Thus, like past prevention initiatives,[36] the ERA curriculum shows that CML can positively impact empowerment and be beneficial in eating disorder treatment.

While additional research is needed, perhaps the reason why more participants enjoyed activism than valued it was because they did not fully understand how writing letters was connected to CML and/or eating disorder recovery. If this is the case, future implementations of the ERA curriculum (as well as other CML initiatives) must make a concerted effort to stress the relationship between the different stages as well as better explain how activism and advocacy are connected to recovery. Regardless of whether the participants found letter writing valuable, their comments suggest that the activism activity positively impacted their sense of self-efficacy, optimism and empowerment, which can only aid the treatment process.

[31] ROGERS, E. S. et al.: A Consumer-Constructed Scale to Measure Empowerment Among Users of Mental Health Services. In *Psychiatric Services,* 1997, Vol. 48, No. 8, p. 1046.

[32] FOYE, U. et al.: "The Body is a Battleground for Unwanted and Unexpressed Emotions": Exploring Eating Disorders and the Role of Emotional Intelligence. In *Eating Disorders*, 2019, Vol. 27, No. 3, p. 332.

[33] STAPLES, L.: *Consumer empowerment in the Massachusetts Mental Health System: A Comparison of Attitudes, Perceptions and Opinions Within and Between Provider Groups*. [Doctoral Dissertation]. Boston : Boston University, 1993, p. 22.

[34] PETERSON, R. D. et al.: Empowerment and Powerlessness: A Closer Look at the Relationship Between Feminism, Body Image and Eating Disturbance. In *Sex Roles*, 2008, Vol. 58, p. 644.

[35] EICKMAN, L. et al: Randomized Controlled Trial of REbeL: A Peer Education Program to Promote Positive Body Image, Healthy Eating Behavior, and Empowerment in Teens. In *Eating Disorders*, 2018, Vol. 26, No. 2, p. 139.

[36] WADE, T. D. et al.: Enjoyment and Perceived Value of Two School-Based Interventions Designed to Reduce Risk factors for Eating Disorders in Adolescents. In *Australian e-Journal for the Advancement of Mental Health,* 2002, Vol. 1, No. 2, p. 5.

Community Through Conversation

Though not a primary goal, the sense of community that was established through CML conversations was cited by twenty-three participants making it by far the top ranked most enjoyable aspect of the ERA curriculum. However, only thirteen participants reported that community was the most valuable aspect of the curriculum. For the participants this sense of community emerged out of the CML conversations related to critical viewing and media impact that took place during the Education stage of the curriculum. Some of these responses were quite broad and simply referred to the conversations as exemplified by Marissa (age 16) commenting that she *"enjoyed discussing [the] impact of media"* and Kayla (age 36) noting that she enjoyed the *"open discussions about media and the impact it can have on ED [eating disorders]."* Other participants made an explicit connection between CML conversations and the sense of community. For example, Peyton (age 18) noted that during critical analysis discussions, she most enjoyed *"knowing that others recognize what media is doing or not doing, I'm not alone in feeling that the media is unrealistic and corruptive."* Similarly, Beth (age 20) stated that she valued *"hearing how other girls are affected the same way by the media and that I am not alone in that struggle."* These participant responses suggest that the ERA curriculum creates a space not just to educate young women about the power of the media, but it also fosters a sense of community and companionship through discussion where they organically connect CML to their personal struggles.[37]

4.2 Least Valuable and Enjoyable

While the greatest number of responses to the questions regarding the aspects of the curriculum that were *"least valuable"* or *"least enjoyable"* was *"nothing,"* participants also mentioned media selection, triggering, repetition, and pessimism as aspects of the ERA curriculum that may not have aided the recovery process.

Media Selection and Topics

Of all the comments regarding the least valuable aspect of the curriculum perhaps the most constructive were the ten responses about the topics discussed and the clips used in the Education stage. These comments ranged from lack of familiarity with the clips to wanting more autonomy over the topics. For instance, Nora (age 18) noted, *"I thought the clips were a little strange – I had never seen the show so I had nothing to base my observations on"* while Kathy (age 22) did not enjoy *"having the topic handed to us."* Nora's comment reveals that despite every effort to pick a common text, there will always be individuals who are not familiar with a particular piece of media. Because the ability to replicate each lesson was necessary for research purposes, clips were chosen based on shows mentioned by the first round of participants. However, in a non-experimental setting unfamiliarity with clips could easily be remedied by asking group participants to bring in clips from their favorite television programs (the same could be done with social media, advertisements, magazines, films, etc.). Likewise, participants could be granted more control over discussions in a non-experimental setting although certain topics (such as tenets of critical media literacy or statistics about media influence) would still need to be present in order to implement the ERA curriculum and foster CML.

Triggering

Although seven participants noted that triggering curriculum content was the least enjoyable aspect of the curriculum, only three indicated that it was the least valuable. More specifically, these individuals reported that discussions about models, clothing sizes, and potential media

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[37] BINDIG YOUSMAN, L.: "I am not alone": The Additional Benefits of Critical Media Literacy. In *The International Journal of Critical Media Literacy*, 2019, Vol. 1, No. 1, p. 47.

effects could be triggering at times. For example, Beth (age 20) stated, *"Talking about some of the really thin models – it was a little triggering if anything"* while Molly (age 17) said that media content was *"almost hypnotizing."* Certainly, triggering and the glamorization of eating disorders have long been a concern when designing and implementing media literacy curricula.[38] These responses indicate that even though all discussion topics and media used in the ERA curriculum were chosen carefully and with approval of the PHPIOP psychiatrist, it is impossible to fully anticipate the responses elicited from the curriculum materials. Fortunately, because the ERA curriculum was implemented in PHPIOP setting, participants were closely monitored to ensure that any inadvertent triggering did not become problematic. Furthermore, claims of triggering, though valid, often operate as a way to shut down any critique of media or cultural values as well as any individual growth. If treatment avoids all potentially triggering discussions or images, participants never have the opportunity to challenge themselves or their eating disorder. Therefore, Beth and Molly's comments should be approached not as a failure of CML or the ERA curriculum, but as a starting point for addressing media triggers in a productive manner.

While it is important to be sensitive to the needs of individuals in treatment for eating disorders, it is also equally important to be realistic about the larger culture in which these individuals exist. Although language and images that glamorize and reinforce eating disorders can undermine treatment, it is necessary to remember that our current cultural environment promotes a *"cult of thinness."*[39] Thus, CML programs like the ERA curriculum must incorporate potential triggers in order to deconstruct them and help the participants develop healthier responses to everyday experiences. Interestingly, three of the seven individuals who noted their lack of enjoyment of triggering content were able to acknowledge how it could be beneficial, as exemplified by Marissa's (age 17) comment, *"Some of the topics are difficult to talk about but it's important they are brought up and discussed."* Marissa's response demonstrates that incorporating and addressing triggering content, though at times unpleasant and uncomfortable, is necessary and valuable for the recovery process. Comments like Marissa's suggest CML provides a way to address media triggers safely and productively.

Repetition

Five participants mentioned *"repetition"* as the least enjoyable aspect of the curriculum. Three of these individuals mentioned not enjoying the repetition of the pre and post-test questionnaires – or *"filling out forms"* as Nora (age 18) referred to it – while Delia (age 21) simply stated *"repetition"* and Sally (age 13) specifically referred to the activism project. Although there was some repetition in the content (particularly in the form of previewing and reviewing each media literacy session), the majority of the repetition noted here could be ameliorated by eliminating the experimental nature of the curriculum. To be clear, if CML was integrated into eating disorder treatment programs there would be no need for stringently uniform lesson plans or repeated questionnaires. Nevertheless, future researchers should be aware of the lack of enjoyment participants experienced in completing questionnaires and should keep this in mind when developing their research design and assessment instruments.

Pessimism

The perceived pessimism of other participants was reported to be the least valuable aspect of the curriculum by four participants and least enjoyable aspect by three participants. For example, Kay (age 43) did not enjoy *"others' negative thoughts"* and Molly (age 17) expressed displeasure with „*seeing other people struggle or unable to make progress."* The pessimism or uncertainty

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[38] NEUMARK, D. et al.: Primary prevention of Disordered Eating Among Preadolescent Girls: Feasibility and Short-term Effect of a Community Based Intervention. In *Journal of the American Dietetic Association,* 2000, Vol. 100, No. 12, p. 1471.

[39] HESSE-BIBER, S. N.: *The Cult of Thinness*. New York : Oxford University Press, 2007, p. 15.

about positive change was also reflected in comments like *"Not knowing if people get it or changed their thinking"* (Sally, age 13) and *"Although people tell themselves that shows are fake [they] still do not internally embrace that"* (Janet, age 19). Although these comments appear to focus on other individuals, it is possible that the participants were referring to themselves. Regardless of whether the participants truly are concerned about others or are unsure about their own ability to change, pessimism and negativity can create a challenging environment for recovery. Two possible responses to pessimism and negativity are reminding participants to focus on their own progress and turning the pessimism around on participants and put the onus back on them. In other words, when pessimistic statements are made the facilitator could guide a discussion about how to combat or work through pessimism. This would allow all of the participants (not just the „*pessimistic"* ones) to engage with the issue at hand as well as provide another opportunity to connect with each other, an aspect the participants found overwhelmingly valuable and enjoyable. Emphasizing that growth is not immediate; rather, change – social or individual – occurs slowly over time, could also be helpful. Furthermore, it is essential to keep in mind that pessimism and negativity are not unique to CML or the ERA curriculum but are common responses to eating disorder treatment and recovery in general.[40] In this case, Sally and Janet's comments are evidence that at least some participants did embrace (or *"get"*) the critical viewing skills the ERA curriculum hoped to foster in spite of negativity or pessimism. However, researchers should consider ways to prevent or reduce pessimism and negativity in future CML initiatives.

4.3 Suggestions

After completing the questions regarding the value and enjoyment of the ERA curriculum, participants had the opportunity to offer suggestions for improvement. The feedback provided by the participants focused on participation, media content, recognition activities, and activism initiatives.

Participation
Six individuals offered suggestions regarding participation. These comments varied from suggestions for more structure (i.e. *"raising hands"* or *"going around in a circle"*) to less structure (*"more open forum").* Two participants, Mona (age 18) and Kelly (age 22), requested that the discussions from the ERA curriculum to go further in depth or be carried over into other groups in the PHPIOP treatment program. While the suggestions of either more or less structure can be moderated session to session, Mona and Kelly's suggestions imply a desire for CML to be more fully integrated into eating disorder treatment. Although this would require the practitioners at the PHPIOP to work together to ensure that CML content is integrated into other groups, it is not an impossible task. Natural connections exist with body image groups or art therapy. CML could also be incorporated into nutrition groups by exploring the implication of popular diet programs or food and weight loss advertisements.

Content
Seven individuals provided suggestions for curriculum content. For instance, four individuals specifically wanted to have a different selection of media texts for viewing and discussion. As mentioned in the discussion of value and enjoyment of curriculum content above, an ideal CML curriculum would encourage participants to bring in relevant media texts of their own choosing. Three other individuals suggested journaling assignments, assigned readings, and

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40 NOORDENBOS, G. et al.: Chronic Eating Disorders: The Patients' View of their Treatment History. In *Eating Disorders: The Journal of Treatment & Prevention*, 1998, Vol. 6, No. 3, p. 221.

more activities. All three of these suggestions were elements that were initially included in the ERA curriculum. However, these activities were eliminated due to time constraints for the pilot study. While these suggestions were not necessarily possible due to the experimental nature of this study, all of them could easily be incorporated into other implementations of the ERA curriculum or other CML initiatives.

Recognition

Three individuals provided suggestions regarding the recognition component of the ERA curriculum. These comments revolved around internal issues of *"coping with media and addressing feelings"* (Ellie, age 14), *"separating myself from the media"* (Marissa, age 17), and *"combat tactics"* (Donna, age 16). In other words, these participants seemed to be requesting more strategies for dealing with the emotions triggered by media texts. These suggestions are not surprising because dealing with internal issues require a great deal of time and energy and can be a difficult obstacle for individuals in recovery. Based on these suggestions, it may be useful work closely with the program psychiatrist in order to further develop activities and strategies discussed during the recognition stage. However, taking the challenges of internal growth into account, the relatively few suggestions for the recognition stage suggests that the participants were relatively satisfied with this component the ERA curriculum. That said, it is not impossible to incorporate more internal strategies into the curriculum, since previous studies have utilized an entirely internally oriented intervention.[41]

Activism

Four participants provided suggestions for the activism projects. Sally (age 13) suggested writing a group letter as well as individual letters. This was another activity that was originally included in the ERA curriculum but eliminated due to time constraints. Based on participant feedback, including a group letter as part of the activism component may remedy the issues some individuals had with brainstorming and the actual writing process. Furthermore, Kathy's (age 22) suggestion to base a letter on an advertisement that each individual brings to the activism session may also improve the letter writing process. Incorporating the same advertisement into each stage of the ERA curriculum could enhance the continuity and cohesiveness of the curriculum. In other words, the advertisement could be a touchstone in all three stages: a text the participants deconstruct during the education stage, a trigger to confront and compare with personal goals during the recognition stage, and the basis for a group letter writing campaign during the activism stage.

In addition to considering how activism is related to corporate media, Marissa (age 17) suggested that activism also means providing *"ways to help others"* particularly with eating disorder prevention. Although the primary goal of the ERA curriculum is to help those in treatment for eating disorders, the activism component of the curriculum can be used as an opportunity introduce CML to others. For instance, participants could create social media campaigns, websites, or public service announcements about CML in order to help others. The participants could also work together to create a list of questions or responses when viewing media with friends, children, spouses, or siblings.

Nothing

Despite the suggestions regarding participation, content, recognition, and activism, eight participants felt that there was no need to alter the ERA curriculum. These participants reported overall satisfaction with topics and discussion. Support for the current ERA curriculum was exemplified by comments such as *"Really none. I enjoyed the group greatly. I thought we r*

41   IRVING, L. M., BEREL, S. R.: Comparison of Media-literacy Programs to Strengthen College Women's Resistance to Media Images. In *Psychology of Women Quarterly,* 2001, Vol. 25, No. 2, p. 104.

eached different topics than we typically talk about, which was refreshing and helpful" (Heather, age 14), *"I don't really have any suggestions. I felt that it was helpful to look at the media in a more critical way…"* (Sabrina, age 16), and *"Really none. I think it is well done every time. Very structured and comfortable at the same time."* (Sydney, age 18). These comments suggest that for at least these eight participants, the ERA curriculum was valuable, enjoyable, and did not need to be revised.

5. Conclusion

The qualitative survey results suggest that participants both valued and enjoyed the ERA curriculum. In particular, participants cited valuing and enjoying developing critical viewing skills, understanding of media's social impact, and engaging in personal reflection and activism. While participants did mention aspects of the curriculum that they did not value or enjoy and offered suggestions, the positive responses to the curriculum outnumbered the negative. Furthermore, the critical responses and suggestions should not be seen as a failure of incorporating CML into eating disorder treatment, but rather interpreted as ways to improve the implementation of the ERA curriculum in the future. Though not the primary focus of this article, the survey responses do demonstrate an increased understanding of CML and a sense of empowerment, which suggests, that at least for some participants, the ERA curriculum was successful in achieving two of its three goals. Perhaps most significantly, this study shows that it is possible to go beyond prevention efforts and successfully implement CML into eating disorder treatment. This exploratory study suggests the perceived value and enjoyment of CML may support the recovery process since the CML skillsets and sense of empowerment fostered by the ERA curriculum may not only aid immediate recovery efforts but also gives participants tools to use once they are no longer in treatment. Though longitudinal research is needed, the ability to tap into CML skills and foster a sense of empowerment may help prevent relapse, which is common with this population.

That said, both institutional and experimental factors were potential limitations of this research. The structure of the PHPIOP (and eating disorder treatment programs in general) limited the study in terms of self-selection, small sample size, lack of participant diversity in terms gender and race, and amount of time allotted for the ERA curriculum. Future studies should seek out larger and more diverse samples as well as longer (or more) CML sessions. In terms of experimental factors, as noted previously, the repetitive nature of the questionnaires was not enjoyable for some participants and may have their impacted responses. Certainly, researchers should consider ways to avoid or at the very least minimize repetitive questionnaires in future studies. Likewise, social desirability may have played a role with participants attempting to *"please"* the researcher or give the *"right"* response. In an effort to combat social desirability participants were regularly encouraged to be honest and reminded that there were no *"right"* or *"wrong"* answers. Participants did submit their questionnaires without their names (they used numbers or symbols for tracking purposes) in an attempt to further curb social desirability. Most importantly, future endeavors should incorporate and address the feedback provided by the participants in this study – not only in an effort to advance knowledge but to improve the lived experiences of those in treatment for eating disorders. To paraphrase Kathy (age 22), by focusing on media and talking about it, the ERA curriculum shows how CML can move beyond prevention efforts and be successfully integrated into eating disorder treatment – not only opening up new possibilities for treatment models but also positively impacting the lives of those who perceive it as valuable and enjoyable.

Literature and Sources

ABBATE-DAGA, G. et al.: Resistance to Treatment in Eating Disorders: A Critical Challenge. In *BMC Psychiatry,* 2013, Vol. 13, p. 282. ISSN 1471-244X.

AUFDERHEIDE, P.: Media Literacy: From a Report on the National Leadership Conference on Media Literacy. In KUBEY, R. W. (ed.): *Media Literacy in the Information Age: Current Perspectives*. New Brunswick, NJ : Transaction Publishers, 2001, p. 79-88.

BERGSMA, L. J.: Empowerment Education: The Link Between Media Literacy and Health Promotion. In *The American Behavioral Scientist*, 2004, Vol. 48, p. 152-164. ISSN 0002-7642.

BINDIG, L.: Media Literacy in Eating Disorder Treatment. In LIND, R. A. (ed.): *Race/Gender/Media: Considering Diversity Across Audiences, Content and Producers, 3rd Edition*. New York : AB-Longman, 2013, p. 31-37.

BINDIG, L., CASTONGUAY, J.: Should I Really Kill My Television? Negotiating Common Ground Among Media Literacy Scholars, Educators, and Activists. In DE ABREU, B., MIHAILIDIS, P. (eds.): *Media Literacy Education in Action*, New York : Routledge, 2014, p. 138-146.

BINDIG YOUSMAN, L.: "I am not alone": The Additional Benefits of Critical Media Literacy. In *The International Journal of Critical Media Literacy*, 2019, Vol. 1, No. 1, p. 38-50. ISSN 2590-0110.

ESPINOZA, P., PENELO, E., RAICH, R. M.: Prevention Programme for Eating Disturbances in Adolescents. Is Their Effect on Body Image Maintained at 30 Months Later? In *Body Image*, 2013, Vol. 10, p. 175-181. ISSN 1740-1445.

EICKMAN, L. et al.: Randomized Controlled Trial of REbeL: A Peer Education Program to Promote Positive Body Image, Healthy Eating Behavior, and Empowerment in Teens. In *Eating Disorders*, 2018, Vol. 26, No. 2, p. 127-142. ISSN 1064-0266.

FOYE, U. et al.: "The Body is a Battleground for Unwanted and Unexpressed Emotions": Exploring Eating Disorders and the Role of Emotional Intelligence. In *Eating Disorders*, 2019, Vol. 27, No. 3, p. 321-342. ISSN 1064-0266.

FUNK, S. et al.: Critical Media Literacy as Transformative Pedagogy. In YILDIZ, M. N., KEENGWE, J. (eds.): *Handbook of Research on Media Literacy in the Digital Age.* Hershey, PA : Information Science Reference, 2016*,* p. 1-30.

GONZALEZ, M. et al.: Disordered Eating Prevention Programme in Schools: A 30-month Follow-up. In *European Eating Disorders Review*, 2011, p. 349-356. ISSN 1072-4133.

GREGERTSEN, E. et al.: The Egosyntonic Nature of Anorexia: An Impediment to Recovery in Anorexia Nervosa Treatment. In *Frontiers in Psychology*, 2017, Vol. 8, No. 2273, p. 2. [online]. [2017-12-22]. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5743910/>.

HENWOOD, K., PIDGEON, N.: Grounded Theory in Psychological Research. In CAMIC, P. M., RHODES, J.E., YARDLEY, L. (eds.): *Qualitative Research in Psychology*. Washington, D. C. : American Psychological Association, 2003, p. 131-155.

HESSE-BIBER, S. N.: *The Cult of Thinness*. New York : Oxford University Press, 2007.

HOBBS, R.: The Seven Great Debates in the Media Literacy Movement. In *Journal of Communication,* 1998, Vol. 48, No. 1, p. 16-32. ISSN 0021-9916.

IRVING, L. M., BEREL, S. R.: Comparison of Media-literacy Programs to Strengthen College Women's Resistance to Media Images. In *Psychology of Women Quarterly,* 2001, Vol. 25, No. 2, p. 103-111. ISSN 3061-6843.

KELLNER, D., SHARE, J.: Toward Critical Media Literacy: Core Concepts, Debates, Organizations, and Policy. In *Discourse: Studies in the Cultural Politics of Education*, 2005, Vol. 26, No. 3, p. 369-386. ISSN 0159-6306.

LEVINE, M. P.: *Media Literacy as an Effective and Promising Form of Eating Disorders Prevention.* [online]. [2021-10-12]. Available at: <https://www.edcatalogue.com/media-literacy-as-an-effective-and-promising-form-of-eating-disorders-prevention/>.

LEVINE, M. P., SMOLAK, L.: The Role of Protective Factors in the Prevention of Negative Body Image and Disordered Eating. In *Eating Disorders*, 2016, Vol. 24, No. 1, p. 39-46. ISSN 1064-0266.

LOPEZ-GUIMERA, G. et al.: Impact of a School-Based Disordered Eating Prevention Program in Adolescent Girls: General and Specific Effects Depending on Adherence to the Interactive Activities. In *The Spanish Journal of Psychology*, 2011, Vol. 14, No. 1, p. 293-303. ISSN 1138-7416.

MCLEAN, S. A., PAXON, S. J., WERTHEIM, E. H.: The Measurement of Media Literacy in Eating Disorder Risk Factor Research: Psychometric Properties of Six Measures. In *Journal of Eating Disorders*, 2016, Vol. 4, No. 30, p. 1-12. ISSN 2050-2974.

NEUMARK, D. et al.: Primary prevention of Disordered Eating Among Preadolescent Girls: Feasibility and Short-term Effect of a Community Based Intervention. In *Journal of the American Dietetic Association,* 2000, Vol. 100, No. 12, p. 1466-1473. ISSN 1878-3570.

NOORDENBOS, G. et al.: Chronic Eating Disorders: The Patients' View of their Treatment History. In *Eating Disorders: The Journal of Treatment & Prevention*, 1998, Vol. 6, No. 3, p. 217-223. ISSN 1064-0266.

PETERSON, R. D. et al.: Empowerment and Powerlessness: A Closer Look at the Relationship Between Feminism, Body Image and Eating Disturbance. In *Sex Roles*, 2008, Vol. 58, p. 639–648. ISSN 0360-0025.

PIRAN, N.: New Possibilities in the Prevention of Eating Disorders: The Introduction of Positive Body Image Measures. In *Body Image*, 2015, Vol. 14, p. 154-155. ISSN 1740-1445.

PIRAN, N.: A Feminist Perspective on Risk Factor Research and on the Prevention of Eating Disorders. In *Eating Disorders: The Journal of Treatment & Prevention*, 2010, Vol. 18, p. 183-198. ISSN 1064-0266.

RICHARDSON, S. M., PAXTON, S. J.: An Evaluation of a Body Image Intervention Based on Risk Factors for Body Dissatisfaction: A Controlled Study with Adolescent Girls. In *International Journal of Eating Disorders*, 2010, Vol. 43, p. 112-122. ISSN 0276-3478.

ROGERS, E. S. et al.: A Consumer-Constructed Scale to Measure Empowerment Among Users of Mental Health Services. In *Psychiatric Services,* 1997, Vol. 48, No. 8, p. 1042-1047. ISSN 1075-2730.

STAPLES, L.: *Consumer empowerment in the Massachusetts Mental Health System: A Comparison of Attitudes, Perceptions and Opinions Within and Between Provider Groups*. [Doctoral Dissertation]. Boston : Boston University, 1993. 278 p.

TIEDGE, J. T. et al.: Discrepancy Between Perceived First-Person and Perceived Third-Person Mass Media Effects. In *Journalism Quarterly*, 1991, Vol. 68, No. 1/2, p. 141-154. ISSN 0022-5533.

WADE, T. D., DAVIDSON, S., O'DEA, J. A.: Enjoyment and Perceived Value of Two School-Based Interventions Designed to Reduce Risk factors for Eating Disorders in Adolescents. In *Australian e-Journal for the Advancement of Mental Health,* 2002, Vol. 1, No. 2, p. 2-8. ISSN 1446-7984.

WILKSCH, S. M. et al.: Prevention Across the Spectrum: A Randomized Controlled Trial of Three Programs to Reduce Risk Factors for Both Eating Disorders and Obesity. In *Psychological Medicine*, 2015, Vol. 45, p. 1811-1823. ISSN 0033-2917.

YOUSMAN, B.: Who's Afraid of Critical Media Literacy? In HUFF, M., ROTH, A. L. (eds.): *Project Censored 2017*. New York : Seven Stories Press, 2016, p. 369-416.

YOUSMAN, B., BINDIG YOUSMAN, L.: *Critical Media Literacy and Cultural Autonomy in a Mediated World*, 2020, p. 32. [online]. [2021-08-10]. Available at: <https://www.culturereframed.org/wp-content/uploads/2020/02/CR_Critical_Media_Literacy_Report_2020.pdf>.

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