

# HEALING RELATIONSHIPS WITH FOOD

A02: Additional Needfinding



# MEET JJYC



**JASMINE X.**

Psychology & CS '27



**YUJEN L.**

Symbolic Systems '27



**JADE C.**

Symbolic Systems '27

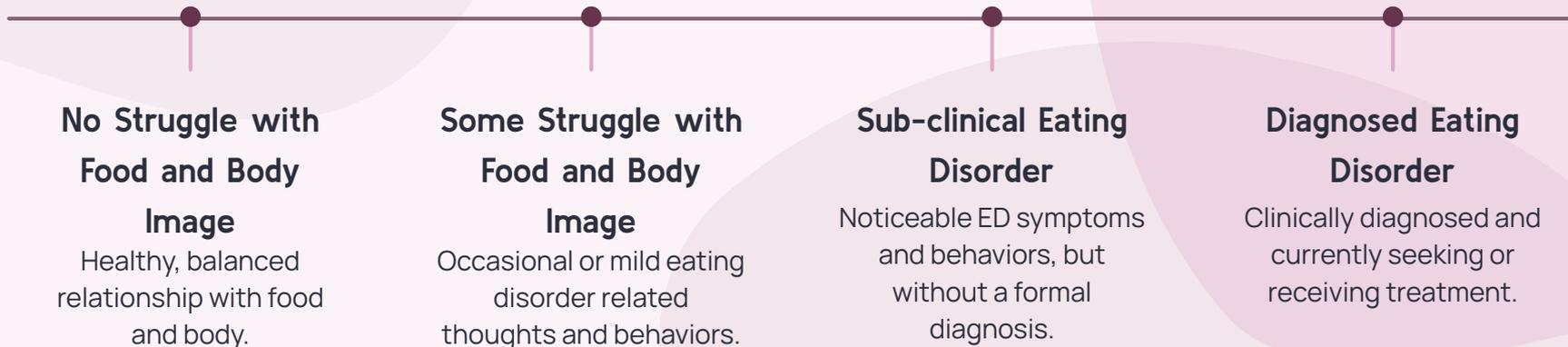


**CLARE L.**

Design '28

# LAST WEEK...

## Domain: Eating Disorders



### No Struggle with Food and Body Image

Healthy, balanced relationship with food and body.

### Some Struggle with Food and Body Image

Occasional or mild eating disorder related thoughts and behaviors.

### Sub-clinical Eating Disorder

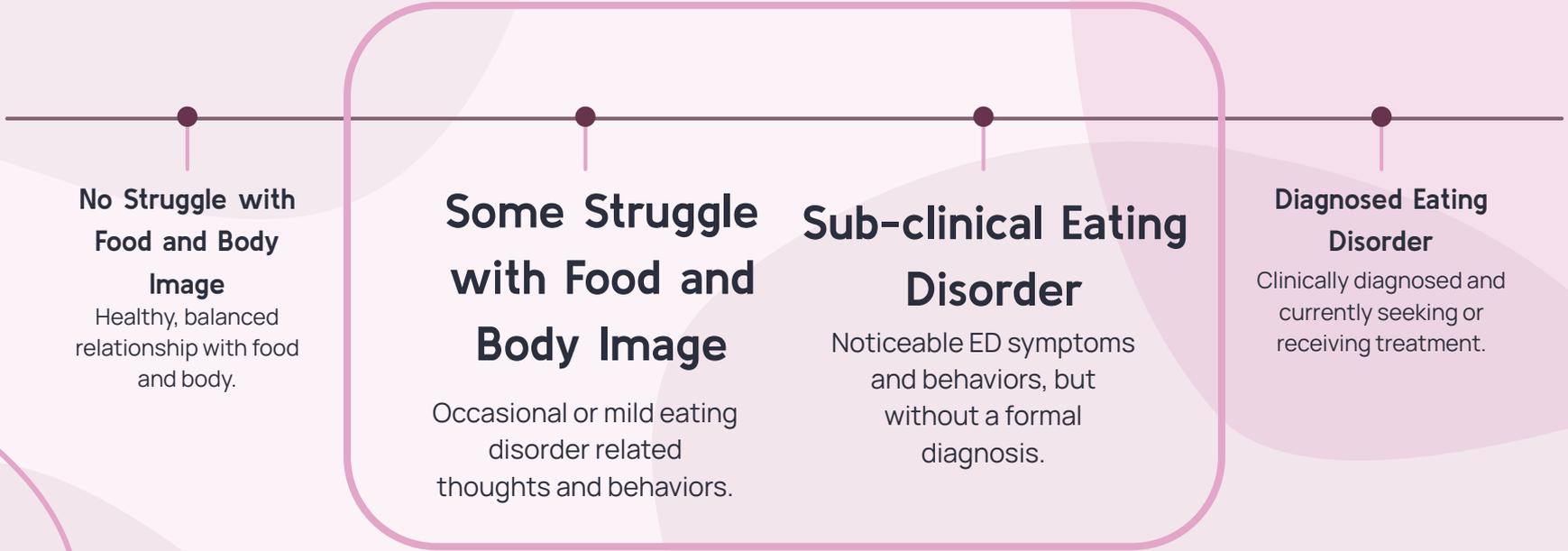
Noticeable ED symptoms and behaviors, but without a formal diagnosis.

### Diagnosed Eating Disorder

Clinically diagnosed and currently seeking or receiving treatment.

# THIS WEEK...

## Domain: Eating Disorders



**No Struggle with  
Food and Body  
Image**

Healthy, balanced  
relationship with food  
and body.

**Some Struggle  
with Food and  
Body Image**

Occasional or mild eating  
disorder related  
thoughts and behaviors.

**Sub-clinical Eating  
Disorder**

Noticeable ED symptoms  
and behaviors, but  
without a formal  
diagnosis.

**Diagnosed Eating  
Disorder**

Clinically diagnosed and  
currently seeking or  
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# ADDITIONAL INTERVIEWS

# MEET VIOLET



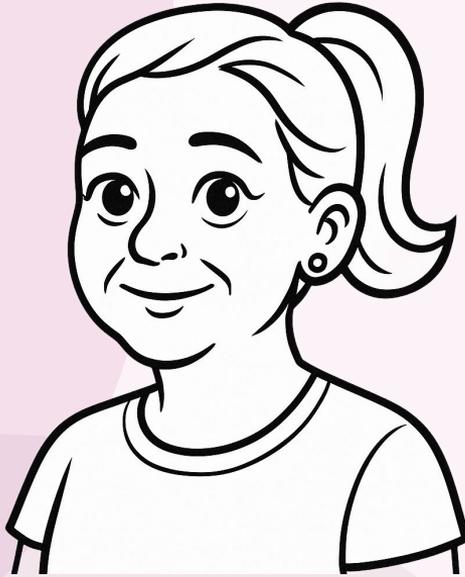
- College student from Australia.
- Struggled with food & body image during **high school** before being diagnosed with anorexia.
- Lived with food struggles **alone** before anyone intervened.

# KEY INSIGHTS

“After a while, my **mindset just completely switched**, like, did a full 180. Like, why am I doing this to myself?”

- **Surprising Action:** Chose to recover on her own through a personal mindset shift.
- **Key Observation:** Prefers control over external help. Spent years in the in-between space (struggle was real but invisible to others)
- **Key Insight:** Readiness for recovery doesn't always align with external interventions.

# MEET CLARISSE



- 43 year old from the Bay Area
- Lived with struggles in silence for 7 years before seeking help.
- Masked behaviors from friends and family.
- Current recovery coach.

# KEY INSIGHTS

“He sat with me for, I think, two to three hours afterwards, and just let me cry. And he was like, **if you want to go purge, go purge, but we're gonna talk about it afterwards.**”

- **Surprising Action:** In and out of treatment centers. Masking recovery to comply.
- **Key Observation:** Relational safety, not clinical control, shaped recovery.
- **Key Insight:** Recovery relies less on rules and compliance, but instead, more on trust and emotional safety.



# POV, HMW'S & SOLUTIONS

# SANDRA'S POV: FIRST DRAFT

- **We met** a college sophomore who struggles with restrictive eating and body image concerns.
- **We were surprised to notice** that she recognizes the importance of her support network but she doesn't lean on it.
  - **More details about the tension?**
- **We wonder if that means** that she views her struggles as a person burden rather than something she can share with others.
  - **Why does she feel like a burden?**
- **It would be game-changing** to create spaces where people can open up about their experiences without fear of judgement or burdening their friends.
  - **What makes a space safe?**

# SANDRA'S POV

**We met** a sophomore at Azusa University who hasn't been officially diagnosed with an eating disorder, but struggles with restrictive eating patterns and body image concerns.

**We were surprised to notice** that she felt that her friends helped her recovery process, yet she **doesn't reach out** and relies mostly on herself because she **doesn't want to feel like a "burden"** to others.

**We were wondering if this means** that she is highly **self-conscious** about her condition and thinks that others would **view her differently or more negatively** if she is always "bothering" them with her condition, especially when she's not "sick enough" to warrant serious help.

**It would be game-changing** to have **safe communities** or support networks that are **reflective of individual experiences** that allow people to reach out **without fear of judgment or burden**.

## POV #1: How Might We...

HMW bring in supportive friends to make ED patients feel less stressed when they need help?

HMW help individuals to realize that their condition is serious enough to be worthy of attention and care?

HMW create a supportive environment for ED?

HMW allow for shared reflection spaces?

HMW educate the community around ED about giving help?

HMW create a space for reflection after sharing

HMW create accessible spaces for support?

HMW destigmatize ED so that patients feel open to face their conditions?

HMW separate ED patients from comparing the severity of their conditions?

HMW lower the barriers of reaching out?

HMW design interventions that meet people "where they are" – between wellness and treatment?

HMW make reaching out the default option?

HMW normalize vulnerability and self-disclosure around eating struggles so individuals feel seen rather than judged?

HMW design interventions that gently help individuals in the "grey zone" between wellness and treatment to recognize struggles as valid and worthy of attention

HMW normalize conversations about struggles with eating so that others can feel less self-conscious about reaching out for help?

HMW reframe asking for help as something positive, like making it feel like strength rather than a burden?

HMW reduce the feeling of shame or being a burden when reaching out for help?

HMW leverage the online community to build rapport

HMW empower support networks to give help actively rather than waiting for someone to reach out for help?

HMW remove the barriers of uncomfortableness completely?

HMW make reaching out feel safe and supportive rather than daunting?

HMW make sharing not a burden but something that is uplifting?

HMW design a culture where vulnerability is celebrated as much as achievements?

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# SOLUTION

Allow friends to send encouraging or messages periodically to help others feel cared for and less alone.

Send personalized notes or short quotes from people who have gone through similar struggles, helping users start the day with encouragement.

Design a tool or app that removes the label of "eating disorder," framing it instead as "wellness"

App to record 10-15 second anonymous voice reflections and listen to others' messages for comfort.

Digital cards users can draw each morning with affirmations

An app that sends personalized notes to start the day, like *short quotes and stories from people who have gone through similar struggles* (encouraging users to recognize that their struggles are valid and deserving of help).

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Provide tools that help individuals communicate their needs to friends without feeling like a burden.

Subtle app button users can tap when they're struggling

Host in-person wellness workshops that aren't labeled as "ED" but promote reflection and recovery discussions.

share anonymously.

Offer a drop-in "wellness group" (in-person or virtual) where people can casually talk or listen without commitment.

Create low-stakes opportunities to engage, like small discussion prompts or daily reflection challenges.

Use destigmatized words and phrases that feel approachable but still help people find support.

Create an option for users to "signal" when they'd like to be reached out to (e.g., toggle or symbol in an app).

# VIOLET'S POV

**We met** a 21-year-old woman living in Melbourne who has been officially diagnosed and treated in outpatient settings for anorexia nervosa since 2020.

**We were surprised to notice** that, despite receiving professional support, her recovery journey was **largely self-directed**, shaped more by an internal “**mindset switch**” than by external help from doctors or parents.

**We wonder if this means that** meaningful recovery depends less on access to formal treatment, and more on **fostering the intrinsic motivation** and readiness for change that **drive self-initiated healing**.

**It would be game-changing to** reimagine healing approaches that center on **cultivating this inner motivation**, emphasizing **personal readiness** as an essential foundation for improving one's relationship with food and body.

HMW leverage using autonomy to build a more consistent mindset

HMW help individuals rediscover personal reasons for wanting to heal, beyond external expectations

HMW design tools that nurture self-reflection and self-compassion throughout the recovery journey

HMW empower patients to feel safe in disclosing when things aren't going as well

HMW build better coping mechanisms

HMW leverage other support as a bridge between the two entities

## POV #2:

# How Might We...

HMW help individuals visualize a future where food and body are sources of peace, not fear

HMW support individuals in cultivating the intrinsic motivation and mindset shift needed to sustain recovery?

HMW make professional appointments just feel like conversations between friends in a safe space

HMW create reliable systems for healing outside of formal, professional support

HMW make recovery feel self-directed and empowering rather than monitored or controlled

HMW expand the support network for recovery to beyond just professionals

**HMW support individuals in cultivating the intrinsic motivation and mindset shift needed to sustain recovery?**

HMW leverage using autonomy to build a more consistent mindset.

HMW help individuals rediscover personal reasons for wanting to heal, beyond external expectations

HMW empower

HMW design tools that nurture self-reflection and self-compassion throughout the recovery journey

HMW build better coping mechanisms

HMW leverage other support as a bridge between the two entities

HMW help individuals visualize a future where food and body are sources of peace, not fear

HMW make professional appointments just feel like conversations between friends in a safe space

HMW re-orient healing outside of formal, professional support

Feel re-oriented rather than monitored or controlled

HMW expand the support network for recovery to beyond just professionals

# SOLUTION

Create education curriculums or role-plays for these situations - as much as we talk about it, experiencing is different.

Social media-formed application that in journaling and food and the team can co online like friends feels a part of some mutual system that them to positivity.

Maybe meeting not in the clinical space - would it be better to make first meetings in a more friendly place?

A shared journal for both the

A guided digital journal that prompts users to **reflect on values, motivations, and moments** for wanting to heal their relationship with food and body image (e.g., "What will life look like if I develop a healthy relationship with food and body image?").

teach the professional something.

An AI professional specifically tailored to the patient's personality, sense of humor, needs, and wants.

Some helpful cards or notes, similar to a script, that help the clinician or user rephrase phrases that are not so validating.

Redesigning the environment of clinicians, making sure that it's a more comfortable

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Games to include in treatment, which brings in an element of childish play.

An app that educates families and clinicians on do's and don't's to say during conversations.

feel more like texting or just calling friends, somehow integrated into life naturally.

# CLARISSE'S POV

**We met** a 43-year-old woman living in the Bay Area who had lived with an eating disorder for over a decade, had gone through repeated hospitalizations and residential stays, and is now using her lived experience to support others as a recovery coach.

**We were surprised to notice** that her most healing experiences were not ones where she was told what to do, but rather when she was **given the freedom to make choices herself**, even harmful ones, while others **held space for her emotions** and supported her through the outcomes.

**We wonder if this means** that the process of recovery depends **less on rigid rules** and compliance, and more on **personal autonomy**, where one feels trusted to guide their own journey with empathetic/compassionate support around them.

**It would be game-changing** to have healing approaches that **prioritize personal autonomy** and emotional safety **over strict authoritarian control**.

### POV #3: How Might We...

HMW design recovery experiences that prioritize personal choice and agency rather than compliance and control

HMW help individuals rebuild trust in themselves after years of externally controlled recovery

HMW allow space for mistakes or setbacks without the fear of judgment

HMW create a support system where autonomy and compassion are the standard, instead of rigid rules

HMW shift the role of "care" from directing to empowering, where we are turning professionals into partners rather than authorities

HMW place power back in the patient's hands in their recovery journey

HMW empower individuals to make decisions about their recovery, even imperfect ones, within a safe and supportive environment

HMW build trust between an individual that is gaining back autonomy and the professional

HMW give authority back to the individual in treatment

HMW challenge the tendency to infantilize patients and instead recognize them as autonomous partners in healing?

HMW balance personal autonomy with safety in environments where the health risks are especially high

HMW design recovery tools that invite self-reflection and choice rather than enforcing compliance

HMW recognize those struggling with food and body image concerns as autonomous partners (and enable their freedom/agency, etc) in healing?

HMW make professional guidance feel like collaboration rather than supervision

HMW foster environments where mistakes are reframed as learning opportunities, not failures

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# SOLUTION

A tool that allows both to control the system or make suggestions and edits collaboratively, with the clinician as a partner

A "confession space" where patients can write down when they did something they weren't "supposed to do," with the opportunity

Sharing unconventional methods used before and educating other professionals on them

**A collective resource that provides psychoeducation and *explains the why* behind common recovery guidelines for healing one's relationship with food and body (ex:rules like not weighing yourself, eating three consistent meals every day, don't look at any calorie or nutrition labels of foods)- with *built-in flexibility and room for customization.***

Giving users digital access so that they can share their "unconventional" forms of healing (e.g., posting pictures, art, or writing).

A journaling app where users reflect on daily choices and emotions without labeling them as "good" or "bad"

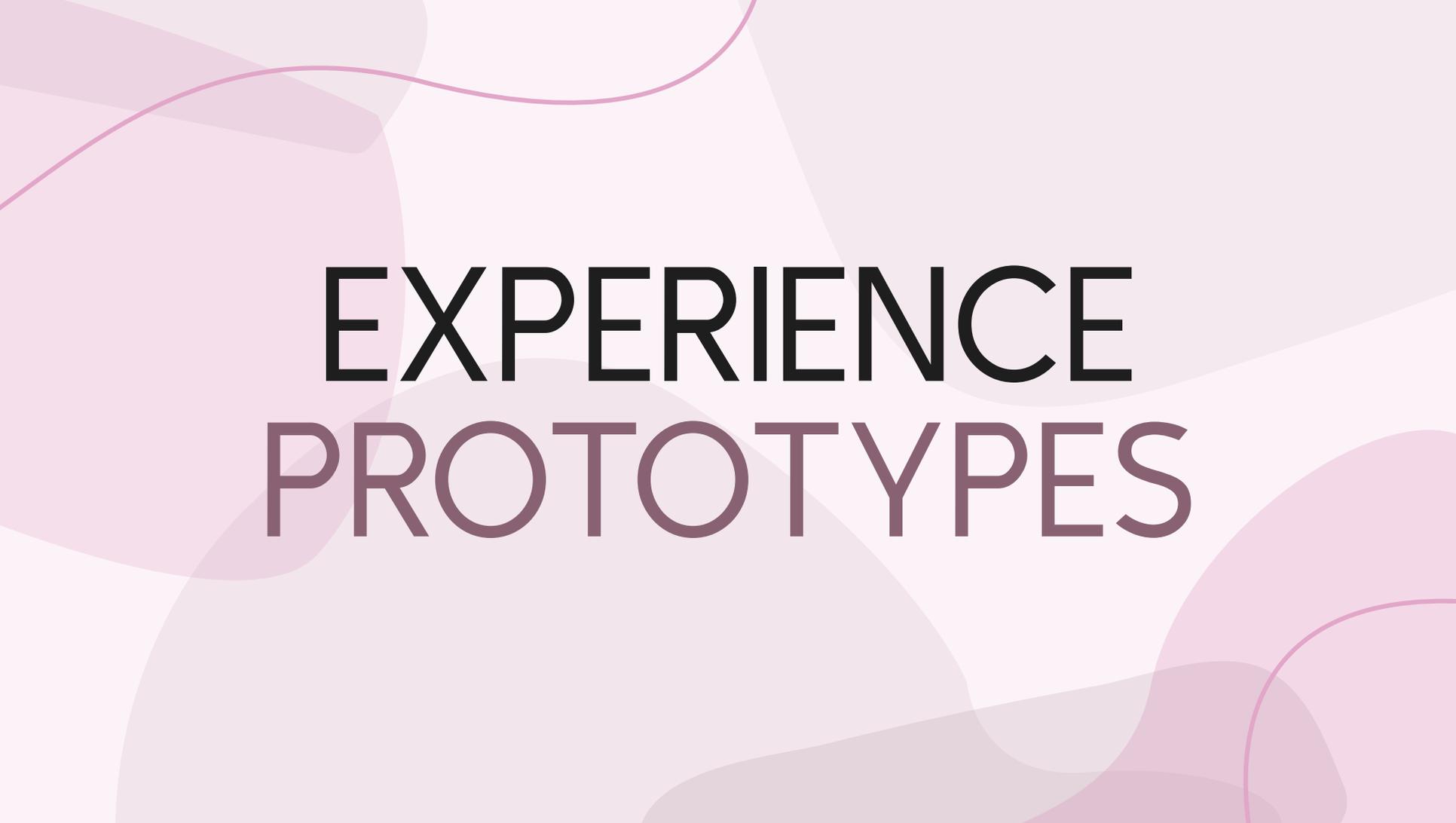
A space for individuals and clinicians to co-create shared recovery goals and boundaries.

Allow patients to design the treatment plan

"patients" "collaborators" instead of "patients"

and normalized, instead of being punished.

A visual planner that offers multiple recovery paths, letting users pick what feels right for them.



# EXPERIENCE PROTOTYPES

# THREE EXPERIENCES



Story Sharing

CS 147- Experiment Prototype #2

Jadechan@stanford.edu [Switch account](#)

Not shared

### Reflection exercise 1

Please take a few moments to write your responses to the following two reflection questions. We've provided a text box to write your reflections directly on this Google Form, but you can also feel free to write them down on paper or in your private notes- whatever you feel the most comfortable doing!

Q1: What might your life look like if you felt more at peace with food and your body?

Your answer

Q2: What would you gain (emotionally, socially, or physically) by having a healthier relationship with food and your body?

Your answer

[Back](#) [Next](#) [Clear form](#)

Never submit passwords through Google Forms.  
This form was created inside of Stanford University.

Motivation Framing



Blind Rule Cards

# 01

## Story Sharing Experience

Testing the assumption that **stories** from others will foster **connection, validation, and hope**, rather than triggering **harmful** social comparison or reinforcing the belief that one's struggles are 'not serious enough.

# THE EXPERIENCE

**Prescreening Question:** Do you have complicated feelings or sometimes struggle with food or body image?

**Answer some questions** from a scale of 1 - 5.

**Read a short narrative** about someone realizing their struggles were “enough” to deserve help.

**Answer same questions** post-story.

With an additional open-ended question:  
“How did reading this make you feel?”

**3 Participants (19 - 22 years old):**  
**Restaurant line at Cotogna**



*“We would now like you to read a little personal story from someone else we met earlier today who shared their experience with food and body image. Take a minute to read it now and we'll ask you some questions afterwards.”*

“For a long time, I didn't think anything was wrong. Everyone around me seemed to be “watching what they ate,” talking about calories, skipping meals before big dinners. I thought I was just being disciplined — even proud of how much control I had.

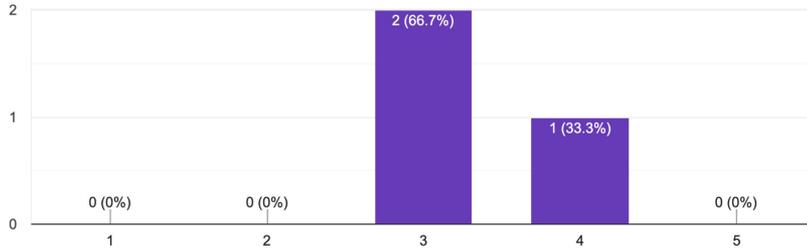
It wasn't until I caught myself turning down dinner plans with friends, not because I was busy, but because I didn't want to eat, that something in me paused. My world had quietly shrunk around food and fear, and it was hurting my social relationships.

I used to tell myself it wasn't serious enough to bother anyone with, or to warrant help. But one day, I realized that if something leaves you feeling miserable, anxious, and isolated — that's already “enough.” You don't have to wait until things get worse to deserve support. Wanting to feel better, to have your life back, is reason enough to reach out.”

## Pre-Story

How willing are you to take action to improve your relationship with food and body image?

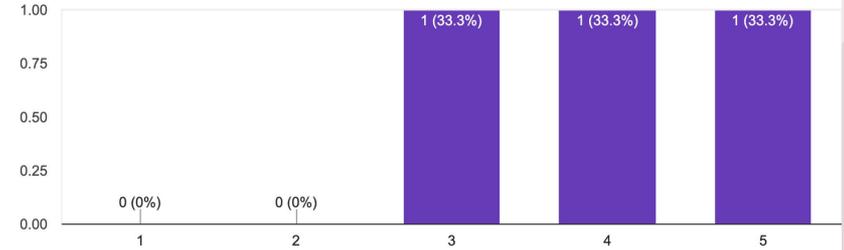
3 responses



## Post-Story

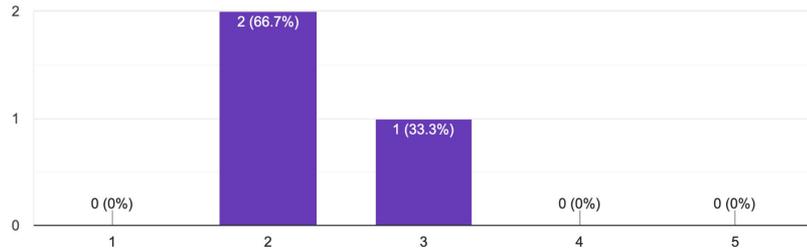
How willing are you to take action to improve your relationship with food and body image now?

3 responses



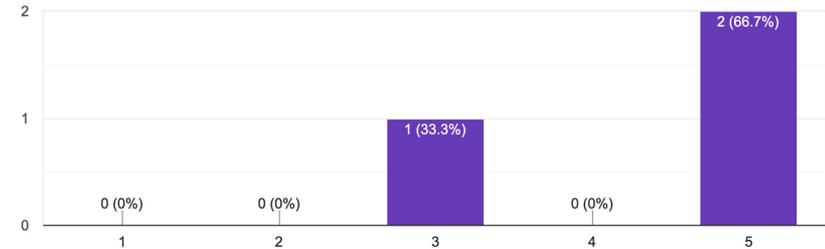
How willing are you to confide in others when struggles with food and body image arise?

3 responses



How willing are you to confide in others when struggles with food and body image arise now?

3 responses



# RESULTS

## What Worked:

- Participants related the story to their own lives.
- Increased willingness to act & confide.
- Emotional resonance without judgment.

## What Didn't Work:

- Some wanted more personal depth or variety.

## New Insight:

Stories can spark **self-awareness** and **emotional connection**, especially when framed as **nonjudgmental and relatable**.

“I went through a period of binge eating back in high school”

“It feels like eating disorders affects a lot more aspects of life than just concept of meals”

# RESULTS

## What Worked:

- Participants related the story to their own lives.
- Increased willingness to act & confide.
- 

“I went through a period of binge



**Assumption Outcome:  
Validated**

Stories can spark **self-awareness** and **emotion connection**, especially when framed as **nonjudgmental and relatable**.

# 02

## Motivation Framing Experience

Testing the assumption that people are **more motivated** towards this mindset shift when the reflection prompts are framed around **future gains and personal values**.

6 Participants (18 - 29 years old):  
Online via Google Forms

# THE EXPERIENCE

## Pre Screening Question

**Answer hope-based reflection prompt:** Rating their levels of motivations, hopefulness, self-compassion, & emotional safety.

**Answer loss-based reflection prompt:** Filling out the same rating questions.

## Answer open-ended questions:

- Which reflection felt more motivating or empowering to you?
- Which felt heavier or more difficult?
- Did either reflection make you think differently about your relationship with food or body image?

Q1: What might your life look like if you felt more at peace with food and your body?

Your answer

What has your struggle with food and body image taken away from your life right now?

Your answer

# RESULTS

## What Worked:

- Both frames felt emotionally safe (4.67 / 5).
- Hope framing described as “gentle,” “encouraging,” “easier to start with.”

## What Didn't Work:

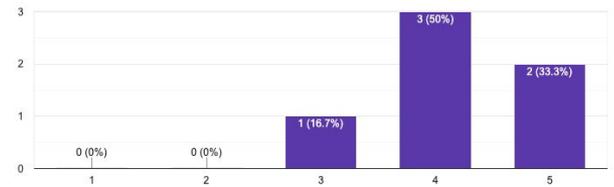
- Motivation was higher for loss (4.3) compared to hope (4.17)
- Some participants found loss prompts emotionally heavy.
- Loss framing could be overwhelming without support.

Reflection exercise 1: Post reflection questions

I feel more motivated to make small, positive changes in my life.

[Copy chart](#)

6 responses

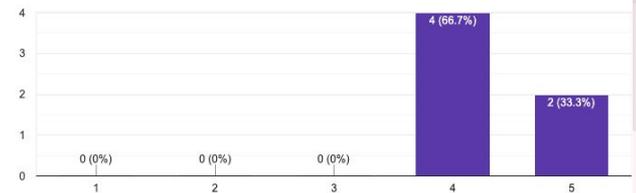


Reflection exercise 2: Post reflection questions

I feel more motivated to make small, positive changes in my life.

[Copy chart](#)

6 responses



# RESULTS

**✗ Assumption Outcome: NOT Validated**

## **Key Insight:**

Hope framing lowers the barrier to entry, while loss framing may be powerful for those who are ready to go deeper.

# 03

## Blind Rule Card Experience

Users will be open and curious enough to explore **the 'why'** behind common recovery rules, rather than **disengaging** the moment they encounter them.

5 Participants (22 - 45 years old):  
Verve & Blue Bottle Cafe

# THE EXPERIENCE

## Pre-Screening Question

Lay out cards with common tips about eating and body image (10 cards)

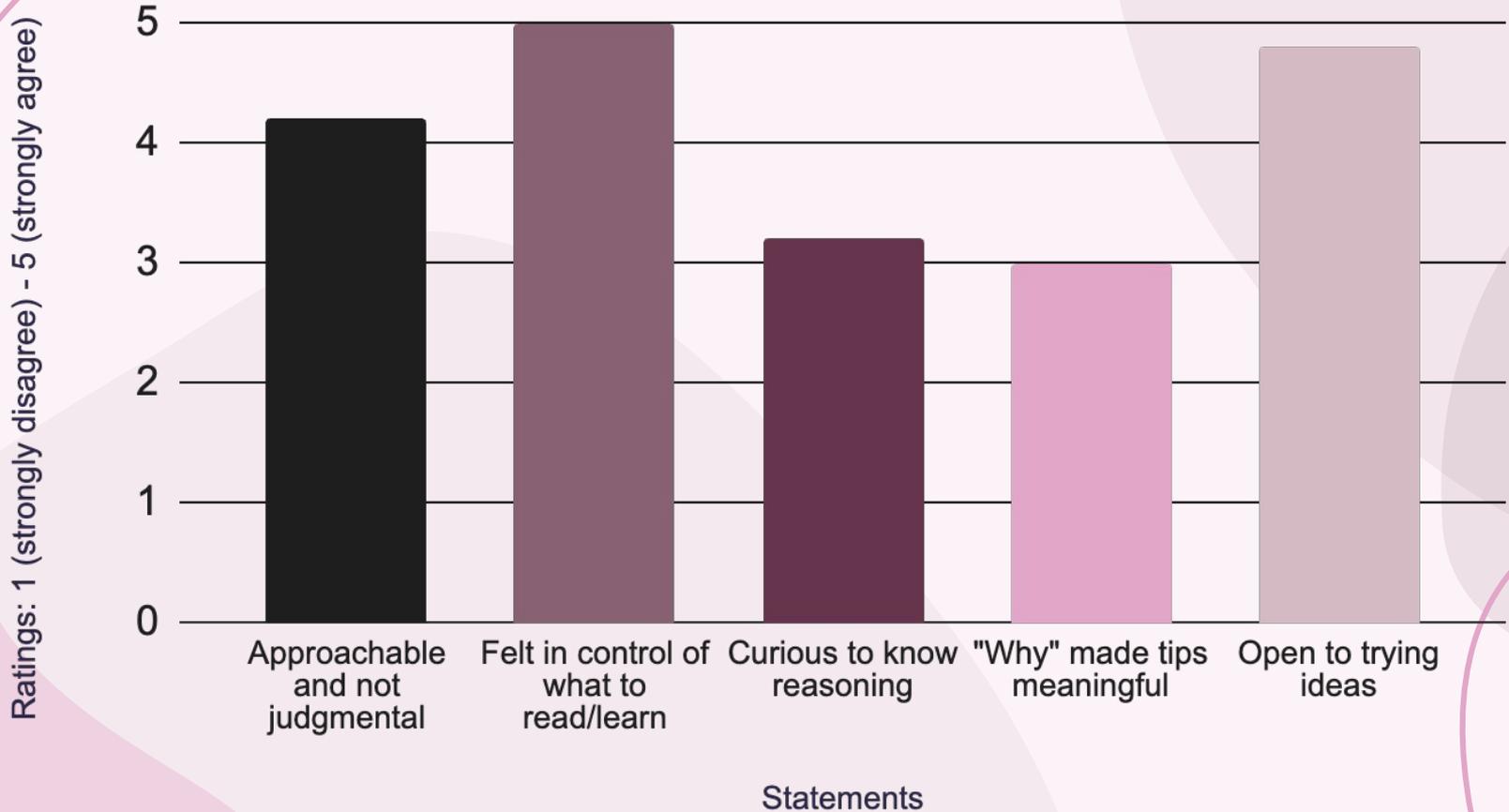
- “Take a short walk or stretch when anxious.”
- “Try not to use your phone or scroll while eating”

Informed that they could flip card to find out “why” reasoning.

Post-rating surveys on approachability, curiosity, meaning, openness.



## Post-Activity Survey (AVERAGES)



# RESULTS

## What Worked:

- Autonomy fostered trust (even non-flippers felt respected)
- No reports of feeling pressured or judged.
- For users with less prior knowledge, explanations increased understanding and willingness to try new behaviors

## What Didn't Work:

- Experienced participants found explanations redundant.
- Low-stakes cards (“no phone while eating”) were flipped more than emotionally heavier ones (“You don’t need to ‘earn’ your food through exercise or restriction.”)

## Key Insight:

Autonomy builds **trust and engagement**, but the ‘why’ should be introduced gradually to **match user readiness**

# RESULTS

## What Worked:

- Autonomy fostered trust (even non-flippers felt respected)



## Assumption Outcome: Majority Validated

- Low-stakes cards (“no phone while eating”) were flipped more than emotionally heavier ones (“You don’t need to ‘earn’ your food through exercise or restriction.”)

## Key Insight:

Autonomy builds **trust and engagement**, but the ‘why’ should be introduced gradually to **match user readiness**



**OUR**  
**SOLUTION**

# OUR APP (At a Glance)

## Feature 1

A gentle morning companion that shares short, personalized notes and stories from others who've been there.



## Feature 2

Bite-sized, customizable learning modules that explain the science and psychology behind recovery guidelines.



Users want **gentle, flexible support** that **respects their autonomy** rather than something prescriptive or overwhelming.

# ETHICAL CONSIDERATIONS



## App Dependence

The app should foster real-world support and help-seeking, not replace relationships with therapists, peers, or loved ones, for purpose of user retention.



## Sensitive data collection

Since emotional and behavioral data are involved, consent and anonymization are essential.



## Excluded users

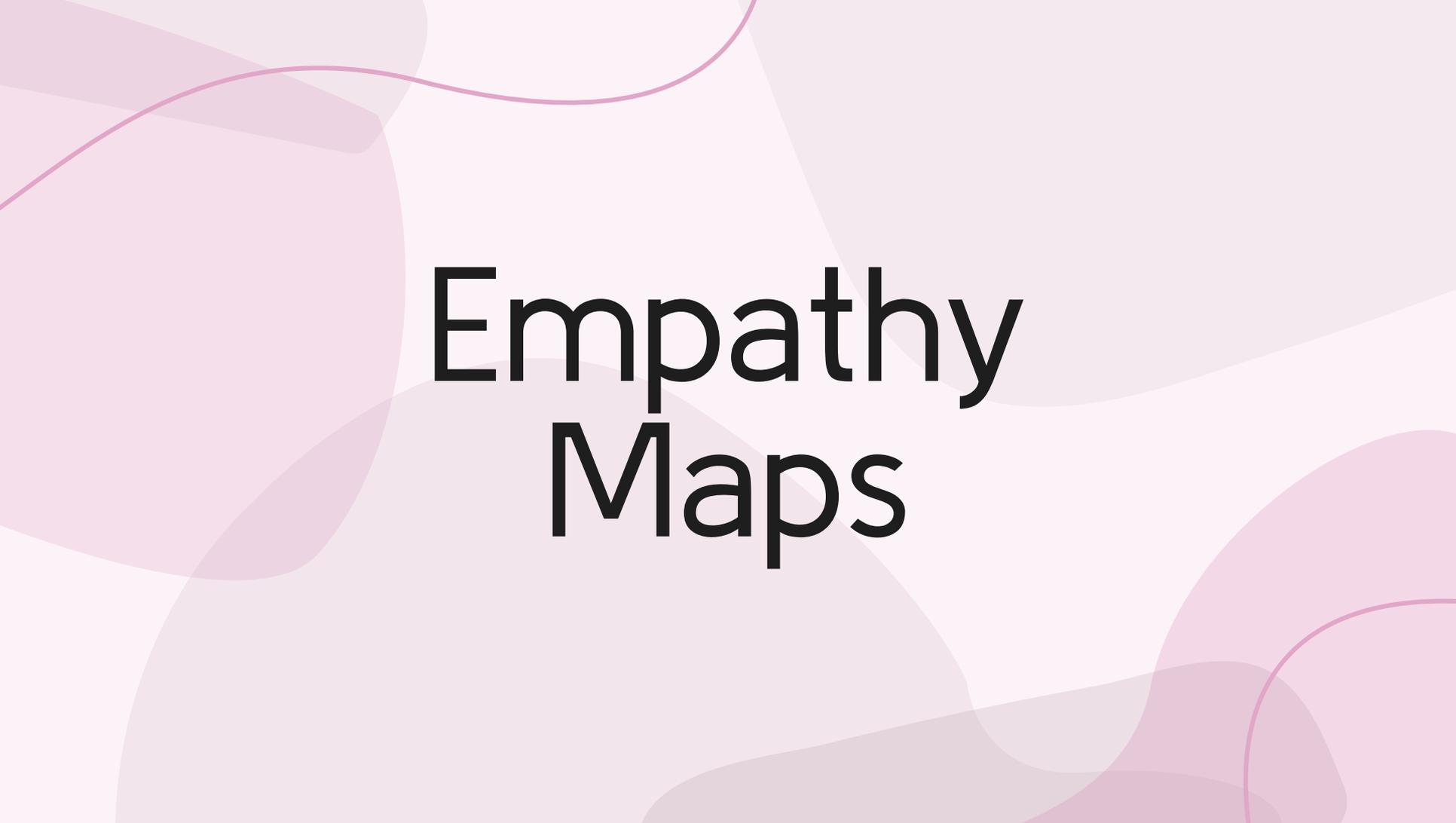
As a digital-first solution, it's best suited for younger, tech-savvy users—potentially excluding older populations who are less comfortable with app-based tools.

The background features several overlapping, semi-transparent shapes in shades of pink and purple. A thin, solid pink line curves across the upper portion of the image. The overall aesthetic is soft and modern.

**THANK YOU!**

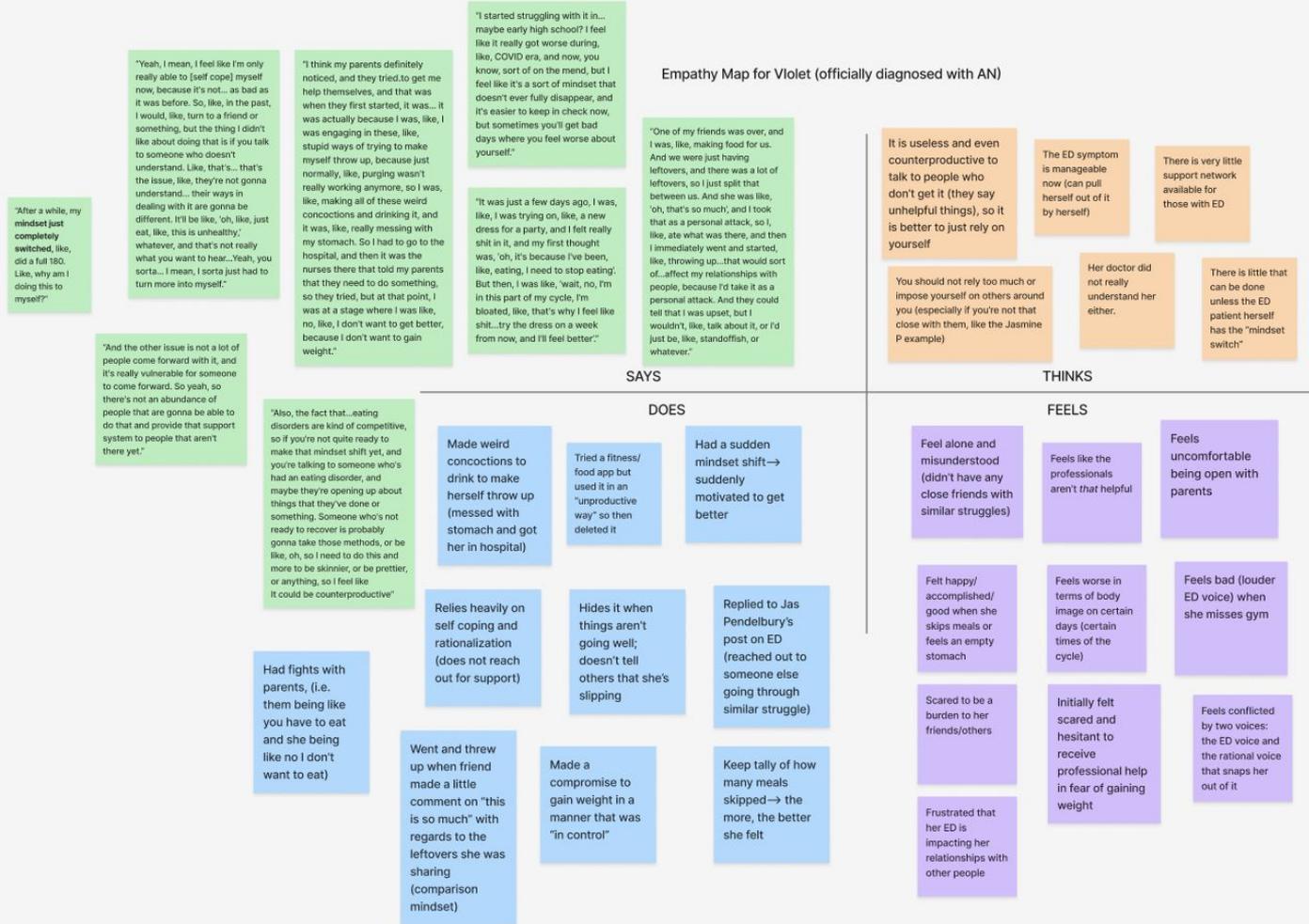
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# APPENDIX



# Empathy Maps

## Empathy Map for Violet (officially diagnosed with AN)



## Empathy Map for Clarisse (ED Patient and Coach)

"She just that was the healing thing, like going against the norm the rules, and actually giving me what I needed at the time."

"And then, slowly but surely, life surprised me, and treatment professionals surprised me, and I started making better relationships and better connections, and I started craving health rather than sickness."

"And was like, yeah, she just held space for me. So I think like holding space like validation of my emotions, I wasn't this crazy person. I had legit feelings. I had toxicities in my life that made me feel a certain way, and those feelings were valid."

"I hid my eating disorder for seven years before my parents even found out. I would always lie and sneak just because I was like, I don't need lunch."

"We only need to eat once a day, like, it's fun, you know, like just these lies that diet culture tells us."

"I would go days without eating, and I would feel so powerful."

"I just felt like I was always too much and not enough."

"He sat with me for, I think, two to three hours afterwards, and just let me cry. And he was like, if you want to go purge, go purge, but we're gonna talk about it afterwards."

"Never thought I was gonna recover, never thought I was gonna recover. Always thought that I was gonna have an eating disorder. I just thought maybe I just won't have as severe of an eating disorder as once before."

"I latched on to something, anything I could. And I think that was like, Oh, I went the whole day without eating, and I'm still alive, you know, like that significance."

"That was like the very first time where I felt permission to hurt myself, but then talk about it and have support afterwards, versus like you have to follow these rules or else, you know."

"My dad would always be like, don't let it bug you, ignore it. Like, this is never working. Ignoring feelings don't work."

### SAYS

Thinks that doctors don't understand what she's going through.

Achievements and numbers are defining her worth.

Having control over food is what brings her happiness and makes her feel validated.

Friends aren't able to handle her feelings and that her family won't understand what she's going through.

Initially, she thought that she would always have an eating disorder and that recovery wasn't possible.

Real-life support is important, and integration is what matters, not just programs.

Restricting foods gives her the power and control.

Thought her parents would be angry once they found out about her ED.

She doesn't deserve help if she isn't emaciated or if she isn't "sick enough".

Recovery is about readiness and daily-life integration.

Associated emptiness/the feeling of hunger with pleasure.

### THINKS

Hid her ED behaviors for years where she pretended to eat dinner and lied.

Used numbers and metrics as a type of self-validation. For example, counting the number of meals she skipped.

Switched therapists and professionals repeatedly until she found someone who felt safe.

Compared herself constantly to her high-achieving sister.

Hid her ED behaviors from the treatment staff, where she lied her way out at the first treatment center and got hospitalized 7 times within the year after she left the center.

Connected deeply with one supportive staff member who gave her time and space.

Built coping strategies by participating in photography and art during recovery.

Restricted herself and purged afterwards.

Relapsed after treatment when integration into daily life was missing.

Entered coaching to help others using her lived experience.

### DOES

Shame and embarrassment for when her family found out about her ED.

Sense of pride and control when she skipped meals and achieved certain weight goals.

Hopelessness when she felt that she would always have an ED.

Relief when people sat with her and allowed creativity within the treatment process.

Fulfillment with helping other people as a coach and watching her clients grow.

Validated when people held space for her.

Anger at the healthcare gaps and how insurance companies define EDs.

Confusion when she got mixed opinions from professionals. Being diagnosed with ED but doctors tell her to lose weight.

Frustration when staff at treatment centers were very rigid and strict on all rules.

Happy when her therapist took her to the gardens, using an unconventional approach.

### FEELS



# Solutions Brainstorming

## Sandra Solutions Brainstorm

Allow friends to send encouraging or messages periodically to help others feel cared for and less alone.

Send personalized notes or short quotes from people who have gone through similar struggles, helping users start the day with encouragement.

Design a tool or app that removes the label of "eating disorder," framing it instead as "wellness" or "self-care improvement."

App to record 10-15 second anonymous voice reflections and listen to others' messages for comfort.

Digital cards users can draw each morning with affirmations

An app that sends personalized notes to start the day, like short quotes and stories from people who have gone through similar struggles (encouraging users to recognize that their struggles are valid and deserving of help).

Create an online community platform where users can connect with others in their local or digital communities safely.

Provide tools that help individuals communicate their needs to friends without feeling like a burden.

Create a journaling and reflection space for people to express thoughts privately or share anonymously.

Provide education that eating disorders exist on a spectrum, eliminating the "sick enough" mindset.

Create an option for users to "signal" when they'd like to be reached out to (e.g., toggle or symbol in an app).

Subtle app button users can tap when they're struggling

Host in-person wellness workshops that aren't labeled as "ED" but promote reflection and recovery discussions.

Offer a drop-in "wellness group" (in-person or virtual) where people can casually talk or listen without commitment.

Create low-stakes opportunities to engage, like small discussion prompts or daily reflection challenges.

Use destigmatized words and events that feel approachable but still help people find support.

## Violet Solutions Brainstorm

Create education curriculums or role-plays for these situations – as much as we talk about it, experiencing is different.

A shared journal for both the clinician and user. The clinician is able to see the journal and respond with encouragement.

Some helpful cards or notes, similar to a script, that help the clinician or user rephrase phrases that are not so validating.

Integrate the exercises in a more natural way, maybe as if it was just something that popped up.

Redesigning the environment of clinicians, making sure that it's a more comfortable experience that encourages conversation.

show care for their conditions not as a physiological matter but the quality of their living.

A guided digital journal that prompts users to reflect on values, motivations, and moments for wanting to heal their relationship with food and body image (e.g., "What will life look like if I develop a healthy relationship with food and body image?").

Social media-formed application that involves journaling and food logs and the team can comment online like friends and it feels a part of some mutual system that nudges them to positivity.

Maybe meeting not in the clinical space – would it be better to make first meetings in a more friendly place?

Give a space where the patient can teach the professional something.

Making professional scheduling feel more like texting or just calling friends, somehow integrated into life naturally.

Games to include in treatment, which brings in an element of childish play.

An AI professional specifically tailored to the patient's personality, sense of humor, needs, and wants.

An app that educates families and clinicians on do's and don't's to say during conversations.

# Empathy Map for Clarisse (ED Patient and Coach)

"She just that was the healing thing, like going against the norm the rules, and actually giving me what I needed at the time."

"And then, slowly but surely, life surprised me, and treatment professionals surprised me, and I started making better relationships and better connections, and I started craving health rather than sickness."

"And was like, yeah, she just held space for me. So I think like holding space like validation of my emotions, I wasn't this crazy person. I had legit feelings. I had toxicities in my life that made me feel a certain way, and those feelings were valid."

"I hid my eating disorder for seven years before my parents even found out. I would always lie and sneak just because I was like, I don't need lunch."

"We only need to eat once a day, like, it's fun, you know, like just these lies that diet culture tells us."

"I would go days without eating, and I would feel so powerful."

"I just felt like I was always too much and not enough."

"He sat with me for, I think, two to three hours afterwards, and just let me cry. And he was like, if you want to go purge, go purge, but we're gonna talk about it afterwards."

"Never thought I was gonna recover, never thought I was gonna recover. I always thought that I was gonna have an eating disorder. I just thought maybe I just won't have as severe of an eating disorder as once before."

"I latched on to something, anything I could. And I think that was like, Oh, I went the whole day without eating, and I'm still alive, you know, like that significance."

"That was like the very first time where I felt permission to go hurt myself, but then talk about it and have support afterwards, versus like you have to follow these rules or else, you know."

"My dad would always be like, don't let it bug you, ignore it. Like, this is never working. Ignoring feelings don't work."

## SAYS

Thinks that doctors don't understand what she's going through.

Achievements and numbers are defining her worth.

Having control over food is what brings her happiness and makes her feel validated.

Friends aren't able to handle her feelings and that her family won't understand what she's going through.

Initially, she thought that she would always have an eating disorder and that recovery wasn't possible.

Real-life support is important, and integration is what matters, not just programs.

Restricting foods gives her the power and control.

Thought her parents would be angry once they found out about her ED.

Recovery is about readiness and daily-life integration.

Associated emptiness/the feeling of hunger with pleasure.

She doesn't deserve help if she isn't emaciated or if she isn't "sick enough".

## THINKS

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