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Food for Thought: An Exploration of the Interplay between Eating Disorder Recovery and Recovery Instagram Accounts

Allison Dashow
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Allison Dashow, B.A., M.S.

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SPONSORING COMMITTEE:
LINNEA MAVRIDES, PSY.D.
EVA FEINDLER, PHD
ALEXIS CONASON, PSY.D.
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Abstract

Social media use is more widespread than ever, with over 800 million monthly active users on Instagram alone (Anderson & Jiang, 2018). The literature suggests an association between social media usage and mental health issues, specifically that it increases body image concerns, body comparisons, and disordered eating (Saunders & Eaton, 2018; Tiggemann & Slater, 2013). While multiple studies have investigated the type of content present and individuals’ experiences within pro-eating disorder (ED) communities, few studies to date have examined Instagram’s (IG) ED recovery communities. The aim of the current study was to explore the interplay between individuals’ ED recovery and their recovery-based IG accounts. Twelve semi-structured interviews were conducted with individuals who have recovery-based IG accounts. These interviews were coded and analyzed using the Auerbach and Silverstein (2003) method and yielded the following constructs: SOCIAL COMPARISON THEORY; SELF-PRESENTATION THEORY/IMPRESSION MANAGEMENT; POSITIVE ASPECTS OF THE COMMUNITY; NEGATIVE ASPECTS OF THE COMMUNITY; MIXED EXPERIENCES AND UNPREDICTABILITY; VULNERABILITY; ACCOUNT CHANGES AS RECOVERY PROGRESSES; and EXPERIENCE MIRRORS THE CURRENT CLIMATE AND STEREOTYPES. This study provides groundwork in understanding how people use their IG ED-recovery accounts, how the accounts impact their identities, and the ways in which exposure to others’ IG ED recovery accounts may affect their recovery. This knowledge has implications for both treatment providers and individuals with EDs, as it may inform how helpful and/or harmful IG recovery accounts are in relation to recovery.
The Interplay between Eating Disorder Recovery and Recovery Instagram Accounts

In recent years, social media has permeated Americans’ everyday lives. In 2014, roughly 89% of young adults in the United States reported regularly using a social media platform (Villanti et al., 2017). In that same year, 24% of U.S. teenagers reported “almost constantly” being on the Internet (Anderson & Jiang, 2018). By 2018, that number drastically increased to 45% of teenagers, with 95% of teens reporting having access to a smartphone (Anderson & Jiang, 2018). Social media use is clearly widespread, with over 2.6 billion Facebook users (Clement, 2020), 330 million monthly active Twitter users (Clement, 2019a), and upwards of one billion monthly active Instagram users (Clement, 2019b).

As social media usage has dramatically increased in recent years, the impact of social media usage on mental health has become a growing concern. Across the past two decades, longitudinal studies have found a bi-directional association between screen-based sedentary behaviors, such as watching television, spending time on a computer, or playing a video game, and mental health disorders, including major depressive disorder, generalized anxiety disorder, social phobia, and panic disorder (Primack et al., 2009; Sund et al., 2011). A meta-analysis, consisting of forty studies and a total of 21,258 participants, examined the relationship between Internet usage and psychological well-being and confirmed that Internet usage can have a detrimental impact on mental health; specifically, greater Internet usage was associated with greater levels of depression and loneliness (Huang, 2010). This is a deeply troubling outcome for such a growing and widespread hobby, particularly among children and teens.

It is noteworthy that even adolescents perceive social media to be detrimental, with one in four teens claiming that social media has a negative influence on their mental health (“Teens, Social Media, and Technology,” 2018). In an attempt to better understand adolescents'
perspectives on social media and mental health, O'Reilly et al. (2018) conducted six focus groups with fifty-four adolescents over a three-month span. Overall, the adolescents viewed social media as detrimental to their wellbeing, saying they believed that it causes mood and anxiety disorders, as well as non-suicidal self-injury and suicidal ideation; contributes to low self-esteem due to photoshopped images; and is a platform for cyberbullying, especially given the feasibility to target someone anonymously. Some individuals even framed social media as an “addiction” and a “drug.” Their associations consisted of other negative terminology, such as “dangerous,” “risky,” “damaging,” and “traumatizing.” Clearly, adults are not alone in their concerns about the psychological problems associated with social media.

But the impact may not be merely on perception. Rather, real mental health diagnoses have grown in concert with social media usage. According to the National Surveys on Drug Use and Health, a nationally representative survey of U.S. adolescents and adults, there was a significant increase in the twelve-month prevalence of major depressive episodes (MDEs) for both adolescents (ages 12-17) and young adults (ages 18-25) between 2005 and 2017 (Mojtabai et al., 2016). The survey, which tracked 172,495 adolescents and 178,755 adults, incorporated a structured interview based on the Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition (DSM-IV) to assess MDEs, as well as other questions to assess their prior and current mental health and psychopharmacological treatment for depression. They found that the prevalence of MDEs among adolescents was 8.7% and among adults was 8.8% in 2005, which then increased significantly (p<.001) to 13.2% and 13.2% respectively by 2017. The increase in MDEs is not attributed to greater access to mental health treatment and therefore diagnoses, as the proportion of individuals who received treatment did not change between 2005 and 2017.
The study also controlled for factors that are associated with adverse mental health outcomes, such as single parent homes and incomes (Mojtabai et al., 2016).

The same survey also found a 71% increase in serious psychological distress among young adults from 2008 to 2017. This trend was much weaker and less consistent among adults aged twenty-six and older (Twenge et al., 2019). Given that adolescents and young adults spend significantly more time on social media than adults, in conjunction with the rise of social media within the past decade, one might postulate that social media is contributing to more psychological distress. The survey found that adolescents with greater electronic usage and less time spent on non-screen activities had worse psychological well-being. Adolescents who spent the least amount of time using electronics were the happiest. Further, psychological well-being was greater in years when adolescents spent more time engaging in non-screen activities and was worse in years when they spent more time engaging in on-screen activities (Twenge et al., 2018).

O’Reilly’s (2018) study highlights many disconcerting consequences of social media usage, one of which is lower self-esteem seemingly related to viewing photoshopped images. With greater social media usage comes greater exposure to altered images and more opportunities for (possibly negative) self-comparison. As more applications become available to edit and photoshop images, it can be hypothesized that more or most images across the Internet that are viewed by the general public have been altered in some capacity. While the general impact of increased social media usage on adolescents is increased mental health distress and depression, for some, these negative self-comparisons may also result in disturbed behavior related to their body size and shape.

*History of Media, Body Image, and Disordered Eating*
Society’s standard of the ideal body is ever-changing and has had profound effects on people’s eating habits. In the 1940s, thin bodies were viewed more negatively and were associated with certain stereotypes, including submissiveness, nervousness, and social isolation (Sheldon & Stevens, 1942). On the other hand, larger bodies were considered more attractive, admired, and desired (Ford & Beach, 1952). Within a few decades, though, the same body that was once perceived negatively and as inferior became the idealized body. By the 1980s, thinner bodies were associated with more positive qualities and greater sexual appeal, whereas larger bodies were perceived as less desirable (Spillman & Everington, 1989).

As body standards changed, so did mass media and the bodies that they depicted. Between the 1940s and 1980s, women appearing in *Playboy* magazines and Miss America Pageants became significantly slimmer (Garner et al., 1980). Further, there was an increase in the number of dieting and weight-loss articles published in popular women’s magazines (Garner et al., 1980). One decade later, researchers confirmed that not only was the thin-ideal still salient, but that Miss America Pageant contestants were slimmer than ever (Wiseman et al., 1990). This raises concern, as the thin-ideal and long-term sustained weight loss is unattainable for the majority of people (Attie & Brooks-Gunn, 1989; Mann et al., 2007) and may lead to an increase in problematic attitudes and behaviors in attempting to achieve the ideal.

The media’s focus on thin bodies throughout the late 20th century correlated with increased body-dissatisfaction and disordered eating among women, seemingly due to the growing pressure to alter one’s body and conform to the societal standard. In 1997, in order to examine whether traditional media, such as magazines, impact body satisfaction and perceptions, Turner and colleagues (1997) conducted a study in which thirty-nine undergraduate women were randomly assigned to one of two experimental groups: the fashion magazine group or the news
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magazine group. After reading through the magazines that they were presented with, the participants completed questionnaires to assess their body image satisfaction. They found that women who read the fashion magazines reported a greater desire to lose weight and perceived their bodies more negatively compared to the women who had read the news magazines. Further, the fashion magazine readers were more preoccupied with being thin and reported greater body dissatisfaction (Stice & Shaw, 1994).

Hawkins and colleagues (2004) conducted a similar study in which 145 college women were randomly exposed to either forty thin-ideal photos from popular magazines (experimental group) or neutral images (control group) from the same magazines. After looking through the photos for thirty minutes, the participants completed multiple questionnaires. They found that exposure to thin-ideal photos increased body dissatisfaction and negative affect and decreased self-esteem when compared to the control group. In addition to evidence in the late 1990s and early 2000s that suggests potential negative impacts of media exposure on body dissatisfaction, researchers also began to theorize that society’s heavy focus on thinness had also contributed to a rise in eating disorders (Kiemle et al., 1987; Stice & Shaw, 1994).

With just monthly periodicals and occasional access to other forms of traditional media impacting body image and disordered eating, new media amplified these issues due to easier and constant access. As the Internet became more widespread along with social media, the use of smartphones, and smartphone applications, researchers continued to investigate the specific impact of newer forms of media on body image and disordered eating. In their 2010 study, Tiggemann and Miller were interested in examining the correlation between Internet usage containing appearance-focused content with the internalization of the thin ideal, appearance comparison, weight dissatisfaction, and a drive for thinness. They defined “internalization of the
“thin ideal” as the extent to which an individual believes that a thinner body is more desirable. The concept of “appearance comparison” is the tendency for an individual to compare one’s overall appearance with someone else’s. Further, “weight dissatisfaction” is characterized by negative attitudes and feelings toward an individual’s body. Lastly, “drive for thinness” is a subscale of the Eating Disorder Inventory that assesses disordered eating attitudes about body image and weight. The researchers asked 156 Australian female high school students to complete measures regarding their media usage, including Internet, television, and magazine exposure, and body image. Participants reported an average of two to three hours per day of Internet usage, with Myspace and Facebook being the most popular social media platforms cited. The results of the study yielded a correlation between Internet usage on sites with appearance-focused content and the internalization of the thin ideal, appearance comparison, weight dissatisfaction, and a drive for thinness. That is, Internet usage was found to negatively impact individuals’ body image on multiple dimensions. Time spent on Internet sites other than social networks was not associated with worse body image. Therefore, it appears that body image concerns are more directly impacted by the particular site that is visited. It is postulated that the Internet differs from magazine and television and may in fact be more harmful than other forms of media due to its participatory nature, versus magazines and television which are unidirectional and more passive (Tiggemann & Miller, 2010).

Another study examined the relationship between Internet exposure and body image among adolescent girls (Tiggemann & Slater, 2013). The participants consisted of 1,087 adolescent girls who completed questionnaires regarding their Internet consumption and body image concerns. The results suggested a significant relationship between time spent on the Internet and internalization of the thin ideal, drive for thinness, and body surveillance (defined as
a constant monitoring and preoccupation with one’s physical appearance). This study replicated Tiggemann and Miller’s 2010 study and further substantiated their findings (Tiggemann & Slater, 2013).

While participants in Tiggemann and Miller’s (2010) study spent two to three hours per day on the Internet in 2010, the data show that, on average, people spent six and a half hours per day on the Internet in 2019 (We Are Social & Hootsuite, 2019)—more than twice as much time. Given the relationship between frequency of Internet usage and preoccupation with thinness, one might extrapolate that this increase in Internet usage may be heightening individuals’ preoccupation with their bodies and desire for thinness.

Tiggemann and Miller’s (2010) research underscored that the type of Internet site visited reflects the degree of subsequent body image concerns. Research has consistently found a negative association between Facebook usage and body image concerns. Specifically, Facebook users have indicated more body image concerns than non-Facebook users (Tiggemann & Slater, 2013). Not only do we see its negative influence on body image, but, additionally, a cross-sectional survey (Mabe et al., 2014) found that higher Facebook usage was associated with greater disordered eating. Disordered eating was assessed through the Eating Attitudes Test 26 (Garner, 1982), a self-report measure with a six-point scale that measures eating disorder symptomatology. Those who reported spending more time on Facebook also reported engaging in more appearance-focused behaviors, including comparing their bodies to others’ through pictures and un-tagging themselves from photos if they did not like the way that they looked. Consistent with the aforementioned study, Fardouly and Vartanian (2015) found a positive correlation between Facebook usage and body image concerns. The relationship was mediated by the frequency of appearance comparisons, including using photos on the site to compare
oneself to close friends or distant peers. The participants also engaged in upward comparison when comparing their bodies to celebrities and peers and compared their bodies to their family members’. Given that adolescents and young adults spend a significant amount of time on social media, this raises the concern of how much screen time is too much to maintain a healthy body image in the face of all of the appearance comparisons that occur there. Evidently, the visual components of social media platforms are particularly powerful when considering their detrimental to mental health. Whether it be more traditional media such as magazines or social media such as Facebook, there is extensive literature that continues to link a variety of media platforms with body dissatisfaction and disordered eating.

*The Impact of Social Comparison*

Leon Festinger (1954) developed the social comparison theory, which posits that humans have an innate drive to compare themselves with others’ abilities in order to evaluate their own self-worth. While this is an inherent aspect of being a social animal, individuals vary in the extent to which they compare themselves to one another. Social comparison is a bidirectional phenomenon, allowing for both upward and downward comparison. Upward comparison is characterized by comparing oneself to someone perceived as superior whereas downward comparison is characterized by comparing oneself to someone perceived as inferior (Guyer & Vaughan-Johnston, 2018). Upward comparison is associated with more negative consequences, including low self-esteem and negative affect (Fitzsimmons-Craft, 2011; Fitzsimmons-Craft, 2017; Guyer & Vaughan-Johnston, 2018). The literature regarding the consequences of downward comparison is equivocal; some studies suggest it leads to positive consequences (Bailey & Ricciardelli, 2010; O’Brien et al., 2009), whereas others suggest it results in either neutral or negative consequences (Lin & Kulik, 2002; Lin & Soby, 2016).
Given the preoccupation with one’s body that can characterize an eating disorder, social comparison is believed not only to predispose individuals to developing eating disorders (ED), but also to maintain the disorder (Arigo et al., 2014). The negative effects of media exposure are often attributed to the social comparison phenomenon (Levine & Murnen, 2009). Social comparison mediates the relationship between the internalization of the thin-ideal and body dissatisfaction (Fitzsimmons-Craft et al., 2016). However, social comparison not only encompasses body comparisons but can also include comparison of one’s food intake and exercise habits. Some studies have found that individuals who engage in more eating-related social comparisons, such that they evaluate others’ food intake versus their own (e.g., amount of food eaten, level of perceived balance, speed of eating, perceived healthiness), tend to experience greater subsequent body dissatisfaction and caloric restriction (Fitzsimmons-Craft et al., 2015; Fitzsimmons-Craft, 2017). Individuals often engage in upward social comparison of the amount and intensity of their own exercise to another’s, whether it be a friend, acquaintance, or stranger (Fitzsimmons-Craft, 2017). Overall, women tend to engage in more upward comparison than downward comparison (Leahey et al., 2007). This, in conjunction with the greater detrimental effects associated with upward comparison versus downward comparison, raises concern as to how regularly women are comparing themselves in an upward direction. The widespread usage of social media may only exacerbate social comparison as it provides opportunities 24/7 to compare one’s body, food, and exercise habits to those of friends, strangers, and celebrities. Many shared articles and comments on Facebook profiles and groups, as well as targeted ads, display a fixation with food, bodies, and exercise with a focus on low-calorie foods, how to lose weight, and which exercises burn the highest number of calories. Even beyond the sharing of selfies, the public conversations individuals are having on Facebook about bodies and food may
have a negative impact on users due to social comparison. While social comparison is an ingrained process that people naturally engage in, social media provides even greater opportunities to do so.

*Social Comparison, Social Media, and Body Dissatisfaction*

In recent years, researchers have explored the associations between body image, internalization of the thin ideal, and social comparison on newer social media platforms, such as Instagram. Researchers have found similar connections between Instagram usage and body image concerns as were found in studies that explored the Facebook platform. For example, a 2018 study that consisted of 276 participants from the U.S and Australia found that the relationship between the amount of time spent on Instagram and body image concerns is mediated by appearance-related comparisons (Fardouly et al., 2017). Further, it appeared that the amount of time spent on Instagram was positively correlated with self-objectification (i.e., viewing one’s body as an object to be evaluated). That relationship might be best explained through Instagram’s large focus on physical appearance such that people post photos of themselves and often write appearance-related comments on others’ photos. The relationship was mediated by the internalization of the thin ideal, which may be exacerbated by idealized representations of photos on Instagram through editing applications. Lastly, the study found that the relationship between the amount of time spent on Instagram and body image concerns appears to be mediated by appearance-related comparisons (Fardouly et al., 2017); in other words, the more time spent on Instagram, the more users see more idealized bodies, and the worse they feel about their own.

Experimental studies have demonstrated the association between social media usage, social comparison, and body dissatisfaction. For example, Tiggemann, Hayden, Brown, and
Velduis (2018) aimed to examine how the number of likes on an Instagram (IG) photo and the body size of the person in the photo would impact body satisfaction. Two-hundred and twenty students aged 18-30 were presented with 15 IG photos, each displayed for 15 seconds. There were four conditions: a photo of a thin body with few likes, a photo of a thin body with many likes, a photo of an average sized body with few likes, and a photo of an average sized body with many likes. The participants completed surveys examining their IG habits (e.g., frequency of posting, average daily time surfing the application, etc.) and the degree of importance they place on the number of likes they receive on their photos. While viewing the photos, they completed a social comparison scale to determine the extent to which they were comparing their own appearance to the photos. Lastly, they completed surveys before and after the experimental conditioned that measured mood, body dissatisfaction, and facial satisfaction. The results suggested that exposure to photos of thin bodies resulted in greater body and facial dissatisfaction compared to photos of average sized bodies. Further, photos of thin bodies with a higher number of likes elicited greater social comparison. This may suggest that social media users tend to interpret a photo of a body with a greater amount of likes as superior or more attractive than a photo with fewer likes. Currently, IG is experimenting by removing the number of likes on posts for certain users. While there is no published research examining the impact of such a change, the results of Tiggemann and colleagues’ (2018) study suggest that this change may result in less social comparison and therefore less body dissatisfaction. Still, many IG posts continue to reveal the number of likes and therefore may continue to amplify the negative impact on viewers when they see different types of bodies being rated with likes.

In addition to body dissatisfaction, greater Instagram usage has also been positively associated with increased self-objectification, a relationship that is mediated by internalization of
the thin ideal and social comparison to celebrities (Fardouly et al., 2017). Not only does the general population have access to thousands of images of celebrities, friends, peers, and strangers via the Internet, but these photos are often photo-shopped (The Renfrew Center Foundation, 2014) as a means to portray bodies as slimmer and therefore more attractive based on the current conception of the ideal body (Posavac et al., 1998). This creates a standard for physical appearance that is highly unattainable for the general population. As such, individuals may compare their bodies to these altered images, thereby creating a discrepancy between their bodies and what they view as the ideal, resulting in body dissatisfaction. Given the extensive literature examining the relationships between social media, social comparison, and body-related issues, such accessibility is highly concerning.

In addition to examining the correlations between social media and body dissatisfaction, researchers have been interested in the causal relationship between the two. In a two-wave longitudinal study consisting of 604 Dutch adolescents aged 11-18, Vries, Peter, Graaf, and Vries (2016) instructed participants to complete multiple surveys and subsequently to complete them again 18 months later. These surveys examined the participants’ frequency of social network site use, frequency of peer appearance-related feedback (both positive and negative), and body dissatisfaction based upon eight appearance attributes. The researchers found that greater social network site usage predicted an increase in body dissatisfaction and an increase in peer influence on body image through more peer appearance-related feedback 18 months later for both girls and boys. The longitudinal nature of this study contributes more validity to the body of existing research regarding social media’s negative impact on body image.

In another more recent study, Saunders and Eaton (2018) aimed to understand the relationship between multiple social media platforms, body image, and disordered eating.
Participants included 637 women, ages 18 to 24, who completed questionnaires regarding their social media usage on different platforms, body surveillance, social comparison, body dissatisfaction, and eating pathology. All participants had no prior eating disorder diagnosis. Across all social media platforms examined (i.e., Facebook, Instagram, and Snapchat), there was a significant positive relationship between upward comparison on social media platforms and disordered eating as well as between body surveillance and disordered eating outcomes. As disordered eating and preoccupation with one’s appearance are both significant risk factors for the development of an eating disorder, this raises concern regarding social media’s role in the development and maintenance of eating disorders as well (Saunders & Eaton, 2018).

Additionally, the research indicates a particularly insidious aspect of social media when it comes to body image and disordered eating: the idea that less is always more, even healthy, when it comes to diet and body size (e.g., deprivation, restriction, thinness). Turner and Lefevre (2017) surveyed 680 social media users who reportedly followed health food accounts. Participants completed surveys that assessed which social media platforms they frequently used, how much time they spent on these platforms, their eating behaviors (e.g., veganism, paleo diet, etc.), and orthorexia nervosa symptoms using the Orto-15 Inventory (Donini et al., 2005). Orthorexia nervosa is characterized by a preoccupation with healthful eating that leads to an avoidance or restriction of food intake and, ultimately, insufficient nutritional/energy needs. The results found a significant positive relationship between frequency of Instagram usage and orthorexia symptoms. No other social media platforms were associated with orthorexic tendencies. There are a variety of reasons that could help explain these findings. First, Instagram is an image-based platform unlike other platforms, such as Google, which is more text-based. Therefore, users are likely to encounter images and/or videos of bodies, exercises, food, and
recipes. Also, Instagram’s selective-exposure nature, or the ability to choose and follow specific accounts, may create a newsfeed that concentrates certain themes, such as photos of food that are considered “healthy” or low-calorie, therefore increasing the impact of social comparison on body image and potentially exacerbating disordered eating behaviors. In other words, images are wielded quite powerfully and often detrimentally when it comes to viewers’ mental health on Instagram. Thus, not only is there a relationship between social media and social comparison as well as body dissatisfaction but social media may also be contributing to the rise in orthorexia.

Social Media and Pro-Eating Disorder Communities

As social beings, humans have a basic need and desire for human connection and social support, which can be particularly important in the context of mental health issues. Crandall (1998) developed the social contagion hypothesis of eating disorders which posits that sharing information, such as disordered eating tips, between members of a group is likely to increase cohesion as well as imitation of those behaviors. People tend to mirror the behaviors of their peers, which are then positively reinforced. This hypothesis may account for the high rates of EDs that are commonly found among friend groups (Crandall, 1998; Forman-Hoffman & Cunningham, 2008).

While social media generates the perfect storm for social comparison and communication regarding diet culture-related advice or trends, the social component associated with the pursuit of weight loss and the presence of eating disorders existed well beforehand. In 1963, Jean Nidetch established the Weight Watchers program and held a weekly event at home where she and her friends shared weight loss advice and goals (Carroll, 2019). This shared space may have easily created a breeding ground for the development of disordered eating and eating disorders. Although not well documented, peer groups over the years, whether formally or informally, may
have very well discussed weight loss and the latest fad diets. Other venues for discussion might have included diet programs, such as Weight Watchers, where people could gather on a weekly basis to converse about diet-related behaviors. Others may have learned about these behaviors through books, magazines, and movies, some of which glorified eating disorders (Thomson et al., 2001). This exposure may have increased the viewers’ risk of developing an eating disorder. People who go on to develop eating disorders may also share harmful behaviors with one in another in hospital and treatment settings (Murray, 2002). During the 20th century, people did not have as many widely accessible and private outlets for sharing and acquiring these tips and tricks and therefore may have struggled mostly in secret and alone.

The rise of the Internet, and social media in particular, created further opportunities for people to gather weight loss tips and connect with others who also shared these interests. These forums have led to the creation of and amplified the messages of communities who seek to embrace and even encourage disordered eating (known as pro-ED communities), and they have also potentially contributed to the social contagion of these behaviors (Crandall, 1988). The concern regarding the association between social media, greater body dissatisfaction, and disordered eating is intensified when taking into account the prevalence of pro-ED communities, websites, and content throughout many social media platforms, including Facebook, Instagram, Pinterest, and Tumblr (Custers, 2015). Pro-ED communities promote the notion that eating disorders are a lifestyle and disseminate content, tips, encouragement, and support for the engagement in eating disorders and related behaviors (Norris et al., 2006). The majority of people who visit these sites are young women, 75% of whom are classified as “normal weight” or larger according to the body mass index (BMI) (Csipke & Horne, 2007). It should be noted that weight should not signify the severity or type of disorder with which an individual presents.
Eating disorders do not discriminate against weight and therefore affect people all across the weight spectrum (Metz, 2020; Muhlheim, 2020). Unfortunately, many medical and mental health providers continue to rely on the BMI scale to diagnose EDs. As a result, people’s EDs are often overlooked, and people may even be denied treatment if their weight does not fall below a low BMI (Marsh, 2021; Miller, 2014).

When studied, it is quickly apparent how damaging pro-ED content may be to consumers’ mental health. A systematic content analysis of 180 pro-eating disorder websites found that 84% of the websites had pro-anorexia content, 64% had pro-bulimia content, and 85% posted “thinspiration” material, or material that motivates individuals to engage in disordered eating behaviors through quotes, advice, and images (Borzekowski et al., 2010). Further, 83% provided advice as to how to engage in disordered eating. In the context of Bandura’s (1986) social cognitive theory, whereby people learn through observation and modeling, it can be speculated that pro-ED communities can be detrimental and negatively influence individuals who are vulnerable but do not yet have an ED diagnosis.

Pro-ED sites and communities offer strategies for concealing ED from family members, friends, and medical professionals (Borzekowski et al., 2010). This advice may include leaving dirty dishes around the house to conceal restricted eating or drinking water before a doctor’s appointment to conceal weight loss (Harshbarger et al., 2009). While there may be a range of reasons as to why individuals want to hide their disorders, some are fearful that their loved ones may respond negatively (Dias, 2003; Gavin et al., 2008) or that their caretakers may “force-feed” them (Brotsky & Giles, 2007). Others fear that their parents may force them into treatment and recovery, which would potentially result in weight gain (Brotsky & Giles, 2007).
Other content found on pro-ED communities and websites include calorie charts, BMI calculators, songs about EDs, and photos of thin actresses, emaciated bodies, and bones. Some sites go as far as to outline certain rules that individuals must follow in order to maintain their inherent “worthiness” (Csipke & Horne, 2007). Individuals who visit these sites reportedly do so in an effort to initiate disordered eating and/or obtain tips for maintaining their disorders. Research examining pro-ED websites and their users demonstrates the community’s tremendous influence over the users’ beliefs and behaviors. An alarming 96% of people who visited a pro-ED website reported that they learned new strategies to promote weight loss or purging (Wilson et al., 2006). Not only do these sites educate visitors about disordered eating habits, but they may also discourage people from pursuing recovery. A little less than half of participants who completed a survey regarding their pro-ED website usage reported that the sites helped them maintain their restricting and/or purging, increased their disordered eating behaviors (e.g., weighing oneself), and contributed to engaging in body comparisons (Csipke & Hornes, 2007). These effects, in addition to some participants’ reports that the sites were not encouraging of seeking treatment, speak to some of the damaging impacts of visiting pro-ED websites. At the same time, it is important to note some of the reported benefits of these websites according to their users, including providing social support, improving self-esteem, and decreasing loneliness. Participants noted that they felt a sense of belonging with other users as they not only shared similar opinions and thoughts, but that they were also able to share them without fear of disgust or embarrassment. This sense of belonging might be quite powerful for users given that almost 25% of individuals who surf these sites report social difficulties (Csipke & Hornes, 2007). This informs why these sites are so popular: Not only do they provide people with the content they are seeking to sustain their disorders, but they also offer support and thereby help alleviate
loneliness. Unfortunately, this support appears to be conditional upon actively participating in the community and conforming to the community’s beliefs—specifically regarding engaging in disordered eating. More passive users do not appear to reap these benefits of social connection and support.

The emotional support for dangerous behavior seen on these websites is one of the risks that Rouleau and Ranson (2011) identified in their systematic review of pro-ED websites. While social support is readily available, it is conditional upon active engagement with others on the site as well as conforming to group norms, which may include endorsing similar harmful beliefs about eating disorders to those of established users. Another risk of visiting pro-ED websites includes “reinforcement of disordered eating” through the normalization of such behaviors (Wilson et al., 2006; Harper et al., 2008; & Custers & Van den Bulck, 2009). Website users may praise one another for engaging in disordered behaviors or normalize physical ailments due to restriction, such as the growth of lanugo (Gavin et al., 2008), a protective layer of fine hair that may grow along the face and spine, indicating that an eating disorder has disrupted one’s body temperature regulation (Mehler & Brown, 2015). Website users may also actively promote EDs as a lifestyle choice, share thinspiration photos, and provide weight loss advice (Wilson et al., 2006). In addition, some sites provide instructions for initiating as well as maintaining an ED, create support groups to encourage weight loss, and even outline problematic “commandments,” such as “Thou shall not eat without feeling guilty” (Chesley et al., 2003). It is understandable then why adolescent girls in ED treatment would come to state that they believe pro-ED sites may have caused, or “triggered,” their symptoms (Schroeder, 2010). The normalization and reinforcement of eating disorder behaviors may only serve to further solidify one’s identity as it is intertwined with one’s ED.
The concept of being “triggered” stems back to the 20th century and was first used in reference to shellshock, or post-traumatic stress disorder (PTSD), that people experienced during and after World War I (Monda, 2017). In relation to PTSD, a trigger is defined as an external or internal stimulus (e.g., sound, smell, place, thought, emotion) that reminds someone of a traumatic event. The term is applicable to a variety of mental health issues and colloquially refers to an external or internal stimulus that generates heightened distress (Raypole, 2019). In the context of EDs, a trigger is anything that causes distress and therefore increases someone’s urge to engage in an ED behavior (Triggers – Eating Disorders Glossary, n.d.).

Experimental studies have provided further evidence for the aforementioned concerning conclusions about pro-ED sites. One study found that exposing participants to a pro-ED website dramatically altered their caloric intake compared to those who visited other sites (Jett et al., 2010). In this study, the researchers requested that female undergraduate participants track their daily intake for one week and were subsequently assigned to one of three websites that they were asked to evaluate in terms of design for a total of ninety minutes across two sessions. The websites included a pro-ED site, a health-related site, and a tourist site. They were then asked to complete another food diary for one week. The researchers found that the group who viewed the pro-ED site significantly and drastically decreased their weekly caloric consumption by 2472 calories on average after being exposed to the pro-ED site. No significant change in caloric intake was found for the other two groups. The harmful consequences of surfing these websites is evident: Not only do they contribute to the maintenance of an ED, but they also contribute to disordered eating among individuals with no eating disorder history. Accordingly, it may be that visiting these toxic websites could also trigger the development of an ED.
Given the pervasive unhealthy content on these sites, it is no surprise that users tend to exhibit significant disordered behaviors and a lower quality of life. In a cross-sectional study (Peebles et al., 2012) adult pro-ED website users completed the Eating Disorder Examination Questionnaire (EDE-Q) (Fairburn & Beglin, 1994) and the Eating Disorder Quality of Life (EDQOL) (Engel et al., 2006). Greater frequency and duration of website usage was associated with more disordered eating and worse quality of life. Participants reported engaging in dangerous behaviors, such as purging, laxative use, excessive exercise, and consumption of diet pills. While the majority of participants believed they had an ED, only one third of participants had received some form of treatment. Individuals who had a BMI of 18.5 or greater were less likely to have had a history of treatment. This finding is unsurprising given the pervasive fatphobia in society and amongst eating disorder professionals, such that individuals in larger bodies are praised for their disordered eating behaviors and not provided the proper treatment.

Unsurprisingly, exposure to pro-ED websites can lead to significant effects on body dissatisfaction, dieting, and negative affect (Rodgers et al., 2015). A systematic review (Talbot, 2010) of seven studies revealed that viewing pro-ED website content was associated with significant negative effects on viewers’ behaviors. For example, those who viewed pro-ED websites were more likely to learn about and use purging behaviors than those who viewed pro-recovery websites. The majority of individuals who frequently visited pro-ED websites reported that the websites helped maintain their restricting, fasting, and purging. Further, they reported that viewing the websites resulted in more restriction than they had engaged in prior to visiting the websites. When compared to individuals who viewed an appearance-neutral website, individuals who viewed pro-ED websites reported an increase in negative affect and body
comparison. Lastly, individuals with EDs who viewed pro-ED websites experienced longer duration of their EDs than those who did not visit pro-ED websites (Talbot, 2010).

With the development of social media platforms, it was only a matter of time before pro-ED content made its way from stand-alone websites to social media. Although some social media platforms, such as Instagram, have taken measures to limit or ban pro-ED content, one study (Chancellor et al., 2016) found that the ban was not effective, as pro-ED communities continued posting and searching for pro-ED content by adopting nonstandard lexical variations of the banned hashtags. The lexical variation of hashtags was reportedly used to continue to encourage others to maintain their ED behaviors. Currently, an Instagram search of the hashtag “Anorexia” or “Bulimia” results in a prompt that seeks to divert users to helpful resources or allows users to see the posts. The user is then presented with three options: “Get support,” “Show posts,” or “Cancel.” As a work-around, individuals have started to popularize misspellings of common phrases and words, thereby using hashtag code to indicate their membership in the pro-ED community and allow their content to be searchable to those in the know. Although Instagram is attempting to intervene and provide resources, individuals still have access to these damaging communities.

*Social Media and Peer Support*

Despite the aforementioned impact of social media on mental health, studies suggest that some individuals utilize social media to help foster mental wellbeing. A qualitative study found that individuals with mental health challenges utilized online platforms, such as YouTube, to both offer and receive hope, support, and coping strategies (Naslund et al., 2014). These individuals turned to social media platforms to share their story, seek advice, and garner support. As people with mental health challenges are more prone to isolate and experience stigma, social
media offers them an outlet to interact anonymously with others who can understand and validate their experiences (Naslund et al., 2016).

Naslund, Aschbrenner, Marsch, and Bartels (2016) developed a conceptual model to understand how online peer-to-peer connections allow individuals with serious mental illness to fight stigma, take an active role in managing their own mental health care, and seek out resources to foster better mental health. Reportedly, by using social media, these individuals are able to gain a sense of belonging, share coping strategies, and inform one another of mental health resources. Overall, the authors suggest that the benefits of peer-to-peer support through social media are worth the potential risks of exposing oneself to further stigma and disparaging comments (Naslund et al., 2016).

Other studies support the notion that social media can be used to positive effect by those with mental illness. Gowen, Deschaine, Gruttadara, and Markey (2012) used an online survey to explore social media usage among young adults with mental illness. Their 207 participants, only some of whom had mental health challenges, reported their social media usage, what resources they believe people with mental illness might need, and what social networking sites targeting individuals with mental illness should include. About 94% of participants with mental illnesses reported using social media. Those with mental illness were more likely to engage with social media in a manner that boosted social connectedness and cultivated online friendships than individuals without mental illness. Further, they were more likely to want social networking sites that target individuals with mental illness to include resources for independent living skills and overcoming social isolation. While there are harmful aspects of social media, its ability to bring individuals together to feel supported, validated, and less isolated underscores the need for these
sites. At the same time, it is crucial that these sites be carefully monitored for content that may encourage or reinforce pathological behavior.

**Social Media and Pro-Recovery Communities**

In addition to pro-ED communities, pro-recovery communities exist on social media as well. Within pro-recovery communities, individuals post about their mental health challenges, support each other in their recoveries, and promote treatment options and recovery (Chancellor, Mitra, & Choudhury, 2016). Individuals with eating disorders have reported spending time on pro-recovery sites to gain support from peers. They also reportedly visit these sites in order to meet other individuals who also have or have struggled with EDs. On average, individuals report spending anywhere from zero to seven hours per week on these platforms (Wilson et al., 2006).

An investigation of eating disorder communities found greater pro-ED than pro-recovery content on social media platforms, such as Tumblr (Choudhury, 2016). Unfortunately, there is scarce research examining the pro-recovery communities when compared to the breadth of research that explores pro-ED communities. LaMarre and Rice's (2017) study is one of only a few to explore the content posted within the ED recovery community. In it, the researchers analyzed 1056 Instagram (IG) posts, both photos and captions, under recovery-related hashtags that were posted over the course of three days in order to better understand how people represent their recovery. They utilized Braun and Clarke’s (2006) methodology to categorize the image content and captions into multiple themes. The analysis suggested that most representations were stereotypical in that they reinforced the false notion that people with EDs are thin, white, and middle to upper class young women. Some themes that emerged included “A Feast for the Eyes” (aesthetically pleasing photos of food), “Bodies of Proof” (images of bodies and before and after photos), “Quotable” (inspirational quotes) and “(Im)Perfection” (descriptive captions whereby
individuals compare and contrast their eating patterns and experiences to other people’s). The majority of the content included photos of food, bodies, quotes, and comparisons as well as captions that highlighted individuals’ experiences of being “normal versus abnormal” in relation to food and recovery. Some of these themes overlap with the content found within pro-ED communities, including images of bodies and quotes (Borzekowski et al., 2010). While these communities appear to have different beliefs as well as intentions in regard to the content they post, the commonality of the type of content posted is noteworthy.

If social comparison, which is associated with worse body image, is prevalent within the pro-recovery community, it raises concern regarding the utility of these communities and their ability to positively impact individuals’ recovery. Research suggests that those who spend more time on Facebook comparing themselves to their peers from treatment have greater eating disorder pathology (Saffran et al., 2016). Given LaMarre and Rice’s (2017) finding that people often compare themselves within the recovery community, this calls into question the direction in which social media is impacting recovery. According to an exploratory study that examined the experiences of individuals with EDs in an online-based discussion group, the discussion group was viewed as helpful in the beginning stages of recovery but harmful in the later stages (Keski-Rahkonen & Tozzi, 2005). As one user stated, the discussion group displayed the “illusion that if you hang out [there], nothing else is needed for recovery.” The authors even suggested that people should be encouraged to leave online discussion groups in the later stages of recovery, possibly due to the harmful impact of clinging to one’s eating disorder identity. Some users, in fact, attributed their recovery gains to “giving up” their identity as someone with an eating disorder. Therefore, leaving these groups may help individuals dissociate from this identity. Still, if users are finding these groups to be helpful in fostering connection and support,
one might speculate how challenging it could be to detach from these communities in the later stages of recovery.

While pro-ED users have been found to be able to persuade members of the pro-recovery community to engage in eating disordered behavior (Yom-Tov et al., 2012), there is debate as to whether ED recovery communities are harmful or helpful. The literature is mixed: On one hand, these communities help people develop a voice and a sense of social support, while on the other hand, they can cultivate an environment filled with social comparison and triggering content. For example, in one study of 76 patients with EDs who visited pro-recovery websites, 46.6% reported that they learned new weight loss and purging techniques, and 39% reported that they learned of new diet aids, including laxatives and supplements (Wilson et al., 2006). Not only was this knowledge obtained but it was also implemented: 39.3% used the new weight loss and purging techniques, and 17.9% used the new diet aids. Given the unstable nature of recovery, individuals’ recovery accounts may sometimes begin to more closely mirror pro-ED accounts, thereby inadvertently exposing their followers to potentially triggering content. This calls into question the utility of pro-recovery communities and their impact on people’s recovery.

Study Rationale

The current body of literature suggests a correlation between social media usage and body image concerns, disordered eating, and eating disorders. While research shows that pro-ED communities offer some positive social support to users, they are more clearly harmful in their impact, as they heighten one’s risk for developing an ED, harmfully promote the thin-ideal, contribute to fatphobia, and encourage disordered eating. For people in larger bodies who suffer from EDs, these communities and their messaging that being thin is superior may have long-lasting damage, serving as a constant reminder of the fatphobia that is rampant even within the
ED recovery community. Compared to users of pro-recovery communities, pro-ED users report a greater focus on body-image and food consumption, increased feelings of isolation, more aggression, less positive emotions and more negative emotions, and worse mental health (Wang et al., 2018). Still, studies indicate that the line between pro-ED and pro-recovery content can be fuzzy, with much crossover in content and impact despite the specified intent. Together on social media, these two groups may be intermingling, seeking to feel supported and understood by peers, utilizing the platform as an outlet to vent and receive advice and validation, and experience the normalization of the ebbs and flows of recovery from and regression into disordered eating.

To our knowledge, no study to date has qualitatively explored the ways in which individuals’ recoveries and recovery-dedicated Instagram accounts inform and impact one another. As Instagram is the second most widely used social media platform (“Instagram”) and has a large recovery community (over 3.8 million #edrecovery hashtags), it would be useful for treatment providers and individuals with eating disorders to be aware of how the online platform may facilitate or hinder individuals’ recovery, impact one’s identity, and foster social relationships.

The purpose of the present study was to qualitatively investigate the interplay between eating disorder recovery and recovery-driven accounts. By interviewing individuals within this population and analyzing their experiences, we can establish a clearer understanding of the impact this social media platform plays in their recoveries. This knowledge has implications for whether the community may be a source of support or harm.
Method

Participants

The primary investigator recruited individuals 18 and older who were in recovery from an eating disorder and had an active Instagram account dedicated to documenting their recovery. An ad for the study was posted on the Facebook and Instagram accounts for Beating Eating Disorders, an online support community for which the primary investigator volunteers. Dr. Alexis Conason, one of the dissertation committee members, also posted the ad as an Instagram story on her account.

The ad requested that eligible and perspective participants who were interested in partaking in the study email the primary investigator. Potential participants were subsequently emailed an informed consent document (Appendix A), as well as screening and demographic questionnaires (Appendices B and C). Those that responded and consented to the study were also provided with and asked to sign a consent form for the audio/video recording of their interview with the primary investigator (Appendix D).

Inclusion criteria required that participants were at least 18 years of age, had a history of an ED, had a recovery-dedicated IG account that was active for at least six months, and spent one hour or more per week on the account. Demographic information was also requested from participants in order to determine how homogeneous or diverse the sample was. A total of twelve participants were deemed eligible and were interviewed for the study. Participant ages ranged from 18 to 31 with a mean age of 21. Ten of the participants were White, one was Hispanic, and one was South Asian. All of the participants were heterosexual women except for one woman who identified as bisexual. The majority of the participants identified as thin except for one participant who identified as fat. Lastly, participants reported a mixture of ED diagnoses: six had
anorexia, one had bulimia, one reported a diagnosis of other specified feeding or eating disorder (OSFED), and four reported a history of both anorexia and bulimia. Demographic characteristics of the sample are displayed below in Table 1.

Table 1

Demographic Characteristics of Participants

<table>
<thead>
<tr>
<th>Category</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>2</td>
<td>(16.6)</td>
</tr>
<tr>
<td>19</td>
<td>3</td>
<td>(25)</td>
</tr>
<tr>
<td>20</td>
<td>3</td>
<td>(25)</td>
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<td>21</td>
<td>1</td>
<td>(8.3)</td>
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<td>22</td>
<td>1</td>
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<tr>
<td>26</td>
<td>1</td>
<td>(8.3)</td>
</tr>
<tr>
<td>31</td>
<td>1</td>
<td>(8.3)</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>(100)</td>
</tr>
<tr>
<td><strong>Racial/Ethnic Identity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>10</td>
<td>(83.3)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1</td>
<td>(8.3)</td>
</tr>
<tr>
<td>South-Asian</td>
<td>1</td>
<td>(8.3)</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>(100)</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Woman</td>
<td>12</td>
<td>(100)</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>(100)</td>
</tr>
<tr>
<td><strong>Sexual Orientation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td>11</td>
<td>(91.7)</td>
</tr>
<tr>
<td>Bisexual</td>
<td>1</td>
<td>(8.3)</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>(100)</td>
</tr>
<tr>
<td><strong>Body Shape as Described by Participant</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thin</td>
<td>10</td>
<td>(90.9)</td>
</tr>
<tr>
<td>Fat</td>
<td>1</td>
<td>(9.1)</td>
</tr>
<tr>
<td>Total * (1 participant did not answer this question)</td>
<td>11</td>
<td>(100)</td>
</tr>
<tr>
<td><strong>Eating Disorder</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anorexia</td>
<td>6</td>
<td>(50)</td>
</tr>
<tr>
<td>Bulimia</td>
<td>1</td>
<td>(8.3)</td>
</tr>
<tr>
<td>History of Anorexia and Bulimia</td>
<td>4</td>
<td>(33.3)</td>
</tr>
<tr>
<td>OSFED (Other Specified Feeding or Eating Disorder)</td>
<td>1</td>
<td>(8.3)</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>(100)</td>
</tr>
</tbody>
</table>
Design

The study’s design was based on Auerbach and Silverstein’s (2003) qualitative model. Thematic saturation was reached after twelve interviews were completed, a number also supported by other research (Guest et al., 2006). The primary investigator conducted semi-structured interviews via zoom. Each interview was audio recorded with the consent of each participant and then transcribed by the primary investigator and the two research assistants. The research assistants were first- and second-year candidates in Long Island University Post’s Clinical Psychology Doctoral Program. The primary investigator trained both research assistants in the Auerbach and Silverstein (2003) coding method. All coding completed by the research assistants was supervised by the primary investigator. The research team, consisting of all three people, coded the interviews to establish relevant text, repeating ideas, and themes. The primary investigator coded the theoretical constructs and the theoretical narrative alone.

Procedure

Participants who were interested in partaking in the study were provided the following: a description of the study, the purpose of the study, and a statement stating that participation was voluntary and that they had the option to withdraw from the study at any point in time without penalty. They were also informed that all appropriate measures would be taken to maintain confidentiality. Participants signed an informed consent electronically and emailed the form back to the primary investigator. They were all informed that they would be entered into a raffle in which one participant would win a $25 Amazon gift card. In addition to the informed consent, participants also completed a screening questionnaire, demographic questionnaire, and an audio/video recording consent form. All communication via email was sent using Virtu, an
email software that encrypts files, thereby protecting participants’ privacy by maximizing email security. Interviews were approximately 60 minutes (with a range of 50 to 70 minutes) and were audio recorded for later coding. In order to mitigate any emotional distress associated with their participation, each participant was emailed resources for ED and general mental health support at the end of their interview on a debriefing form (Appendix E).

**Measures**

**Screening Questionnaire (Appendix B).** Participants were asked to report their age, whether they had an ED diagnosis or believed that they had one, whether or not they considered themselves in recovery, whether they had an Instagram account dedicated to documenting their recovery, if they had that account for at least 6 months, and the number of hours, on average, they spend on their account per week.

**Demographic Questionnaire (Appendix C).** Participants were asked to report their age, ethnicity, gender, sexual orientation, and whether they identify as living in a larger body.

**Individual Interview (Appendix F).** The primary investigator conducted a semi-structured interview with each participant. The following questions were asked during the interview:

1. When and why did you create your account?
2. How has your account impacted your recovery?
3. Tell me about the relationships that you have formed through Instagram around your recovery.
4. What type of content do you post?
5. What type of content do you come across on your account?
6. Tell me about the role that your account plays in your identity?
a. How has that changed over time?

**Data Analysis**

The current study used a qualitative research design with a grounded theory method. The investigator utilized Auerbach and Silverstein’s (2003) coding method to analyze the semi-structured interviews and better understand the interplay between individuals’ eating disorder recovery and recovery Instagram accounts. Each transcript was coded to identify relevant text, repeating ideas, themes, theoretical constructs, and thus a theoretical narrative to generate hypotheses about this population and IG.

The primary investigator trained two coders from Long Island University Post’s Clinical Psychology Doctoral Program in Auerbach and Silverstein’s (2003) coding methodology. All three coders transcribed the interviews on Microsoft Word documents, which were then uploaded to the primary investigator’s Google Drive in a private folder. Only the coders were granted access to the Google Drive folder.

The process began with each coder independently highlighting text that was relevant to the research concerns and removing any extraneous text. Each coder uploaded all 12 relevant text documents to the Google Drive folder, thus yielding 36 documents. Next, the primary investigator created a master-relevant text document for each transcript by removing any text that was not highlighted by two or more coders.

The next step involved coding the relevant text into repeating ideas, or similar words and phrases that appeared throughout the transcripts. According to Auerbach and Silverstein (2003), a repeating idea is “an idea expressed in relevant text by two or more research participants” (p.
After all coders completed their list of repeating ideas, the coding team met to discuss and agree on a final list of repeating ideas.

The repeating ideas were then grouped together into themes, or “an implicit idea or topic that a group of repeating ideas have in common” (Auerbach & Silverstein, 2003, p. 62). The coding team then met to discuss and agree on a final list of themes. An expert in the ED field, dissertation committee member Dr. Alexis Conason reviewed the data to validate the findings. The third and final phase of data analysis consisted of developing theoretical constructs, or “an abstract construct that organizes a group of themes by organizing them into a theoretical framework” (Auerbach & Silverstein, 2003, p. 67). This phase was completed solely by the primary investigator and was then reviewed by multiple committee members. Finally, the primary investigator then created a theoretical narrative to organize the data into a cohesive story.

**Privacy and Ethics**

The researcher obtained approval from the LIU IRB committee prior to starting recruitment. Any identifiable information was removed from the transcripts following transcription. Participants checked a box for their waiver of documentation of informed consent and provided their consent via an electronic signature. Each screening and demographic questionnaire was downloaded and coded using a number from 1 to 12 and was saved separately from each participant’s informed consent to maintain anonymity. The screening questionnaires, demographic questionnaires, informed consents, and audio/video consent forms were downloaded onto the primary investigator’s computer, which is password protected. A Microsoft
Excel spreadsheet of each participant’s name and email address was saved alongside their screening questionnaire coding number.

**Results**

Eight theoretical constructs emerged from the data, all of which are presented in Table 1 alongside their supporting themes, repeating ideas, and relevant text quotes. In order to distinguish between each level of coding, theoretical constructs are written in CAPS, supporting themes are underlined, repeating ideas are written in italics, and relevant text quotes are in quotation marks.

The participants expressed their experiences recovering in the context of their Instagram account in the following categories: SOCIAL COMPARISON THEORY; SELF-PRESENTATION THEORY/IMPRESSION MANAGEMENT; POSITIVE ASPECTS OF THE COMMUNITY; NEGATIVE ASPECTS OF THE COMMUNITY; MIXED EXPERIENCES AND UNPREDICTABILITY; VULNERABILITY; ACCOUNT CHANGES AS RECOVERY PROGRESSES; and EXPERIENCE MIRRORS THE CURRENT CLIMATE AND STEREOTYPES.

**SOCIAL COMPARISON THEORY**

The first theoretical construct that emerged was based upon the SOCIAL COMPARISON THEORY, whereby the participants often compared their progress and challenges and perceived and subjective validity of their eating disorders to others within the community. Some were also aware of how the community breeds comparison and, therefore, curated their content to reduce the likelihood that their content might trigger their followers.
All but one participant (92%) endorsed the idea that they never felt sick enough (“Not feeling sick enough”). Half (50%) of the participants expressed that they felt guilty and invalidated when they came across community members whose lowest body weights were less than theirs or who required a higher level of care or supplemental feeding tubes (“It makes you feel guilty if you haven’t done certain things like been hospitalized. It makes you feel like you weren’t valid enough to get better”). The comparisons and experiences of invalidation were not exclusive to the severity of others’ eating disorders as they also presented in relation to recovery. For example, two participants (17%) noted that they felt pressure to have the same fear foods that other people had (“When people say that if they have a fear food, sometimes you feel like you need to have that fear food because they do”) and three participants (25%) felt pressure to exercise when exposed to photos of others exercising (“Those photos make me think like yeah, I should start exercising”). Furthermore, the comparisons extended beyond the initial eating disorder experience and recovery journey and all the way through to the potential of relapse. Two participants (17%) explained the competitive nature of their eating disorders whereby they were lured into the idea of relapsing after observing that others were relapsing as well (“It’s like oh if everyone else is doing bad I should”).

All 12 participants (100%) reported that they have been triggered by other community members (“I’ve been triggered by other people in the community”). Some (42%) explicitly stated that they were triggered by others (“I’ve been triggered by other people in the community”), whereas others presented concrete examples of the content that have triggered them. For example, over half of the participants (58%) stated that all food posts were triggering (“The food posts, all of that has been triggering for me”). Six of the participants (50%) explained that Instagram captions that contain more detail tend to be more triggering (“Some are more in-depth
More specifically, many (83%) stated that body-centered photos, such as before and after photos, emaciated bodies, and bodychecks, were triggering ("There are certain photos that I find triggering so like before and after photos or photos of very thin people or bodychecks"). Another common triggering element (75%) was captions that contained numbers, whether that be someone’s weight, lowest heart rate, caloric intake, number of times in treatment or number of times they relapsed ("If they put any numbers...that was very triggering"). Other triggering details that five participants (42%) noted also included when members posted about being in the hospital or being on a nasogastric tube ("A lot of times, people feel the need to post that they are in the hospital or that they have an NG tube").

While many participants spoke to the content and experiences that contributed to feeling triggered and invalidated, almost every participant highlighted that people are mindful of not triggering others (92%). Half of the participants (50%) were forthcoming about how they posted triggering content in the past but eventually became aware of its potential harmful impacts and subsequently stopped posting that type of content ("I posted negative things like that for a very long time. I eventually realized what I was doing and how it was negatively impacting other people and stopped"). Not only did they come to consciously recognize the competitive nature of eating disorders and make a conscious effort not to trigger their followers, but the community as a whole, according to some, has also become more mindful. Some participants (42%) reported that there is now a general awareness of what could be triggering and thus, the community contains less triggering content than it did in the past ("I would say there’s less triggering content in the community than there used to be" / “People are now very aware, very aware of what could be triggering"). Nine participants (75%) stated that they currently refrain from posting content that could trigger others, such as weight, caloric intake, their daily food intake,
body-centered photos, or other details that may generate comparisons among their followers ("I can’t control their triggers, but I try to be as mindful as I can of the content that I post out there").

<table>
<thead>
<tr>
<th>Repeating ideas</th>
<th>Relevant text example</th>
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<tr>
<td><strong>Theoretical Construct #1: SOCIAL COMPARISON THEORY</strong></td>
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<tr>
<td><strong>Theme #1: Not feeling sick enough (11 participants – 92%)</strong></td>
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<td><strong>Idea #1: &quot;It’s like oh if everyone else is doing bad I should”</strong></td>
<td>“I had one friend who discharged a little bit before I did and then she was posting on her account and then two weeks after she was like, “Oh I’m starting to really decline.” And then she posted four pictures in a row of her with a tube, and I was like, ‘I don’t want to see it’…. I notice that a lot of my friends from treatment who discharged around the same time as me all relapsed at once. And so, seeing that and having them post about it, I get what they’re trying to do but that was hard for me…. Since they’re so competitive it’s like oh if everyone else is doing bad I should.” (P11)</td>
<td>“But when I see people losing weight or losing too much weight, it can kind of…it doesn’t trigger me to act on it, because I am too motivated in my recovery to act on it, but it does bring those flashbacks of working out every day, not eating anything.” (P9)</td>
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<td>(2 participants – 17%)</td>
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| **Idea #2: "When people say that if they have a fear food, sometimes you feel like you need to have that fear food because they do”** | “When people say that if they have a fear food…sometimes you feel like you need to have that fear food because they do.” (P6) | “Well seeing what other people eat impacts my recovery because I compare what I eat to what they eat. If someone says, ‘This dinner was really scary’ and it’s something that I wouldn’t consider scary at all, I feel a little bit triggered because I’m like, ‘Oh they’re scared by that but I’m not so maybe that means I don’t really have
EATING DISORDER RECOVERY AND INSTAGRAM ACCOUNTS

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<tr>
<th>Idea #3: &quot;Those photos make me think like yeah, I should start exercising&quot;</th>
<th>“To me, somebody that is trying to gain weight and doesn’t see themselves with the perfect body, I think to myself, ‘How have they done that?’ But, if I find out that they have gone to the gym five times a week, that will trigger me into wanting to go back to the gym, wanting to work out five times a week, not wanting to gain weight because I won’t look like them.” (P9)</th>
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<tr>
<td>(3 participants – 25%)</td>
<td>“I look at the photos of the people who exercise and I think to myself that their bodies look better than mine and that I should try and get a body like theirs by exercising. If I exercise like them and eat what they eat, then maybe I’ll look like them.” (P5)</td>
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<tr>
<th>Idea #4: “It makes you feel guilty if you haven’t done certain things like been hospitalized. It makes you feel like you weren’t valid enough to get better”</th>
<th>“I would see people with tubes and I would get jealous because I wouldn’t feel ill enough but once, the thing is, once I got a tube you would think I felt ill enough but I didn’t.” (P10)</th>
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<tr>
<td>(6 participants – 50%)</td>
<td>“In the south, they have renownedly better eating disorder treatment than I do where I live. So they were all accessing help at much earlier stages…and I’ve never been hospitalized and that inherently felt like it was my fault and felt like I wasn’t sick enough to be hospitalized or sick enough to get better.” (P12)</td>
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<tr>
<th>Theme #2: “I’ve been triggered by other people in the community” (12 participants – 100%)</th>
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<td>Idea #5: &quot;A lot of times, people feel the need to post that they are in the hospital or that they have an NG tube&quot;</td>
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<td>(5 participants – 42%)</td>
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<td>Idea #6: &quot;If they put any numbers...that was very triggering&quot;</td>
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<tr>
<td>(9 participants – 75%)</td>
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<tr>
<td>Idea #7: &quot;There are certain photos that I find triggering so like before and after photos or photos of very thin people or bodychecks&quot;</td>
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<tr>
<td>(10 participants – 83%)</td>
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<tr>
<td>Idea #8: &quot;I’ve been triggered by other people in the community&quot;</td>
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<td>(5 participants – 42%)</td>
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<tr>
<td>Idea #9: &quot;Some are more in-depth and therefore sometimes triggering&quot;</td>
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<tr>
<td>(6 participants – 50%)</td>
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around ASAP. I need to lose all this weight and get back to where I was.’ But I said it in very detailed language, very graphic language, often using swear words like, ‘Look at how fucking big my thighs are.’ I would also use numbers. I would post about calories. I remember I would say things like, ‘I had 100 calories today. Not feeling great about it’ or ‘Today my weight is 35 kilos.’ It was very triggering.” (P1)

Idea #10: "The food posts, all of that has been triggering for me”

(7 participants – 58%)

“For food ones, it could be triggering if they posted photos of small portions or if the photo didn’t have any carbs, that was triggering for me because I used to cut out carbs.” (P4)

“There is obviously a lot of comparison because what people don’t realize is everyone’s body has different needs, but it depends if the person posting it is in actual recovery or if the person posting it is in quasi recovery. And they just post ridiculously small amounts of food and so the viewers who see that are like, ‘Hold on maybe I should be eating like that,’ so there is a lot of comparisons and people do follow the full day of eating from people.” (P10)

Theme #3: People are mindful of not triggering others (11 participants – 92%)

Idea #11: "I can’t control their triggers, but I try to be as mindful as I can of the content that I post out there”

(9 participants – 75%)

“I never posted any numbers or anything like that because I knew how badly it made me feel when other people posted about numbers. I don’t believe there’s anyone with an eating disorder who doesn’t get triggered by numbers.” (P3)

“If I am having a particularly bad day I just won’t post the pictures of the food. I will just kind of post a picture of myself saying, ‘I’m just having a particularly bad day today.’ So there won’t be any pictures of food because if I am not eating enough, I don’t want to post that for
EATING DISORDER RECOVERY AND INSTAGRAM ACCOUNTS

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<tr>
<th>Idea #12: &quot;I posted negative things like that for a very long time. I eventually realized what I was doing and how it was negatively impacting other people and stopped&quot; (6 participants – 50%)</th>
<th>“Now, I have deleted all those posts because I know it just doesn’t help anyone. It is not beneficial for me to be reminded as to how sick I was, and for other people to see me in that state. It is absolutely not beneficial at all.” (P10)</th>
<th>“The most common one [feedback] was, ‘This is really concerning, you need to get help and you need to stop making these posts because they’re super triggering,’ so that was the feedback I was getting for a very long time, but I wasn’t really taking it into consideration until one day it clicked. I realized I have thousands of followers and I’m triggering them all and I don’t want to trigger people so maybe I should stop.” (P1)</th>
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<td>Idea #13: &quot;I would say there’s less triggering content in the community than there used to be&quot; / “People are now very aware, very aware of what could be triggering” (5 participants – 42%)</td>
<td>“Recently, I think the community has gotten a lot better in that regard. I think a lot of people have had that same sort of realization as I had because the community has changed so much. I’m seeing a lot less of those sort of accounts like mine used to be, the sort of account where you post body checks and numbers and calories and triggering things.” (P1)</td>
<td>“Over the past two years the number of before and after photos has decreased.” (P10)</td>
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**SELF-PRESENTATION THEORY/IMPRESSION MANAGEMENT**

Participants detailed the general concern about how others may perceive them and their accounts as well as the particular decisions they make on their Instagram accounts in an effort to manage people’s opinions of them (SELF-PRESENTATION THEORY/IMPRESSION MANAGEMENT). Many participants (83%) noted the external pressure to present oneself in a
particular way within the community. Almost half (42%) of the participants admitted to having concerns over the aesthetic of their account; namely, they felt pressure to, and therefore did, post aesthetically pleasing photos (“You post perfectly looking acai bowls”). Some participants (33%) experienced ambivalence around posting as they felt pressure to post specific content to cater to their audience or to present as though they had the perfect recovery. Others were conflicted about how much to share, as they had friends from their personal life or family members who followed their accounts. For a multitude of reasons, ranging from not wanting to let their followers down to fearing that others may judge them for struggling in recovery, four participants (33%) shared the ongoing internal conflict of not knowing how authentic they should be on their accounts. Many appeared to err on the side of caution such that they gravitated toward posting more positive content while not sharing the more difficult aspects of recovery (“I think when you post on Instagram, you are sending out a message and I try to keep that message as positive as possible for the good of my followers, but I don’t know if that’s necessarily the right thing to do”). Similarly, six participants (50%) stated that they focused on posting content that is motivational. This might include sharing how they coped effectively, reasons to recover, or what they would have liked to hear in the depths of their eating disorders (“I try to post...things that are motivational”).

Since many participants discussed the pressure to construct a certain online persona, it was not surprising that all participants were in agreement that people invest a lot into time and focus into their accounts (100%). When discussing their own accounts, many participants (83%) stated that their recovery accounts are a big part of their lives and for some, even a large part of their identities (“It is kind of a big part of my life”). Some (25%) explained that people’s recovery accounts are substantially increasing with upwards of thousands or millions of
followers. Not only are the number of followers growing, but participants stated that the number of people with recovery accounts has increased, the age-range of people with these accounts has expanded, and that people no longer solely post photos but, rather, also post videos and vlogs ("They are becoming massive...people are a lot more invested in it now than they were 3 years ago"). Some participants (33%) noted that there even appears to be a subset of the community that is comprised of recovery influencers, or people with large followings who post about their recovery and lifestyle ("In the community, there are some people who are recovery influencers").

In addition to the conscious decisions about what to post and the time invested into their accounts, many participants (83%) were also concerned with the makeup of their followers (Desire for privacy). Two thirds (67%) of the participants explained that they wanted to remain anonymous, as they did not feel comfortable posting vulnerable content if personal friends or family had access to their account. Their reasons for wanting privacy ranged from fear of judgement to not wanting their loved ones to know about their eating disorders or about their relapses. Some even stated that they eventually blocked loved ones who were following them as those followers sometimes informed other people in their life about their challenges ("I wanted to stay anonymous, and I didn’t want anyone I knew in my personal life to follow me."). Despite most people wanting to maintain their anonymity, three (25%) participants were comfortable with loved ones following their account ("Close friends and family’ follow the account"). One participant allowed her close friends, in addition to people in the online recovery community, to follow her account. Another participant allowed her in-laws and two personal friends with eating disorders to follow her account as well as other people in the online recovery community. What is noteworthy is that only one participant noted that their followers only consisted of just family
and friends, as they were not comfortable allowing strangers on the internet to follow their account.

| Theoretical Construct #2: SELF-PRESENTATION THEORY/IMPRESSION MANAGEMENT |
|---|---|---|
| Theme #6: Desire for privacy (10 participants – 83%) |
| Idea #14: "I wanted to stay anonymous, and I didn’t want anyone I knew in my personal life to follow me." |
| (8 participants – 67%) |
| “I decided to make my own, but I made it anonymous so that nobody would know it was me so I could just write what I wanted to write.” (P6) |
| “I just feel like if they found that it would be very awkward going to school with them knowing the ins and outs of my disorder.” (P10) |
| Idea #15: "Close friends and family" follow the account |
| (3 participants – 25%) |
| “It’s literally just close friends and family. I didn’t really feel comfortable with anyone else following it.” (P4) |
| “Yeah, one person from my sorority, actually I think there’s two now. …and my fiancé’s parents follow me.” (P8) |
| Theme #4: External pressure to present oneself in a particular way (10 participants – 83%) |
| Idea #16: Ambivalence around posting |
| (4 participants – 33%) |
| “I started realizing that for me I started putting out content that I thought would be more helpful for other people instead of just like how I’m doing, which is how my account started. And so, I’m trying to get back to that cause I don’t need my account to blow up. I don’t need to be a huge recovery icon and like role model.” (P11) |
| “So for example, some days I didn’t post on my account and I got messages from friends like, ‘Are you okay, are you alright, because you haven’t posted for a week now?’ so I felt this pressure to make it seem like I was doing better than I was because I didn’t want to concern others.” (P3) |
| Idea #17: “You post perfectly looking acai bowls” |
| (5 participants – 42%) |
| “I think it was common for people to try to arrange their pictures in a certain way to make it more appealing.” (P4) |
| “I just feel that more aesthetically pleasing photos will attract more followers.” (P2) |
| Idea #18: "I think when you post on Instagram, you are sending out a message and I try to keep that message as positive as possible for the good of my followers, but I don’t know if that’s necessarily the right thing to do" | “I know that talking about these things are triggering and I don’t want to trigger people, but at the same time, I feel like if I have an account that is supposed to document my recovery, then I should be honest with my followers. So you come to a crossroads as to what to do.” (P1) | “I don’t want to post triggering content, but I also don’t want to post fake stuff. Like I don’t want it to come off like I’m doing great all the time I’m recovering if I’m not.” (P11) | (4 participants – 33%) |
| Idea #19: "I try to post...things that are motivational" | “I have a few posts that are more preachy. I’ll see something and think, ‘Wow, now I really want to write something down,’ and I’ll make a rambly post about my experience and what I’m frustrated at myself for. Sort of telling other people what I wish I would have heard five years ago when I started this journey.” (P12) | “A lot of the times I do post about my negative thoughts, but I don’t stop there like I used to. I post it and then I write another text, and be like, ‘Even though I am thinking this I know what I have to do and that is what I’ll be doing.’” (P10) | (6 participants – 50%) |
| Theme #5: People invest a lot of time and focus into their accounts (12 participants – 100%) | “My account actually played a big role in my identity.” (P3) | “It feels less so a part of me now versus when I used it more frequently. The more you use it, the more it becomes a part of you.” (P12) | |
| Idea #20: "It is kind of a big part of my life" | “And the community has just gotten so much bigger.” (P12) | “They spend more time posting personal content. They will post more videos rather than just pictures. Live streams quite a lot.” (P9) | (10 participants – 83%) |
| Idea #21: "They are becoming massive...people are a lot more invested in it now than they were 3 years ago" | “There are more people promoting themselves rather than promoting what they eat or rather than promoting recovery. It’s like a self-promotion thing. People” (P9) | “Whereas now people are turning what is a recovery account into lifestyle and blogs as well as a recovery account.” (P9) | (3 participants – 25%) |
| Idea #22: "In the community, there are some people who are recovery influencers" |  |  | (4 participants – 33%) |
essentially want to be influencers in the light of being an eating disorder blogger if that makes sense. People just want to be famous, but not just famous for whatever reason, famous because they are eating disorder bloggers.” (P1)

POSITIVE ASPECTS OF THE COMMUNITY

All participants noted POSITIVE ASPECTS OF THE COMMUNITY. Every participant (100%) agreed that the Instagram recovery community is a supportive one (This is a supportive community). Many (83%) explained that the nature of that support was through receiving praise and encouragement from their followers (Praise and encouragement from my followers). Followers might provide praise when they successfully eat a fear food or express how proud they are of them in general. One participant noted that it is a very “warm environment.” The support within the community was bi-directional: followers supported the participants and participants also supported their followers. Some (33%) of the participants noted that they attempted to motivate their followers by posting about why recovery is worth it (“I want to share the message that recovery is possible”). Alongside providing general motivation and support, participants and their followers also offered each other advice on certain topics (75%). This advice ranged from how to challenge a fear food and navigate anxiety during a meal to how to set boundaries with loved ones and respond to triggering situations or comments. When participants or their followers inevitably had a challenging time, they (67%) would support each other (We help each other out when we are struggling). Not only might they provide support by commenting on someone’s post or private messaging them, but they might even go as far as to call one another.
While participants noted that the interpersonal interactions and support were helpful, many (83%) also explained that the account itself was beneficial to their own recovery (The account keeps me on track). Ten participants (83%) reported that the account held them accountable in their recovery (“It holds me accountable”). As one participant poignantly noted: “The eating disorder survives on secrecy and the more you keep it a secret, the stronger it gets.” She continued to explain that being public and forthcoming about her recovery online helped her hold herself accountable. Others explained that if they posted about their plan to eat a fear food or challenge their eating disorder, they felt obligated to do so and were less likely to opt out. Some stated that posting about their recovery helped them remain focused on actively fighting their eating disorder. Two participants (17%) went as far as to say that the account not only helped hold them accountable but that they believe they would have significantly regressed into their eating disorder had they never made the account (“If I didn’t make the account, then I would’ve regressed a lot”).

Almost every participant (92%) also expressed the motivational and inspirational nature that the recovery community exudes (Instagram has been very motivational and inspiring). Half of the participants (50%) reported that other people inspired them to create their account (“I think they inspired me to make one”). Some were inspired by people they met in treatment who had their own accounts while others were inspired by strangers on the internet whose accounts they were already following. Quite a few participants (67%) stated that Instagram has been very motivational for them in their recovery. For half of the participants (50%), that motivation stemmed from witnessing other people who were able to fully recover from their eating disorder (“If she could get out of her eating disorder, then I could too”). As one participant explained, it was “just nice to see that there is light at the end of the tunnel.”
For many of the participants (75%), the accounts they follow are comprised of motivational and eating disorder related content – content that is quite similar to their own content (Accounts you follow mirror and support your recovery). Half of the participants (50%) are particular about who they follow to ensure that they are only exposed to helpful content (“I only follow people who are motivational and write motivational posts and share their experiences”). Along with following Instagram recovery accounts in which people document their journeys, some participants (17%) follow general eating disorder awareness accounts (I also follow some more general eating disorder awareness accounts) as well as professionals in the eating disorder field (“I follow nutritionists or other eating disorder therapists”).

All but one participant (92%) stated that the community is helpful. When asked how they would describe their overall experience with their account, eight participants (67%) stated that it was helpful overall (“I would say overall it’s been helpful”). Half of the participants (50%) reported that it’s definitely a really good support that has helped them progress in their recovery.

A common theme for over half of the participants (58%) was the concept of loneliness. They explained that their eating disorder and their recovery journey felt particularly isolating, and, therefore, they were compelled to join this community that allowed them to connect with people who could relate and understand their experience ("I thought it would be nice to be a part of a community with people who understand what I’m going through." / "There’s a nice sense to it in that you don’t feel alone"). While some sought out a community of people who could better understand their eating disorder compared to their loved ones, others found the platform helpful as it allowed their family and friends to follow their journey, which resulted in a better understanding of eating disorder symptomatology and how to support them in their recovery ("It
helps family and friends to understand what you’re going through as well.” / “A lot of them learn from it...what I need for support”).

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<tr>
<th>Theoretical Construct #3: POSITIVE ASPECTS OF THE COMMUNITY</th>
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<tr>
<td><strong>Theme #7: Accounts you follow mirror and support your recovery (9 participants – 75%)</strong></td>
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<tr>
<td><strong>Idea #23: &quot;I only follow people who are motivational and write motivational posts and share their experiences&quot;</strong></td>
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<tr>
<td>“I only follow people who are really trying to get out of this eating disorder shit and are really trying to get better and who really want a better life.” (P5)</td>
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<td>(6 participants – 50%)</td>
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<tr>
<td><strong>Idea #24: &quot;I also follow some more general eating disorder awareness accounts&quot;</strong></td>
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<td>“I also follow some more general eating disorder awareness accounts like NEDA or Project Heal, so accounts that don’t necessarily document their own recovery.” (P2)</td>
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<td>(2 participants – 17%)</td>
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<td><strong>Idea #25: &quot;I follow nutritionists or other eating disorder therapists&quot;</strong></td>
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<tr>
<td>“I also follow a few anti-diet, anti-fatphobia nutritionists.” (P10)</td>
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<td>(5 participants – 42%)</td>
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<td><strong>Idea #26: &quot;Praise and encouragement from my followers&quot;</strong></td>
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<td>“There are a lot of people who support me and I support them. So we comment a lot on each other’s photos but we also direct message each other sometimes.” (P2)</td>
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<td>(10 participants – 83%)</td>
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<td><strong>Theme #8: This is a supportive community (12 participants – 100%)</strong></td>
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<td><strong>Idea #27: &quot;It’s nice to have people to talk to and it’s nice to know that I’m doing the right thing in recovery.&quot;</strong></td>
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<td>“But when I post...for example, if I explain that one day I ate fear foods and post the photos of the food, people tell me that I’m doing the right thing in recovery and that I’m doing what I should be doing. If I post a photo and I write below that that day I wasn’t hungry but that I ate even if I wasn’t hungry, they say that I did the right thing&quot; (P7)</td>
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Idea #27: “I want to share the message that recovery is possible”
(4 participants – 33%)

“In my story I post videos of myself being goofy because I actually have the energy to be goofy. Like yesterday I was posting videos of me holding my vacuum cleaner singing to Lady Gaga...I just want to show people that with recovery you have energy, you have happiness, you have motivation to first of all vacuum and also just have fun with it and just be silly.” (P10)

“My aim is to tell people how beautiful it is to have a healthy body who can run, who can study, who can let you enjoy life. I don’t want to concentrate on a body that’s underweight and trying to survive.” (P5)

Idea #28: Advice on certain topics
(9 participants – 75%)

“I definitely talk to people and it is nice to be able to talk to people about their recovery and their journey and what helps them.” (P6)

“I’ve had people message me and ask how I told people in my personal life about my eating disorder. So it’s quite nice to be in someone else’s shoes now and be on the other end of it and give people advice.” (P12)

Idea #29: "We help each other out when we are struggling"
(8 participants – 67%)

“Helping other people really helps me.” (P11)

“If I have a bad day and I want to relapse and follow the eating disorder voices, I write a post about it and then people will read it and comment and try to convince me not to relapse. They will remind me of all the good things about recovery and the life that my eating disorder had taken from me.” (P5)

Theme #9: The account keeps me on track (10 participants – 83%)

Idea #30: "It holds me accountable"
(10 participants – 83%)

“A few times I’ve noticed that I haven’t been posting on there and I even had some followers reach out and check and that I did a good job, so they tell me to continue doing what I’m doing and that I’m making progress.” (P5)
up on me to see if I’m doing okay. I think they realized that in those moments I regressed a bit. So it motivates me to get back on track since other people are noticing that I’m struggling, so it holds me accountable in that way.” (P2)

‘Okay she wants to get an appetizer and entrée and dessert like okay, that’s not my meal plan like that’s a lot more.’ And then I went to the bathroom and on the way there I was like I have to purge, it’s going to happen. And then I was like, ‘Okay, but I want to post on my account, and I want to be able to say like I didn’t purge.’ And so like, once I got to the bathroom, I was like okay I’m not gonna do it, and I took a picture in the mirror. I was like I did this, I showed like all the food. I was like this; it was so good. Instead of purging I enjoyed myself. And so, like it’s like a really good accountability for me.” (P11)

Idea #31: "I think if I didn’t make the account, then I would’ve regressed a lot"

(2 participants – 17%)

“Helped me find like health at every size, intuitive eating, that acceptance movement. I just took it all in and did more research and that’s what’s really kept me going in my recovery.” (P8)

“I think if I didn’t make the account, then I would’ve regressed a lot.” (P2)

Theme #10: Instagram has been very motivational and inspiring (11 participants – 92%)

Idea #32: "I think they inspired me to make one"

(6 participants – 50%)

“A ton of people that I knew in treatment had them and so I was like, ‘Oh that sounds fun.’ So, I think that’s where I got the idea.” (P11)

“I had also been following recovery accounts on my own personal account for quite a while before I decided to create my own.” (P12)

Idea #33: "Instagram has been very motivational"

(8 participants – 67%)

“When I write posts, I try to make it motivating, but writing that also motivates me so I think it has helped in my recovery.” (P6)

“There are captions you come across that do just sort of give you that motivation. Certain people just know how to word things and give you the boost you need or that bit of a
Idea #34: *"If she could get out of her eating disorder, then I could, too"*

(6 participants – 50%)

“I love seeing their successes, I love it when someone posts, ‘Today I tackled X food and I nailed it.’ I love seeing those sorts of posts. I love it when someone says I finally reached my goal weight that my dietician set and I’m okay with it. I love seeing those sorts of posts because I think to myself, ‘If they were in the exact same position as me, we were in inpatient together, they were in the exact position as me so if they can get to that point in recovery, maybe I can too.’” (P1)

“There are like bigger accounts, which I am not friends with, but there are a few accounts that are people who are very far along in their recovery or they may be even fully recovered. Those accounts are incredibly helpful because so much of the time I am just thinking, ‘You know this is going to be forever – I am stuck in here and can never get better.’ All that kind of stuff. But then seeing those accounts is helpful. It is just nice to see that there is light at the end of the tunnel.” (P10)

**Theme #11: The community is helpful (11 participants – 92%)**

Idea #35: *"I would say overall it’s been helpful"

(8 participants – 67%)

“It has been really good and has helped bring me some of my closest friends.” (P9)

“I wish like every person can like experience the way that I did ‘cause I know it can be so negative. But I think it’s been like so helpful just overall it’s been the best.” (P8)

Idea #37: *"I thought it would be nice to be a part of a community with people who understand what I’m going through." / "There’s a nice sense to it in that you don’t feel alone"

(7 participants – 58%)

“I created it because at the time, I was very new to the disorder and I didn’t really have any friends in real life who understood it at all. So I felt quite alone, and I had come across some recovery accounts from my main account, and I thought, you know, maybe I will be a part of it just to see what it’s like.” (P10)

“When I started my account, I was only 13 and that was as young as the community got at that point. As I’ve gotten older, I’ve seen that younger and younger people are making these accounts…Although there was an age range, it still felt like I was talking to people my own age because I wasn’t talking to professionals or parents or family, I was just talking to people who got it,
who understood my eating disorder.” (P12)

| Idea #38: "It helps family and friends to understand what you’re going through as well." / "A lot of them learn from it...what I need for support" | “It’s another way for them to support me. If I post something that went really well then, they’re like, ‘I’m so proud of you, like, you’re killing it,’ all that stuff. And then if I say like, ‘Alright it was not an easy day, but like I made it through,’ then they’re like, I don’t know they just like comment and support a lot.” (P11) | “I think it’s helpful for them to see. Especially close friends and mom, it’s helpful for them to see. I’m not living at home so it’s helpful for them to see how I’m doing.” (P4) |
| (4 participants – 33%) | | |

| Idea #36: "It’s definitely a really good support" / Positive aspects of the account | “I just feel like my posts help me but also seeing other people’s posts is a really good reminder ‘cause I feel like I always see them right when I need to, which is really helpful.” (P11) | “I know people who don’t have supportive friends or family, and you can find somebody on Instagram and you can be recovery buddies. It’s just that I think it can be a great tool.” (P8) |
| (6 participants – 50%) | | |

**NEGATIVE ASPECTS OF THE COMMUNITY**

Although participants articulated the many helpful aspects of the community, they also outlined the detrimental, dangerous, and NEGATIVE ASPECTS OF THE COMMUNITY. A majority (75%) of the participants articulated the numerous ways in which the community harmed their recovery (*Instagram has had a negative impact on my recovery*). Half of the participants (50%) stated that the account had more of a negative than a positive impact on their recovery (“I would definitely say looking back now it had more of a negative impact than a positive impact on my recovery”). One participant even expressed feeling “very scared for those young people, like age 10 or 11,” stating that “once you’re involved in it, it’s hard to get
uninvolved from it... for some, it can be a matter of life or death.” Another expressed regret that they had ever even created this account.

One of the negative aspects of the community some participants (25%) noted is the tendency to compare one’s account to other people’s accounts (“I just compared my account to other people’s accounts”). Participants explained that they compared the number of likes on a post or number of followers to other people’s pages. One participant even reported feeling “paranoid about the number of likes and who was following [them]” and anxiety regarding whether their followers “liked [them].”

Another concern that two participants (17%) noted was that the community made them “stuck in” or “preoccupied with” their eating disorder (“Following those accounts made me preoccupied with my eating disorder”). Others (25%) believed that they spent too much time on their account, with some reporting that they felt “obsessed” with their account and would have preferred to spend their time more “productively” (“I spent too much time on it”).

Some participants (17%) explained that the content that others posted was harmful, such that it “glamorized” or “normalized” eating disorders (“I was just exposed to all of these things that were glamorized”). Moreover, half of the participants (50%) stated that people feel the need to “prove their sickness” (“People just always have to prove their sickness which I don’t think is helpful for recovery accounts”). One participant described this phenomenon of proving one’s sickness, stating that the community made them “just [feel] the need, the urge, to keep getting sicker and sicker and sicker so that [they could] feel valid.” Another aspect of the community that bothered some participants (25%) was that others were able to access eating disorder services that they were unable to access (“I’d say I was jealous that other people got treatment and I didn’t”). One participant explained that they got “so annoyed at people who just get given
all these services,” while also noting frustration that many of these people would complain about being hospitalized.

Almost half of the participants (42%) described just how harmful the account was to their recovery, with one noting that they wonder if they could have avoided a relapse if they had not compared themself to others on the platform. Another stated that their “account was sort of [their] gateway into substance use” (“I wouldn’t say the recovery account is what made me end up in the hospital, but I can say that it definitely contributed to that”). The drawbacks of the account were so striking for some (25%) that they stopped posting as often and even contemplated deleting their account as they found it “more damaging than helpful” (“I feel at times like deleting it”).

The fact that eating disorders are still on display within the community was another contributing factor that led most participants to feel that the community could be harmful (58%). As one participant poignantly stated, “Sometimes it feels like that these accounts aren’t even being run by these people anymore, it’s being run by their eating disorder” (17%). That participant did note that they believe people are not intentionally or consciously trying to post triggering or harmful posts. Others (17%) explained that "Those accounts are people that are actually kind of lying to themselves and lying to others that they were recovering...they claim to be in recovery whereas you know that they are not." According to the participants, these people may be in “partial recovery” or might “fake their success in recovery,” whereas, in reality, they may still be in depths of their eating disorder.

According to four participants (33%), another damaging aspect of the community is that the pro-anorexia (pro-ana) community has a presence even within the recovery community. Some (25%) explained that the pro-ana community was comprised of “people who encourage
others to purge or restrict or [engage in] any other eating disorder behaviors.” Some participants (25%) stated that they were inclined to engage with pro-ana accounts when they were struggling in an effort to “purposely trigger [them]self” (“There are many accounts that are considered like pro-ana, so they promote anorexia, weight loss, diets, all that kind of things...When I am unwell, that’s the kind of accounts I engage with”).

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<thead>
<tr>
<th>Theoretical Construct #4: NEGATIVE ASPECTS OF THE COMMUNITY</th>
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<tbody>
<tr>
<td>Theme #12: Instagram has a negative impact on my recovery (9 participants – 75%)</td>
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<tr>
<td>Idea #39: “I would definitely say looking back now it had more of a negative impact than a positive impact on my recovery”</td>
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<tr>
<td>(6 participants – 50%)</td>
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<tr>
<td>Idea #42: &quot;I spent too much time on it&quot;</td>
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<td>(3 participants – 25%)</td>
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<td>Idea #40: &quot;I just compared my account to other people’s accounts”</td>
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<td>(3 participants – 25%)</td>
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<td>Idea #41: &quot;Following those accounts made me preoccupied with my eating disorder&quot;</td>
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<tr>
<td>(2 participants – 17%)</td>
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<tr>
<td>Idea #43: &quot;I was just exposed to all of these things that were glamorized&quot;</td>
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<tr>
<td>(2 participants – 17%)</td>
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<tr>
<td>Idea #44: &quot;People just always have to prove their sickness which I don’t think is helpful for recovery accounts&quot;</td>
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<td>(6 participants – 50%)</td>
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### Idea #45: "I’d say I was jealous that other people got treatment and I didn’t"

(3 participants – 25%)

“It is a bit of a negative relationship because I get so annoyed at people who just get given all these services, and I guess I am annoyed because I was never given that and I still kind of made it through and, you know, worked with it. Whereas these girls that I know, they are handed everything like a baby. Yet, they don’t use the services to try and get well.” (P10)

“There’s a very much north-south divide in my country so people in the south tend to have better access to treatment and that’s a controversial view in itself. I think occasionally maybe I’d say I was jealous that other people got treatment and I didn’t…But people would then come back to me and say, people in the south didn’t like hearing that, they liked to think that they were getting treatment because they were sicker.” (P12)

### Idea #46: “I wouldn’t say the recovery account is what made me end up in the hospital, but I can say that it definitely contributed to that”

(5 participants – 42%)

“Sometimes it’s not so helpful because some accounts that you follow, you don’t realize that maybe they are a little bit damaging more than helpful.” (P6)

“But I always think back, you know, could I have avoided my first admission which led to this cycle by not comparing myself to all the people on the recovery account, not comparing my struggles or lack of on that account?” (P10)

### Idea #47: "I feel at times like deleting it"

(3 participants – 25%)

“Sometimes even now I think, ‘Should I have ever been a part of this community?’ Like do the pros outweigh the cons or is it the other way around? Like right now I can confidentially say that the pros weight out the cons, however, before it was full of cons.” (P10)

“When the community started to get more toxic, I got to a point where I thought, ‘Why am I bothering with this account that is more damaging than helpful and I don’t enjoy posting on it?’” (P12)

### Theme #13: Eating disorders are still on display (7 participants – 58%)

### Idea #48: "Sometimes it feels like that these accounts aren’t even being run by these people anymore, its being run by their eating disorder"

“I try to tell myself that these people are not bad people but that it’s the eating disorder that’s making them post these things, so I tell myself that they are in pain and that they are like how I was a few years ago. The sad thing is that people don’t even know they’re doing it. The eating disorder side of you takes over and sometimes it feels like that these accounts aren’t even being run by these people..."
| (2 participants – 17%) | I understand these behaviors. Sometimes I try to write them and tell them that what the eating disorder makes them do is wrong and I try to explain to them why, but they don’t always listen to me because they are just very sick.” (P5) | anymore, it’s being run by their eating disorder.” (P12) |

| Idea #49: "Those accounts are people that are actually kind of lying to themselves and lying to others that they were recovering...they claim to be in recovery whereas you know that they are not" | “I noticed that there were many people who maybe fake their success in their recovery or they say that they are fine and in recovery but are really struggling and maybe relapsing and not being so truthful.” (P5) | “And then one thing, which is something I got off of one of the therapist’s Instagram is understanding when you’re in partial recovery versus full recovery... And I think and that’s when I stopped following those people because it was doing more hurt than it was helping me.” (P7) |

| (7 participants – 58%) | Theme #14: The pro-anorexia (pro-ana) community has a presence (4 participants – 33%) |

| Idea #50: "The pro-ana community" | “So there is this less spoken about in the recovery community, which are called Ana-buddies...People who encourage others to, say purge, or restrict, or any other eating disorder behaviors. And that you like check-in on each other like, ‘Have you purged, have you purged?’ ‘No, you haven’t? Okay go do it.’” (P10) | “Sometimes they might even encourage others to do the same and relapse and engage in eating disorder behaviors.” (P5) |

| (3 participants – 25%) | Idea #51: "There are many accounts that are considered like pro-ana, so they promote anorexia, weight loss, diets, all that kind of things...When I am unwell, that’s the kind of accounts I engage with" | “In the beginning, I searched for eating disorder accounts and I followed people who didn’t want to get better and were relapsing or struggling. At the time, that’s what my eating disorder wanted me to do. But now, I don’t do that anymore.” (P5) | “Absolutely, and the thing is, I would purposely trigger myself. I would purposely follow those triggering accounts.” (P10) |

| (3 participants – 25%) | | |
MIXED EXPERIENCE AND UNPREDICTABILITY

While participants characterized the community in positive and negative lights, they also provided a more nuanced view, namely that there are positive, negative, and diverse elements of the community. People’s experiences within the community can vastly differ depending upon how they engage with the platform (MIXED EXPERIENCE AND UNPREDICTABILITY).

Five participants (42%) described that having a recovery account can be helpful, unhelpful, and neutral. Participants (25%) highlighted the dual nature of having an account, with one participant likening their experience to that of a “rollercoaster,” providing them with “both good and bad opportunities” (“It has certainly been very helpful and very unhelpful at times”). Some participants (33%) explained their experience as more unremarkable, such that the account didn’t play a huge role in their life (“It doesn’t really play a big role”).

The heterogeneity of experience within this community in part stemmed from the nature of interpersonal relationships. Many (67%) discussed positive and negative friendships [that they] formed through the account. Two thirds of the participants (67%) described positive connections and friendships, and some even reported that they met their current best friend through the recovery community (“Some of the friendships that I have formed through the account have only been positive”). Some of these friendships extended beyond the Internet, whereby over half of the participants (58%) reported they had met up with people/friends from the community in person (“I have even met some of them in real life”). A few noted that they were no longer able to spend time with these friends due to COVID-19. Conversely, four participants (33%) stated that they formed connections and friendships that negatively impacted their recovery (“I would say she definitely negatively impacted my recovery”/Friendships that
were negative/harmful). They explained that certain friendships were triggering, contributed to competitiveness around their eating disorder, and were all around “toxic”.

Although participants explained the unpredictable nature of the impacts of the recovery community, many (83%) explained that people actually do have some control over their experience ("Your experience with your account is dependent on who you follow"). In other words, they (33%) proposed that people’s experiences are dependent upon who they follow and the type of content they consume ("Your experience with your account is dependent on who you follow"). What is notable is that participants (33%) shared that it was initially challenging to determine what people, content, and friendships were helpful and unhelpful for their recovery ("At the beginning I didn’t actually know what was helpful and what wasn’t"). With time, they began to gain more insight as to what was and wasn’t beneficial for them. Many (75%) reported that they are now more mindful about who they follow, occasionally unfollowing accounts that are triggering and creating boundaries with their followers and online friends ("I am careful about who I follow, so that I don’t get triggered by anything").

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<thead>
<tr>
<th>Theoretical Construct #5: MIXED EXPERIENCE AND UNPREDICTABILITY</th>
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<tbody>
<tr>
<td>Theme #15: Having a recovery account can be helpful, unhelpful, and neutral (5 participants – 42%)</td>
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| Idea #52: "It has certainly been very helpful and very unhelpful at times" | “I think that it has definitely had its ups and downs.” (P6) | “It’s kind of changed my life in a way. It’s provided opportunities for my life to change, both good and bad opportunities.” (P1) |
| (3 participants – 25%) |

<p>| Idea #53: &quot;It doesn’t really play a big role&quot; | “I wouldn’t say it plays a big role. It is more what I do for a hobby.” (P9) | “It doesn’t play a big role I don’t think.” (P5) |
| (4 participants – 33%) |</p>
<table>
<thead>
<tr>
<th>Theme #17: “Your experience with your account is dependent on who you follow” (10 participants – 83%)</th>
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<tbody>
<tr>
<td>Idea #54: &quot;At the beginning I didn’t actually know what was helpful and what wasn’t&quot;</td>
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<tr>
<td>“It has taken me a long time to figure out what types of relationships are healthy because they can get very, very unhealthy.” (P10)</td>
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<tr>
<td>&quot;In the beginning, I didn’t know how to manage my triggers.” (P8)</td>
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<tr>
<td>(4 participants – 33%)</td>
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<tr>
<td>Idea #55: &quot;Your experience with your account is dependent on who you follow&quot;</td>
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<tr>
<td>“It is all about trying to find the right accounts to follow and engage with.” (P10)</td>
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<tr>
<td>“It can either be the best think for somebody, to have a recovery account if they use it in the right platform and the right way, or it could be the worst thing if they are gonna look for ways that they can restrict even more or restrict without people knowing. If you find that side of Instagram, then you need to come off the recovery account. If you’re looking for people who are going to motivate you and are going to help you through it, then stay on it and keep going.” (P9)</td>
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<tr>
<td>(4 participants – 33%)</td>
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<tr>
<td>Idea #56: &quot;I am careful about who I follow, so that I don’t get triggered by anything&quot;</td>
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<tr>
<td>“If I come across an account that is triggering, I try to weigh the pros and cons of following them like basically figuring out how helpful it would be for me to follow them.” (P2)</td>
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<td>“It was triggering in the beginning and that’s when I learned that I can unfollow accounts and follow accounts that are a little bit more helpful to me.” (P8)</td>
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<tr>
<td>(9 participants – 75%)</td>
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<tr>
<td>Theme #16: Positive and negative friendships formed through the account (8 participants – 67%)</td>
</tr>
<tr>
<td>Idea #57: &quot;Some of the friendships that I have formed through the account have only been positive&quot;</td>
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<tr>
<td>“We talk every day, message every day. When I went through, since 2017 I’ve been through two relapses after that, she helped me through them. I help her if she is struggling. It ended up becoming a really good friendship.” (P9)</td>
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<tr>
<td>“In fact, we celebrate each other’s wins and that’s always so, so nice. So, I know how nice it makes me feel when people acknowledge my win, whether it be little or big, so I do that to other people. I celebrate any of the victories, victories they may</td>
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<tr>
<td>(8 participants – 67%)</td>
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have, and I know for a fact that it makes them feel encouraged and motivated to keep doing that kind of thing. So those relationships can be very positive.” (P10)

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<tr>
<th>Idea #58: &quot;I have even met some of them in real life&quot;</th>
<th>“If they don’t live far, you can even meet them in person which I’ve done before. Or you can organize a meeting with five of them.” (P5)</th>
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<tbody>
<tr>
<td>(7 participants – 58%)</td>
<td>“I started talking to this one person on my Instagram. She lived around the corner from me and we never knew. And we met up. We went for a drink, and three years down the line we are still best friends.” (P9)</td>
</tr>
</tbody>
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<tr>
<th>Idea #59: &quot;I would say she definitely negatively impacted my recovery&quot; / Friendships that were negative/harmful</th>
<th>“There was another time when someone decided that they wanted to hang out with me because we both smoke weed. It ended very badly…We went upstairs and I tried meth for the first time that night, and I kept hanging out with this girl on the weekends. We even dated for about three months. Every single time we hung out, we smoked meth. She didn’t want me to get involved in the drug world. But I got involved anyways and it led me down a two-year period of a meth addiction.” (P1)</th>
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<tr>
<td>(4 participants – 33%)</td>
<td>“I have had one in the past, and it was the most toxic relationship I have ever had with anyone, because at the end of the day we could have encouraged each other to die, essentially.” (P10)</td>
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**VULNERABILITY**

The sixth theoretical construct is VULNERABILITY in the context of the participants’ accounts. Almost every participant’s (92%) account provided an intimate look at eating disorder recovery. They (58%) posted about their day-to-day struggles, such as their eating disorder-related cognitions, emotions, and behaviors (“This is what I struggle with every day”). Some
(50%) referred to their account as similar to a “diary” and noted that it felt cathartic to share their deepest thoughts (“It’s like my diary”). One participant stated that their account provided them a space to vent and a platform to truly express their thoughts and emotions without censoring themself. The ability not only to share vulnerable, intimate details of their recovery, but also to be able to reflect back on their journey by documenting their day-to-day life was an aspect of the account that half of participants (50%) cherished. They explained how beneficial it was to look through their older posts as it was reflective of their progress (“It is nice to have a document of my journey”).

Every participant (100%) described what their account is comprised of, namely, content that addresses thoughts, behaviors, and quotes, as well as challenges and successes. Common content that participants stated that they and others post in the recovery community included photos of oneself (83%) and photos of people exercising (17%) (“I post photos of myself”; Photos of them exercising). The most common type of photo (92%) included photos of food (“I feel like a lot of people with pro-recovery accounts also post photos of food”). In regard to written content, many (67%) reported posting affirmations, quotes, and infographics, all of which touched upon varying topics, such as photoshop, comorbid disorders, and navigating holidays with an eating disorder ("Affirmations or quotes I’ll post" / "Other people post like exactly the same as me, like quotes"). Captions typically ranged from speaking about one’s body-image (25%) to speaking about the implications of COVID-19 in relation to their recovery (17%) (“I’ll share my thoughts about my own body-image”; How “COVID would impact my recovery”). Most participants (83%) reported that people tend to post about their “recovery wins” and recovery progress ("People in a like-minded recovery mindset posting their wins, posting how far they have come, photos like just them being genuinely happy" / Posting recovery challenges/wins).
<table>
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<tr>
<th>Theoretical Construct #6: VULNERABILITY</th>
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<tbody>
<tr>
<td>Theme #18: Intimate look at eating disorder recovery (11 participants – 92%)</td>
</tr>
<tr>
<td>Idea #61: &quot;It's like my diary&quot;</td>
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<td>(6 participants – 50%)</td>
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<tr>
<td>&quot;I can kind of be myself and I can talk about a lot of the things that I wouldn’t necessarily talk about with my family or other people. I can talk about it on there.” (P9)</td>
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<tr>
<td>&quot;Having this space to go to, it is kind of like a bit of a vent space...Just kind of having a platform to say what I really think and how I really feel without fear of being judged, because, again, people understand it a lot more than people in my everyday life and a lot of it is just saying that I am not alone which makes me feel less crazy, less irrational, like a lot of my thoughts are irrational but I know that they are real.” (P10)</td>
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<tr>
<td>Idea #60: &quot;This is what I struggle with every day&quot;</td>
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<td>(7 participants – 58%)</td>
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<tr>
<td>&quot;When I used to post more than once a day, it was mainly just what was going on in my day like this is what happened today, this is how I feel, this is how my appointment with my team went.” (P12)</td>
</tr>
<tr>
<td>&quot;I write about my visits, what is my team saying if there are changes in my therapy like in my meal plan or pharmacology treatment.” (P5)</td>
</tr>
<tr>
<td>Idea #62: &quot;It is nice to have a document of my journey&quot;</td>
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<tr>
<td>(6 participants – 50%)</td>
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<tr>
<td>&quot;Documenting your recovery allows you to look back at how you’ve improved.” (P4)</td>
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<tr>
<td>&quot;It is nice to have a document of my journey.” (P12)</td>
</tr>
<tr>
<td>Theme #19: Content addresses thoughts, behaviors, and quotes, as well as challenges and successes (12 participants – 100%)</td>
</tr>
<tr>
<td>Idea #63: &quot;I post photos of myself&quot;</td>
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<tr>
<td>(10 participants – 83%)</td>
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<tr>
<td>&quot;I post a lot of just selfies.” (P11)</td>
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<tr>
<td>&quot;Some people post photos of themselves.” (P12)</td>
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<td>Idea #64: “Photos of them exercising”</td>
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<td><strong>(2 participants – 17%)</strong></td>
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<th>Idea #65: &quot;I feel like a lot of people with pro-recovery accounts also post photos of food&quot;</th>
<th>“I’ll post pictures of my food and meals.” (P2)</th>
<th>“One of them is food intake. There is this thing called FDOE, which is full day of eating, and some people do post like this is what I have for breakfast, morning tea, lunch, dinner, afternoon tea whatever.” (P10)</th>
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<tr>
<td><strong>(11 participants – 92%)</strong></td>
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<tr>
<th>Idea #66: &quot;Affirmations or quotes I’ll post&quot; / &quot;Other people post like exactly the same as me, like quotes&quot;</th>
<th>“Post quotes or things that I find online that are more representative of what I’m going through.” (P7)</th>
<th>“Sometimes people would post recovery-related and inspirational quotes.” (P4)</th>
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<td><strong>(8 participants – 67%)</strong></td>
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<tr>
<th>Idea #67: &quot;I’ll share my thoughts about my own body image&quot;</th>
<th>“Now with the pregnancy, I post updated photos of me and kind of talk about how this is hard for me because, you know, I’m not accepting of the body change.” (P7)</th>
<th>“I would post pictures of more of like my body and talk about like, ‘I’m having a bad body image day.’” (P8)</th>
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<td><strong>(3 participants – 25%)</strong></td>
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<tr>
<th>Idea #68: How &quot;COVID would impact my recovery&quot;</th>
<th>“I just post a lot of things...more of what I’m going through like mentally with COVID.” (P8)</th>
<th>“Each photo will have a given topic, so for example, this one is me with a mask on and I talk about how the stage 4 restrictions have impacted my recovery.” (P1)</th>
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<td><strong>(2 participants – 17%)</strong></td>
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<tr>
<th>Idea #69: &quot;People in a like-minded recovery mindset posting their wins, posting how far they have come, photos like just them being genuinely happy&quot; / Posting recovery challenges/wins</th>
<th>“A lot of the time, as well, I would share recovery wins when I would achieve something or like if I had my first meal out, I would post the food and write about how I did it and how I feel for doing it, like I achieved this and I’m proud of myself for it.” (P12)</th>
<th>“They’d talk about their journey and how far they’ve come. So like for example, they might post a photo of themselves at Christmas and talk about how this Christmas in recovery is a lot better than Christmas during their eating disorder.” (P3)</th>
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<td><strong>(10 participants – 83%)</strong></td>
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ACCOUNT CHANGES AS RECOVERY PROGRESSES

Participants detailed how their account usage and account content changed over time (ACCOUNT CHANGES AS RECOVERY PROGRESSES). While these accounts were heavily focused on documenting their recovery, non-recovery content was also present (Non-recovery content is present). Many (83%) noticed that they began posting content unrelated to their recovery, such as school, relationships, or pets (“I started posting things that didn’t really have much to do with recovery at all”). Others (17%) noted that they posted about other mental health issues (“I also post about depression and comorbid disorders”).

Not only did the type of content change but participants (50%) explained that the frequency of posting changed in relation to how they were progressing in their recovery (Frequency of posting on Instagram is dependent upon stage in recovery). When participants (42%) were struggling more with their eating disorder, whether that was in the beginning stages of recovery or immediately after a relapse, they tended to post more often ("So I decided, let me really get back to my account and document my recovery because I thought as I’ve decided to get better, I might as well use this account again" / "After a relapse definitely I think I post more"). On the other hand, participants (25%) posted less when they were doing well as their eating disorder was no longer at the forefront of their mind (“I think as my recovery got better, my account went down a little bit because I wasn’t so focused on that because I was more recovered”).

| Theoretical Construct #7: ACCOUNT CHANGES AS RECOVERY PROGRESSES | Theme #20: Non-recovery content is present (11 participants – 92%) |
Idea #70: "I started posting things that didn’t really have much to do with recovery at all”

(10 participants – 83%)

Idea #71: "I also post about depression and comorbid disorders"

(2 participants – 17%)

Theme #21: Frequency of posting on Instagram is dependent upon stage in recovery (6 participants – 50%)

Idea #72: "So I decided, let me really get back to my account and document my recovery because I thought as I’ve decided to get better, I might as well use this account again" / "After a relapse definitely I think I post more, or after a difficult week and then when I start again and I feel sort of like, ‘Okay that happened, that’s fine, we’ll just start again this week,’ then I definitely post more when I’m like on that spree of motivation.”

(5 participants – 42%)

Idea #73: "I think as my recovery got better, my account went down a little bit because I wasn’t so focused on that because I was more recovered"

(3 participants – 25%)

EXPERIENCE MIRRORS THE CURRENT CLIMATE AND STEREOTYPES

The prevalent societal issues relating to lack of demographic representation among eating disorders and weight stigma, as well as the ever-growing body positivity movement, are all
present within the Instagram recovery community (EXPERIENCE MIRRORS THE CURRENT CLIMATE AND STEREOTYPES). One participant (8%) noted that representation is narrow within the community. For example, they (8%) acknowledged that “99%” of the community is comprised of women and that they follow very few accounts run by men (Few males in the community). Not only did they speak to the lack of gender representation, but they (8%) also mentioned that the community lacks content regarding binge eating disorder (Minimal content related to binge eating disorder).

Participants (33%) also acknowledged that fatphobia and weight stigma are prevalent in the community. Even within the recovery community, two participants (17%) noted that weight stigma is pervasive (“Weight is just a big stigma within the eating disorder community”). Those two participants also reported that they, along with others, attempt to combat weight stigma within the community by raising awareness about the insidious ways it presents in society and in the eating disorder community. Furthermore, two participants (17%) blatantly made fatphobic statements within the interview, insinuating that being in a larger body is unhealthy and undesirable (Fatphobia within the community).

Despite the lack of representation and discrimination, there is a burgeoning body positivity movement (42%) within the recovery community (Body positivity and rejecting the thin-ideal). Three participants (25%) stated that the body positivity has grown in recent years (“I see a lot more body positivity”). Others (42%) explained that seeing photos of people in bodies larger than theirs has helped them make peace with their own bodies (“She is not stick thin, so I don’t need to be stick thin to be happy”).

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<th>Theoretical Construct #8: EXPERIENCE MIRRORS THE CURRENT CLIMATE AND STEREOTYPES</th>
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<tr>
<td>Theme #22: Representation is narrow (1 participant – 8%)</td>
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<td>Idea #74: Few males in the community</td>
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<td>(1 participant – 8%)</td>
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<tr>
<th>Idea #75: Minimal content related to binge eating disorder</th>
<th>“I don’t see much of binge eating disorder.” (P1)</th>
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<td>(1 participant – 8%)</td>
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<th>Theme #23: Fatphobia and weight stigma are prevalent in the community (4 participants – 33%)</th>
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<tr>
<td>Idea #76: &quot;Weight is just a big stigma within the eating disorder community&quot;</td>
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<td>“The posts will talk about how you can be underweight or overweight with an eating disorder and how the weight doesn’t really matter, it’s just sort of a side effect or symptom of the eating disorder/behaviors but how it’s not really about the weight or food, and I think a lot of people don’t understand that because if you haven’t dealt with it you can’t really understand it.” (P2)</td>
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<td>(2 participants – 17%)</td>
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<td>“There is a lot of like weight stigma around COVID so like talking about that.” (P8)</td>
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<th>Idea #77: Fatphobia within the community</th>
<th>“There is another account. She is a larger lady, which is fine, like nothing against that. For some reason I don’t find that as helpful because it’s almost like she is promoting being fat.” (P6)</th>
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<td>(2 participants – 17%)</td>
<td>“It makes me feel a lot better about myself [when comparing her body to someone else’s body], because I think to myself, ‘At least I’m not like you and fat.’” (P1)</td>
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<th>Theme #24: Body positivity and rejecting the thin-ideal (4 participants – 33%)</th>
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<td>Idea #78: &quot;I see a lot more body positivity&quot;</td>
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<td>“That stuff has really helped me because a lot of the body positive content is kind of like preaching to other fat people that they don’t need to worry about their body size…So basically, they uplift tons of different people, so all those</td>
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<td>(3 participants – 25%)</td>
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<td>“I see a lot more body positivity.” (P7)</td>
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messages make me feel better about myself.” (P1)

| Idea #79: "She is not stick thin, so I don’t need to be stick thin to be happy" | “I think there are some photos, I can think of a specific account in my head, and she posts photos and she isn’t fat, but she is not thin, and when she posts photos it is actually helpful because she is completely happy with her body and she is not the stereotypical thin person. She is just like, she has fat on her body, but she is not fat. So to see pictures of her being really strong and to be able to post that, that’s helpful.” (P6) | “It’s probably not actually a great thing for recovery, but for me it makes me feel better about my own body because um I don’t see her as less of a person because she isn’t stick thin, and then to see that and be like well if I’m not stick thin that doesn’t matter, um because I see her as a really good person, really nice person like helpful and happy and stuff, and she is not stick thin so I don’t need to be stick thin to be happy.” (P6) |
| (1 participant – 8%) | |

Discussion

Eight theoretical constructs emerged from the interviews: SOCIAL COMPARISON THEORY; SELF-PRESENTATION THEORY/IMPRESSION MANAGEMENT; POSITIVE ASPECTS OF THE COMMUNITY; NEGATIVE ASPECTS OF THE COMMUNITY; MIXED EXPERIENCES AND UNPREDICTABILITY; VULNERABILITY; ACCOUNT CHANGES AS RECOVERY PROGRESSES; and EXPERIENCE MIRRORS THE CURRENT CLIMATE AND STEREOTYPES. Each construct will be examined, which will then yield a theoretical narrative that illustrates the typical trajectory of navigating recovery while documenting that journey on an ED recovery Instagram account. While not every aspect of the narrative may always appear in a linear fashion, the narrative will be presented through a loose chronological
timeline that maps on to what the participants typically experienced. The narrative will be explained through the lens of multiple theoretical frameworks.

**Social Comparison Theory**

While EDs are a mental illness that run much deeper than a preoccupation with one’s appearance, body-related social comparison is a common feature among people with ED diagnoses. Individuals with EDs engage in significantly more body-related social comparisons than individuals with other mental health issues, such as clinical depression (Hamel et al., 2012). As noted earlier, social comparison is hypothesized to be a mechanism that maintains EDs (Arigo et al., 2014). The tendency to engage in these comparisons does not appear to be exclusive to the time period during which one has an eating disorder, as every participant described engaging in social comparison during their recovery in the online ED recovery community.

An ED recovery account provides a unique set of circumstances – it provides people with an intimate look at other people’s recovery in a way in which one would not typically have outside of the social media realm. When exposed to any environment that is loaded with millions of people at any given second, it is second nature to engage in social comparison. When the women first created their accounts, they noticed an inclination to compare themselves to others on Instagram across multiple domains. The comparisons were overwhelmingly rooted in upward comparison as opposed to downward comparison, a pattern that is common among women in the general population (Leahey et al., 2007). It should be noted that while the intensity, frequency, and nature of social comparison fluctuated for some participants over time, it was understandably always present.
The participants often compared their ED symptomatology, as well as their progress in recovery, to other people in the community, and as a result, often felt that their sickness was never that severe. This is not too surprising given that anosognosia, the inability to acknowledge one’s sickness, is a common feature among EDs (Farrar, 2016). Every woman but one spoke to this concept of not feeling sick enough.

The women engaged in upward comparison, comparing their recovery process to others on Instagram. Some noted that they felt triggered to relapse when they observed other people relapsing. Given the ego-syntonic nature of EDs, it is understandable that participants felt triggered, and maybe even jealous, when they were exposed to others who were relapsing (Aspen, Darcy, & Lock, 2014).

For one participant, seeing friends from treatment relapse triggered the competitive nature of her ED and contributed to the belief that she should relapse if her friends were:

P11: I had one friend who discharged a little bit before I did and then she was posting on her account and then two weeks after she was like, “Oh, I’m starting to really decline.” And then she posted 4 pictures in a row of her with a tube, and I was like, “I don’t want to see it”…I notice that a lot of my friends from treatment who discharged around the same time as me all relapsed at once. And so, seeing that and having them post about it, I get what they’re trying to do but that was hard for me…Since they’re so competitive it’s like, “Oh, if everyone else is doing bad I should.”

Another participant explained that noticing other people’s weight loss even triggered flashbacks to her eating disorder:
P9: But when I see people losing weight or losing too much weight, it can kind of…it doesn’t trigger me to act on it, because I am too motivated in my recovery to act on it, but it does bring those flashbacks of working out every day, not eating anything.

The literature suggests that social comparison extends far beyond the body; people are just as inclined to compare their bodies to others as they are to compare their food consumption to the ones around them (Polivy, 2017). Again, social comparison is an innate drive that functions to help people evaluate their status. When observing what others eat, people tend to eat similarly to others in terms of quantity and type of food (Polivy, 2017). This phenomenon was present among the participants, with one participant explaining how viewing what others ate impacted her beliefs around her own ED, and again, contributed to feelings of invalidation:

P1: Well seeing what other people eat impacts my recovery because I compare what I eat to what they eat. If someone says, “This dinner was really scary,” and it’s something that I wouldn’t consider scary at all, I feel a little bit triggered because I’m like, “Oh, they’re scared by that but I’m not so maybe that means I don’t really have an eating disorder or that I’m not as sick as them.”

Another domain that exists within the social comparison phenomenon is the tendency to engage in exercise-related comparisons. Many people without EDs are even likely to compare the amount and intensity of their own exercise to others, regardless of their relationship to that person (Fitzsimmons-Craft, 2017). Multiple women reported engaging in this type of comparison and noted feeling triggered when doing so. When they came across photos of other people exercising, they then felt compelled to exercise with the hope that they could obtain that same physique:
P5: I look at the photos of the people who exercise and I think to myself that their bodies
look better than mine and that I should try and get a body like theirs by exercising. If I
exercise like them and eat what they eat, then maybe I’ll look like them.

In addition to comparisons centered around relapse, food, and exercise, half of the
participants compared their lowest weight and past medical status/treatment experience to other
people’s:

P3: And at this point I was following some of the eating disorder recovery accounts on
my personal account, but when people posted photos of themselves at their thinnest, it
just made me feel like I didn’t really have an eating disorder since I was never as thin as
them. It made me feel like I wasn’t really that sick.

P12: It makes you feel guilty if you haven’t done certain things like been hospitalized, it
makes you feel like you weren’t valid enough to get better and that’s such a big part of an
eating disorder anyways that it just feeds into it.

One participant even noted that because she was able to cope with her ED more
effectively than other people in the community, she felt that her ED was not that severe:

P12: A lot of time depression and anxiety can stem from eating disorders, so it made me
feel like maybe my eating disorder wasn’t bad enough because I was still coping okay,
like I was still going to school and getting good grades on my exams.

The aforementioned social comparisons may have negatively impacted or hindered their
recovery, as the research suggests that people who engage in these forms of social comparison
are more likely to experience body dissatisfaction and caloric restriction (Fitzsimmons-Craft et
al., 2015; Fitzsimmons-Craft, 2017). Every participant even stated that the community has been
triggering for them (“I’ve been triggered by other people in the community”).
The participants identified a myriad of photos and captions that they often found triggering. The content was typically triggering because they compared the details of their EDs to other people’s EDS which, again, contributed to the belief that their EDs were not that severe. The most common type of triggering content was that which contained -. One participant evocatively described that the comparison between someone’s lowest body weight and their own was essentially a competition to see “who can reach the lowest weight and get closer to death” (P5). Another participant explained:

P10: If they were emaciated, it would make me like kind of jealous and also like I wish I went back to when I was like that because, not because it is beautiful, not because it is desirable, but it is for my anorexia…So seeing those images, although I am further on in my recovery, when I see it I am like, “Shit, maybe I do need to go back to that weight.” That is my instant thought, but like I said, I am a bit further along so I can kind of, you know, go through the thought process of, you know, that is not where I want to be again.

Not only were photos of bodies triggering but so were photos of food. When exposed to a photo of a small portion of food, the women might begin to believe that they are eating too much and should therefore eat smaller portions (P10). Although some participants could cognitively and rationally understand that people require different amounts of food, it was still difficult to see these posts, as one participant described:

P6: When people do full days of eating that is really unhelpful because you compare what you eat in a day to what they eat in a day, and meal plans and things like that are different for everybody so you can’t compare like that, but when you see it, it’s really difficult not to. So, that is definitely very unhelpful.
The women referred to a “full day of eating,” a type of post that first arose in late 2020 on the application called Tik Tok. Tik Tok and now Instagram are filled with “What I eat in a day” videos in which users post a short video comprised of all of the food that they ate that day. In a HuffPost article, Dr. Lauren Muhlheim, a psychologist who specializes in eating disorders, explained just how harmful these videos are, for both eating disorder sufferers and the general public (Seow, 2021). She stated that these videos are often recorded by people in thin or conventionally attractive bodies, which perpetuates the myth that if someone eats an identical diet, then they will be able to achieve that same body-type. Given body diversity and the large component that genetics play in body size, it is harmful to even unintentionally spread this common misconception that emulating someone else’s food choices will result in a similar body. Further, when these videos only contain foods that diet culture deems as “healthy” or “superior,” it also reinforces the dichotomous belief that certain foods are bad versus good. Many participants discussed how pervasive these videos are, their tendency to compare their intake to the other person’s intake, and how harmful this content can be.

Participants found it triggering to go on their account not only because of the food-related photos but also because of the photos of people in hospital beds and people with nasogastric tubes (NG), or feeding tubes used to support nutritional rehabilitation when patients are medically unstable or unwilling to eat food by mouth (Kaplan & Mathes, 2015). This content was a source of comparison that often triggered participants. One participant stated:

P10: There is also photos with tubes and IV’s and stuff. It makes people who don’t have that, or have not gone through that, feel very, you know, not sick, not as sick, or not sick at all. So those kinds of images are very unhelpful.
When browsing on their accounts, the captions themselves were also triggering. When people “overshare” to the point that one “practically knows the ins and outs of their whole lives,” participants felt triggered (P12). In the earlier stages of having an ED recovery account, people were more likely to come across this content or even post this type of content themselves. One woman explained the type of triggering captions that she had posted in the past:

P1: The captions were absolutely triggering. It was very, very graphic detail, my thoughts exactly about how I felt about my body, so posts like, “I can’t believe how big my thighs have gotten since XYZ date. I need to turn this around ASAP. I need to lose all this weight and get back to where I was.” But I said it in very detailed language, very graphic language, often using swear words like, “Look at how fucking big my thighs are.” I would also use numbers. I would post about calories. I remember I would say things like, “I had 100 calories today. Not feeling great about it,” or “Today my weight is 35 kilos.” It was very triggering.

These captions were triggering for participants, especially when it included numbers. Those numbers included calories, amount of weight lost or gained, lowest heartrate, number of hospitalizations, and number of relapses. One participant explained that people post this content as if they feel a sense of pride:

P12: People will even post their number of hospitalizations in their bio as if it’s something to be proud of, it’s almost as if hospitalizations are the norm and like you’ve achieved something even though you haven’t and most people with eating disorders aren’t hospitalized.

It is no surprise that participants also posted triggering content on their own accounts. The social cognitive theory (Bandura, 1986) posits that people learn through observation and
modeling. Participants were exposed to a particular type of content and therefore also began posting similar photos and captions. Three-fourths of participants admitted to sharing triggering content earlier on in their account but explained that they eventually stopped as they became aware of how detrimental it could be (People are mindful of not triggering others). The women were honest about the detriments of their account, stating that they knew that other people “fed off” their account in a “negative way” (P10). One participant explained the type of content that she posted:

P1: Like posting photos of yourself with a NG tube, before and afters, body check posts, anything that would be triggering to other people I would call negative. So I posted negative things like that for a very long time. I eventually realized what I was doing and how it was negatively impacting other people and stopped.

Many participants spoke to the prevalence of “before and after” photos and “body-check” photos in the community. Before and after photos are side by side images that typically depict an individual’s body at their lowest weight during their ED versus at their current weight in recovery. A person’s weight does not and cannot represent the mental anguish of living with a mental illness and body weight does not always fluctuate significantly in the presence of an ED. Therefore, these photos can understandably be triggering and elicit social comparison (Porter, 2016). A body-check photo is a photo of someone’s body, oftentimes posted as a means of documenting a change in one’s appearance or weight (Licorish, 2015). These photos can also prompt people to compare their own bodies to other people’s appearances.

Although the aforementioned participant posted a variety of triggering photos, she eventually internalized and acted upon the negative feedback that she received about her posts:
P1: The most common one [feedback] was, “This is really concerning, you need to get help and you need to stop making these posts because they’re super triggering,” so that was the feedback I was getting for a very long time but I wasn’t really taking it into consideration until one day it clicked. I realized I have thousands of followers and I’m triggering them all and I don’t want to trigger people so maybe I should stop.

Another participant explained how other Internet resources provided her with the knowledge that certain content could be triggering, unhelpful, or fatphobic:

P8: I think learning and listening to other people like the Food Psych podcast and being a part of different Facebook groups and like learning from people in larger bodies like saying, “Hey, these pictures are not helpful.” I did read the book *Sick Enough*, saying like those pictures aren’t helpful at all. It can just, I feel like it causes more shame and guilt for so many people. So, like I don’t want to do any harm so it’s more of like protecting others.

While social comparison is incredibly common, as noted by the participants, the silver lining is that this provided them with a better understanding of how this manifested in the community and its negative impacts. Their acute awareness, as well as the feedback that some of them received from their followers regarding the harmful impacts of their posts, allowed them to become increasingly mindful of the content that they posted in the hopes that they would not trigger their followers. They now refrain from posting numbers (e.g., calories or weight) and refrain from posting about relapses, the amount they ate, ED urges, or “What I eat in a day” videos. Some participants even deleted prior posts that might be triggering to their followers (P1, P10). This increasing awareness and behavior change among participants is representative of the larger ED recovery community on Instagram, as participants stated that the community itself has
changed within the past few years. Almost half of the participants (42%) explained that the community as a whole is more aware of what could be triggering and therefore contains less triggering content (e.g., bodychecks, before and after photos, captions that contain graphic detail or numbers) than it did a few years ago.

**Self-presentation Theory/Impression Management**

Self-presentation theory is based on the premise that people consciously and unconsciously attempt to control how others perceive them by presenting themselves in a particular manner. People tend to behave in a certain way in order to portray a specific, desired image. These desired images are dynamic; namely, they are dependent upon situational factors, such as the present audience, and are influenced by both positive and negative feedback (Goethals & Mullen, 1987).

Social comparison and self-presentation theory are inherently linked – upward comparison and the accompanying negative affect (e.g., shame, guilt, envy, depressed) may alter how one will portray themselves in the future and downward comparison may reinforce the manner in which one currently presents themselves. The image that one shares on social media is quite selective – an individual can choose to share specific content that they predict will be more favorable among their audience and may even choose to edit and alter that content. These decisions may often be influenced by feedback from peers as well, as an evaluative process in which they compare themselves to other people on social media. Given that social media offers an opportunity to present oneself in a highly selective and advantageous way, users will naturally be comparing themselves to a highly curated feed that only displays the most flattering, aesthetically pleasing photos, thereby increasing the chance that they will engage in upward
comparison, resulting in a more negative affective state. This may then contribute to pressure to present themselves in a certain way and therefore curate their content to reflect a particular outward appearance.

One of the largest factors that Instagram users can control in the context of self-presentation is who has access to their profile. Users have the ability to set their profile to either private or public. A public account allows anyone to access their content whereas a private account allows users to either accept or deny a user’s request to follow them. Most (83%) participants spoke about a desire for privacy on their account but what this privacy entailed differed depending upon the participant. Most of the women were adamant that they did not want anyone from their personal life to have access to their account. They wanted to remain anonymous and maintain their privacy for multiple reasons. Some explained that many people from their personal life did not know about their ED, others feared that they would be judged, and some felt that they could not be as brutally honest and vulnerable on their account if they knew their followers personally. In sum, they were concerned about their self-image and how others might perceive them.

Only three participants reported that they allowed people from their personal lives to follow their accounts. Two of them mostly had followers from the ED community but did allow a few family members or close friends to follow their accounts as well. Only one person reported that they strictly allowed people from their personal life to follow their account and did not allow anyone from the ED community to follow them.

After deciding who they felt comfortable following their accounts, participants were then faced with the constant external pressure to present oneself in a particular way which they did by curating their content to reflect a certain outward persona. While this pressure on social media is
not exclusive to just this population, it is important to understand how these community
members experience this pressure and how that translates into the type of content they post. One
third of participants felt ambivalent about what type of content they should post for a myriad of
reasons. Some participants felt pressure to post content that catered to what they believed their
followers wanted to see:

P11: I started realizing that for me I started putting out content that I thought would be
more helpful for other people instead of just like how I’m doing, which is how my
account started. And so, I’m trying to get back to that cause I don’t need my account to
blow up. I don’t need to be a huge recovery icon and like role model.
P12: I got to the point where I was really fed up with the account. I felt like I had to
please people.

Some participants felt pressure to portray themselves as further along in recovery than
they really were, feeling the pressure to depict a “perfect recovery” (P3), while others were
concerned that posting about difficulties and challenges might concern their followers. Others
compared their accounts to other accounts and felt pressure to create content that was just as
positive as other people’s content. This pressure could be quite burdensome, as it contributed to a
lot of ambivalence and distress:

P9: The external pressure, in some aspects, can be really difficult and quite damaging for
people.

This concern over one’s self-image on Instagram heavily impacted their posts. The
representation of a “perfect recovery” in this community contributed to only posting motivational
captions (50%). However, this pressure to present a “perfect recovery” extended far beyond the
captions. Participants felt the need to “post pretty pictures,” especially of food, despite the fact that “in reality, not everyone’s meals look pretty all the time” (P10). As one follower put it:

P2: I just feel that more aesthetically pleasing photos will attract more followers.

Across the board, most participants leaned toward posting more positive motivational content. However, many questioned whether this was the right choice:

P1: I’ve been struggling more recently but I don’t feel like that’s something I can share with my followers because if I do, I’ll be told off by people and told that I’m being triggering. I feel like if I shared how I’m really doing on my account and said I’m really struggling, this is exactly how I feel about my body and this is how I feel about recovery right now, I feel like I’d definitely be told off.

P1: I think when you post on Instagram, you are sending out a message and I try to keep that message as positive as possible for the good of my followers, but I don’t know if that’s necessarily the right thing to do.

P1: I know that talking about these things are triggering and I don’t want to trigger people but at the same time, I feel like if I have an account that is supposed to document my recovery, then I should be honest with my followers. So you come to a crossroads as to what to do.

P3: I realized that I wasn’t being honest with myself in my recovery and then I wasn’t being honest with what I was posting, so it felt like it was wrong and wasn’t fair to my followers.

P6: Sometimes I feel like my account does put quite a positive spin on recovery. It does definitely mention that there are good days and bad days, like it does 100% reflect that, but it always ends positively…So, I feel like I mention that recovery is bad and that
sometimes it doesn’t go the right way, but it always ends happily, which I feel like maybe isn’t as realistic as genuine recovery.

Not one follower expressed arriving at any type of resolution. Either they sacrificed honesty and authenticity to maintain a positive image, or they risked triggering their followers and potential social criticism, backlash, and judgement. While the interviews did not delve into the role of honesty and authenticity in their lives outside of Instagram, this dilemma may be a microcosm of their personal lives outside of the social media realm – do they speak honestly about their ED challenges in recovery to family, friends, and providers or will doing so impact other people’s perceptions of them, resulting in potential judgement or decisions regarding their treatment?

The urge to portray their recovery through rose-colored glasses on Instagram parallels the underlying personality traits and temperament that are often associated with EDs: people pleasing, perfectionism, obedience, and harm avoidance (Levallius et al., 2015). The recovery process contrasts with these common personality traits, as it is a complex, nonlinear, and chaotic journey. As such, one finds themselves at a crossroads, unsure how to proceed. Many Instagram users may portray their recovery in a pollyannaish manner on Instagram, thereby exacerbating the core belief that they are “too much.” They discount their own emotions and convoluted experiences in order to please their followers and appear composed. However, doing so may only exacerbate their challenges and feed into their disorder as EDs thrive on secrecy.

Despite the uncertainty around the best way to navigate this internal conflict, there was one truth that every participant could agree upon: No matter what one’s thoughts were about their own feed, they all agreed that **people invest a lot of time and focus into their accounts.** Given the preoccupation with one’s self-image in this community, it is logical that one might
invest a lot of time and energy to cultivate that image. For the majority of the women (83%), their accounts played a large role in their day-to-day lives and identities. Many people identified with their EDs, a common experience for people with this mental illness (Conti, 2013), and therefore this recovery account was a natural extension of their ED, thus contributing to a part of their identity.

The shared report that people invest a lot of time and energy into their account was multifaceted. The community itself has reportedly expanded, with more people creating accounts as well as the community comprising a wider age range of users. One woman (P12) noted that many 11-year-olds are now a part of this community whereas that was an anomaly just a few years back. Some people (P1, P9, P12) explained that these accounts used to be solely used to share photos of food and bodies, whereas now, people share plenty more about their personal lives. Further, as Instagram functionality has expanded, people’s usage of the app has followed suit – they no longer just post photos but also post vlogs (video logs or diaries) and live streams. For some, these accounts have morphed into a lifestyle blog, such that people have become recovery influencers:

P1: There are more people promoting themselves rather than promoting what they eat or rather than promoting recovery. It’s like a self-promotion thing. People essentially want to be influencers in the light of being an eating disorder blogger if that makes sense. People just want to be famous, but not just famous for whatever reason, famous because they are eating disorder bloggers.

Given the rise of social media applications within the past few decades, more researchers have been examining the function of self-presentation tactics within the social media realm (Hollenbaugh, 2020; Trammell & Keshelashvilli, 2005). While conscious or unconscious self-
presentation strategies are implemented by the participants and other ED recovery Instagram community members, these strategies are most likely amplified for recovery influencers. As a result, these highly curated profiles may be further contributing to upward social comparison across the community. Although there is no literature examining ED recovery influencers and social comparison behavior, psychologist Doreen Dodgen-Magee explained why social comparison in the context of social media influencers could be so damaging: “If the others you’re comparing yourself to are styled, chiseled, or glamorous, social comparison theory suggests your perception of your own looks or lifestyle can seem shabby by comparison” (as cited in Heid, 2019).

**Positive Aspects of the Community**

Despite the triggering and invalidating elements of the community, all participants described a multitude of ways in which the ED recovery community was an avenue for support, motivation, and inspiration. Throughout their journeys with their accounts, participants found that the community was beneficial and positively reinforcing based upon the help and support they received from others. The supportive nature of the community is not all that surprising when viewed from the theory of affiliation (Schachter, 1959). The theory posits that people who experience similar negative affective states and or similar challenges are likely to congregate with one another, provide support, and bond over their shared experiences. Given the pervasive isolation and loneliness that people with EDs often experience (Levine, 2021), it is unsurprising that these individuals may gravitate toward one another to build community, offer support, and foster motivation.
Participants followed a range of inspiring and motivating accounts from general eating disorder awareness accounts and organizations to eating disorder professionals, such as therapists and dietitians, some of whom posted anti-diet and anti-fatphobia content. Half of the women (50%) described that they only followed motivational accounts or accounts that posted content similar to what they typically shared. This was an intentional decision for some participants, as they wanted to ensure that they were exposed to content that would support them in their recovery. As one participant explained:

P5: I only follow people who are really trying to get out of this eating disorder shit and are really trying to get better and who really want a better life

Every participant referred to the community as supportive. The support was bidirectional in nature – participants supported the users that they followed, and their followers supported them. Individuals supported one another through direct messages or comments on photos. Comments might include, “Don’t give up,” “You’re doing so good,” “Keep your head up,” or “We’re here for you if you ever need to talk.” One participant even described receiving support from followers who had followed her for the past 6 years:

P8: Most of the people on my account have been following me since 2014 so people know when I’m going through something difficult and they will send me quotes or posts, or they’ll remind me that, like, I’m doing so well and they’re proud of me, and it’s just cool to have people that have been with me since like the beginning of my Instagram.

Many of the participants (75%) explained that users on the platform provided advice to one another. This advice ranged from advice about treatment to certain topics. This advice ranged from advice about treatment (P2) to
how to challenge a fear food (P12). Some advice was provided by eating disorder professionals on Instagram:

P8: I would learn different, like, self-care techniques. And like just, like, challenging my thoughts and, like, growing and experimenting.

P11: And then the dietitian ones are science-y, ones that are literally telling you the science behind your food and why the chocolate cake that I was so scared of isn’t actually bad for you and, like, what it gives you.

Even when participants (67%) were struggling with ED thoughts, urges, or behaviors, their followers were able to help them through and vice versa (We help each other out when we are struggling). Some women received this support after posting about a difficult day, whereas others actively sought out help from their followers:

P5: If I have a bad day and I want to relapse and follow the eating disorder voices, I write a post about it and then people will read it and comment and try to convince me not to relapse. They will remind me of all the good things about recovery and the life that my eating disorder had taken from me.

P5: Even during the meal, if I have difficulties and feel really anxious, I’ll go to the bathroom and message them on Instagram and ask them for help. They are always available to talk and help me and support me.

P11: Sometimes I’ll say like, “I need some positivity right now, like, just send me something good.”

These reciprocal relationships were naturally reinforcing – participants received support in the moment from people who understood their experiences on a deeper level than other people in their life and many noted that they enjoyed helping others (P11). These relationships can be
best explained through the social exchange theory, which posits that relationships are determined through a cost-benefit analysis. People determine the perceived costs and benefits of a relationship to determine whether or not they want to continue or terminate the relationship. Further, people naturally seek out relationships that maximize their rewards (e.g., emotional support or financial support) and have minimal costs (Homans, 1958). Participants evidently felt rewarded in this community and in these relationships, as community members provided them with an abundance of support.

Part of what made recovery possible for many participants (83%) was the accountability that their account provided (The account keeps me on track). The accountability functioned in multiple ways. Some women explained that when they posted less on their account, it sent a signal to them that they were “regressing.” In addition, followers might also check in with them when they posted less often which served as motivation for them to redirect their attention to their recovery. Posting on the account also functioned as accountability, as it fostered a sense of commitment. As two participants explained:

P10: I went on my account and I just really quickly posted, “It is 3am, I am starving, I need to go get food.” So I posted that and I was like people have already seen it. I need to do that. So it helps me stay accountable so that is what I did.

P11: I just feel like it helps me a lot in the moment. Like one time I went out to dinner with my friend, and I was like, “Okay, she wants to get an appetizer and entrée and dessert, like okay, that’s not my meal plan, like that’s a lot more.” And then I went to the bathroom and on the way there I was like, “I have to purge, it’s going to happen.” And then I was like, “Okay, but I want to post on my account, and I want to be able to say like I didn’t purge.” And so like, once I got to the bathroom, I was like, “Okay I’m not gonna
do it,” and I took a picture in the mirror. I was like, “I did this,” I showed, like, all the food. I was like this; it was so good. Instead of purging, I enjoyed myself. And so, like, it’s like a really good accountability for me.

The very act of having an audience follow their journey appears to have created pressure which served as motivation. One participant explained that she would feel “quite sad” if she wrote a post detailing how she was struggling in her recovery (P12). The audience, or followers, actively held each other accountable through providing constructive feedback for one another in regard to recovery. One participant explained how the eating disorder cannot thrive as much in a public environment:

P7: The eating disorder survives on secrecy, and the more you keep it a secret, the stronger it gets. So, the more public I get, the more honest I get, the easier it will be to shut it down when it comes around.

Two participants stated that their accounts played such a monumental role in their recovery that they believe they would have “regressed” without it. One participant even believed that she would not have been able to recover without her account (P8).

Alongside accountability, Instagram provided motivation and inspiration for most (92%) of the women (Instagram has been very motivational and inspiring). Half of the participants noted that they were inspired to make an ED recovery account after following other people who had these accounts. Once a part of the community, many participants found Instagram to be a motivational factor in their recovery. One participant provided an example of how an 8-year-old follower motivated her in her recovery:

P9: It felt like I needed to push that little bit more, because…I had a girl as young as 8-year-old message me about her eating disorder. I was there thinking, “People are looking
at this and if they see me not doing what I should be doing, I don’t want that little 8-year-old girl to try and follow that.” So, it made me push that little bit more.

The drive to recover was also furthered by witnessing other individuals progress in their recovery. Following people who were far along in their own recovery provided “hope” that there was “a light at the end of the tunnel” (P10). As one woman explained:

P3: One girl I was following for a long time, she was always extremely positive and always so open and shared recipes, and I was thinking about how it’s so beautiful how she views what’s happened to her. She was a strong motivation for me. I always thought, if she could get out of her eating disorder, then I could too.

Almost every participant (92%) reported that the community had been helpful for the aforementioned reasons (The community is helpful). Many participants created their accounts, in part, because they longed to be understood and they felt that those in their real lives were not able to:

P9: The whole reason behind the initial Instagram page was to find others that were like me, because I was the only person that I knew that had had one [an ED]. So, I was trying to find people like me that could potentially help me along the way.

P12: In the beginning, it was about getting to know other people and knowing that I wasn’t alone, understanding what helped other people.

P12: There’s a nice sense to it in that you don’t feel alone.

One participant described how helpful it was to cultivate a friendship with a member of the community at a time in her life when her other friendships were tenuous:

P12: I felt like I had an actual real friend, and I really needed that cause it was at a time where I was losing all of my other friends because of my illness.
Although participants often felt isolated and misunderstood by people in their personal lives, a few of them allowed loved ones to follow their accounts which helped family and friends better understand their ED and learn how to best support them:

P4: It helps family and friends to understand what you’re going through as well.

P11: But I think a lot of them learn from it, too, just ‘cause no one knows about eating disorders...I think, like, it’s helpful to learn about eating disorders in general but then also, like, specifically, like, what I need for support.

Another positive aspect of the community, for one participant, was the ability to increase one’s knowledge about varying topics that aided her in her recovery. The participant noted how invaluable the community had been, as it introduced her to the Health at Every Size (HAES) movement and intuitive eating approach and has allowed her to examine her own fatphobia (P8). The HAES movement is comprised of five principles that promote weight inclusivity (the premise that bodies naturally range in size), health enhancement (improving equal access to all forms of well-being and healthcare), respectful care (increasing awareness around fat-bias and ending weight stigma and discrimination), eating for wellbeing (relying on internal cues versus external, diet-ridden rules about food and eating), and life-enhancing movement (supporting people in all body sizes to pursue physical activity to the extent that they wish) (Association for Size Diversity and Health, 2020). Intuitive eating is a framework that aims to increase body attunement, decrease diet-culture beliefs, and cultivate body-trust in regard to food (Tribole & Resch, 2020).

Of course, people’s experiences were complex and nuanced, comprised of both positive and negative elements. Two participants were able to identify the silver lining in even the more harmful aspects of the account:
P5: I think we can learn even when bad things happen to us. So even when I see photos of skinnier bodies or triggering posts on my account, I think that even those bad things have helped me in some way because they helped me figure out that recovery is the best thing I could choose for myself. It helped me figure out that a life with an eating disorder is not a life at all. Even if, at first, I am triggered by a photo, I then realize that recovery is always the better choice.

P1: I’m still glad I made this account because even everything that came from it, even the substance use, it made me who I am today and even meeting my best friend, I never would’ve met my best friend if I hadn’t made this account. I never would’ve dated my ex if I didn’t have my account. I never would’ve turned to meth.

Every participant was able to effortlessly identify the numerous ways in which the account and community supported them in their recovery. The account itself helped participants remain accountable in their recovery and sustain their motivation. It also provided a great deal of information in regard to the HAES movement and intuitive eating, two models that can be quite conducive to recovery (Bacon & Aphramor, 2011). The interpersonal aspect of the community was also incredibly valuable as it cultivated an environment that allowed people to bond with one another, seek out advice, and garner support during challenging times.

**Negative Aspects of the Community**

Although the experience within the Instagram ED recovery community was positive at times, participants also described the adverse effects of being part of the community (Instagram has had a negative impact on my recovery). Over time, participants began to consciously recognize aspects of the community that were negatively impacting their recovery. As one
participant (P12) put it, “I think the longer I had the account, the more I realized the dangers of it and the negative sides of it.”

According to the social exchange theory, it is common for people to find certain relationships or communities more rewarding in the beginning stages and more costly as time progresses. This phenomenon is due to the idea that individuals continuously evaluate what they have gained and lost in relationships or within a community. Naturally, it may take time to be exposed to the more negative aspects. In addition, certain factors may feel less satisfying or more costly over time as novelty wears off or as the costs begin to compound (Homans, 1958).

The women described the detrimental aspects of the account, which included pervasive fatphobia, the very act of constantly viewing other people’s food and exercise regimens, and overanalyzing whether or not someone’s photo of their meal contained enough calories or macronutrients. Participants explained that the account had the potential to dramatically interfere with one’s everyday life and had been detrimental to their recovery at certain points in time. One woman explained that the account “had more of a negative impact than positive impact” on her recovery, so much so that she stated that she wished she never created an account (P12). That same participant shared a powerful message about just how harmful the community can be:

P12: I feel very scared for those young people, like age 10 or 11, because I almost want to say to them, “Please don’t get involved in this.” It’s something that once you’re involved in, it’s hard to get uninvolved from it. For some people, it can be a matter of life or death. It sounds extreme, but it’s very true when it comes to eating disorders.

Participants continued to share, in detail, why the accounts negatively impacted them. A quarter of the women explained that they spent too much time on their accounts, with one woman stating that she sometimes spent more than four hours per day on the platform.
Sometimes, the women spent a significant amount of time comparing their account to others. As noted earlier, people were inclined to compare their ED symptomatology to one another, but the social comparison went as far as comparing the amount of likes or followers. This behavior is common among social media users as humans have an intrinsic desire to gain approval, and social media offers people a tangible but harmful and inaccurate avenue to evaluate the extent to which others provide social approval (Borojevic, 2018). The women explained how they engaged in social comparison and the accompanying effects, stating:

P11: I noticed myself starting to focus on numbers and just making my posts as helpful as possible and, like, not posting if it wasn’t, if I didn’t have something good to say.

P12: I had a friend who also had an account, and we were always very similar in the amount of followers we had. We never admitted it to each other, but it was kind of a competition, so it became competitive in that sense.

P12: I was very critical in my head, like if a post didn’t get as many likes, I felt like people didn’t like what I was saying so I got paranoid about the number of likes and who was following me and whether they liked me or not, so it became quite difficult. I was just very aware of the fact that if there were less people liking a post than had previously liked my post, then maybe that meant that my current post wasn’t resonating with people.

The women’s accounts not only contributed to a preoccupation with likes and followers but also contributed to a preoccupation with their ED. As participants began to form an identity outside of their ED, they began to notice how overidentifying with their account or recovery might be just as harmful as overidentifying with their ED. As one participant (P3) shared, “And having this account just made me so focused on my eating disorder which wasn’t so healthy.”
Participants’ frustration with the community extended to the content that other users posted. They were subjected to content in which people glamorized EDs and normalized ED behaviors. The glamorization of EDs is also present on other social media platforms, such as TikTok (Tobin, 2020). Participants (50%) were frustrated that people posted certain content to convey the severity of their ED:

P11: People just always have to prove their sickness, which I don’t think is helpful for recovery accounts.

P10: People post before-and-afters just to show how sick they were before and they know for a fact that it is not helping anyone, people know that, but they still do it anyway to just prove how sick they were.

P6: I think that eating disorders are so competitive and like you constantly want to be like the sickest that you can. That’s the goal, is to be the sickest. So when you see other people and they are smaller than you than its like, if they are in recovery, I don’t deserve to be in recovery now because they are smaller than me so I should get to their weight and then start recovering.

P12: I think everything with an eating disorder gets turned into some twisted competition and the Instagram community really just fuels that.

The women found this content triggering which not only promoted a competitive environment but also translated into engaging in ED behaviors:

P10: I worsened a lot towards the end of 2018, because I saw a lot of people just struggling a lot, how many times they just, like I was saying just numbers and stuff which can be invalidating towards my disorder. So I just felt the need, the urge, to keep getting
sicker and sicker and sicker so that I can feel valid, so that I’m actually ill because part of the nature of the illness is to feel, “No, I’m not actually sick.”

Participants felt jealous of both other people’s bodies as well as their ability to access treatment. Only one in ten individuals with EDs receive treatment, for a variety of reasons, including financial barriers, poor insurance coverage, undiagnosed EDs, societal and institutional fatphobia, and reluctance to seek treatment (Thompson & Sinyoun, 2016). Multiple participants noted feeling jealous when people posted about being able to access treatment and frustration when people complained about being in treatment. As one participant (P1) explained, “It feels unfair that there’s someone on Instagram complaining about being there because I want to be there, and I know that I need that treatment.”

One participant, who was fortunate enough to access treatment, believes that the account exacerbated to her ED:

P10: I wouldn’t say the recovery account is what made me end up in the hospital, but I can say that it definitely contributed to that.
P10: But I always think back, you know, could I have avoided my first admission which led to this cycle by not comparing myself to all the people on the recovery account, not comparing my struggles or lack of on that account?

Another woman explained that her account was a “gateway into substance use” and an addiction, as one of her followers, whom she met in real life, introduced her to substances (P1). Overall, the account and community had significant negative impacts on people, their mental health, and their ED recovery, so much so that multiple participants were inclined at times to delete their account.
Another negative aspect that the participants (58%) described was the fact that eating disorders are still on display. One participant explained, “These accounts aren’t even being run by these people anymore, it’s being run by their eating disorder” (P12). Some participants empathized with these individuals and understood that this might be occurring on a subconscious level:

P5: I try to tell myself that these people are not bad people but that it’s the eating disorder that’s making them post these things, so I tell myself that they are in pain and that they are like how I was a few years ago. I understand these behaviors. Sometimes I try to write them and tell them that what the eating disorder makes them do is wrong, and I try to explain to them why, but they don’t always listen to me because they are just very sick.

Participants (58%) also noted that there is a subsection of the recovery community in which people are in partial recovery. They might post content that suggests that they are recovering, when in fact, “you know [they] are absolutely not trying [to recover]” (P10). Two women explained that these individuals may be faking their recovery and lying to themselves as well as to the community:

P5: I noticed that there were many people who maybe fake their success in their recovery, or they say that they are fine and in recovery but are really struggling and maybe relapsing and not being so truthful.

P10: Those accounts are people that are actually kind of lying to themselves and lying to others that they were recovering…they claim to be in recovery whereas you know that they are not.

In addition to the ED recovery community, there is also a pro-ed or pro-ana community on Instagram that encourages ED behaviors (The pro-anorexia (pro-ana) community has a
presence). Research suggests that these communities have a social contagion effect (Crandall, 1988; Wilson et al., 2006) and discourage people from pursuing recovery (Csipke & Hornes, 2007). One participant described just how harmful this aspect of the community can be:

P10: So there is this [issue] less spoken about in the recovery community, which are called Ana-buddies…People who encourage others to, say, purge, or restrict, or any other eating disorder behaviors. And that you, like, check-in on each other, like, “Have you purged? Have you purged?” “No, you haven’t? Okay, go do it.”

The pro-ED community has the potential to significantly impair someone’s recovery.

Two participants admitted to following these accounts in the beginning stages of their recovery:

P5: In the beginning, I searched for eating disorder accounts and I followed people who didn’t want to get better and were relapsing or struggling. At the time, that’s what my eating disorder wanted me to do. But now, I don’t do that anymore.

P7: And I used to unfortunately follow people who, in the beginning, who weren’t looking for recovery, would update and post about their progress and where they were at and how they were doing it.

Given that recovery is not linear, people from the pro-recovery community may be more vulnerable at certain times to acting on ED urges that are triggered by the pro-ED community:

P10: There are many accounts that are considered like pro-ana, so they promote anorexia, weight loss, diets, all that kind of things…When I am unwell, that’s the kind of accounts I engage with and try to seek so I can get sicker, like it sounds so messed up, but that is kind of how my brain works at the time when I am doing really badly. So I would have people give me tips and stuff, and I would give them tips back. So that is very, very
unhelpful, but it is very easy to find those accounts, unfortunately, and create those kinds of relationships.

As much as the community supported the women’s recovery, it undoubtedly also posed a myriad of challenges. Some of the dangers were more explicit, such as blatant fatphobia, social comparison, and triggering content whereas others were more subtle. For example, the ramifications of spending a significant amount of time on one’s account and becoming preoccupied with the community may not always be so obvious at first. In addition, once someone is consuming pro-ana content, it may be too late for the individual to consciously reflect upon how damaging that content can be and take action (e.g., unfollow pro-ana accounts).

**Mixed Experience and Unpredictability**

Many developmental theories are situated around the premise that individuals’ cognitive abilities progress as they age, and therefore, they begin to acquire a more complex understanding of themselves and the world around them (Ryu et al., 2017). A similar phenomenon was seen in many of the participants’ stories. As participants spent more time on their accounts, some began to integrate their experiences into a nuanced understanding that the account had a range both positive and negative impacts. Almost one half of the women expressed that having a recovery account can be helpful, unhelpful, and neutral. They articulated a dialectical view of their experiences, with statements including, “It’s kind of changed my life in a way. It’s provided opportunities for my life to change, both good and bad opportunities” (P1), “Good and bad” (P6), and “Very rollercoaster-like” (P10).

Still, some participants expressed a more neutral view of the role of their account in their recovery, articulating that “it doesn’t really play a big role” (P10). One person stated that they viewed their account as a “hobby” (P9).
Through gaining a more intricate perspective of their accounts and its impacts, the women began to realize that they do have some control over their experience. A large majority (83%) of them all agreed that a defining factor that influences one’s experience with the account is who you follow (Your experience with your account is dependent on who you follow). This awareness was not present when they first created their accounts. They explained that, at first, they did not know what components of the account, the community, and the connections were helpful or unhelpful:

P6: At the beginning I didn’t actually know what was helpful and what wasn’t.

P8: In the beginning, I didn’t know how to manage my triggers.

P10: It has taken me a long time to figure out what types of relationships are healthy because they can get very, very unhealthy.

With time, participants began to learn what was most beneficial for their own personal recovery. As two participants explained, this process is not so easy as people have different triggers. Therefore, the content that they benefit from is dependent upon what stage in recovery they are in:

P4: The account varies depending on the person. Like for some people, their accounts can be helpful for themselves but for others it might not be. And some posts can be helpful for some people but could be triggering for others. I feel like your experience with your account is dependent on who you follow.

P10: So there are a lot of different accounts and it is all about choosing who you want to engage with and depends on what part of recovery you are in.

Given the countless number of ED related accounts, people can have vastly different experiences on the Instagram platform:
P9: It can either be the best thing for somebody to have a recovery account if they use it in the right platform and the right way, or it could be the worst thing if they are gonna look for ways that they can restrict even more or restrict without people knowing. If you find that side of Instagram, then you need to come off the recovery account. If you’re looking for people who are going to motivate you and are going to help you through it, then stay on it and keep going.

These different experiences speak to the importance of “trying to find the right accounts to follow and engage with” (P10). Thankfully, many participants (75%) began to recognize more easily which accounts were most helpful for their recovery and subsequently curated their feed to reflect a less triggering environment:

P6: I definitely think that I wasn’t, but I am more mindful now than I was at the beginning.

P8: It was triggering in the beginning and that’s when I learned that I can unfollow accounts and follow accounts that are a little bit more helpful to me.

P10: Over time I have learnt to have boundaries and limits and engage in the accounts that I should engage in if I want to recover.

As mentioned earlier, the social exchange theory postulates that people utilize a cost-benefit analysis to deduce whether a relationship is worthwhile. Participants determined who to follow or unfollow based upon this phenomenon. For example, some participants had distinct rules in terms of who they would and would not follow based upon the “cost” of following particular accounts. Two participants noted that they unfollowed any user who posted about numbers due to its triggering nature (P3, P5). Another participant tried “to weigh the pros and
cons” when she came across triggering accounts to ascertain how helpful or unhelpful it would be to continue following that account (P2).

The decision to follow particular accounts had an even larger impact for those participants who eventually befriended their followers (Positive and negative friendships formed through the account). Participants detailed the nature of these friendships. Two-thirds of participants noted that they cultivated friendships that were quite positive. Just like any friendship, the beginning of these relationships was initially more of an acquaintanceship. As one participant explained, “It started off with just a back and forth of liking each other’s photos, commenting and saying, ‘Well done, I’m so proud of you for getting through that’” (P9).

Over time, participants began to foster more intimate and personal connections and friendships, so much so that one participant explained that she met her best friend through the account (P1). For some, these friendships are marked by daily conversations, support for one another during challenging times, and celebration of one another during times of immense progress:

P9: We talk every day, message every day. When I went through, since 2017 I’ve been through two relapses, after that, she helped me through them. I help her if she is struggling. It ended up becoming a really good friendship.

P10: In fact, we celebrate each other’s wins and that’s always so, so nice. So, I know how nice it makes me feel when people acknowledge my win, whether it be little or big, so I do that to other people. I celebrate any of the victories, victories they may have, and I know for a fact that it makes them feel encouraged and motivated to keep doing that kind of thing. So those relationships can be very positive.
As participants became more involved in the community and aware of the triggering verbiage that was often used in people’s posts, they extended that awareness into their friendships:

P10: Now that I have found a more positive group of people that I talk to, whether it be individually or as a group chat, the relationship is very different. It looks very, very different. We don’t share details of our sickness. We don’t try to prove how sick we were, or we are, or we want to be. That’s not the kind of conversations we have.

Furthermore, participants were able to cultivate relationships that were not just centered around the commonality of the ED diagnosis – rather, they were able to interact in the same way they would with friends without EDs:

P10: We talk maybe 20% of the time about recovery. Yeah, so we just talk about so much random shit, like just anything. Whatever happens in each other’s days, or just planning for the next meetup, or just sending each other funny posts or encouraging posts that float around on Instagram. So it’s, yeah, not really about recovery which is really nice because it shows that we are more than our illness and not everything is just based around that.

The companionship and intimate friendships were not always exclusive to an online friendship. Over half (58%) of participants stated that they met up with these friends in real life. One woman explained the difference of these types of friendships as compared to friendships from outside the ED community:

P12: I made friends with someone from the community, and we chatted for about two to three years and then eventually she came up North and we actually met up. I felt like I knew her more than I knew some of the people I’ve known for my entire life because we had this thing that connected us.
Unfortunately, not everyone had such positive and supportive friendships. One participant described how she befriended a fellow community member who introduced her to meth which suppressed her appetite, thereby worsening her ED, and started her upon a path of substance use (P1). That same participant noted that another friendship was “toxic” as she often compared her body to her friend’s body. Someone else also reported “toxic” and “one-sided” friendships in which she provided support for other people who did not reciprocate (P12). A third participant also described a “toxic” friendship in which they encouraged each other to engage in ED behaviors, stating, “I have had one in the past, and it was the most toxic relationship I have ever had with anyone, because at the end of the day we could have encouraged each other to die, essentially” (P10).

Another challenging friendship was one that was centered around “competition,” such that the participant felt triggered to relapse whenever her friend began struggling (P12). Thankfully, participants eventually became aware of how harmful these friendships were and even took the necessary steps to prioritize their recovery and mental health, as demonstrated by one participant who reported, “Over time, I have cut out a lot of those friendships, because it took me, like, years to realize that that’s not beneficial for me and at the end of the day I need to put myself first” (P10).

The participants’ diverse experiences within this Instagram community reflect the wide-ranging effects that the general population report in the larger Instagram environment. In a survey of 1,500 people between the ages of 14 and 24 (Royal Society for Public Health, 2017), responders outlined a host of positive benefits of having an Instagram account: self-expression, self-identity, community building, and emotional support. However, they also reported significant negative effects, including bullying, the fear-of-missing-out on social events, anxiety,
depression, loneliness, and poor body-image. In an intimate community comprised of content that relates to such a serious matter of mental illness, it is no surprise that participants reported many similar positive and negative effects that the community had on their mental wellbeing.

**Vulnerability**

The participants’ narratives suggest that community members tend to initially be more concerned with impression management and therefore present their recovery through rose-colored glasses, and with time, are able to begin posting more vulnerable and realistic content. Every participant but one (92%) described how their account provided an intimate look at eating disorder recovery. Half of the participants explained that their accounts were analogous to a diary through which they posted vulnerable cognitions and emotions that they might not otherwise share with loved ones in their lives:

P6: To be able to say the honest truth without people knowing who you are, and to say you know what today was really rubbish but then at the end to be like, but actually like it’s okay to have rubbish days.

P10: Having this space to go to, it is kind of like a bit of a vent space...Just kind of having a platform to say what I really think and how I really feel without fear of being judged, because, again, people understand it a lot more than people in my everyday life and a lot of it is just saying that I am not alone which makes me feel less crazy, less irrational, like a lot of my thoughts are irrational but I know that they are real.

P12: It’s nice to write it down and put it out there. Sometimes you just need to get things off your chest and write it down so that’s where it goes. It feels freeing to let it out, it’s therapeutic.
More than half of the participants reported that they post content related to their daily life. This might include captions related to ED recovery-related challenges, such as throwing away clothes that no longer fit (P1). One participant noted that she posted about changes related to her treatment, stating, “I write about my visits, what is my team saying if there are changes in my therapy like in my meal plan or pharmacology treatment” (P5).

Half of the participants maintained positive judgements that documenting their journey was helpful. One stated, “Documenting your recovery allows you to look back at how you’ve improved” (P4), while another reported, “I’m glad I have the account for the sole reason that I can look back for my own personal viewing” (P12).

When documenting their recovery, participants and their followers posted about a host of topics, including their ED-related thoughts and behaviors, inspirational quotes, challenges and successes (Content addresses thoughts, behaviors, and quotes, as well as challenges and successes). Photos commonly included a photo or selfie of the person running the account, photos of them exercising, and photos of food. Participants (92%) most frequently cited pictures of food as the most frequent type of photo, with statements including, “It was mainly photos of food” (P3), “Most of them are photos of food” (P5), “I know some accounts is all like food” (P8), “So the photos are typically of the food that I am eating” (P9), and “Most of the posts I come across are food or food related” (P12). The pervasiveness of food content is not all too surprising given that people with EDs are often preoccupied with food (e.g., caloric and nutrition content of food items, calorie counting, and fear of particular foods) (National Institute of Mental Health, 2021). Taking photos of one’s food might also offer people an avenue to continue to hold onto the obsessiveness around food in recovery in a more socially acceptable way. It is also possible that the preoccupation with food stems from the nature of the ED treatment. The need to
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expose oneself to a sufficient amount food and food variety in recovery can initially heighten the distress around food. As a result, this continued preoccupation with food may translate to an Instagram feed that is filled with photos of food. In other words, the treatment itself requires one to place a large focus on their food intake (e.g., following a meal plan and eating fear foods) which may explain the high frequency of food posts within the community.

Other common types of photos that participants posted and often came across were motivational quotes, affirmations, and infographic quotes:

P6: Other people post, like, exactly the same as me, like, quotes.

P2: Sometimes I’ll repost other things outside of affirmations, like photos with text where people talk about how photoshop or anxiety relate to eating disorders.

P11: Since it’s like the holidays, I’ve posted a couple of things like, like around Thanksgiving I posted a bunch of reminders and affirmations that might be helpful to people and that are helpful for me.

P1: Graphic design kind of informational posts. This is super hard to describe, but things like this…it’s just a pink background with some words that says, “Don’t ruin a good today by thinking about a bad yesterday, let it go.”

Alongside these photos, people reported sharing a variety of captions, some of which included their thoughts related to their body-image and how COVID has impacted their recovery:

P2: Body-image and body-dysphoria, self-image.

P8: I would post pictures of more of, like, my body and talk about like, “I’m having a bad body image day.”
P1: The last one I posted was how the easing of restrictions of COVID would impact my recovery.

P8: I just post a lot of things...more of what I’m going through like mentally with COVID.

In addition to posting about the difficult aspects of recovery, people often posted about recovery accomplishments. Participants described that many people participated in and posted about recovery challenges, a way to challenge one’s ED:

P6: Some people do challenges so they will have a week and do a challenge each day for a week, so then if you do the challenge you take a photo. So say the challenge is eat a pizza, you take a photo and then you tag them in it, saying that I have just done the challenge from so-and-so’s account and then they post it on their account.

P9: People do what you would call a food challenge, where something that they are scared to eat they will go and do it.

P5: She created a movement, like hashtags and recovery challenges, like she created hashtags that people would use when they participated in her recovery challenges.

P11: I’ll post challenges… Like those have helped me a lot.

P12: A lot of the time, as well, I would share recovery wins when I would achieve something or like if I had my first meal out, I would post the food and write about how I did it and how I feel for doing it, like I achieved this and I’m proud of myself for it.

Participants’ vulnerability was illustrated by their willingness to post about their cognitive and emotional processes related to their ED recovery as well as their challenges and accomplishments. Their ability to share vulnerable content, some of which depicts the realistic and tumultuous parts of recovery, may denote their internal growth. In doing so and sharing their
authentic ups and downs, they may finally be able to counteract their beliefs that they must be “perfect” or depict their recovery solely in a favorable light.

**Account Changes as Recovery Progresses**

As recovery progresses, community members may be able to separate their ED from their identity and create a “life worth living,” or a life outside of their ED. Therefore, they may begin to post content unrelated to their recovery and even post less often on their account (Non-recovery content is present). Participants described how they might post photos of their pets (P6, P9, P12) or other photos and captions related to their life outside of their ED:

P1: I started posting things that didn’t really have much to do with my recovery at all.

P3: They might also post things not related to their eating disorder, like today I’m seeing a friend or going for a walk or I’m graduating or here are some books I recommend.

P6: Recently I have been doing quite a lot of painting and drawing, and then like, um, so it would be like a painting.

P5: Well lately, I’ll write about my day, what I did, how my work is going, how things are going with my boyfriend.

Two participants noted that they also post about other mental health challenges:

P1: I also have ADHD, so I don’t just post about anorexia, I post about ADHD as well.

P2: I also post about depression and comorbid disorders since a lot of people with eating disorders also have other disorders as well, like, depression or anxiety or OCD.

As participants’ mental health challenges ebbed and flowed, so did their engagement on their accounts (Frequency of posting on Instagram is dependent upon stage in recovery). For example, when they relapsed or were experiencing a more difficult period in their recovery, they were likely to post more frequently:
P4: When I was very unwell and starting to recover, I posted more.

P6: After a relapse, definitely I think I post more, or after a difficult week and then when I start again and I feel sort of like, “Okay, that happened, that’s fine, we’ll just start again this week,” then I definitely post more when I’m like on that spree of motivation.

P6: I relapsed so now I’m at the beginning of recovery again and so like my account has gone up again because I am on it more looking for motivation to, like, start again basically.

When they were in a more stable emotional and mental state, participants were likely to post less frequently on their accounts, as the ED no longer had a strong presence in their lives, and they desired to create a life outside of their ED:

P4: My eating disorder isn’t on my mind as much and it doesn’t have as much of an impact on my day, so therefore I just don’t want to post as much.

P6: I think as my recovery got better, my account went down a little bit because I wasn’t so focused on that because I was more recovered.

P8: I feel like I was more obsessed with it in the beginning and now that I’m getting older and just living my life and working full time and looking at a computer screen, I feel like I want to spend less time on my phone and more like living. But at the same time, I want to help people and I want to help myself.

P10: Now, I have come to a point where I can forget about my recovery account, which is refreshing because I have more to life than it.

Participants’ engagement in their accounts was dependent upon their current needs. Following a relapse or a challenging period, most reported finding themselves relying more on their accounts and the community (e.g., posting more often). As they progressed in their
recovery, they were able to expand both their account and life. For example, they began posting content unrelated to their EDs, from photos of pets, paintings, and drawings, to posting about their relationships or day-to-day plans. In addition, they found themselves posting less often on their accounts as their lives were no longer as consumed by their EDs. This shift is quite significant as EDs tend to shrink someone’s world and prevent them from engaging in meaningful, value-driven activities. Posting less frequently may signify that someone is successfully creating a life outside of their ED.

**Experience Mirrors the Current Climate and Stereotypes**

The demographics of the participants and the community, as well as the participants’ journeys on their accounts, appeared to mirror perceptions of life outside of the social media realm. Although statistics demonstrate that EDs affect 1 in 7 males and 1 in 5 females (Ward et al., 2019), many individuals uphold the stereotype that EDs only affect women (Minority Mental Health Facts – Eating Disorders, 2020). Unfortunately, the participant sample and their experiences reflected just that: All participants were women, and only one participant reported that she follows accounts run by men (Representation is narrow). She did state that 99% of the accounts she follows are women, so the number of men she follows is quite small (P1). The lack of representation of the male experience unfortunately reinforces the myth that EDs only affect women.

Another false misconception is that EDs only affect young, thin, heterosexual, white women (Minority Mental Health Facts – Eating Disorders, 2020; Sala et al., 2013). Studies suggest that, while EDs may occur less often in older individuals, EDs are still present, with 3.6% of women aged 40 to 50 years old having an ED diagnosis (Conceição, 2017; Mulheim, 2021). Further, a common misconception is that people with EDs are thin, when in reality,
teenagers who are classified as obese are just as likely to develop EDs when compared to the general population (Sonneville & Lipson, 2018; Neumark-Sztainer & Hannan, 2000). In addition, the LGBTQ community experiences higher rates of disordered eating as compared to cisgender and heterosexual individuals (Diemer et al., 2015; Feldman & Meyer, 2007). In relation to race, research suggests that the prevalence of bulimic symptomatology among Black teenagers is actually double that of their White peers (Goeree et al., 2011). Further, Hispanic adolescents are more likely to display bulimic behaviors as compared to their non-Hispanic peers (Swanson, 2011).

The participant demographics heavily reflect the aforementioned stereotypical demographic as every participant was a young (ages 18-31) cisgender woman. Ten of the participants were white, one participant was South Asian, and another participant was biracial (Mexican and White). In addition, all participants identified as heterosexual except one participant who identified as bisexual. Some possible explanations as to the lack of diversity among the participants is that ED stereotypes lead to poor detection of EDs among racial minorities, men, older individuals, and people in larger bodies, thus decreasing the likelihood that an individual may even identify as having an ED and/or create an account (Gordon et al., 2002; Strother et al., 2012; Dudrick, 2013; Field, 1999). Furthermore, since 70% of Instagram users are aged 34 and younger, there is a lower likelihood that an older individual would have an Instagram ED recovery account (Statista, 2021).

While more restrictive EDs tend to receive the most publicity, binge eating disorder is the most common ED (National Eating Disorders Association, 2018). Most of the verbiage that participants used was centered around restriction or purging as opposed to binging. One participant noted that they “don’t see much of binge eating disorder” (P1) in the community. The
lack of conversation around binging may be related to the relationship between shame and binging (Craven & Fekete, 2019). Binging is frequently associated with shame, and shame is an emotion that drives people to isolate and hide (Lange, 2019). Therefore, people in this community may be less willing to volunteer information regarding their binge eating behaviors. A qualitative study illustrated that people with EDs tend to view ED diagnostic traits as good or bad, thus contributing to a diagnostic hierarchy (Mortimer, 2019). Individuals stated that they viewed people with anorexia nervosa as “morally better” than people diagnosed with bulimia nervosa or binge eating disorder. They associated anorexia nervosa with morally superior traits, such as self-control, strength, and perfectionism, whereas they associated bulimia nervosa and binge eating disorder with morally inferior traits, such as laziness, weakness, and greed. For those that were initially diagnosed with anorexia nervosa and eventually developed binge eating disorder, this change in diagnosis generated feelings of shame (Mortimer, 2019).

In addition to stereotypes, the fatphobia, weight stigma, and burgeoning body positivity community on Instagram is also a microcosm of the current social climate – a society that is permeated by diet culture, fear of fatness, and discrimination toward larger bodies and also a body positivity movement that has become more pronounced in recent years (Fatphobia and weight stigma are prevalent in the community). The fatphobia within the community is emblematic of the widespread fatphobia that is present both systemically and internally. It is important to note that no one is immune from the fatphobic messages that we receive and therefore internalize at a young age. The literature highlights just how ingrained and damaging fatphobia can be across the spectrum: People in fat bodies are less likely to receive evidence-based, weight-neutral healthcare (Aldrich and Hackley, 2010) and more likely to encounter weight-stigma and anti-fat attitudes from laymen (Brewis et al., 2011), medical doctors (Miller et
al., 2013), jurors (Schvey et al., 2013), educational professionals (Puhl & Heuer, 2009) and more. Even with a history of an ED, two participants’ statements reflected their own fatphobia:

P1: It makes me feel a lot better about myself [when comparing her body to someone else’s body], because I think to myself, “At least I’m not like you and fat.”

P6: There is another account. She is a larger lady, which is fine, like nothing against that. For some reason I don’t find that as helpful because it’s almost like she is promoting being fat.

The fatphobia present in the community reflects the low self-esteem, self-judgement, and lack of self-acceptance that people with EDs often experience. They may be internally tortured by their own unrealistic weight-based standards and then reflect and project those standards, or body-hatred, onto others in the community. One participant noted the presence of fatphobia and weight-stigma within the community:

P8: I can’t remember the hashtag...but just like the recovery community on Instagram can be very fatphobic and just there’s just a lot that needs to still change in that space.

P8: There is a lot of like weight stigma around COVID so, like, talking about that.

P8: I try to post what I’m learning because I do still listen to podcasts. And I want to post more about, like, the research for, like, weight stigma because I’m very into social justice.

Another participant reported that she follows accounts that post about weight stigma. She also described how she, herself, is attempting to speak up against the weight stigma that is highly prevalent in the ED community:
P2: I’ve tried to talk about that on there without posting a picture of myself, about how weight is just a big stigma within the eating disorder community, like weight isn’t an indicator of how sick someone is.

While the ubiquity of fatphobia is disconcerting, upsetting, and problematic, the body positivity movement is flourishing, both in society and within the ED community. In 1969, Bill Fabrey founded the National Association to Advance Fat Acceptance, a fat-acceptance non-profit organization that aims to eliminate fat-shaming and weight-stigma and challenge the thin-ideal. The body positivity movement emerged from this organization and is rooted in fat acceptance, dismantling fatphobia and advocating for people in fat bodies to receive the same respect and care that people in thin bodies receive (National Association to Advance Fat Acceptance, 2020).

It is important to note that the body positivity movement began in tandem with the civil rights movement. Sabrina Strings, author of the book *Fearing the Black Body* (2019), explains that fatphobia can be traced back to the trans-Atlantic slave trade and is a product of racism. At this point in history, Black people were viewed as voracious, and Protestantism condemned gluttony. As a result, thin bodies became associated with purity and White bodies, while fat bodies became associated with impurity and Black bodies (Strings, 2019).

In the past decade, social media platforms made it easier to disseminate the body positivity movement and their messages. Unfortunately, the movement has been co-opted in recent years, which has eradicated its historical roots and its fundamental message. It now centers thin, white women as opposed to those in larger bodies and people of color. Today, many influencers, companies, and individuals on social media understand body-positivity to be a movement that promotes “socially acceptable body positivity.” In other words, they advocate for
eradicating the thin-ideal but only up until a certain body size – that is, a socially acceptable body size that does not include fat bodies (Rutter, 2017).

Participants (33%) spoke of the presence of body positivity content in the community, as well as people’s attempts to reject the thin-ideal (Body positivity and rejecting the thin-ideal). One participant reported that body-positivity content has helped her in her own recovery, and another participant reported that there has been more body-positivity content in the community within the past few years:

P1: That stuff has really helped me because a lot of the body positive content is kind of like preaching to other fat people that they don’t need to worry about their body size…So basically, they uplift tons of different people, so all those messages make me feel better about myself.

P7: I see a lot more body positivity.

One participant’s statement reflected the “socially acceptable body positivity” movement. She explained that photos of people who are not significantly thin but still benefit from thin-privilege have helped her with her own body-image:

P6: I think there are some photos, I can think of a specific account in my head, and she posts photos and she isn’t fat, but she is not thin, and when she posts photos it is actually helpful because she is completely happy with her body and she is not the stereotypical thin person. She is just like, she has fat on her body, but she is not fat. So to see pictures of her being really strong and to be able to post that, that’s helpful.

P6: It’s probably not actually a great thing for recovery, but for me it makes me feel better about my own body because, um, I don’t see her as less of a person because she isn’t stick thin, and then to see that and be like well if I’m not stick thin that doesn’t
matter, um, because I see her as a really good person, really nice person, like helpful and happy and stuff, and she is not stick thin so I don’t need to be stick thin to be happy.

It is unfortunate that the make-up of the Instagram ED recovery community perpetuates the same stereotypes that are present outside of the social media realm. Not only does it reinforce these misconceptions of who does and does not develop EDs, but it may also dissuade minorities and people who do not fit this homogeneous demographic from joining the community. Furthermore, the fatphobia is explicitly and insidiously present in the ED community and must be discussed, examined, and challenged. At the same time, it is reassuring that the body positivity movement is expanding and will hopefully help people to challenge their own fatphobic beliefs and provide the respect to people in larger bodies that they deserve.

Participant Responses to the Theoretical Narrative

The primary investigator emailed a short, one paragraph synopsis of the theoretical narrative to each participant and requested their feedback. Eight of the participants responded and shared that the narrative was “accurate” and seemed to reflect their experiences. Some of the participants’ responses (made anonymous here by using letters) have been shared below:

A. I do feel like it pretty much mirrored my exact account/recovery account. I loved when you talked about how it starts out as something that can be kind of superficial but begins to turn into real content and expand into other areas.

B. Overall, I think you captured the experience really well. I can definitely relate to the narrative, and since you used other people’s experiences as well, that’s actually validating to know we share similar thoughts.
C. I think it sums up very well a lot of people’s experiences, although obviously there will be some for whom it doesn’t. Throughout time you definitely get more vulnerable and post more realistic content. I think that most people when they recover can separate their identity from their account. Some people do a last post and say, “I’m recovered now, thank you this community has helped me immensely, but I now feel it’s time for me to leave and go live my life without an ED. I’ll leave my account open so others can still see it in the hope that it will help some to recover like I have and be able to live a full and good life.” A lot of people say about how posting is holding them back and taking photos of their food isn’t normal and is placing more emphasis on food when it shouldn’t be a big thing. Alongside what you have said I think some also continue to post about their experience to help others in their recovery even though they no longer have an ED and are recovered.

D. I read through the narrative and I think it’s so on point with what I’ve gone through and what I’ve seen other people go through in the IG eating disorder recovery community as well.

The participants’ responses suggest that the theoretical narrative closely reflects their experiences within the Instagram ED recovery community. They relate to the ever-changing experience, one that begins in a superficial fashion and eventually deepens into a more realistic and vulnerable place. As one participant noted (C), some individuals eventually leave the community as it may no longer be serving them in the way it once was. Their recovery strengthens and they therefore no longer want to or need to focus all of their time and energy into their account.
Final Discussion

The repeating ideas, themes, and theoretical constructs provide a narrative that explain how social media and its unique elements, community and relationships, and social comparison and self-presentation theories are all intertwined and impact ED recovery. These experiences are often a microcosm of what happens offline, as social connections (Gerner & Wilson, 2005), social comparisons (Fitzsimmons-Craft, 2017; Arigo et al., 2014), and concerns about one’s self-image (Stoeber et al., 2017) are all an inherent part of life and can impact mental-health and ED recovery. It appears that the Instagram community may be an environment that amplifies both the positive and the negative impacts, through providing more support, accountability, and connection through community while also providing more opportunities for social comparison and triggers in a community that, at times, reinforces fatphobic beliefs and language as well as disordered eating and ED behaviors.

The interviews depicted a dynamic interplay between people’s Instagram ED recovery accounts and their ED recovery journey. Generally, there was a loose chronology of how people engaged with their accounts. Given the propensity to engage in more body-related comparisons than people without EDs, people with EDs in this community initially found themselves engaging in frequent upward body comparisons, a behavior that reinforces the belief that they were not that sick. This almost competitive behavior is often present with EDs (Why Are Eating Disorders Competitive? 2017; Whidborne, 2018) and triggered individuals to want to relapse. They engaged in other forms of comparison as well, such as food- and exercise-related comparisons, another natural tendency that is seen outside of social media in the general population at large (Polivy, 2017; Fitzsimmons-Craft, 2017). Photos of bodychecks, before and afters, and NG tubes, as well as detailed captions that contained numbers (e.g., weight, calories,
heartrate) were also triggering and rampant. Some people fell into this trap of posting triggering content to potentially garner validation that they were, indeed, “sick enough.” This inward-centric behavior may have served as a cry for help, as participants used this “online diary” as a means to seek outward validation. However, many eventually stopped posting that content. Most people utilized their insight into how this content impacted their mental health to ensure that they were not triggering their own followers.

Many people invested a lot of time and energy into their accounts, so much so that they felt their accounts were a party of their identity. Social comparison and the innate desire to be well-liked and accepted heavily influenced how people engaged with their accounts. Some were nervous to share intimate life details with the world and therefore only allowed loved ones to follow their accounts whereas others were concerned to share their vulnerability and mental-health issues with their loved ones and therefore they only allowed fellow ED recovery-oriented peers to follow their accounts. Regardless of who followed their accounts, they were concerned with their self-image and felt external pressure to post certain content. While they wanted to post the harsh reality of recovering from their ED, they felt an obligation to portray more positive, inspirational, and motivational content as well as to portray a “perfect” recovery, or a linear, easy, and flawless recovery.

The experience of having an ED recovery account offered many benefits and assisted people in their recovery. The very act of being in an environment with fellow peers who were experiencing a similar, negative experience initially fostered connection, support, and community, a common byproduct of affiliating with individuals in similar negative affective mental states (Schachter, 1959). This helped decrease loneliness, provided a space for people to seek advice from one another, and allowed people to garner support during challenging times.
Many participants reflected upon the rewarding nature of supporting others in the community. This might have been a monumental part of their recovery as it allowed them to make meaning of a painful experience through giving back to the community and fostering a sense of purpose. The social exchange theory (Homans, 1958) explains that a cost-benefit analysis dictates the formation of friendships. People felt that these connections were rewarding and reinforcing. Being in this social setting often helped people hold themselves accountable and provided hope that recovery was possible. It also allowed loved ones who followed their accounts to gain a better understanding of how they could best support the individual in their recovery.

As typically seen, social media can have negative adverse mental health consequences, and the Instagram ED recovery community was no exception to this (Srivastava, 2020). As time went on, people began to notice the negative impacts, including the constant exposure to food and bodies which contributed to social comparison, spending too much time on the account, and becoming overly concerned with the amount of likes or followers that they had. It glamorized EDs, was triggering of their disordered eating and attitudes, and kept them preoccupied with their ED and their ED being a significant part of their identity. Some were even exposed to pro-ana content which made it more difficult to recover.

Instagram offers a unique set of circumstances whereby individuals are immersed in a community of people with EDs, an environment that does not exist outside of treatment settings. Unlike in mental health settings that are moderated by therapists, the Instagram ED recovery community is unmoderated and therefore does not offer a point person to help one process their experience and delineate between helpful and unhelpful content or relationships. Instagram is another avenue that requires people to distinguish between the healthy and unhealthy, or ED, parts of their brains in order to not fall prey to their ED temptations (e.g., following triggering
accounts). The impact of this community on people’s mental health is quite potent, and as one participant noted, “can be a matter of life or death” (P12). One woman even questioned whether or not she would have been admitted to the hospital for her ED if it was not for this community.

As participants spent more time on their accounts, they were able to integrate their complex, nuanced experiences of both positive and negative consequences of the account. It soon became apparent that these experiences were highly dependent upon who they followed and the content that they were exposed to. As a result, many changed the makeup of their account to reflect a more positive and less triggering environment. They even began evaluating their relationships, nurturing and strengthening the more helpful friendships and ending the more negative ones. People even met their online friends in person and were able to cultivate friendships that extended far beyond the commonality of having an ED.

Although participants were initially concerned with their self-image and portraying a perfect recovery, they eventually were able to provide a more realistic view of their EDs. They realized that the Instagram environment amplified their natural tendency to compare themselves to others and to be preoccupied with cultivating a favorable online persona. As a result, they began to understand how essential it was to reject the external pressure to please others in order to truly recover. For many, their accounts served as a diary and as a way to document their day-to-day life. Common content that people posted ranged from photos of food, quotes, and infographics to captions related to body image, recovery challenges, and recovery accomplishments. When they experienced a relapse or a challenging period, they posted more frequently whereas they posted less often and posted content unrelated to their ED during periods of more stability in their recovery. Some of the women even contemplated deleting their account
given their recovery progress and ability to manage their recovery without their accounts, their
desire to distance themselves from their ED, and the toxicity within the community.

A more global view of the community and the participants’ demographics suggest that
their experiences mirrored the current climate and stereotypes. The community appears to be
mostly dominated by young, white, thin-privileged cisgender women. This demographic is the
stereotypical representation of what EDs look like, despite EDs not having a “look” and affecting
people of all backgrounds.

Lastly, the community itself upholds fatphobic beliefs and perpetuates weight stigma. However, there are people who are desperately trying to highlight and eradicate these issues. There is also a subset of the community who promotes body positivity, a movement that will
hopefully empower individuals in larger bodies, help people across the weight spectrum uplift
the voices of the most marginalized, and deconstruct the harmful narratives that exist around
larger bodies. Based upon the participants’ narratives, we cannot extrapolate whether the
community is entirely helpful or harmful. As with most facets of life, it would be a disservice to
view the community through a binary lens – all good or all bad. Rather, the data highlights the
dialectical nature of engaging with this community: It can be rewarding, enriching, and
beneficial and can also be quite triggering and damaging. Ultimately, it is up to each individual
community member to take responsibility for and decide how they engage in the community.
Each person’s relationship to their ED has implications for how they engage in the community:
If someone is in quasi recovery and struggles to fully commit to recovery, the ED may dominate
and drive someone toward the pro-ana community or the more toxic parts of the recovery
community. On the other hand, if someone is motivated to recover, they may be able to limit
their ED voice and amplify the healthy part of their brain, thereby seeking out the more
beneficial aspects of the community. Needless to say, it is a learning curve and may take trial and error and significant time to understand how to best use the community to one’s advantage.

Clinical Implications

The participants’ willingness to speak candidly about their experiences provided valuable and clinically relevant information for mental health professionals. This study sheds a light on the benefits and drawbacks of being a part of the Instagram ED recovery community, a topic that is quite pertinent to clinical work. In today’s society, it is vital that therapists are aware of the profound impact social media has on mental health and, more particularly, on EDs. Given the myriad of impacts from the account and community that participants outlined, it is advisable that when working with the ED population, therapists inquire about their client’s social media use. When meeting with clients with EDs, therapists should inquire about whether or not they are part of the Instagram pro-recovery community, ask related and detailed questions during an initial intake, and explore its effects on their recovery. Given that EDs thrive on secrecy, assessing whether clients are part of the IG ED community is crucial as many individuals may not willingly offer up this information.

The way people engage with these accounts can have a profound impact on their recovery, especially given how impressionable individuals might be in the beginning stages of recovery when they are beginning to navigate this complex journey. For example, when exposed to “What I Eat in a Day” posts, people may begin to model their intake based upon that content. As a result, they may be under-nourishing their bodies or may internalize beliefs about what foods are “safe” versus “unsafe” based upon what others are eating. It is imperative to highlight that younger children may even be the most impressionable as they may not have the cognitive
ability to recognize and filter out potentially harmful messages and friendships. Navigating an environment unlike any other that is comprised of thousands of people with eating disorders can be challenging for anyone, but even more so for young children whose social and cognitive skills may not be fully developed.

Therapists should also assess whether their clients have formed friendships with other community members and if so, the nature of these friendships. Are these friendships helping them in their recovery? Do they feel supported by these friends? Are they comparing their bodies or food intake to that of their friends? Are their friends speaking to them about potentially triggering information regarding their own ED? While it is not a therapist’s place to advise whether they should continue these friendships, it is important to have this contextual information to help guide clients to reflect on both the benefits and potential harms of these friendships. A recommended intake questionnaire can be found in Appendix G.

If appropriate, psychologists should tailor their clinical recommendations to their clients in regard to being a part of the Instagram ED recovery community. At the same time, we recognize that it is not so straightforward. On one hand, the community can offer significant support, especially for people who do not have social support from family or friends, while on the other hand, it can also be quite triggering and harmful. Therefore, it may be more constructive to discuss with clients how their social media usage in this community is honestly impacting their recovery and how to be more intentional with how they engage in the community. This may look like unfollowing triggering accounts, being more mindful of their tendency to engage in social comparison, or spending less time on their accounts in order to limit exposure to triggering content and foster an enriching and meaningful life outside of their ED.
Although the primary investigator did not follow up with interviewees regarding their experiences, it is possible that participants themselves might have found the interview process to be beneficial. Eight participants did report that the theoretical narrative reflected their experiences and one participant even stated that it was validating to read the narrative as it suggested that other participants feel similarly to her. Upon reflecting about their experiences within this community, participants might have gained better insight into the vast ways in which the recovery community has been helpful and/or harmful. For example, they may conclude that their participation in the community has played a significant role in sustaining their recovery by keeping themselves accountable through their accounts and garnering support from other users. Others might conclude that it is not an overwhelmingly helpful or healthy space and may then decide to remove themselves from the community. Hopefully, people can continue to reflect on these experiences either internally or with a loved one or therapist.

If anything, this study will hopefully help initiate the necessary conversations regarding social media between providers and clients. The research suggests that less than 20% of providers discuss the impact of social media with their clients (Saffran et al., 2016). Given how widespread social media use is, especially among adolescents and young adults, it is imperative that therapists begin having these conversations with their clients, regardless of their diagnoses.

**Limitations of Research**

As with any qualitative research with a smaller sample size, this research study has multiple limitations. First, the small sample size (n=12) cannot be generalized to the entire population of people who are a part of this online community. This study offers only a small
window into the complex, diverse experiences of people in the Instagram ED recovery community.

The sample was also overwhelmingly homogenous: mostly White, cisgender, heterosexual, thin-bodied women. One can only imagine that men and marginalized individuals might have quite a different experience. For example, a transgender man might find the community and common affirmations that are posted invalidating. If he comes across an affirmation that reads, “Love the body you’re in,” he might find that quite challenging and upsetting if he has gender dysphoria. It may also be difficult for both transgender and cisgender men to navigate a community that is dominated by women. The stigma that surrounds EDs in men and the stereotype that EDs only affect women can lead to shame and isolation (Griffiths et al., 2015). Belonging to the community might exacerbate those experiences and emotions.

Lastly, some participants had recently created their accounts whereas others created their accounts as far back as 2014. Many participants noted that the community had changed, for the better, in the past few years. For those individuals who were a part of the community back in 2014, a time when there was reportedly more triggering content, those initial experiences may have largely shaped their perspective on how helpful and unhelpful the community can be. Therefore, a different narrative might have arisen had we only interviewed participants who created their accounts within the last few years.

**Future Research**

These research findings contribute to the small body of literature that exists surrounding the Instagram ED recovery community. Future research should aim to encompass a more diverse experience in relation to demographics and ED diagnoses. It could also be advantageous to
conduct qualitative interviews with people who do not have professional support, whether that is due to fear of seeking professional help or inability to access affordable treatment. While the community is not a replacement for professional support, it is important to understand whether it can be a source of support for those who are unable to obtain the professional help that they so desperately need.

The present study was broad in nature which allowed the participants to talk about various components of their ED recovery accounts and the impact of their account on their recovery. In order to evaluate the benefits and detriments of the community in a more concrete and objective fashion, researchers should conduct a quantitative study. Doing so may yield critical information that explains what specifically is helpful versus harmful or if it is truly universally dependent upon the user.

It would also be helpful to construct and validate a questionnaire that therapists can use to assess how their patients engage with this community. To begin, it would be beneficial to validate the proposed intake questionnaire in Appendix G. Many therapists, especially those that did not grow up in the age of social media, may not even know what questions to ask their patients. A questionnaire would make this assessment process more seamless for both the therapist and patient alike. A questionnaire that focuses on the cognitive, emotional, psychological, and social impacts of engaging in this community could be quite useful. If the questionnaire provides descriptors (e.g., mostly helpful, somewhat helpful, mostly harmful, somewhat harmful) that correlate to certain scores, this may provide useful information for the clinician and patient to assess whether remaining in the community would be helpful for their recovery.
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Section B: The Sciences and Engineering, 71, 1354.


Appendix A

LONG ISLAND UNIVERSITY Post
Informed Consent Form for Human Research Subjects

You are being asked to volunteer in a research study called Food for Thought: An Exploration of the Interplay between Eating Disorder Recovery and Recovery Instagram Accounts, conducted by Allison Dashow from the clinical psychology doctoral program. This project will be supervised by Dr. Linnea Mavrides Psy.D., an adjunct faculty member from the clinical psychology doctoral program. The purpose of the research is to understand the interplay between eating disorder recovery and recovery-driven Instagram accounts.

As a participant, you will be asked to complete an online screening questionnaire followed by a demographic questionnaire. The completion of both questionnaires will take approximately five minutes. Should you meet the eligibility requirements for the study, you may be selected at random to partake in a one-hour semi-structured interview via Zoom which will be video recorded for coding purposes. The interview will take place one week after your questionnaire submissions at the earliest. Possible risks include discomfort when speaking about your mental health during the interview. While there is no direct benefit for your participation in the study, it is reasonable to expect that the results may provide information of value for the field of psychology. At the completion of your video interview, your name will be entered into a drawing for a $25 Amazon gift card. Your chances of winning the gift card are dependent upon the number of participants in the study.

Your identity as a participant will remain confidential. Your name will not be included in any forms, questionnaires, etc. This consent form is the only document identifying you as a participant in this study; it will be stored securely in a password-protected document available only to the investigator. Data collected will be destroyed at the end of five years. Any demographic data will be reported only in the aggregate and any quotes taken specifically from your interview will be de-identified. If you are interested in seeing the final results, you may contact the principal investigator.
If you have questions about the research you may contact the student investigator, Allie Dashow (EatingDisordersStudy@gmail.com); the faculty advisor, Linnea Mavrides (Linnea.Mavrides@liu.edu or 917-886-5566); or the department chair, Hilary Vidair (Hilary.Vidair@liu.edu or 516-299-3630). If you have questions concerning your rights as a subject, you may contact the Institutional Review Board Administrator, Dr. Lacey Sischo, at (516) 299-3591.

Your participation in this research is voluntary. Refusal to participate (or discontinue participation) will involve no penalty or loss of benefits to which you are otherwise entitled.

By clicking the “Agree to Participate” button below, you are indicating that you have fully read the above text and have had the opportunity to ask questions about the purposes and procedures of this study. Clicking this button serves as your electronic signature agreeing to participate in this study. If you choose not to participate, please click the “Decline to Participate” button below or simply close your browser.

☐ Agree to participate

☐ Decline to participate
Appendix B
Screening Questionnaire

1. How old are you?

2. Have you ever been diagnosed with an eating disorder by a psychiatric or medical professional?
   a. If so, what was your diagnosis?
   b. If not but you believe you have had an eating disorder, what diagnosis do you think best encapsulates your symptoms?

3. Do you consider yourself in recovery?

4. Do you have a recovery Instagram account (e.g. an account you specifically created that is dedicated toward documenting your recovery)?
   a. If so, have you had this account for at least 6 months?
   b. How many hours, on average, do you spend on it on a weekly basis?
Appendix C

Demographic Questionnaire

1. How old are you?
2. What is your ethnicity?
3. What is your gender identity?
4. What is your sexual orientation?
5. Do you identify as living in a larger or fat body?
Appendix D

LONG ISLAND UNIVERSITY Post
VIDEO RECORDING CONSENT FORM

CONSENT TO VIDEO RECORDING & TRANSCRIPTION

Food for Thought: An Exploration of the Interplay between Eating Disorder Recovery and Recovery Instagram Accounts

Researcher: Allie Dashow – Clinical Psychology Doctoral student at Long Island University Post

This study involves the video recording of your interview with the researcher. Neither your name nor any other identifying information will be associated with the video recording or the transcript. Only the research team will be able to listen to or view the recordings.

The tapes will be transcribed by the study personnel and erased once the transcriptions are checked for accuracy. Transcripts of your interview may be reproduced in whole or in part for use in presentations or written products that result from this study. Neither your name nor any other identifying information (such as your voice or image) will be used in presentations or in written products resulting from the study.

By signing this form, I am allowing the researcher to video tape me as part of this research. I also understand that this consent for recording is effective until the following date: September 1st, 2021. On or before that date, the tapes will be destroyed.

By clicking the “Agree to Participate” button below, you are indicating that you have fully read the above text and have had the opportunity to ask questions about the purposes and procedures of this study. Clicking this button serves as your electronic signature agreeing to participate in this study. If you choose not to participate, please click the “Decline to Participate” button below or simply close your browser.

☐ Agree to participate

☐ Decline to participate
Appendix E

Debriefing/Additional Information
Permission to Use Information Collected in a Research Study
Long Island University

Food for Thought: An Exploration of the Interplay between Eating Disorder Recovery and Recovery Instagram Accounts

In the event that you experience a negative reaction to participating in this research, consider engaging in self-care activities that allow you to regain your balance. Should you need to connect with someone, consider the following confidential resources.

- 1-800-LIFENET is a suicide prevention hotline and a referral service that can help you find a therapist in your area, especially during the evening.
- National Sexual Assault Online Hotline: [http://apps.rainn.org/ohl-bridge/](http://apps.rainn.org/ohl-bridge/) Free, 24/7 online chat service.
- National Eating Disorders Association Helpline via phone: 1-800-931-2237
- National Eating Disorders Association Helpline via chat: [https://www.nationaleatingdisorders.org/help-support/contact-helpline](https://www.nationaleatingdisorders.org/help-support/contact-helpline)
- National Association of Anorexia Nervosa and Related Disorders Helpline: 630-577-1330
- Contact a mental health professional of your choice, at your own expense.
Appendix F

Research Questions

7. When and why did you create your account?

8. How has your account impacted your recovery?

9. Tell me about the relationships that you have formed through Instagram around your recovery.

10. What type of content do you post?

11. What type of content do you come across on your account?

12. Tell me about the role that your account plays in your identity?
   a. How has that changed over time?
Appendix G

Recommended Intake Questions

1. Do you have an Instagram or other social media account that is used to post about your eating disorder?
   a. If so, when did you create your account?
   b. If not, do you follow accounts from your personal account in which people post about their eating disorder?

2. Do you have an Instagram or other social media account that is used to document your recovery from your eating disorder?
   a. If so, when did you create your account?
   b. If not, do you follow accounts from your personal account in which people post about their eating disorder recovery?

3. Have you cultivated friendships with people from any of the online eating disorder communities (pro-ana or pro-recovery)?

4. How have these friendships impacted your mental health and your recovery?

5. How do you think your account impacts your recovery?

6. Do you engage in comparison on your account (e.g., comparing body size, level of treatment, food, and weight?)}
Appendix H

Repeating Ideas and Accompanying Raw Text

Theme #1: Not feeling sick enough

“It’s like oh if everyone else is doing bad I should”
- I had one friend who discharged a little bit before I did and then she was posting on her account and then two weeks after she was like “Oh I’m starting to really decline.” And then she posted 4 pictures in a row of her with a tube, and I was like “I don’t want to see it.” I notice that a lot of my friends from treatment who discharged around the same time as me all relapsed at once. And so, seeing that and having them post about it, I get what they’re trying to do but that was hard for me…Since they’re so competitive it’s like oh if everyone else is doing bad I should. (T11#40)
- But, when I see people losing weight or losing too much weight it can kind of. It doesn’t trigger me to act on it, because I am too motivated in my recovery to act on it, but it does bring those flashbacks of working out every day, not eating anything. (T9#33)

"When people say that if they have a fear food, sometimes you feel like you need to have that fear food because they do"  
- Well seeing what other people eat impacts my recovery because I compare what I eat to what they eat. If someone says “this dinner was really scary” and it’s something that I wouldn’t consider scary at all, I feel a little bit triggered because I’m like “Oh they’re scared by that but I’m not so maybe that means I don’t really have an eating disorder or that I’m not as sick as them.” (T1#57)
- Yes, yes, exactly. (T1#58)
- When people say that if they have a fear food…sometimes you feel like you need to have that fear food because they do. (T6#64)

"Those photos make me think like yeah, I should start exercising”
- In the first moment, I feel like shit because I think to myself that I am not good like them. I am not able to do the things they do like exercise and recover, but the more I think about it, the more I realize that we are all different and that I just need to find something that I am good at that’s motivating for me and that is a hobby and will help me in recovery. (T5#80)
- I still compare. Like this person and their recovery. And I struggled a lot with like I used to be a compulsive exerciser and then I got hurt and then developed fibromyalgia. So, I couldn’t really do any form of exercising. So, I used to get really jealous of people. (T8#45)
- Those photos make me think like yeah, I should start exercising and eating more healthy and eat more protein foods, but when I try to do that, I feel like shit because that’s not my way of recovering. (T5#79)
- To me, somebody that is trying to gain weight and doesn’t see themselves with the perfect body, I think to myself how have they done that? But, if I find out that they have gone to the gym five times a week, that will trigger me into wanting to go back to the gym, wanting to work out five times a week, not wanting to gain weight because I won’t look like them. (T9#30)
- I look at the photos of the people who exercise and I think to myself that their bodies look better than mine and that I should try and get a body like theirs by exercising. If I exercise like them and eat what they eat, then maybe I’ll look like them. (T5#82)

“It makes you feel guilty if you haven’t done certain things like been hospitalized. It makes you feel like you weren’t valid enough to get better”
- I think at first it was more because of the stigma around eating disorders, like weight-wise I was never underweight so I didn’t want to post something where I was normal weight and have people doubt that I really had an eating disorder. I didn’t want to feel invalidated based upon my appearance…So I sort of anticipate that people might say similar invalidating things and I didn’t want them to happen on my account. (T2#24)
- And at this point I was following some of the eating disorder recovery accounts on my personal account but when people posted photos of themselves at their thinnest, it just made me feel like I didn’t really have an eating disorder since I was never as thin as them. It made me feel like I wasn’t really that sick. (T3#44)
- Yeah, definitely validity and feeling like you are exaggerating it, or like you don’t deserve recovery. You don’t deserve the help, etcetera. (T6#13)
- That is a really big thing because people, some people say that relapse is a part of recovery. Some people say relapse doesn’t have to be a part of recovery. Then, people mention their relapses, say how they got back on track. Sometimes you feel like you are not allowed to recover unless you have a relapse. Like you feel a pressure to relapse which is another comparing thing. (T6#83)
- But sometimes when I see some people will do their before and after…It was hard for me because it almost made me feel invalidated because people are like “oh you looked so good before” and it’s like okay and then I felt like I wasn’t sick. And so, when I see other people’s, I say “I never got that thin” you know well I go “I’m obviously not that sick” you know. (T7#29)
- It makes me and a lot of other people feel quite invalid if we didn’t reach that point. (T10#24)
- I would see people with tubes and I would get jealous because I wouldn’t feel ill enough but once, the thing is, once I got a tube I would think I felt ill enough but I didn’t. (T10#69)
- It makes you feel guilty if you haven’t done certain things like been hospitalized, it makes you feel like you weren’t valid enough to get better and that’s such a big part of an eating disorder anyways that it just feeds into it. (T12#19)
- A lot of time depression and anxiety can stem from eating disorders, so it made me feel like maybe my eating disorder wasn’t bad enough because I was still coping okay, like I was still going to school and getting good grades on my exams. (T12#34)
- In the south, they have renownedly better eating disorder treatment than I do where I live. So they were all accessing help at much earlier stages…and I’ve never been hospitalized and that inherently felt like it was my fault and felt like I wasn’t sick enough to be hospitalized or sick enough to get better. (T12#27)
- When people show you photos of like tubes in their nose and things, you are like, well maybe I’m not sick enough because I don’t deserve recovery…Things like that, that just like aren’t helpful. (T6#11)
Theme #2: I’ve been triggered by other people in the community

"A lot of times, people feel the need to post that they are in the hospital or that they have an NG tube"
- Probably the biggest ones are like, if there’s a very serious situation where a person posted about how they were hospitalized, it’s just triggering for me. Like if someone’s being hospitalized or getting treatment. (T4#19)
- When it comes to hospitalization posts, its like I went through that and I don’t really want to be reminded of that time in my life. (T4#21)
- I went into the hospital, or I got a tube in because of this, or I might be going into inpatient or my therapist said that maybe I would have to have this. (T6#61)
- There are also photos with tubes and IV’s and stuff. It makes people who don’t have that, or have not gone through that, feel very, you know, not sick, not as sick, or not sick at all. So those kind of images are very unhelpful. (T10#32)
- I think it’s triggering just like I said tubes…if you’re having a recovery account, I just don’t think it’s necessary. (T11#44)
- I would look at some and I’m like “Oh I don’t want to know that you have a tube in you right now.” (T11#10)
- A lot of times, people feel the need to post that they are in the hospital or that they have an NG tube (T12#21)
- I think on some level, I find it triggering, especially if the before photo has an NG tube because I never experienced that. My automatic reaction when I see those posts are I don’t really want to look on this, it’s not going to help me, so I’m going to try my best to just scroll past it. (T12#75)
- I think its difficult sometimes to go on. A lot of the time I go on my account when I’m in need of motivation and the first thing I come across is a photo of someone in a hospital with an NG tube and I think like this isn’t what I wanted to see right now. It’s difficult. (T12#87)
- Or that they have an NG tube (T12#22)

"If they put any numbers...that was very triggering"
- Numbers are big for me. (T2#46)
- I’ve seen certain accounts where I see people post their weight or how much weight they’ve lost or gained. (T2#41)
- Like what the eating disorder felt like and what they did. So if they wrote like “I only used to eat 400 calories a day and just drink coffee” that stuff was very triggering. (T3#46)
- If they put any numbers, like weight or calories, that was very triggering. (T3#47)
- Some people post about their weight (T5#62)
- how many calories they ate (T5#63)
- How many times they went to the hospital (T5#64)
- Definitely numbers. Numbers are very triggering. So, like when people say oh I got to this weight and (T6#60)
- Also how many times you have relapsed. (T6#65)
- Certain things that are very specific to an individual’s severe condition…So numbers, and specific symptoms that I didn’t have. Say, um that they went on a run for the first time in ages, so like behaviors that are unhealthy for me in the moment, but for them in their stage of recovery is okay. (T6#62)
- People did post pictures of like calories or numbers or like “I weight this much, and I’m fat.” So, it was a lot of that (T8#85)
- When you have got people adding numbers into it, and some of them are less than 1000 calories a day, for people, like there are different programs out there where you have to eat 3000+ calories a day to gain weight, those people are looking at the minus 800 calories the other person is having and it can trigger them massively. (T9#35)
- So the numbers don’t trigger me per say, but for other people it can be, massively. (T9#37)
- Yeah, all the time. (T9#38)
- Comes across accounts that post weight and numbers
- If I go on to the discovery bit, the first couple things you see the minute you have got a recovery account, you’ll see numbers on scales. You will see people weighing their breakfast out. You’ll see people adding the calories that they have had in their meal and then totaling it up in the end. For some people, it can be really damaging because for them they are trying to eat these 3000+ calories a day for their recovery, seeing somebody eating 800- 1000, it brings back those thoughts of maybe I should do that. (T9#40)
- The numbers, people explicitly post, you know, this is my lowest weight, this is my lowest BMI, my heart rate dropped to this much…So, there is a lot of, not only comparisons, but a lot of feeding into your eating disorder by what you see in the community (T10#44)
- People will post, you know, “I have been in the hospital you know, this many times, I have been to xyz this many time” “my heart rate got so low” “I got so low,” all that stuff. (T10#23)
- People will say like how many times they’ve been in treatment (T11#45)
- People will even post their number of hospitalizations in their bio as if it’s something to be proud of, it’s almost as if hospitalizations are the norm and like you’ve achieved something even though you haven’t and most people with eating disorders aren’t hospitalized. (T12#25)
- How many times they’ve been hospitalized or sectioned or on an eating disorder unit. (T12#24)

"There are certain photos that I find triggering so like before and after photos or photos of very thin people or bodychecks"
- There are certain photos that I find triggering so like before and after photos or photos of very thin people or bodychecks. (T2#50)
- Before and afters. (T2#64)
- I would say the most triggering content of all for me is following people who are skinnier than me, so I try not to do it. (T1#84)
- In the beginning, it wasn’t good for me. When I looked at people’s before and after photos, I realized that when I looked at the very thin photos, I realized I still wanted to look like that so it was triggering in a way. I would think about how could I get that thin. It was really hard to look at those photos. (T3#40)
- Body check photos and before and after photos. (T5#67)
- I've been triggered by other people in the community.
- People... Yeah, honestly. Yes, it can be (T7#27) Oh, absolutely I've been triggered by other people in the community. (T2#44) was always like, who can reach the lowest weight and get closer to death (T5#83) my lowest versus the photos people post of them at their lowest. (T2#55) I hate that you're fully restored and you're tiny. So, like that's my big comparison thing (T11#91) I do see a lot of like body pictures and some of them are hard just because even if I'm pretty sure they are recovered, it's still more triggering for me if the caption speaks about how they think they look better now that they've recovered and gained weight. (T2#54)
- I'll see before and afters, if anyone even posts a before and after, I automatically assume they're not actually recovering because I feel like if your actively recovering, you know that’s not helpful for people to see that... So, I think that’s so triggering. (T11#47)
- So, since Anorexia, unfortunately, has a lot of physical side effects, people behind accounts can post that and show a physical representation of their sickness. (T10#38)
- If they were emaciated, it would make me and kind of jealous and also like I wish I went back to when I was like that because, not because it is beautiful, not because it is desirable, but it is for my Anorexia... So seeing those images, although I am further on in my recovery, when I see it I am like “shit, maybe I do need to go back to that weight.” That is my instant thought, like but I said, I am a bit further along so I can kind of, you know, go through the thought process of, you know, that is not where I want to be again. (T10#39)
- Sometimes they post body-checks. (T2#62)
- When they take their clothes off (T6#16)
- In their body checks, if they’ve lost weight, it will put me back in that mindset of do I need to lose weight again, and do I need to go back to the gyn. (T9#31)
- Stuff like body checks(T10#29)
- They’ll post preachy posts that you shouldn’t post body checks or before and after photos but then they themselves are guilty of it. It might not look like a body check, but if you’re looking at the photo from a more recovered mindset, you can tell it is a body check and that they are posing a certain way to make you look even sicker, like making your thigh gap bigger. I think it’s a subconscious thing. (T12#30)
- You’re bound to come across those triggering photos like body checks. (T12#88)
- So now things are more secretive, like people will post body checks that maybe don’t look like a typical or traditional body check or videos that look innocent but really they’re not. It’s just the way they’re posing, they’re posing in a way that shows their bones or holding the angle in a way that shows their collar bones or thigh gap or chest bones or legs or you can see that they lost weight or you can see something in the background that isn’t right, like they might have packages of laxatives in the background of the video or photo. (T12#31)
- And actually, this is one of the reasons I deleted the account. I didn’t want to see photos of people in underwear or people posting body-checks, it wasn’t good for my recovery. (T3#41)
- I feel like everything was triggering for me. And I would just get like upset and frustrated I think I would get jealous and feel more like a failure because my body doesn’t look like that. And I’m not going through recovery in that way, my recovery is so much different since like having like fibromyalgia and not being able to like use my body and always being in pain. (T8#94)
- Photos of when they were in their lowest point of their illness, and that’s hard to see when you just want to be smaller. (T6#10)
- Yes. They are living with the control of the eating disorder and with a skinnier body and then I wish I could have that. (T5#17) It would cause like anxiety and shame and guilt for not like being like perfect. I guess more perfect in like eating disorder sense but also like in recovery cause I feel like there’s still, well back then I was like recovered enough like you’re not super thin but you’re not like in a larger body. (T8#91)
- Another thing is obviously like body size. (T10#43)
- I compare myself to other people. It happens with people who are in recovery. (T5#78)
- I might compare our recovered bodies and then I feel triggered. (T5#84)
- I compare my body to theirs. (T5#81)
- I compared my body to theirs. (T3#42)
- If it all just fueled comparison. Like the body-checks fueled competition on Instagram. Many people compare themselves to others but then if you have an eating disorder and you follow these accounts, it makes the competition so much worse. (T3#43)
- I compare the size of my body to their body. I compare my face to their face, whether I think I look better than them or whether they look better than me or whether they’re prettier than me. It’s pretty straightforward, just who is the best looking sort of thing. (T1#63)
- So people’s bodies especially I compare myself to. (T1#59)
- Bodies and that was toxic. (T1#98)
- I think also like body wise because I don’t see myself as a larger person but I’m definitely not thin. My body naturally, I’m short. Somebody called me compact one time. So, I like short and my body is meant to be a little rounder. So, I still struggle with that or seeing people like “I’m in recovery” but they are in like a thinner looking body. (T8#46)
- I compare myself to other people in the community as well. (T1#21)
- I do see a lot of like body pictures and some of them are hard just because even if I’m pretty sure they are recovered, it’s hard when they’re still smaller than me. (T11#73)
- I hate that you’re fully restored and you’re tiny. So, like that’s my big comparison thing (T11#91)
- I just find that I compare myself to people on my account. I compare my weight to theirs and to their body size. I compare their lowest weight photo versus with my lowest weight. I sort of compare who looked worse, which sounds bad, but like I compare where I was at my lowest versus the photos people post of them at their lowest. (T2#55)
- I sometimes compare my lowest weight body with other people’s lowest weight photos. But that happened more when I was sicker. It was always like, who can reach the lowest weight and get closer to death (T5#83)

"I've been triggered by other people in the community"
- It was often triggering for me to be on (T3#69)
- Sometimes people’s posts were triggering. (T4#18)
- Oh, absolutely I’ve been triggered by other people in the community. (T2#44)
- Yeah, honestly. Yes, it can be (T7#27) - When asked if she comes across triggering posts on her account
- People who are less further on to their recovery, or when I was, it was very destructive, very triggering. (T10#40)
"Some are more in-depth and therefore sometimes triggering"
- I would say there are a few accounts that post things that are too descriptive for me personally and I choose to unfollow those accounts sometimes but not always. (T2#48)
- Just some are more in-depth and therefore sometimes triggering than mine. (T2#67)
- It’s definitely not vague but its also not extremely detailed just because I don’t know what might trigger others and I don’t want to be too detailed to the point where it triggers people but I also don’t want to be too vague to the point at which it doesn’t help people. (T2#39)
- Sometimes, like if they were reflecting on their eating disorder in detail. (T3#45)
- The captions were absolutely triggering. It was very very graphic detail, my thoughts exactly about how I felt about my body, so posts like “I can’t believe how big my thighs have gotten since XYZ date. I need to turn this around ASAP. I need to lose all this weight and get back to where I was.” But I said it in very detailed language, very graphic language, often using swear words like “Look at how fucking big my thighs are.” I would also use numbers. I would post about calories. I would say things like “I had 100 calories today. Not feeling great about it” or “Today my weight is 35 kilos.” It was very triggering. (T1#82)
- When people list all the past behaviors (T1#48)
- I feel like sometimes I don’t think that is helpful for other people (T8#73)
- I like when people speak to their experiences without adding a ton of details. Because there’s such a fine line, so I follow a lot of accounts that do that well. And so it’s relatable but also motivational. (T11#81)
- Theres a very big difference between people who are in hospital and people who aren’t. Those who are in hospital tend to overshare like you practically know the ins and outs of their whole lives. They post more details and will write like I get restrained this many times which I don’t really want to read. It can bring back a lot of bad memories from past experiences. (T12#90)

"The food posts, all of that has been triggering for me"
- The food posts, all of that has been triggering for me. (T4#20)
- For food ones, it could be triggering if they posted photos of small portions or if the photo didn’t have any carbs, that was triggering for me because I used to cut out carbs. (T4#22)
- If they do like full days of eating (T6#8)
- what I eat in a day, they are not helpful. (T6#18)
- You’ll scroll down and you’ll see somebody who has not eaten and it can trigger a “oh well if they’re not eating, should I not?” It just depends what comes up on your feed. (T9#26)
- There is certainly a fair few kinds of images that are very unhelpful, even if people show, like, this is my lunch and it is a plate of like two carrot sticks. That is not helpful at all, but that is the reality of what goes on in that community (T10#33)
- And those do trigger me if it’s like “oh this was my lunch” and it’s like so clearly restricting. (T11#76)
- or post how little they’ve eaten that day (T12#23)
- When people do full days of eating that is really unhelpful because you compare what you eat in a day to what they eat in a day, and meal plans and things like that are different for everybody so you can’t compare like that, but when you see it, it’s really difficult not to. So, that is definitely very unhelpful. (T6#12)
- That was kind of toxic in and of itself of course because people always compare food (T1#7)
- There is obviously a lot of comparison because what people don’t realize is everybody’s body has different needs, but it depends if the person posting it is in actual recovery or if the person posting it is in quasi recovery. And they just post ridiculously small amounts of food and so the viewers who see that are like, hold on maybe I should be eating like that, so there is a lot of comparisons and people do follow the full day of eating from people. (T10#42)
- If I see somebody having the slightest bit of lunch and then there is me that has just had a big lunch because I am trying to gain weight, it puts fear in me that I’m going to gain too much weight or that I may gain weight too quickly. (T12#29)

Theme #3: People are mindful of not triggering others
"I can’t control their triggers, but I try to be as mindful as I can of the content that I post out there”
- But I wouldn’t bring up like what, or the amount or even how much I weighed. (T8#79)
- I just try to be honest with myself and others but not to an extreme extent. (T2#40)
- I personally wouldn’t post anything like that because I know eating disorders are very competitive and it could trigger my followers to purge or restrict or binge or engage in an unhealthy coping mechanism and I don’t know my followers so I don’t know what they’re struggling with and I wouldn’t want to post something that could cause someone to engage in an unhealthy behavior. (T2#42)
- I can control their triggers but I try to be as mindful as I can of the content that I post out there. (T2#43)
- One girl I followed didn’t post any photos of her body. She always spoke about how it wasn’t helpful to post photos of her body because it fuels comparison and fuels negative thoughts for the people who follow her. (T3#38)
- I never posted an because it fuels comparison and fuels negative thoughts for the people who follow her. (T3#38)
- I posted several numbers like that because I knew how badly it made me feel when other people posted about numbers. (T3#57)
- I don’t believe there’s anyone with an eating disorder who doesn’t get triggered by numbers. (T3#57)
- I don’t say how many calories in a day I eat (T5#60)
- I don’t write about everything I eat in a day because I know that even this could be triggering for some people. So I share some meals but not all of them. (T5#61)
- I don’t like posting that because I prefer to concentrate on this part of my recovery journey and concentrate my message with healthy photos, so not photos that would be triggering to other people. (T5#50)
- No naked photos, no before and afters. (T5#48)
- When I started recovery, I relapsed a lot after only a couple of months, and I lost a lot of weight again, but I never said that on my account. I never said I have been in a relapse for the past month. It was more like, I kept posting the motivational things, but I wasn’t practicing what I preached. (T6#27)
I never lied, and I did say like the past week has been really hard and I have given into the thoughts but now I’m like doing better. I just didn’t say the full extent of the relapse or the bad day. (T6#28)

I don’t want to trigger other people. (T6#29)

I think learning and listening to other people is learning from people in larger bodies like saying “hey these pictures are not helpful.” I did read the book Sick Enough saying like those pictures aren’t helpful at all. It can just, I feel like it causes more shame and guilt for so many people. So, like I don’t want to do any harm so it’s more of like protecting others. (T8#95)

If I know the calories in my food I won’t tell them what it is. (T9#50)

No, just because I know how damaging that can be. (T9#49) – Does not post body-checks on her account

If I am having a particularly bad day I just won’t post the pictures of the food. I will just kind of post a picture of myself saying “I’m just having a particularly bad day today.” So there won’t be any pictures of food because if I am not eating enough I don’t want to post that for somebody else to kind of trigger them. (T9#61)

Obviously keeping in mind not to be triggering to others with numbers and that stuff (T10#20)

So, I post more of my vents and stuff on my close friends story. Which is quite small. Like people who read it are in a bit of a better place in recovery who can actually provide support rather than be triggered by it. (T10#76)

I won’t post if something goes awful cause it’s not helpful (T11#13)

I try to stay away from any triggering information. (T11#26)

I don’t know where every person is at in their recovery that follows it, I don’t want to say like, “Oh guys I want to go for a run right now” like “help me not.” Cause while that is part of recovery like having the urges, I just am scared it’s gonna trigger people. (T11#36)

Since I do post a lot of selfies, they’re usually from here up, I try not to post full body. (T11#59)

I did do a full body picture…I try not to post them just because I don’t want to trigger people. I have a couple of my full body, but I try not to post them too often, just in case. Cause I know someone can even say something like super great, but their body will still just trigger a thought in my head. (T11#60)

When I’m struggling, I still try to make them motivational, but I try not to vent too much. Just because I know my thoughts can go wild when I’m struggling. Like I could speak for hours. But does that mean its stuff people need to hear if they’re not my therapist? Probably not. (T11#67)

Since I don’t want it to be triggering, it forces me to write it in a more, not even a positive light but like a resilient one. I think it’s important for people to know that it’s super hard but that there’s a way out of it. So, it doesn’t even have to be positive cause not all of recovery is great and positive. (T11#68)

When I would post my food I was very aware of how it could impact other people so I never said exactly how much I ate because I didn’t want it to foster comparison. I never wanted to trigger anyone. (T12#68)

I did try to not mention numbers and stuff. (T12#69)

I’ve never posted any before and after photos (T12#70)

I went into hospital around may last year and came out in February, so when I used my account then, it was basically like this is what’s going on, but I never shared triggering details. (T12#80)

I never told anyone my weight. (T12#77)

I also started it cause a lot of recovery accounts that I’ve seen aren’t that recovery focused, and I was like I would rather put out non-triggering information just cause I know a lot of accounts do still try to glamorize when they were sick and stuff. (T11#64)

Even though I’m quite honest on this account, I never really let on to how bad things got at times because I was aware and didn’t want to lose friends or trigger others, so I didn’t always share everything that went on. (T12#43)

I try not to post like any body pictures (T8#63)

"I posted negative things like that for a very long time. I eventually realized what I was doing and how it was negatively impacting other people and stopped"

My account has changed a lot over time. (T1#70)

When I first started the account, I was really really honest. If I had a bad body image day, I would post a semi nude photo with a caption of “I hate myself” and I would write about how I felt in graphic details. (T1#71)

I would also post body check posts like pictures of myself nude, or pictures of myself pinching my ar, pictures of my thigh gap, or lack of thigh gap depending upon where I was in my recovery, before and after photos, that sort of stuff. (T1#72)

It’s very different. So what I used to post was very negative for a long time and then that is what got me a lot of followers, interestingly enough. (T1#76)

Like posting photos of yourself with a NG tube, before and after, body check posts, anything that would be triggering to other people I would call negative. So I posted negative things like that for a very long time. I eventually realized what I was doing and how it was negatively impacting other people and stopped. (T1#77)

Eventually I stopped doing that and I deleted those posts and I began posting things that I thought were more neutral. I started posting things that didn’t really have much to do with recovery at all. There were no captions that were paragraphs, it would just be “It’s a nice day today.” It was that for a while and then I just stopped using the account for a year or so. I mean I still used it but not as much. (T1#73)

I used to do a lot (T7#30) – Posting before and after photos

I did take pictures of my body, but looking back I feel like that was harmful in certain ways just because my body isn’t really. I’m not in like a larger body, I’m more petite. (T8#35)

I know that other people kind of fed off my posts in a negative way, just like how I did. (T10#68)

Now, I have deleted all those posts because I know it just doesn’t help anyone. It is not beneficial for me to be reminded as to how sick I was, and for other people to see me in that state. It is absolutely not beneficial at all. (T10#71)

I think at the beginning of my recovery, at the beginning of my account, I was much more open when I was having urges because most of my followers, I had like 30 or 40 and most of them I was pretty sure didn’t have eating disorders. (T11#71)

I think before I was much more open when I was having urges, which I was kind of stopped doing. (T11#72)

I guess there could be triggering content on my page. Especially if you scroll to the beginning of my account, a lot of people could take it the wrong way and I completely get that. (T12#71)
EATING DISORDER RECOVERY AND INSTAGRAM ACCOUNTS

Theme #4: Desire for privacy

"I wanted to stay anonymous, and I didn’t want anyone I knew in my personal life to follow me."
- I didn’t post any photos of myself because I didn’t want people from university or other places to find me because many people didn’t know I had an eating disorder. (T3#52)
- I started noticing that my friends and people I knew in real life started discovering my account and only a few of them knew I had an eating disorder so I decided to make it private because those people couldn’t really understand. (T5#41)
- Now that its private, I only accept recovery accounts, no one from my personal life. (T5#42)
- It’s scary because I’ll admit, sometimes people from work want to follow me and I get a little intense about that because I’m not doing anything wrong or illegal but it’s one of those people’s perception of me that might change. And something I was always scared about, why I didn’t like talking about my eating disorder, is the blaming aspect and then people wondering every time I go to the bathroom, is that what she is doing? When it probably isn’t, but, you know, then I start gathering all these ideas in my head of what people really think about me. (T7#36)
- But I put private because I talk about the hospital that I work at a lot just if something is bothering me and then I talk about COVID a lot. So, I don’t want somebody in my area to find that, and I feel like it can cause issues with like other people…But I feel like it’s important for people to know what’s going on and what healthcare providers are like going through. (T8#21)
- I did have other family members but then they would tell my mom, “____ is posting this and this.” And so I had to block people (T8#56)
- I wanted it to be more private…there was more people that I knew that followed my old account and I didn’t want that. I wanted it to be somewhere that I could help other people, not people where people knew what I was doing through, could not as much spy, but just look into my life in more detail with things that I didn’t need them to know. (T9#7)
- When things kind of went down south again, I made it private, and that’s when I started showing my face, showing who I am, and I was a bit more comfortable having it more private just so people don’t find me obviously and read all my deep details about my struggles because I am very honest on it. (T10#7)
- I just feel like if they found that it would be very awkward going to school with them knowing the ins and outs of my disorder. (T10#8)
- It was nice to have a bit of anonymity as well. Although people knew my name, they didn’t know anything about me. (T12#12)
- I wanted to stay anonymous and I didn’t want anyone I knew in my personal life to follow me. (T12#63)
- They didn’t follow me though on the account. (T12#98) – People in her personal life did not follow her
- I made it anonymous so that nobody would know it was me so I could just write what I wanted to write. (T6#3)
- I started off with a private account just because I wanted to keep it small, keep it anonymous (T10#5)

"Close friends and family" follow the account
- Yeah, one person from my sorority, actually I think there’s 2 now… and my fiancé’s parents follow me. (T8#53)
- I followed my close friends cause I was like obviously I want you to see it. (T11#8)
- Its literally just close friends and family. I didn’t really feel comfortable with anyone else following it. (T4#7)

Theme #5: External pressure to present oneself in a particular way

Ambivalence around posting
- I felt like I was recovering for the internet and for my account and not for myself. Like for example, I would eat certain things just so I could post it on my account. I felt so obligated to eat more and eat fear foods because of my account which on one hand was good but on the other hand, I felt like I wasn’t ready to eat some of these things and I felt pressure to recover more quickly because of my account. Once I realized this, I realized I needed to go at my own pace and do what felt comfortable for me. (T3#61)
- It felt good to share about my recovery in the beginning but then over time I felt pressure, like I felt like I was only recovering or eating certain things for the internet and so I could post about it on the internet. (T3#60) The external pressure, in some aspects, can be really difficult and quite damaging for people. (T9#12)
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- I started realizing that for me I started putting out content that I thought would be more helpful for other people instead of just like how I'm doing, which is how my account started. And so, I'm trying to get back to that cause I don't need my account to blow up. I don't need it to be a huge recovery icon and like role model (T1#85).
- I got to the point where I was really fed up with the account. I felt like I had to please people. (T2#96)
- I wanted it to seem to my followers like I was taking a huge step in my recovery and that I was happy to get rid of the clothes but on the inside, that's not really how I felt. I actually felt like I didn't want to get better. (T3#9)
- So for example, some days I didn't post on my account and I got messages from friends like “Are you okay, are you alright, because you haven't posted for a week now” so I felt this pressure to make it seem like I was doing better than I was because I didn't want to concern others. (T3#11)
- I felt pressure because I had some friends in real life who were following it. (T3#10)
- I felt like my account wasn't positive enough and I felt like I wasn't making enough progress. (T3#71)
- It got to a point where I felt like whatever I posted was never really what people wanted to hear. I got so obsessed with the fact that my posts were never right so it felt easier not to post than to post. (T2#100) the pressure to have a “perfect recovery” felt like too much. (T3#74)
- So their accounts were more positive and I felt this pressure to make my account look similar to theirs. (T3#12)
- I just got very obsessed and worried that I didn't post the right thing so it became very stressful and I didn't need more stress in my life. (T2#104)

“You post perfectly looking acai bowls”
- I would say I do plate food a certain way or just make it look more appealing. (T2#28)
- I just feel that more aesthetically pleasing photos will attract more followers(T2#30)
- The accounts that were more famous with many followers, you could tell that they arranged the food in a certain way to increase the aesthetic. (T3#66)
- The struggle is Instagram, you kind of feel the need to post pretty pictures. In reality, not everyone’s meals looks pretty all the time. (T3#57)
- You kind of just put stuff on a plate, but no one really posts that. You post like perfectly looking like Acai bowls. (T1#066)
- I think it was common for people to try to arrange their pictures in a certain way to make it more appealing. (T4#26)
- Its quite embarrassing, I'm not going to lie, people knew about my account in my personal life pretty quickly because they saw me always posting pictures of my food... I never really enjoyed taking the photos of my food or angling it in the perfect way. I was always embarrassed about it and I got to the point where I was like why am I doing this if I don't enjoy it. (T1#207)

"I think when you post on Instagram, you are sending out a message and I try to keep that message as positive as possible for the good of my followers, but I don't know if that's necessarily the right thing to do.”
- I've been struggling more recently but I don't feel like that's something I can share with my followers because I do, I'll be told off by people and told that I'm being triggering. I feel like if I shared how I'm really doing on my account and said I'm really struggling, this is exactly how I feel about my body and this is how I feel about recovery right now, I feel like I'd definitely be told off. (T1#11)
- I can't be authentic because I don't want to upset people and trigger them. (T1#12)
- I know that talking about these things are triggering and I don't want to trigger people but at the same time, I feel like if I have an account that is supposed to document my recovery, then I should be honest with my followers. So you come to a crossroads as to what to do. (T1#13)
- Yes, I want to be honest but I don't feel like I can. (T1#14)
- To be honest, I kind of haven't figured out how to navigate it. (T1#15)
- I kind of have just stayed positive this whole time on my account and now I feel really bad about it. Its not as though I'm lying in the sense that I haven't lied. For example, I wouldn't post a photo of a bowl of ice cream and said “I ate this” when I really haven't. So I haven't lied, but I have stayed all positive and have kept pushing that recovery message because I think that's what my followers need to hear because I'm aware that as someone who has 2100 followers, there's a lot of people listening to me and I don't want them to be triggered by my words. (T1#16)
- I think when you post on Instagram, you are sending out a message and I try to keep that message as positive as possible for the good of my followers but I don't know if that's necessarily the right thing to do. (T1#18)
- Then I didn't really know what to post about because I was really struggling with recovery and I didn't want to lie. I didn't want to lie and say oh I'm in recovery when I really wasn't and I was really just chilling at my low weight. So anyways, I left it alone and here and there I would post “It's a lovely day” or “I went for a walk with my dog today” or whatever, just boring life posts for a little bit. (T1#78)
- But more recently, now, its more positive in the sense that I'm promoting recovery and talking about how I've gotten around certain obstacles in recovery, talking about how my recovery is going although I'm not being completely honest in that sense because I don't want to trigger other people and I almost feel like I have to be positive. (T1#79)
- Sometimes I would think “I want to post something” but then I posted something positive so it didn't feel honest. I mean I was never lying, like I never posted a photo of food I didn't actually eat, but it felt like to the outside I was posting that lets say I was having a great day when in reality I might have had an awful day in terms of my recovery. (T3#4)
- And then I felt like it wasn't reality and felt like people don't deserve that, especially if you're in recovery you need the truth and the reality so it felt wrong for me to be dishonest so then I deleted it. (T3#85)
- I realized that I wasn't being honest with myself in my recovery and then I wasn't being honest with what I was posting, so it felt like it was wrong and wasn't fair to my followers. (T3#86)
- The first few things I posted on my account were completely honest but then I started to lie to myself so I would think to myself “Yeah today, I actually ate what I should've been eating and it was great” but then at the end of the day when I wanted to post something, I realized I didn't actually eat what I needed to be eating. One thing led to the other and then I began posting things that weren't so truthful. (T3#7)
- And then I felt like this didn't make sense, because if people knew how I was really doing, they wouldn't have found me motivational. (T3#13)
**Theme #6: People invest a lot of time and focus into their accounts**

"It is kind of a big part of my life"

- It plays somewhat of a role in my identity but not a huge role. (T2#79)
- My account actually played a big role in my identity. (T3#58)
- A big part of my identity(T3#62a)
- My identity does surround mental illness (T6#66a)
- I wouldn’t say that my account specifically is a big part of my identity because it is anonymous and people don’t know that it is me. Like personally for me, I think it is a part of my identity because it is my experience. (T6#67)
- I think it is part of my identity, not the recovery account specifically. More, the whole experience of anorexia. (T6#68)
- The account is just like part of anorexia. Like say anorexia is a chapter of my life, the account is part of that. (T6#69)
- I guess it’s trying to make my identity more aware that this is what I associate my identity with. (T7#32)
- I think its complicated. But like, thats why I feel like during COVID too and being an introvert, I do enjoy social media and meeting people through that...I feel like it’s a part of me. Just in like my recovery. Like I would be so lost without like all of my people. (T8#112)
- The people around me know I have an account. They don’t ask about it because I don’t share it with them. ...It is more of, for the people I have met through that, they know me from my Instagram so that would give me an identity with them. But for my friends and family who don’t follow it, it is not really a part of their lives to identify me with. (T9#68)
- Before it used to be a really big part of my identity because I wouldn’t spend any time with my family because I would just isolate. I wouldn’t spend any time with my friends. I cut off all my friends. (T10#88)
- I definitely think the account has made who I am or made my identity just a more positive and well-rounded person than it was even like 6 months ago. (T11#93)
- I feel like it’s so common for eating disorders to just take your identity and become who you are, or you think. And so, I feel like it’s kind of like shifted it and made my recovery my identity. (T11#92)
- I’ve had an eating disorder for so long, the account feels like a big part of my identity. (T12#92)
- It feels less so a part of me now versus when I used it more frequently. The more you use it, the more it becomes a part of you. (T12#93)
- So it has really changed over time. (T10#91)
- It definitely plays a big role day to day for me because I post a lot sometimes but other times I might only post a few times a week. (T4#35)
- I don’t think about my account 24/7 but its something that I put thought into on a daily basis...but if I’m struggling with something in particular I post it on my Instagram. So the account doesn’t take up all my time but I do think about it most days. (T2#78)
- Well at the time, I had so little happening in my life because my eating disorder became my whole life. So this account felt like a big part of my life (T3#62)
- I would say my recovery and account are a big big part of my life (T6#66)
- So it was a really big part of my life. (T10#88a)
- It feels less so a part of me now versus when I used it more frequently. The more you use it, the more it becomes a part of you. (T12#93)
"I follow people who are motivational and write motivational posts and share their experiences. (T5#74)
- That account has been there with me through a lot. (T12#51)
- It's as much a part of my life as my eating disorder is. Its there when I want it to be there and its not there when I don't want it to be there. Its temporary but not temporary (T12#95)

"They are becoming massive...people are a lot more invested in it now than they were 3 years ago"  
- So they are becoming massive, there are friends that I have gone from starting at 100 followers who have gone to now 7000, 8000. Some have gone into millions and they started with 100 followers posting what they eat in a day. So people are a lot more invested in it now than they were 3 years ago. (T9#78)
- And the community has just gotten so much bigger. (T12#110)
- Yeah, I think people have become a lot more open with it and a lot more invested in it. (T9#75)
- So in 2017 when I first opened my account, there wasn’t many people doing vlogs about their recovery. There wasn’t many videos. It was a lot of photos of just their food and not much about their life (T9#76)
- It is still the same content, the same captions, hashtags, just people have become a lot more invested. (T9#80)
- They spend more time posting personal content. They will post more videos rather than just pictures. Live streams quite a lot. (T9#81)
- When my account started and I was 13, 13 was very young to have an account like that, the average age was probably 16 or 17 and into 20. Now, I’ll come across 11-year-olds with the account or adults with the account. (T12#109)
- The mixture of people in the community has changed, the age range has changed. (T12#108)
- Because back in 2017 when I first started my account, the community was a very different place than what it is now. It was mostly people posting photos of food and themselves and that was about it. (T1#6)
- It’s changed a lot over the years, it went from being mainly food to sharing more of my life. The account has been there for so long, so I have people who have been with me since the end of middle school and now through high school. (T12#67)

"In the community, there are some people who are recovery influencers"  
- There are more people promoting themselves rather than promoting what they eat or rather than promoting recovery. Its like a self-promotion thing. People essentially want to be influencers in the light of being an eating disorder blogger if that makes sense. People just want to be famous, but not just famous for whatever reason, famous because they are eating disorder bloggers. (T1#89)
- In the community, there are some people who are recovery influencers. (T5#32)
- She became one of those influencers. (T5#33)
- Whereas now people are turning what is a recovery account into lifestyle and blogs as well as a recovery account. (T9#77)
- One has like gotten up to a million followers. She has done so much work with charities. She posts every day. She posts things that people wouldn’t necessarily think to post and she is fantastic. I mean she started off really small and has become an influencer for people in recovery (T9#79)
- There has been a lot of bigger influencers, as in like their follow account and stuff, who have posted, you know, before and after photos don’t help anyone. (T10#36)
- Yeah, and there’s this mesh between the two as well. I would say that my account is a mix of those two things. I don’t necessarily want to be famous, I just want to reach as many people as possible, but I also post photos of myself so by doing that, im achieving both of those goals at once. (T1#91)

Theme #7: Accounts you follow mirror and support your recovery
"I only follow people who are motivational and write motivational posts and share their experiences"  
- I would say most of it is pro-recovery or other people in recovery documenting their recovery (T2#57)
- I only follow people who are really trying to get out of this eating disorder shit and are really trying to get better and who really want a better life. (T5#71)
- I follow more recovery than I do motivational quotes. (T9#64)
- I follow a lot of accounts that are like mine, just individuals trying to find their way into recovery, like genuine recovery. (T10#97)
- I think there is about four motivational quote accounts that I follow. (T9#65)
- Yeah I would say majority of it though is pro mental health. (T2#60)
- I only follow people who are motivational and write motivational posts and share their experiences. (T5#70)
- Just kind of like more motivating ones (T11#80)
- And then others with the mental health accounts…they’ll post about their disorders and how they’re coping with them and obviously I follow other eating disorder accounts as well. (T1#52)
- I only follow people with eating disorders (T5#72)
- I made a lot of friends during my admissions and a lot of those friends are still in recovery and I follow them on my account. (T1#64)
- I mostly follow people that I met in real life, like during admissions. (T1#51)

"I also follow some more general eating disorder awareness accounts"  
- I also follow some more general eating disorder awareness accounts like NEDA or Project Heal, so accounts that don’t necessarily document their own recovery. (T2#68)
- I follow BEAT eating disorder therapists-like the charity (T6#57)

"I follow nutritionists or other eating disorder therapists”  
- Some accounts I follow are a lot more personal than other accounts and some are like therapists. So they will post like therapy kind of things. (T6#44)
- So, what’s nice about it is that I can follow nutritionists or other eating disorder therapists and they post body motivational posts that I can include in my day that help me and you know I just kind of like to reproduce that information that I hear (T7#4)
- It’s dietitian therapists. (T8#25)
- I also follow a few anti-diet, anti-fat phobia nutritionists. (T10#99)
- I also follow a few dietitians accounts that are actual registered eating disorder dietitians because that is so much different than a nutritionist. So, I follow a few of those. I follow my dietitian. (T11#79)
- I follow dietitians, so it’s more educational and therapists or like health care providers posting like “I’m doing this live webinar” thing. (T8#102)

Theme #8: This is a supportive community

"Praise and encouragement from my followers"
- I started binging so I also needed the support from other people. (T5#10)
- I definitely feel like I’ve gotten praise and encouragement from my followers. (T1#34)
- There are a lot of people who support me and I support them. So we comment a lot on each others photos but we also direct message each other sometimes. (T2#70)
- People will comment and say you’re doing so good, don’t give up, that kind of stuff. Just supportive comments in general. (T2#74)
- Whenever I posted something, people were just super super supportive. People would DM me privately and provide support. People were so nice and so sweet it’s unbelievable. (T3#28)
- People that even had other issues, not necessarily an eating disorder, but this other girl has bipolar and she was super supportive and she always DMed me and said how are you, are you doing better? (T3#29)
- So I got a lot of support through messages and then sometimes comments. (T3#30)
- I got a lot of support (T3#65)
- When you message someone for the first time, it kind of feels like you already know them because they just reply so nicely. Like, everyone is genuinely like happy to be there and wants to help you and stuff (T6#39)
- Yeah, definitely. (T6#38) – She receives support from followers.
- Sometimes I’ll get like a “keep your head up” or you know “we’re here for you if you ever need to talk” sort of thing. (T7#18)
- They really help me through a situation or even my day. Like especially because it kind of reminds me of why I’m on this journey. (T7#23)
- Most of the people on my account have been following me since 2014 so people know when I’m going through something difficult and they will send me quotes or posts, or they’ll remind me that like I’m doing so well and they’re proud of me and it’s just cool to have people that have been with me since like the beginning of my Instagram. (T8#43)
- I think just people commenting and sending me direct messages (T8#40) how she received support. It is very very warm, like a bit of a warm environment, and it’s very encouraging, which is very nice. (T10#56) I need a lot of support cause I don’t want to only talk to one person about how I’m doing, so I like to have different people and perspectives that I can get. (T11#55)
- And then I have got people that are just started out in recovery and I help them. (T9#19)
- But when I post...for example, if I explain that one day I ate fear foods and post the photos of the food, people tell me that I’m doing the right thing in recovery and that I’m doing what I should be doing. If I post a photo and I write below that that day I wasn’t hungry but that I ate even if I wasn’t hungry, they say that I did the right thing and that I did a good job, so they tell me to continue doing what I’m doing and that I’m making progress. (T5#55)
- Once I posted on my story that I tried chocolate for the first time in over a year. A lot of people reacted to that with love heart emojis and some people said “you did such a good job, I’m so proud of you” and that made me feel good about myself because I really felt like I had done a good job. (T1#33)
- Other people are always very kind and they always say that you look better now than what you looked before, that you’re pretty. (T5#53)
- People say like I really needed this today, thank you, Yes!, like wow. Things like agreeing with what I am saying or saying like yeah we can do this together. It is kind of like a community of recovery. (T6#37)

“I want to share the message that recovery is possible”
- I have a message I want to spread, but I don’t always know what exactly that message is. (T1#4)
- The message that I want to send to my followers is that there’s nothing wrong with eating those types of foods. (T5#46)
- My aim is to tell people how beautiful it is to have a healthy body who can run, who can study, who can let you enjoy life. I don’t want to concentrate on a body that’s overweight and trying to survive. (T5#51)
- I want to share the message that recovery is possible. (T5#89)
- Yes (T7#15) – She wants to spread awareness
- In my story I post videos of myself being goofy because I actually have the energy to be goofy. Like yesterday I was posting videos of me holding my vacuum cleaner singing to Lady Gaga… I just want to show people that with recovery you have energy, you have happiness, you have motivation to first of all vacuum and also just have fun with it and just be silly. (T10#77)
- I’ve been quite frustrated with this recently. I have 2100 followers I think and I cannot seem, no matter how hard I try and no matter what hashtags I use, Instagram’s algorithm just won’t seem to get me more followers even though I’m putting out what I think is good quality content. I don’t quite understand why my account isn’t growing, but I’m concerned about it. It’s frustrating because I want my message to reach as many people as possible because of course I think I’m right. (T1#69)

Advice on certain topics
- I think also just advice on certain topics or some people will post about how someone said something triggering to them and then they’ll talk about how they plan to now set boundaries with that person. So its helpful to read that stuff and apply it to my own life. (T2#75)
- I’ve also received advice about treatment (T2#76)
- Advice about how to handle unsupportive comments. (T2#77)
- I definitely talk to people and it is nice to be able to talk to people about their recovery and their journey and what helps them. (T6#41)
"We help each other out when we are struggling"
- To help others also who might be struggling. (T2#3)
- I wouldn’t say my goal is to have millions of followers but I think just reaching some amount of audience who is dealing with the same thing, even if it isn’t a lot of people, but my goal isn’t to get famous. Its more to help even a small amount of people who are also in recovery. (T2#31)
- To be a motivation for other people. (T5#9)
- I wanted to be an example for other people. (T5#9)
- I wanted to be an inspiration for other people to let them know that recovery is possible and that it’s a difficult path but that it’s possible. (T5#4)
- I feel like Instagram is able to help me...really my end goal is to help other people like to give back to the community. So, I feel like Instagram can be a way to help others too. (T8#18)
- I’ve gotten so many people that have DMed me and they’re like, “your account got me to eat breakfast today.” Once I realized it was actually helping other people, I feel like it kind of shifted to like still documenting what I’m doing, but trying to make it even more helpful for other people. (T11#16)
- I know that there are people who follow me who take advice from it, even if its just a small thing or who just comment and repost my posts, it helps just knowing that I’m helping others as well as myself. (T2#86)
- When I started to get better, it kind of turned into a, like I’ll help other people. (T9#6)
- It’s a two-way like thing. I feel like other people are getting stuff out of my posts, but I’m also getting a lot out of it. (T11#18)
- The first time I had a comment on the post, I remember thinking that’s like amazing like I just helped somebody. (T6#36)
- Helping other people really helps me (T11#19)
- Being able to help other people with my experience is such a big motivator for me. (T11#17)
- It helps and I like doing it...It makes me feel better knowing that that account helps people. (T9#69)
- It’s also nice to be able to help other people because it just makes you feel good. (T6#42)
- To actually feel like you can help someone else by writing the most basic things, and when people reply to the post and say like I really needed this today, thanks, this is really great. That just makes me feel good (T6#24)
- If I have a bad day and I want to relapse and follow the eating disorder voices, I write a post about it and then people will read it and comment and try to convince me not to relapse. They will remind me of all the good things about recovery and the life that my eating disorder had taken from me. (T5#7)
- Sometimes I’ll say like “I need some positivity right now like just send me something good.” (T11#38)
- If I’m struggling, I’ll like search for somebody to help me (T8#41)
- I had a really tough time at work and my immediate reaction as I was stumbling away from my laptop was “I’m so fat, I need to get this under control...” posting you know some sort of meme that’s like work related and saying that I’m not using coping mechanisms like my eating disorder to distract me from what I’m feeling. (T7#1)
- It’s helpful for me to like talk about it. Like this is what I’m feeling. (T8#74)
- It’s a hobby for me, because the hobbies that I used to do, I can no longer do. It gives me something else to focus on. So like on a weekend, if I am off for whatever, if I am not doing a lot, I get in my own head and overthink, so I can get on there (T9#70)
- If I’m getting urges, I’ll be like, okay let me just make a post. (T11#29)

- It is kind of the same as like what I write. I think it is just, well some people just post the quote and no caption. Some people post like the title of their thing, so they will post like a picture of themselves with writing saying like how to do this in recovery, and then they will write like the instructions in the caption. (T6#58)
- They have good advice (T8#13)
- And then also they’re asking for advice and I’m like “Oh I can give you some advice because I’ve been there too.” So that helped a lot. (T8#106)
- Being able to ask them advice, like how they got over a fear food, is so helpful (T12#41) People will ask me for advice and they care what I have to say. (T12#47)
- I’ve had people message me and ask how I told people in my personal life about my eating disorder. So its quite nice to be in someone else’s shoes now and be on the other end of it and give people advice. (T12#55)
- Its helped me because they’ll give me advice or comment on my posts to try and help me. (T4#9)
- There’s people who are ahead of me in their recovery, so they are doing a lot better and can help me. (T9#18)
- And then the dietitian ones are science ones that are literally telling you the science behind your food and why the chocolate cake that I was so scared of isn’t actually bad for you and like what it gives you. (T11#82)
- What does help me, it’s allowed me access to other people like just reading the nutritionist posts about how to get through the holidays with an eating disorder. (T7#7)
- Before it was 2014 or 2015, before recovery and body positivity got big and mainstream, I remember the bigger accounts now were smaller so they would like have conversations with me, like telling me to read certain books and I would read those books. if someone that I look up to tells me to do this, I’m going to do the work and do that because I see them like doing really well. So, I’m going to try to do like similar things that they have done. (T8#38)
- And then tips from like the therapist that say, you know, “If you’re feeling anxious in your body remember, you know, the bloatedness is normal and when its normal” and they go through all the health symptoms of it like if you’re processing food and the little bump at the end of your stomach is your uterus. So that’s what I see. (T7#21)
- Other mental health disorders and tips for like anxiety and depression. (T2#59)
- For example, if I have to go out for dinner with my family and I have to eat pizza, before going out, I’ll post and ask for help and encouragement from people who have tried pizza. They’ll tell me not to worry and that my body won’t change and that I should choose the pizza that I prefer and that I should enjoy the food and enjoy the company im with… and then I’ll come back home and write a message to the person who helped me earlier and I’ll tell them whether or not I ate it and if I was able to listen to my cravings or not. (T5#22)
- I would learn different like self-care techniques. And like just like challenging my thoughts and like growing and experimenting (T8#37)
- Even when I write that I had a bad day, they always ask what happened and they tell me that if I want to chat with them and get support, I can chat them. (T5#56)
- If I think that I have had a bit of a bad day, they will say “oh, we’re here for you.” (T9#23)
- When I do post whether I am struggling or whether I am doing well, a lot of people do tend to engage like a lot more than on normal accounts. So people engage a lot more, and they help, we help each other out when we are struggling (T10#17)
- I’ll say like “Send me happy things” or like “Send me like a win you had today” or stuff like that cause that is kind of a support for me just like to know other people are doing okay, I don’t know why that makes me feel supported, but it does. (T11#37)
- In that recovery community, I met a lot of people with whom I could share my difficulties with and I also received some help and support from them. When I went through really hard times, I was able to chat with them or call them. We support each other and that’s been great. (T5#11)
- Even during those weird times, if I have difficulties and feel really anxious, I’ll go to the bathroom and message them on Instagram and ask them for help. They are always available to talk and help me and support me. (T5#23)

**Theme #9: This account keeps me on track**

"It holds me accountable"

- I knew it would help me to hold myself accountable. (T2#8)
- To keep myself accountable (T2#2)
- I think just knowing that if I don’t post that it sends a message to me that I might be decreasing in motivation because I wouldn’t be posting as much. (T2#10)
- If I’m posting less, it sends a signal to me that im regressing. (T2#12)
- A few times I’ve noticed that I haven’t been posting on there and I even had some followers reach out and check on me to see if im doing okay. I think they realized that in those moments I regressed a bit. So that motivates me to get back on track since other people are noticing that I’m struggling, so it holds me accountable in that way. (T2#13)
- Has helped me stay accountable. (T2#85)
- It holds me accountable. (T5#6)
- I thought if I recorded and posted content every day on a recovery account, this will keep me accountable and keep me going. (T3#2)
- The eating disorder survives on secrecy and the more you keep it a secret, the stronger it gets. So, the more public I get, the more honest I get, the easier it will be to shut it down when it comes around. (T7#33)
- And then people will hold me accountable and like I say I’m going to do this, and I should do that. (T8#17)
- If I had homework for therapy, I would do it on Instagram. Like okay I’m supposed to do this for the week and then I’ll do that instead of saying okay I’ll do this in therapy, but then I don’t ever do it. But like putting it out there and having other people see it and like waiting. They are like “Okay, you’re going to do this then like do it (T8#31)
- In the beginning it held me accountable. So if I posted, a lot of people that were further down the line would say “it’s fantastic that you have done this, that you have managed to eat x,y, and z. However, that is still not a lot for somebody that is trying to gain weight. So, it held me accountable for what I was doing. (T9#9)
- "I have to be accountable. (T11#11)
- A lot of people in recovery will post how much they are eating to kind of again like I did, to hold themselves accountable. (T9#34)
- Some will purely just do eating, like me, to hold themselves accountable. (T9#62)
- I went on my account and I just really quickly posted “It is 3am, I am starving, I need to go get food.” So I posted that and I was like people have already seen it. I need to do that. So it helps me stay accountable so that is what I did. (T10#101)
- I just feel like it helps me a lot in the moment. Like one time I went out to dinner with my friend, and I was like okay she wants to get an appetizer and entrée and dessert like okay, that’s not my meal plan like that’s a lot more. And then I went to the bathroom and on the way there I was like I have to purge, it’s going to happen. And then I was like okay, but I want to post on my account, and I want to be able to say like I didn’t purge. And so like, once I got to the bathroom, I was like okay, I’m not gonna do it, and I took a picture in the mirror. I was like I did this, I showed like all the food. I was like this; it was so good. Instead of purging I enjoyed myself. And so, like it’s like a really good accountability for me (T11#20)
- I think it’s good accountability. (T11#22)
- I definitely think it’s like just the accountability helps so much with my recovery. (T11#35)
- I think it just helped me stay very focused on it cause it was something that I wanted to keep up and then like I can’t keep it up if I’m not recovering. (T11#30)
- It has kept me accountable. (T11#96)
- My account also helps me with accountability in a strange way. I had this thing where I never felt able to write in my bio that I was in recovery… I would never write that I was in recovery because I wanted to be accountable for my actions and I knew that people could turn around and say to me, you’re saying you’re recovering in your bio but you’re not actually recovering. So I didn’t want that. It was very motivating for me that when I fully committed to recovery, I was able to write that I was in recovery in my bio. (T12#52)
- I would feel quite sad if I went on my account now and wrote an update in which things aren’t very great. (T12#53)
- Its accountable in the sense that I can still say im recovering, I can still say im trying, I can still post about what I’ve achieved and done without it being a lie. (T12#56)
- I don’t really post enough anymore to say that I use it to keep myself accountable, but I guess in a more psychological way, it does keep me accountable because I’m admitting to the fact that I’m recovering, so I better actually be doing that. (T12#57)
- Probably just having the image of a certain meal can help you think about what you’re eating to see if you’re eating enough in terms of recovery. It helps you to reflect on what you’re doing (T4#42)
- And when I have slipped since being home from treatment, it’s just been like, like my mom was like, “I know you haven’t posted in a couple of weeks like I just assume that means you’re not doing good.” I was like "ugh gosh yeah I’ve been struggling but then literally the next day I like wrote out a list of meals and snacks and I went grocery shopping and then since then I’ve been on track. (T11#34)
- I guess I need like validation and just a place to like show up and like okay I’m going to do this. (T8#16)
"I think if I didn’t make the account, then I would’ve regressed a lot"
- I feel like Instagram, if I didn’t use it, I wouldn’t really be in recovery. I would still be struggling a lot. (T8#14)
- I think if I didn’t make the account, then I would’ve regressed a lot. (T2#81)
- I’m big into just learning, self-improvement books, and the research of health at every size. And I think at the beginning I just took everything in. I was like give me more, I want more. I don’t know how I would have gotten through my recovery without the Instagram community. (T8#39)
- Helped me find like health at every size, intuitive eating, that acceptance movement. I just took it all in and did more research and that’s what’s really kept me going in my recovery. (T8#7)

Theme #10: Instagram has been very motivational and inspiring
- I think they inspired me to make one. (T2#7)
- I got diagnosed with Anorexia and I like was looking on Instagram for like inspiration and my friend also started one and I followed her account and I thought that was a really good idea, and then I started looking at who her recovery account followed and I just looked at more and more and found it quite helpful and like motivating and stuff. (T6#2)
- I created it because I was inpatient with some other girls who had Instagram accounts and they were documenting their recoveries on Instagram and I was like oh this is a cool idea, this is a fun thing to do (T1#2)
- I created my account originally just as it was a new thing to do amongst my age group…one of the other girls I went to high school with she started coming out about her journey before I did. About how she had faced anorexia and it was developed around her crohn's disease and I thought, you know what, if she can be as brave, then I should be as brave. And so, I just started talking about it (T7#1)
- I was also in like a group chat with people who are recovering too. Like not from treatment. And I was like “I kind of want to do this” and they were like “Oh my g-d, you so should like you have so much to say.” (T11#5)
- I had also been following recovery accounts on my own personal account for quite a while before I decided to create my own. (T12#3)
- A ton of people that I knew in treatment had them and so I was like “Oh that sounds fun.” So, I think that’s where I got the idea (T11#49)
- I started it cause I had gotten out of treatment one month before and I still was talking to a lot of people that I was there with. I had gotten out of treatment before and within the first month I started really struggling again and so this time I felt like so good still. And I was like, “Okay this is kind of cool like maybe I’m actually going to do this.” And so, then I, my friends were like “Oh you should like make an account or something,” (T11#2)

"Instagram has been very motivational"
- I think its more of a motivation factor to just post things that I know will help myself and other people. (T2#9)
- Its just a good motivation factor. (T2#82)
- This account has helped me stay motivated to recover (T2#84)
- It motivates me to keep going in recovery. (T4#44)
- My account also motivates me to keep up with my recovery. (T5#5)
- When I write posts I try to make it motivating, but writing that also motivates me so I think it has helped in my recovery. (T6#6)
- Yeah definitely, it is to serve as a motivation. (T6#82)
- It felt like I needed to push that little bit more, because…I had a girl as young as 8-year-old message me about her eating disorder. I was there thinking people are looking at this and if they see me doing what I should be doing, I don’t want that little 8-year-old girl to try and follow that. So, it made me push that little bit more. (T9#10)
- And that’s what it felt like the first time around which helped me as well because it gave me that push. (T9#11) – Younger children following her account helped her sustain her motivation
- I created it as motivation continue recovery (T2#1)
- There are captions you come across that do just sort of give you that motivation. Certain people just know how to word things and give you the boost you need or that bit of a reality check, sometimes all you need is a reality check. (T12#91)
- It is nice to see other people’s motivating stuff when you’re full of bitterness (T10#93)
- I followed recovery accounts that I do like and that are motivating for me (T11#7)
- There have been times where Instagram has been very motivational where people in recovery have shared their stories, like that’s amazing, that can be really helpful. (T12#59)
- Its encouraged me to do challenges. (T11#7)
- I can look at the people I know who are generally doing quite well. I can go on their page, have a look what they are doing, talk to them and that all will just bring me back up a bit and help me get through that day. (T9#66)

"If she could get out of her eating disorder, then I could too"
- I love seeing their successes, I love it when someone posts “Today I tackled X food and I nailed it.” I love seeing those sorts of posts. I love it when someone says I finally reached my goal weight that my dietician set and im okay with it. I love seeing those sorts of posts because I think to myself, if they were in the exact same position as me, we were in inpatient together, they were in the exact position as me so if they can get to that point in recovery, maybe I can too. (T16#65)
- One girl I was following for a long time, she was always extremely positive and always so open and shared recipes, and I was thinking about how its so beautiful how she views whats happened to her. She was a strong motivation for me. I always thought if she could get out of her eating disorder, then I could too. (T3#16)
- Other people’s accounts gave me hope that recovery was possible. (T3#17)
- I think overall, it has made it better because like just seeing the quotes and also seeing other people...it helps in my recovery because if I see somebody else having a whole takeaway pizza I’m like oh well they are doing it so I can too. Which isn’t the best way to think about it because I shouldn’t have to have them be like it’s okay because they are eating it. It shouldn’t be like that. It should be like I can eat it because I want to. (T6#78)
There are like bigger accounts, which I am not friends with, but there are a few accounts that are people who are very far along in their recovery or they may be even fully recovered. Those accounts are incredibly helpful because so much of the time I am just thinking you know this is going to be forever – I am stuck in here and can never get better. All that kind of stuff. But then seeing those accounts is helpful. It is just nice to see that there is light at the end of the tunnel. (T10#16)

There are accounts out there that are just truly amazing and knowing that people have truly gotten better is really helpful and seeing their progression and knowing what they did (T12#40)

In having this account, I was able to see people who gone on to fully recover so it was quite motivational in that sense. (T12#7)

I follow a few accounts of people who have moved past their eating disorder and they, I forget what her name is, but she posts a lot of like little quotes in her book, and because she has been through this, she gets it and then for me when I read that I can see that she understands it. (T10#98)

There’s people who are ahead of me in their recovery, so they are doing a lot better and can help me. (T9#18)

Theme #11: The community is helpful

"I would say overall it’s been helpful”

- I would say overall its been helpful. (T2#80)
- The community has been more helpful for my recovery because it helped me, even the beating eating disorders account like you run, helped me stay in recovery. (T3#18)
- Its been super helpful to have this account and to be able to follow other accounts that are supportive too. (T2#83)
- But my account, like when thinking about the positives, did help motivate me to recover (T3#73)
- The other positive, and the biggest positive for me, was making connections with other people. (T3#75)
- The account can help in some ways, like when you’re taking pictures of what you’re eating and taking pictures of exercising, it can help your recovery. (T4#83)
- On a scale from 1-10, 10 being the most helpful, I give it a 6. (T5#87)
- At the beginning, it helped me. (T5#8)
- Overall I think it has been good like it has helped. (T6#79)
- I think overall it has been positive (T6#75)
- Also to just read that people have been trying and like saying we’re gonna do this together. (T6#80)
- Oh, it’s positive (T7#37)
- I think it’s been a very amazing experience (T8#114)
- I wish like every person can like experience the way that I did cause I know it can be so negative. But I think it’s been like so helpful just overall it’s been the best. (T8#115)
- I would say it was beneficial for me. It helped me to post photos of what I was eating. (T4#40)
- I like it a lot. I just think I’ve gotten so much out of it. (T11#94)
- I really like having this account. (T11#99)
- I really like having this account. (T11#23)
- It has been really good and has helped bring me some of my closest friends. (T9#82)

"I thought it would be nice to be a part of a community with people who understand what I’m going through.” / "There’s a nice sense to it in that you don’t feel alone”

- I’m so lonely, there’s no one that gets it. So, I started Instagram to talk about my journey and it was kind of like my diary. (T8#2)
- I can’t remember exactly why I created it, but I think it was mainly because I saw that other people had them and at this point in time, I didn’t know anyone with an eating disorder and no one really knew about my eating disorder. It was so nice to feel like I wasn’t alone. (T12#2)
- I created it because at the time, I was very new to the disorder and I didn’t really have any friends in real life who understood it all. So I felt quite alone, and I had come across some recovery accounts from my main account, and I thought, you know, maybe I will be a part of it just to see what it’s like. (T10#92)
- It really helped me feel less alone (T8#6)
- I feel like the loneliness is the worst in recovery and being a healthcare provider and like finding that I guess community...it’s really like I need other people to help me like move along. (T8#10)
- I think it helped a lot because it was people who understood. (T8#50)
- It just puts it more into perspective hearing it from someone else saying, you know, “we recognize this, it’s a real thing, you’re not crazy” like its giving me that gateway that I never got with finding somebody that also suffers with an eating disorder to kind of connect. (T7#24)
- Other people can relate (T8#12)
- For the people that I am helping, it is really nice to get to know them and make more friends because being in recovery can be really isolating. (T9#43)
- There’s a nice sense to it in that you don’t feel alone (T12#17)
- When you have a recovery account, you interact with these other people. It was just nice to have a bit of interaction with other people who understand (T12#5)
- I think it was always just about just being able to talk to people who understand (T12#10)
- In the beginning, it was about getting to know other people and knowing that I wasn’t alone, understanding what helped other people. (T12#6)
- I felt like I had an actual real friend and I really needed that cause it was at a time where I was losing all of my other friends because of my illness (T12#60)
- When I started my account, I was only 13 and that was as young as the community got at that point. As I’ve gotten older, I’ve seen that younger and younger people are making these accounts...Although there was an age range, it still felt like I was talking to people my own age because I wasn’t talking to professionals or parents or family, I was just talking to people who got it, who understood my eating disorder. (T12#13)
- Having people who have been through this kind of stuff, who understand very deeply is always reassuring. (T10#53)
- The captions are normally fantastic from the people that I follow. I get a lot of people talking about their experiences, talking about symptoms and problems that they have in recovery so a lot of the symptoms aren’t spoken about generally. They will be spoken about on there so you know it’s not just you feeling this way or just you experiencing those symptoms. (T9#61)
- The whole reason behind the initial Instagram page was to find others that were like me because I was the only person that I knew that had had one [an ED]. So, I was trying to find people like me that could potentially help me along the way. (T9#2)
- We also motivate and celebrate the good wins and stuff, which is really nice to have someone acknowledge it because a lot of the wins I make with my Anorexia, people without Anorexia won’t notice…but having people who have the same struggles, they get it, and they are like you know, wahh, well done, you did that. It is just a different kind of support from people who actually get it. (T10#18)
- I thought it would be nice to be a part of a community with people who understand what im going through. (T12#4)
- So, I really use Instagram as a place to build a community. (T8#5)
- I was going to therapy and at the time of it I didn’t know that there was health at every size, and they used the intuitive eating approach. So eventually I found that approach and then I found other people that have similar values and beliefs on Instagram and I couldn’t find that in person. (T8#4)
- I’m just finding even more and more like dietitians out there so that makes me feel better. I’m like “oh we can do this.” (T8#9).

In reference to HAES and IE movements:
- It’s definitely like a really good support. (T11#33)
- When I need to, which is really helpful. (T11#32)
- I just feel like my posts help me but also see that I’ve noticed my thoughts like slipping again” and so it was like a good reminder. (T11#31)
- Yesterday I screenshotted this girl’s story cause it was a very helpful story, and I was like, “that’s the way I was thinking but I’ve noticed my thoughts like slipping again” and so it was like a good reminder. (T11#31)
- I just feel like my posts help me but also see other people’s posts is a really good reminder cause I feel like I always see them right when I need to, which is really helpful. (T11#32)
- It’s definitely like a really good support. (T11#33)

"It helps family and friends to understand what you’re going through as well." / "A lot of them learn from it...what I need for support"
- I think its helpful for them to see. Especially close friends and mom, its helpful for them to see. I’m not living at home so its helpful for them to see how I’m doing. (T4#8)
- It helps family and friends to understand what you’re going through as well. (T4#43)
- The family that I spend a lot of time with, whose another friend’s family who kind of adopted me so to speak. They were the ones that really reached out saying “you are a really strong woman, thank you for posting this. And I understand a little bit more about you and I can, you know, really understand when you get upset, why you are getting upset, and where you’re coming from. And maybe how I can help you.” That’s where it gets really nice, that kind of connection where somebody says, “Okay I get it. Now in the future this is how we can try and handle this. Or, you know, I understand why you are doing this.” (T7#34)
- It’s nice because it gives somebody, it gives my family an outlet, and my husband an outlet to finally say to me, “Do you know how much you were hurting me, during this?” And I get it. Because I never meant to hurt anybody, if I was going to hurt anybody it was meant to just hurt me. And, you know, it gave my like grandmother that outlet, not my biological but my grandmother that outlet that trying to finally say to me “you’re hurting me by doing this to yourself. By looking this way. Like stop it. Like you don’t need to look this way. Don’t ever go back to that.” (T7#38)
- I also think it helps them feel informed sometimes because they don’t talk to us. So, they’ll say “I saw your Instagram post, like how is it going at the hospital?” (T8#55)
- It’s another way for them to support me. If I post something that went really well then, they’re like “I’m so proud of you” like “you’re killing it” all that stuff. And then if I say like “Alright it was not an easy day, but like I made it through,” then they’re like, I don’t know they just like comment and support a lot. (T11#24)
- But I think of a lot of them learn from it too just cause no one knows about eating disorders...I think like it’s helpful to learn about eating disorders in general but then also like specifically like what I need for support. (T11#25)
- I had to be hospitalized for 14 weeks and the day before I was admitted, I put a post up and my friend said “Ugh, this is getting serious, you need to do something about it.” (T4#10)

"It’s definitely a really good support" / Positive aspects of the account
- So I think posting multiple things a day, anything mental health related, not just with an eating disorder, is helpful for me. (T2#11)
- Some people helped me with their posts because they were sharing good vibes and share their progress. (T5#13)
- When people post quotes, that’s helpful. (T6#15)
- I think it’s impacted it in a positive way. (T8#22)
- I still have those like fatphobic thoughts that come up, but I try to challenge my thoughts and so if I’m having a hard time I will go on my Instagram and just scroll and see like what other people are going through or what they are saying and realize like oh these thoughts don’t align with me it’s more like what we’re taught in society. (T8#27)
- It became a platform for me to, because it stripped away everything that I knew was right when it comes to nutrition and eating, it kind of has given me a platform to look into more detail of what was right, what I would need to do to recover. (T9#5)
- When I’m doing better, which I am right now, I have found a lot of platforms that I never knew that are very helpful, positive, inspiring. (T10#11)
- Yesterday I screenshotted this girl’s story cause it was a very helpful story, and I was like, “that’s the way I was thinking but I’ve noticed my thoughts like slipping again” and so it was like a good reminder. (T11#31)
- I just feel like my posts help me but also seeing other people’s posts is a really good reminder cause I feel like I always see them right when I need to, which is really helpful. (T11#32)
- It’s definitely like a really good support. (T11#33)
Theme #12: Instagram has had a negative impact on my recovery

“I would definitely say looking back now it had more of a negative impact than a positive impact on my recovery”

- At that time, it had more negative effects on my life and recovery than positive. (T3#67)
- I didn’t find it helpful to see other people’s pictures of food or exercise, I just didn’t find it helpful for me to see it. (T4#16)
- When I would see those pictures, I would think “Oh that’s not enough” or “They don’t have a certain food group” and so it was just too much. It was too intense for me. I don’t need that anymore, I just want to move on now from the eating disorder. (T4#14)
- Some posts are fine but sometimes they might put a caption that is unhelpful or even vaguely related to eating disorders, because I want to move away from my eating disorder, I don’t find it helpful to see that content all the time. (T4#17)
- Right now I don’t feel the need to follow any other recovery accounts cause they’re typically not helpful. (T4#46)
- It can end up like being negative too, and interfering with life and living. (T8#119)
- It has really been detrimental to me at times (T10#105)
- Full of completely toxic relationships, accounts, posts, captions that anyone can access, which is very scary to see because it can feed so badly but such a great amount into your illness. So there is that whole negative side which is very massive part of the recovery community that new accounts, you know, follow. (T10#103)
- I would definitely say looking back now it had more of a negative impact than a positive impact on my recovery. (T12#16)
- I think the longer I had the account, the more I realized the dangers of it and the negative sides of it. (T12#8)
- I think I would’ve used my time more productively. (T3#63)
- I feel like I use Instagram so much. (T8#108)
- I was on it way too much. Like I spent hours and hours every day just looking at other people and talking to other people there. (T10#89)
- I only had the account for six months in total but then I felt it was too early to have that account. I felt too pressured and I spent too much time on it (T3#83)
- The negative being that I spent so many hours on it per day (T3#68)

"I spent too much time on it"

- I spent so many hours every day on this account but I also didn’t like the fact that I spent so many hours on the account, I felt like I should’ve used my time more productively. (T3#63)
- I spent like 4 hours a day on this account but sometimes even more than 4 hours. (T3#64)
- I feel like I use Instagram so much. (T8#108)
- I was on it way too much. Like I spent hours and hours every day just looking at other people and talking to other people there. (T10#89)
- I only had the account for six months in total but then I felt it was too early to have that account. I felt too pressured and I spent too much time on it (T3#83)
- The negative being that I spent so many hours on it per day (T3#68)

"I just compared my account to other people’s accounts”

- I noticed myself starting to focus on numbers and just making my posts as helpful as possible and like not posting if it wasn’t, if I didn’t have something good to say. (T11#86)
- I do follow these bigger accounts who get so much feedback that like they’re being so helpful. And I’m like I want that but so I notice that. But now that I’ve noticed it. I’m trying to stop. (T11#87)
- I was very critical in my head like if a post didn’t get as many likes, I felt like people didn’t like what I was saying so I got paranoid about the number of likes and who was following me and whether they liked me or not so it became quite difficult. I was just very aware of the fact that if there were less people liking a post than had previously liked my post, then maybe that meant that my current post wasn’t resonating with people. (T12#103)
"I wouldn’t say the recovery account is what made me end up in the hospital, but I can say that it definitely contributed to that. (T12#105)
- I just compared my account to other people’s accounts (T3#70)

"Following those accounts made me preoccupied with my eating disorder"
- And having this account just made me so focused on my eating disorder which wasn’t so healthy. (T3#72)
- I just didn’t feel comfortable seeing that content purely because I wanted to move away from that stuff. Following those accounts made me preoccupied with my eating disorder and I just wanted to move on from it. If it’s always in your newsfeed or something, then its always there and keeps you stuck in your eating disorder. (T4#15)

"I was just exposed to all of these things that were glamorized"
- That’s probably one of the main reasons that my eating disorder dragged on for so long. For so long I was in this mindset of, ya know, I have to be sick to get better otherwise what's there to get better from and that was because I was just exposed to all of these things that were glamorized and made to seem normal that really aren’t normal to an everyday person. (T12#33)
- It normalizes things that should never be normalized (T12#18)
- I think I thought it was normal. (T8#89)

"People just always have to prove their sickness which I don’t think is helpful for recovery accounts"
- And when I’m comparing myself to them, I automatically feel like I need to lose weight so I can be worse than them. (T2#94)
- I think that eating disorders are so competitive and like you constantly want to be like the sickest that you can. That’s the goal is to be the sickest. So when you see other people and they are smaller than your like they are in recovery, I don’t deserve to be in recovery now because they are smaller than me so I should get to their weight and then start recovering. (T6#63)
- I worsened a lot towards the end of 2018 because I saw a lot of people just struggling a lot, how many times they just, like I was saying just numbers and stuff which can be invalidating towards my disorder. So I just felt the need, the urge, to keep getting sicker and sicker and sicker so that I can feel valid, so that I’m actually ill because part of the nature of the illness is to feel so I’m not actually sick. (T10#25)
- It made me feel like I wasn’t sick enough because I wasn’t as thin as them and then it made me want to lose more weight. (T12#32)
- I have done before and afters just to like prove to people that I was like sick (T8#84)
- I can’t say that I am not guilty of posting these [triggering photos], just to kind of prove that I am sick like everyone else. (T10#28)
- People post before and afters just to show how sick they were before and they know for a fact that it is not helping anyone, people know that, but they still do it anyway to just prove how sick they were. (T10#37)
- People just always have to prove their sickness which I don’t think is helpful for recovery accounts. (T11#46)
- You go on and you see people posting pictures in which they are quite obviously aware of the fact that they don’t look well, and they know that the picture they are posting of themselves and the way that they are posing will portray an image that will make others thinks that that person isn’t well. It’s like they feel the need to make it clear to their followers that they are ill, that they are sick, and this is what I’m going to do to prove it. (T12#26)
- I think everything with an eating disorder gets turned into some twisted competition and the Instagram community really just fuels that. (T12#38)
- I think before and after photos in a community full of people with eating disorders is just damn right stupid to be honest…I don’t think these photos belong in the eating disorder community because it’s a subconscious way of saying, this is how ill I was, please validate me. (T12#73)
- At the time I would be very particular about what I would post. And then as time went on, and I started going to the hospital and stuff, I was very physically and mentally ill to the point where I would post pictures of me with my tubing, of my feeds running, of my skinnier body just because I finally felt like I fit in a bit more. I felt like I was sick and I finally had something to show to other people to prove that I was sick and then in the captions I would kind of write this is what has been happening. (T10#67)

"I’d say I was jealous that other people got treatment and I didn’t"
- I posted something that I wrote that said “I don’t know who needs to hear this but bitching about being in a private psych ward looks like poor form to those of us who weren’t fortunate enough to get a bed. So I do put out messages like that because I saw someone earlier today who was complaining about being inpatient…I commented on that post and I said “Maybe you should stop bitching because some of us really, really wanted admissions who needed admissions who couldn’t get a bed because so many people right now have mental health issues. (T1#49)
- It feels unfair that there’s someone on Instagram complaining about being there because I want to be there and I know that I need that treatment. (T1#50)
- It is a bit of a negative relationship because I get so annoyed at people who just get given all these services, and I guess I am annoyed because I was never given that and I still kind of made it through and, you know, worked with it. Whereas, these girls that I know, they are handed everything like a baby. Yet, they don’t use the services to try and get well. (T6#67)
- I think occasionally maybe I’d say I was jealous that other people got treatment and I didn’t…But people would then come back to me and say, people in the south didn’t like hearing that, they liked to think that they were getting treatment because they were sicker. (T12#106)

“Woul dn’t say the recovery account is what made me end up in the hospital, but I can say that it definitely contributed to that”
- I wouldn’t say the recovery account is what made me end up in the hospital, but I can say that it definitely contributed to that. (T10#26)
- Sometimes it’s not so helpful because some accounts that you follow, you don’t realize that maybe they are a little bit damaging more than helpful. (T6#67)
- I think sometimes, (T8#44) – Her account sometimes negatively impacts her mental health when she compares herself to other people
- Well looking back now, it definitely had a lot of negative effects on my recovery which I didn’t see for a while. (T12#14)
EATING DISORDER RECOVERY AND INSTAGRAM ACCOUNTS

"I feel at times like deleting it”
- I spend a lot of time on Instagram, and I feel at times like deleting it because sometimes I feel unmotivated. I feel like I lose my like spark cause there’s other people doing the same work. (T8#109)
- Sometimes even now I think “should I have ever been a part of this community?” like do the pros outweigh the cons or is it the other way around. Like right now I can confidentially say that the pros weight out the cons, however, before it was full of cons. (T10#107)
- When the community started to get more toxic, I got to a point where I thought why am I bothering with this account that is more damaging than helpful and I don’t enjoy posting on it. (T12#99)
- I don’t think I’ll ever be able to delete my account just because its got so much history. (T12#113)
- It has so many memories attached. I’ve had it for so long and the fact that there are still people on there who have followed me from the start, and I’ve followed them from the start. Plus, I quite like the fact that now I am in a different position where I can be that person who’s quite radical and can post something nice instead of something triggering. (T12#117)"

Theme #13: Eating disorders are still on display
"Sometimes it feels like that these accounts aren’t even being run by these people anymore, its being run by their eating disorder”
- I try to tell myself that these people are not bad people but that it’s the eating disorder that’s making them post these things, so I tell myself that they are in pain and that they are like how I was a few years ago. I understand these behaviors. Sometimes I try to write them and tell them that what the eating disorder makes them do is wrong and I try to explain to them why but they don’t always listen to me because they are just very sick. (T5#77)
- The sad thing is that people don’t even know they’re doing it. The eating disorder side of you takes over and sometimes it feels like that these accounts aren’t even being run by these people anymore, its being run by their eating disorder. (T12#28)

"Those accounts are people that are actually kind of lying to themselves and lying to others that they were recovering…they claim to be in recovery whereas you know that they are not”
- I follow accounts that say they’re pro-recovery but then they’ll post something about losing weight. (T2#45)
- Its difficult to tell the full story from a picture. You might see one meal that someone posts but that’s not a true indication of how well they’re doing. (T4#13)
- I noticed that there were many people who maybe fake their success in their recovery or they say that they are fine and in recovery but are really struggling and maybe relapsing and not being so truthful. (T5#12)
- Other people act like they are fine but then they share posts and stories where you see them losing weight or see them not eating much (T5#14)
- And then one thing, which is something I got off of one of the therapist’s Instagram is understanding when you’re in partial recovery versus full recovery…And I think that’s when I stopped following those people because it was doing more hurt than it was helping me. (T7#28)
- I feel like it was frustrating to me because I’m like these people are still stuck and their eating disorder and they are posting it on an account that’s, well a hashtag that’s supposed to be like supportive for people in recovery. (T8#88)
- If a person is much further into their recovery, they can get frustrated. When I say “they,” I am a part of the “they.” They can get frustrated a bit when they see others not trying…But I see a lot of, some of my like friends on the account, who you know are absolutely not trying. (T10#48)
- Those accounts are people that are actually kind of lying to themselves and lying to others that they were recovering…they claim to be in recovery whereas you know that they are not (T10#87)
- I’m more aware now. When people post things, I can see past their lies. People might post something saying, oh this isn’t a meal, but its quite obviously a meal. (T12#86)

Theme #14: The pro-ana community has a presence
"The pro-ana community"
- Sometimes they might even encourage others to do the same and relapse and engage in eating disorder behaviors. (T5#15)
- But the comments varied a lot, it was either “Wow I wish I was as skinny as you” or “You need to try harder to lose weight” and it was the pro-ana community who commented that which was fucked up (T1#81)
- If I see that there are people who encourage you to follow the eating disorder, to get sicker and restrict, I’ll report those accounts to Instagram. (T5#75)
- So there is this less spoken about in the recovery community, which are called Ana-buddies…People who encourage others to, say purge, or restrict, or any other eating disorder behaviors. And that you like check-in on each other like “have you purged,” “no you haven’t, okay go do it....” (T10#45)

"There are many accounts that are considered like pro-ana, so they promote anorexia, weight loss, diets, all that kind of things...When I am unwell, that’s the kind of accounts I engage with”
- And I used to unfortunately follow people who in the beginning who weren’t looking for recovery would update and post about their progress and where they were at and how they were doing it. (T7#75)
- In the beginning, I searched for eating disorder accounts and I followed people who didn’t want to get better and were relapsing or struggling. At the time, that’s what my eating disorder wanted me to do. But now, I don’t do that anymore. (T5#76)
- Absolutely, and the thing is, I would purposely trigger myself. I would purposely follow those triggering accounts. (T10#86)
There are many accounts that are considered like pro-ana, so they promote anorexia, weight loss, diets, all that kind of things... When I am unwell, that's the kind of accounts I engage with and try to seek so I can get sicker, like it sounds so messed up, but that is kind of how my brain works at the time when I am doing really badly. So I would have people give me tips and stuff, and I would give them tips back. So that is very, very unhelpful but it is very easy to find those accounts, unfortunately, and create those kind of relationships. (T10#10)

**Theme #15: Having a recovery account can be helpful, unhelpful, and neutral**

"It has certainly been very helpful and very unhelpful at times"
- I think that it has definitely had its ups and downs. (T6#76)
- Very rollercoaster like. (T10#102)
- Good and bad. (T6#4)
- It has certainly been very helpful and very unhelpful at times (T10#9)
- It's kind of changed my life in a way. It's provided opportunities for my life to change, both good and bad opportunities. (T1#94)

"It doesn't really play a big role"
- Now, it doesn't really play a big role(T10#92)
- It doesn't play a big role I don't think. (T5#85)
- It doesn't play a huge role in my life. Overall, it's been a very interesting experience. (T1#92)
- I wouldn't say it plays a big role. It is more what I do for a hobby. (T9#67)

**Theme #16: "Your experience with your account is dependent on who you follow"**

"At the beginning I didn't actually know what was helpful and what wasn't!"
- At the beginning I didn't actually know what was helpful and what wasn't (T6#53)
- In the beginning, I didn't know how to manage my triggers. (T8#93)
- It has taken me a long time to figure out what types of relationships are healthy because they can get very very unhealthy. (T10#12)
- It has taken me a long time to find the right people, to find the right relationships. (T10#50)
- You need to be aware of the fact that those people are only human and that friend I had, when she started to go downhill, the only way I could deal with that was to distance myself from her. A lot of the friendships I made on Instagram did fade away because one of us would end up struggling and the only way to protect yourself and your recovery is to distance yourself. (T12#42)

"Your experience with your account is dependent on who you follow"
- The account varies depending on the person. Like for some people, their accounts can be helpful for themselves but for others it might not be. And some posts can be helpful for some people but could be triggering for others. I feel like your experience with your account is dependent on who you follow. (T4#45)
- I forgot who said like change your social media, change your life... I feel like that's so important because we always see thin white people and the message that thinner is better and being in a larger body is like the worst thing. And I feel like that's so harmful to everyone mentally and it's just terrible... So, changing that has made me feel more free. Like there's another way to live. You don't have to try to change the way you look. (T8#30)
- I just think if people are gonna do it, they just need to be very careful about it. Like I said previously, I am very careful as to who I follow and what I look into (T9#85)
- It can either be the best think for somebody, to have a recovery account if they use it in the right platform and the right way or it could be the worst thing if they are gonna look for ways that they can restrict even more or restrict without people knowing. If you find that side of Instagram then you need to come off the recovery account. If you're looking for people who are going to motivate you and are going to help you through it, then stay on it and keep going. (T9#86)
- It is all about trying to find the right accounts to follow and engage with. (T10#34)
- I really emphasize that you are responsible for what you see, and you have the power to unfollow or let the person know. (T10#75)
- So there are a lot of different accounts and it is all about choosing who you want to engage with and depends on what part of recovery you are in. (T10#108)

"I am careful about who I follow, so that I don't get triggered by anything"
- If I come across an account that is triggering, I try to weigh the pros and cons of following them like basically figuring out how helpful it would be for me to follow them. (T2#87)
- There are a few people who I follow on Instagram who are very pro-recovery but post triggering things, but they'll put trigger warnings on the post, so I won't unfollow those. (T2#49)
- And I avoided those accounts that posted about numbers. (T3#49)
- But if someone I followed posted something with numbers that was triggering, I would then unfollow their account. (T3#50)
- There is a really messed up part of the recovery community, I have never done this, but there are a few people who post like their self-harm and stuff, which is not always fresh wounds, which is very very visually graphic, triggering. (T10#31)
- But when I see that someone posts that [about weigh, calories, number of times hospitalized, medical issues, body checks, before and after photos], I unfollow them. (T5#68)
- I definitely think that I wasn't, but I am more mindful now than I was at the beginning. (T6#52) – Will not unfollow someone if they post a before and after photo
- I had to unfollow certain hashtags, I think, I forget which ones because people will fall into more of like fitspo account and do like the weightlifting pictures and just like the before and afters or I lost this much weight from like not binge eating. (T8#87)
- I changed what I followed. (T8#86)
- But I noticed that I would just get stuck cause I’m very extreme with like all or nothing. So, just learning about myself, I just had to like unfollow those people and just make my account more focused towards people who don’t mention numbers (T8#90)
- It was triggering in the beginning and that’s when I learned that I can unfollow accounts and follow accounts that are a little bit more helpful to me. (T8#92)
- I try to follow the right people but sometimes you don’t know that that one comment on that one photo that you have put on, it might just give you that step back a little bit. (T9#27)
- I don’t follow anybody that posts numbers personally, just because I don’t want anything that can affect my recovery (T9#39)
- I am careful about who I follow, so that I don’t get triggered by anything. (T9#55)
- It is very upsetting and quite triggering, like when I used to follow heaps of people, I used to feel so invested in their journey and would worry about them a lot, spend a lot of my energy and time just trying to help them when in reality I can only do so much, you know, like I am sitting behind a screen. I can’t really be there to help them. I invested too much time in other’s recovery rather than mine so that it gets a bit draining to keep talking to so many people who are struggling and it is quite, not uplifting, like the opposite of uplifting. Yeah so that kind of drained me a lot more than I thought at the time, and it took a lot more of my energy and stuff which I could have been using to try and better myself (T10#21)
- I am very particular about who I follow. I used to follow like 800/700 people, and I have unfollowed anyone who remotely triggers me (T10#82) I think it is just a matter of me changing the demographic of, you know, I am engaging with. (T10#96)
- Over time I have learnt to have boundaries and limits and engage in the accounts that I should engage in if I want to recover. (T10#106)
- I want to follow other people’s recovery accounts, and I do have friends from treatment who have their own. But the treatment friends, those are the accounts where I’m like “oh this is, I don’t want to follow this, but I also don’t want them to see that I unfollowed them.” (T11#39)
- I have no problem muting people cause I just don’t need to see it. Even if someone is not posting something triggering but their body triggers me…like not trying to be triggered on an account that’s supposed to motivate me, so I just mute people as soon as they post anything that triggers me. (T11#41)
- I would say like probably every day I come across a post that can be potentially triggering like even in the explore page. But I immediately press not interested just cause I try to work that algorithm and make it so that it stops showing me that kind of stuff. (T11#42)
- I do follow my friends and then I follow people who seem pretty far into their recovery. So, there’s honestly right now only like 5 accounts that I follow where I’m like okay, I can see that you’re doing well and it’s actually helpful for me. (T11#78)
- I mute when someone is competitive with their behaviors (T11#84)
- When people post before and after photos, I have unfollowed them because and time I find something unhelpful I am like I can’t follow you anymore like I’m done. (T6#51)
- But if im following someone who starts to post triggering things, I’ll unfollow them. (T5#74)
- I try not to follow accounts that are triggering (T2#47)
- I try to only follow people who share good vibes and don’t post triggering photos. I try to only follow those people who don’t post what they eat or don’t post photos or their bodies. (T5#69)
- There are so many different approaches to recovery, like all in or like a meal plan or like intuitive eating, mindless eating, mindful eating….Whereas now I know what kind of like believe In so I can follow those people and I am more rigid about like who I do and who I don’t follow. (T6#54)
- I haven’t really noticed much competitiveness for me, but I do think it’s cause I will block it out immediately. (T11#88)
- I did used to follow more but now since I’m more recovered, I unfollowed them because following those recovery accounts was really unhelpful. So I don’t really follow that many of those accounts now. (T4#12)

**Theme #17: Positive and negative friendships formed through the account**

"Some of the friendships that I have formed through the account have only been positive"

- So I agreed to meet up with this random stranger from Instagram. She turned out to be a lovely girl and we continued to hangout and she ended up becoming my best friend…She ended up being my bubble person, so I have formed some very good relationships through Instagram. (T1#26)
- We support each other through our mental health and we try our best to be there for each other. It’s a very positive friendship and I’m so glad she messaged me that day. (T1#28)
- We talk every day, message every day. When I went through, since 2017 I’ve been through two relapses after that, she helped me through them. I help her if she is struggling. It ended up becoming a really good friendship. (T9#16)
- The people that I have got, the friend who lives around the corner, she is really good at if I am struggling…She will remind me of my journey and (T9#24)
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- The people that I have got, the friend who lives around the corner, she is really good at if I am struggling…She will remind me of my motivations, reasons why I need to and want to do it. (T9#42)
- Now that I have found a more positive group of people that I talk to, whether it be individually or as a group chat, the relationship is very different. It looks very very different. We don’t share details of our sickness. We don’t try to prove how sick we were, or we are, or we want to be. That’s not the kind of conversations we have. (T10#51)
- In fact, we celebrate each other’s wins and that’s always so so nice. So, I know how nice it makes me feel when people acknowledge my win, whether it be little or big, so I do that to other people. I celebrate any of the victories, victories they may have, and I know for a fact that it makes them feel encouraged and motivated to keep doing that kind of thing. So those relationships can be very positive (T10#52)
- If one person was really in a recovery mindset, and another person as floating back and forth between wanting to lose weight and wanting to recover, a lot of the time, like I have had for me, and I have also felt like I have had the impact on other people, we are able to encourage each other to get into more of a recovery mindset because we are able to, you know, really let them know how much better life is (T10#54)
- So having people say to me, or show me, how worth it recovery is and having myself show to other people how worth it recovery is, I feel like it is a very nice feeling when you are able to show someone how good it is and for them to actually take on board what you have shown them and are saying to them. (T10#55)
It is very nice to have connections that are, you know, understanding and encouraging, and you are able to do fun things with. (T10#60)

- I think I started the account before I even told my parents about my eating disorder. It was actually one of the girls that I followed at the time, I remember speaking to her and asking how to tell my parents because I was petrified of them finding out…she helped me find the courage to tell my parents and other people (T12#44)
- Some of the friendships that I have formed through the account have only been positive. (T12#45)
- Once she was discharged, then she was helping me with eating and supporting me. (T5#30)
- I ended up meeting some really nice people. (T9#3)
- It has been really helpful. (T9#41)
- Becoming friends with followers It is really nice to be able to talk to other people without having to go and see them if that is not what you are ready for. (T9#44)
- But there are a few accounts that are very recovery motivated people and just a positive, encouraging connection that I have had with some people (T10#13)
- I made friends. (T12#35)
- There's quite a few people I became friends within the early days of my account. (T12#58)
- This other girl and me stayed in contact…so we ended up building a really nice friendship…even though we’ve never met each other and have very different lives, we’d had very similar experiences which is nice(T12#59)
- One of them became my best friend (T9#4)
- And that’s also how I made friends too. (T8#107)
- I have made friends that I talk to like from time to time. (T8#49)
- With one person, we always talk to each other. I found her account on Instagram when she was very sick. I chatted her on Instagram and we exchanged phone numbers and we call each other nearly every day. (T5#28)
- With some people in the community, you grow friendships with them. (T5#24)
- The girl I was just telling you about, we still text here and there and she lives where I live…she had a very motivational account that helped me and I followed her and I realized she was also from ________. I DMed her and said “are you actually from here” and she said yes so that’s how we became friends. (T3#31)
- We talk and we tell each other personal things also but we don’t really know who each other are. Its weird because it feels like this very supportive relationship but we don’t actually know that much about each other. We talk and ask each other how are you doing like with your mental health but that’s it. (T3#33)
- It started off with just a back and forth of liking each other’s photos, commenting and saying “well done, I’m so proud of you for getting through that.” (T9#14)
- Yes, that’s how I met ________. She's a dietitian (T8#47)
- There are people from all over the UK that I’ve been speaking to that hopefully one day, after the pandemic, we can meet up. (T9#17)
- I actually just recently started talking to more people that I don’t know, through this account. (T11#50)
- There’s one girl who followed my account and would comment on it a lot and then we were DMing, and then we did like a collab post where we just like were passionate about the same thing. It was about triggering information when you are posting…So, I’ll just kind of talk to people that are also recovering (T11#51)
- I’ve formed relationships with many of my followers, they message me, they reply to my story, and I’ll reply back and we’ll have conversations and support each other. They encourage me to recover and I encourage them so those friendships have positively impacted my recovery. (T1#32)
- We talk maybe 20% of the time about recovery. Yeah, so we just talk about so much random shit, like just anything. Whatever happens in each other’s days, or just planning for the next meetup, or just sending each other funny posts or encouraging posts that float around on Instagram. So it’s, yeah, not really about recovery which is really nice because it shows that we are more than our illness and not everything is just based around that. (T10#62)

"I have even met some of them in real life"
- Those are the only two people from Instagram that I’ve met in real life but I’ve made a lot of online friends through my account and we message each other. (T1#31)
- Yes, but only once because then corona came so I couldn’t see anybody. (T3#32)
- "I met three of them in real life (T5#26)
- If they don’t live far, you can even meet them in person which I’ve done before. Or you can organize a meeting with 5 of them. (T5#25)
- "I met somebody that’s been like following me for a long time. So, we hung out before COVID. (T8#48)
- I started talking to this one person on my Instagram. She lived around the corner from me and we never knew. And, we met up. We went for a drink, and three years down the line we are still best friends. (T9#15)
- I have even met some of them in real life, and we are still friends, and we meet every now and then. (T10#14)
- So, currently it is maybe the fourth or the fifth group chat. It is a very positive one. We meet up every now. (T10#59)
- So it is really nice connecting with people from the area that you are actually able to meet up in person. (T10#61)
- I made friends with someone from the community, and we chatted for about 2-3 years and then eventually she came up North and we actually met up. I felt like I knew her more than I knew some of the people I’ve known for my entire life because we had this thing that connected us. (T12#36)
- When I was a year or so into the account, I kept it only because I had made friends through the account, I actually met up with a few of them, it kind of made sense to keep it even though I didn’t use it as much. (T12#89)

"I would say she definitely negatively impacted my recovery" / Friendships that were negative/harmful
- There was another time when someone decided that they wanted to hang out with me because we both smoke weed. It ended very badly…We went upstairs and I tried meth for the first time that night, and I kept hanging out with this girl on the weekends. We even
dated for about 3 months. Every single time we hung out, we smoked meth. She didn’t want me to get involved in the drug world. But I got involved anyways and it led me down a two year period of a meth addiction. (T1#29)

- I would say she definitely negatively impacted my recovery because meth use suppresses your appetite… I lost a lot of weight and that fueled my eating disorder a lot even though the weight loss was due to the meth. So being friends with her definitely impacted my eating disorder recovery. (T1#30)

- My relationship with her had negative follow through effects because I ended up meeting a lot of crack heads through her and it fueled my addiction. (T1#37)

- It was very toxic because she was a lot taller than me and I’m very insecure about my height, I’m 5’4 and she’s 5’11. I was always comparing myself to her… It was an awful experience. (T1#99)

- Over time I have cut out a lot of those friendships because it took me like years to realize that that’s not beneficial for me and at the end of the day I need to put myself first. (T1#22)

- A big one is relationships that are competitive to the point where, you know, you try to prove the reasons as to why you are struggling, and the other person will kind of try to one-up that. (T1#47)

- When she started to struggle and go downhill, that was very difficult for me because I felt like I should be doing the same thing and that’s where it turns into that competition again. (T1#37)

- When she had bad days and she saw herself larger than she actually was, she would send me body check photos and she was very very underweight and I was nearly weight restored, so my body was healthy but mentally I wasn’t recovered, so those photos caused me some negative thoughts. In that moment, I would start thinking again that maybe I was too fat or maybe I should lose some weight, even if my weight was just above the limit, so I couldn’t go below. (T5#38)

- Sometimes I would restrict when I saw those photos. (T5#39) – When her friend sent her body check photos

- I have had one in the past, and it was the most toxic relationship I have ever had with anyone, because at the end of the day we could have encouraged each other to die, essentially. (T1#46)

- I had occasional connections where the people that I had been talking to turned out not to be the people I thought they were. Some people just ended up being totally toxic. Rather than helping me in their recovery and me helping them, it was more of me helping them and them not wanting anything to do with me… so it was one sided. (T12#61)

- Depending on how I am doing, I connect with the more negative relationships or the more positive relationships. (T10#15)

- It has taken a few new group chats to kind of keep the encouraging, positive people, because the last thing we need is the people to make us feel like shit, you know, make the whole environment competitive and destructive. (T10#58)

**Theme #18: Intimate look at eating disorder recovery**

"It’s like my diary"

- When I am having a bad day and I feel really shitty, it is nice to be able to just write the honest truth, because I feel like in society eating disorders are made to look better, but I feel like having an eating disorder is just terrible and people sometimes say “oh, I wish I had your willpower,” or “I wish that I could do what you’re doing,” or “you look so good.” (T6#22)

- To be able to say the honest truth without people knowing who you are, and to say you know what today was really rubbish but then at the end to be like, but actually like it’s okay to have rubbish days (T6#23)

- It’s like my diary. (T8#110)

- And when I don’t have therapy I can just write my feelings and it helps. (T8#116)

- I can kind of be myself and I can talk about a lot of the things that I wouldn’t necessarily talk about with my family or other people. I can talk about it on there. (T9#71)

- Having this space to go to, it is kind of like a bit of a vent space… Just kind of having a platform to say what I really think and how I really feel without fear of being judged, because, again, people understand it a lot more than people in my everyday life and a lot of it is just saying that I am not alone which makes me feel less crazy, less irrational, like a lot of my thoughts are irrational but I know that they are real. (T10#19)

- I feel like I hold everything in. I don’t really talk about my feelings to anyone else. So just like putting it on the line really helped (T8#11)

- Its nice to write it down and put it out there. Sometimes you just need to get things off your chest and write it down so that’s where it goes. It feels freeing to let it out, its therapeutic. (T2#85)

- Being able to post things on my account that I would have never posted on my personal Instagram account, and talk about something that id never talk about with other people. (T12#11)

- I think good because I get to say what I feel (T6#5)

- They might just vent. (T4#32)

- When I don’t post on it, I just feel lost, I guess. And lonely because I’m like I need to talk about my feelings. (T8#111)

"This is what I struggle with every day"

- Sometimes I do, yeah. (T7#16) – She will post about her day-to-day journey with her ED

- I usually write something about my personal experience with something, what’s helped me cope with it and what might help others. (T2#38)

- I write about my visits, what is my team saying if there are changes in my therapy like in my meal plan or pharmacology treatment(T5#58)

- I usually keep my captions pretty short and they generally say like you know I’ve been going through this for 19 years and going. And this is what I struggle with every day and don’t forget there can be other people that could be struggling too. (T7#14)

- I don’t really engage with any like eating disorder behaviors anymore, it’s more like the thoughts so I’ll talk about it. (T8#76)

- I did and people just talking about what they’re going through (T8#104)

- When I used to post more than once a day, it was mainly just what was going on in my day like this is what happened today, this is how I feel, this is how my appointment with my team went. (T12#76)
I feel like a lot of people with pro-recovery accounts also post photos of food. (T9#47)

- I'll post pictures of my food and meals. (T2#19)
- Meals are like 40% of my posts. (T2#22)
- I only posted photos of food and then this one photo of the clothes like I said earlier but that was it. (T3#51)
- Most of them are photos of food (T5#45)
- I'll post what I have eaten for my dinner, and I'll get oh, well done, that looks really nice. (T9#22)
- So the photos are typically of the food that I am eating. (T9#45)
- Some days I will do, like I will post practically everything I have eaten, mainly if I am off and not at work. Some days I will just post if I have had a really good meal or if I have gone out and done something that I wouldn’t necessarily do. (T9#47)

"Photos of them exercising"

- Photos of them exercising. (T3#21)
- A few accounts are more exercise related. (T4#24)

Theme #19: Content addresses thoughts, behaviors, and quotes, as well as challenges and successes

"I post photos of myself"

- Generally, I post photos of myself. (T1#40)
- The only ones I have on there are basically my waist up and sometimes a full photo of myself but they're not body-check photos, like I have clothes on in all of the photos. (T2#27)
- They are photos of me but they are not body checks. Ill post photos of me out at dinner or if im in a cute outfit (T5#47)
- I just made a post of two photos where in the first one, it was me underweight and then there was me weight restored… but I only posted one of them. (T5#49)
- Pictures of myself from time to time. (T9#46)
- I post a lot of just selfies (T11#56)
- Once in a while, I posted a photo of my face. (T12#64)
- I feel like there are three stages of my account. In the third stage I, which is right now, I post pictures of me out with friends, pictures of me out in a restaurant (T10#72)
- People who post photos of themselves (T1#97)
- Photos of the people themself (T3#20)
- Some people post photos. (T6#50)
- There’s some like face pictures and like pictures of people in larger bodies like in their bikinis or underwear. (T8#101)
- Pictures of people behind the accounts. (T9#59)
- Some people post photos of themselves. (T12#84)
- On the pro-recovery accounts, people will post photos of their faces (T2#61)

"I would post about other things, like how my eating disorders caused me to have sleepless nights or about how the eating disorder made me fatigued and have no energy. (T3#56)

- Another one I posted was about hiding, so hiding your body in clothes, hiding away from social events, hiding away from who you are as a person. (T1#42)
- Another one I posted was one about how I should not fit clothes, but clothes should fit me so I was talking about how clothing can impact recovery and how growing out of smaller clothes can really be a trigger and stuff like that. (T1#43)
- And now I’m a dietitian but it was really hard going through school and no one knew about health at every size or intuitive eating, so I really used Instagram to talk about what I was going through. (T8#8)
- In this one, I talk about showers and how showering has impacted my recovery and how I feel about seeing myself in the mirror when I shower, so its that sort of stuff. (T1#41a)

"It is nice to have a document of my journey"

- Now when I look back on pictures from when I was unwell on my account, I realize I wasn’t eating enough. It makes you realize how far you’ve come I guess. (T4#5)
- Documenting your recovery allows you to look back at how you’ve improved. (T4#4)
- And now to look back on it is quite helpful. (T4#11)
- It has given me a way to kind of look back on the past year, of how I was doing back then when my relapse started and I could look and see where it started and build myself back up from the relapse. (T9#83)
- In some ways it is sad, because you look back and you see what you have kind of done to yourself. You see the pictures of yourself where you know that you are not healthy at all. The food that you have eaten and you know it is not enough, but then I feel proud that I have managed to get to this point. It just shows that if you look through them, it is not linear. It is always going to go up and down and you just hope, it is nice to see that you’ve got more better days now than bad days whereas before if you look through there were more bad days than good. (T9#84)
- It is nice to have a document of my journey (T12#48)
- Its so nice to go back and look at those posts. (T12#50a)
- I’m glad I have the account for the sole reason that I can look back for my own personal viewing (T12#114)
- It’s mostly just used to document my recovery. (T4#34)
- Some people posts photos of themselves literally following their journey like documenting exactly. (T6#46)
- I created it so I’d have something to look back on and somewhere to document what I was going through. (T4#1)
- Well I’m someone who loves to document my things… So this sounded like a good idea to me because I was like oh, I can document this as well. (T1#3)
- I decided to open this account when I was in _____ to share my journey throughout recovery (T5#2)

EATING DISORDER RECOVERY AND INSTAGRAM ACCOUNTS

- I post a lot of just selfies (T11#56)
- People who post photos of themselves (T1#97)
- Photos of the people themself (T3#20)
- Some people post photos. (T6#50)
- There’s some like face pictures and like pictures of people in larger bodies like in their bikinis or underwear. (T8#101)
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"Content addresses thoughts, behaviors, and quotes, as well as challenges and successes"

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- The only ones I have on there are basically my waist up and sometimes a full photo of myself but they're not body-check photos, like I have clothes on in all of the photos. (T2#27)
- They are photos of me but they are not body checks. Ill post photos of me out at dinner or if im in a cute outfit (T5#47)
- I just made a post of two photos where in the first one, it was me underweight and then there was me weight restored… but I only posted one of them. (T5#49)
- Pictures of myself from time to time. (T9#46)
- I post a lot of just selfies (T11#56)
- Once in a while, I posted a photo of my face. (T12#64)
- I feel like there are three stages of my account. In the third stage I, which is right now, I post pictures of me out with friends, pictures of me out in a restaurant (T10#72)
- People who post photos of themselves (T1#97)
- Photos of the people themself (T3#20)
- Some people post photos. (T6#50)
- There’s some like face pictures and like pictures of people in larger bodies like in their bikinis or underwear. (T8#101)
- Pictures of people behind the accounts. (T9#59)
- Some people post photos of themselves. (T12#84)
- On the pro-recovery accounts, people will post photos of their faces (T2#61)

"Photos of them exercising"

- Photos of them exercising. (T3#21)
- A few accounts are more exercise related. (T4#24)
“Affirmations or quotes I’ll post” / "Other people post like exactly the same as me, like quotes"

- I will post about my food, about like if it was a difficult meal to eat. (T9#53)
- I’ll always take a picture of what I have eaten for dinner (T9#73)
- I would post a few pictures of my food. (T10#65)
- It was all food posts (T12#62)
- I do talk about food. (T8#68)

- Recovery accounts tend to fall into one of two categories. People who post photos of their food (T1#56)
- What they’re eating (T2#58)
- Food. (T2#65)
- I feel like a lot of people with pro-recovery accounts also post photos of food (T2#66)
- It was mainly photos of food (T3#18)
- Recipes (T3#19)

- Mostly just food pictures (T4#23)
- Both when I suffered from anorexia and binge eating disorder, people in that community shared the meals that they had at home or with friends or family or at a restaurant. (T5#19)
- Photos of what they’re eating (T7#25)
- I know some accounts is all like food. (T8#32)
- I will see mainly pictures of food. (T9#57)
- One of them is food intake. There is this thing called FDOE, which is full day of eating, and some people do post like this is what I have for breakfast, morning tea, lunch, dinner, afternoon tea whatever. (T10#41)
- I’ll see a lot of food pictures. (T11#75)
- Most of the posts I come across are food or food related. (T12#85)
- It might just be describing the meal and what they ate. (T4#27)

- "Affirmations or quotes I’ll post" / "Other people post like exactly the same as me, like quotes"
- I would repost some quotes. (T10#64)
- I post a lot of affirmations cause I love affirmations. (T11#61)
- I usually do like the more like, “I’m worthy” one. I’ve gotten very specific with mine just because I feel like the more specific ones are helpful for me…But I know my affirmations are so specific for me sometimes. So, I just try to encourage people to find which ones do fit for them. (T11#65)
- I try to make them more motivational. (T11#66)
- Sometimes I’ll repost other things outside of affirmations, like photos with text where people talk about how photoshop or anxiety relate to eating disorders. (T2#91)
- Since it’s like the holidays, I’ve posted a couple of things like, like around thanksgiving I posted a bunch of reminders and affirmations that might be helpful to people and that are helpful for me. (T11#63)
- Graphic design kind of informational posts. This is super hard to describe, but things like this…it’s just a pink background with some words that says, “Don’t ruin a good today by thinking about a bad yesterday, let it go.” (T1#100)
- Sometimes people would post recovery related and inspirational quotes. (T4#25)
- I think the biggest thing that I have remembered from it is when somebody said that 1 in 5 people die from Anorexia, don’t be that 1 in five. That was the most powerful one that I have read I think. (T6#81)

- Other people post like exactly the same as me, like quotes. (T6#45)
- Mostly quotes I would say. (T6#49)
- Some are like mine so they are anonymous and they post quotes. (T6#55)
- But now I see it’s mostly quotes (T8#98)
- Affirmations, (T2#63)
- Affirmations like I do. (T2#95)
- I know a lot of people do like daily gratefuls (T10#80)
- I follow more educational accounts of people in larger bodies. So, it’s all like quotes of their lived experiences (T8#103)

"I’ll share my thoughts about my own body-image"

- Body-image and body-dysphoria, self-image. (T2#34)
- If I’m posting about body-image, I’ll share my thoughts about my own body-image and then I’ll also write about what might help other people who are dealing with the same thing (T2#37)
- I would post pictures of more of like my body and talk about like “I’m having a bad body image day” (T8#121)
Now with the pregnancy, I post updated photos of me and kind of talk about how this is hard for me because, you know, I’m not accepting of the body change. And it’s something I’m still working on and still trying to see it for what it is instead of having an eating disorder kind of makes me see it. (T7#10)

How "covid would impact my recovery"
- The last one I posted was how the easing of restrictions of covid would impact my recovery. (T1#44)
- I just post a lot of things...more of what I’m going through like mentally with COVID (T8#61)
- Each photo will have a given topic, so for example, this one is me with a mask on and I talk about how the stage 4 restrictions have impacted my recovery. (T1#41)

"People in a like-minded recovery mindset posting their wins, posting how far they have come, photos like just them being genuinely happy" / Posting recovery challenges/wins
- I only post photos of new foods that I try or of victories I achieve, so if I’m able to eat a fear food I’ll post that. (T5#43)
- My first post was a challenge that I did with my brother and his friends. It was a milkshake challenge cause that’s a hard food for me. And it was just like, “Oh it went really well. Like I’m thankful my brother was here for support.” And just saying what I did and kind of what helped me get through it. (T11#11)
- This one is just me holding ice cream with my friend in the background cause I love ice cream and I like to do challenges with my friends just cause then I can focus on what’s more important. (T11#58)
- I’ll post challenges… Like those have helped me a lot. (T11#62)
- It was also really big to do challenges. Like there was like recovery challenges. So, I would do that (T8#36)
- I feel like I try to normalize everything, like yeah this was a challenge but if you think about it, it’s a totally normal thing to do. (T11#64)
- Sometimes I would talk about how a food was really good and how I couldn’t believe that I didn’t eat it for so long. (T3#55)
- Everyone has different foods that are difficult for them to eat. For example, pizza. If I tried pizza and I saw that nothing changed, my body was still the same, my family and friends still love me, I could encourage other people to try it and help them understand that nothing will change even if they eat pizza. So ill post things like that (T5#20)
- A lot of the time, as well, I would share recovery wins when I would achieve something or like if I had my first meal out, I would post the food and write about how I did it and how I feel for doing it, like I achieved this and im proud of myself for it. (T12#81)
- I’ve had so many little wins over the years (T12#50)
- I explained I had a really strong urge to skip breakfast and that it hasn’t been loud for a while, so I was like overwhelmed. And then I said I know better than that now. And I got up and ate my breakfast and I did that. And I was like, “I’ve learned that the only way for me to actually sustain recovery is to say a big fuck you to the urges and refuse to give in.” (T11#57)
- I’m always in conversations about food because I work with dietitians and they talk about like the Great British Baking Show on Netflix, how that show is so good, but they can’t watch it because it makes them hungry. And I didn’t realize that we’ve been watching that show, we’re on season 6. But I didn’t even realize, it doesn’t like phase me. Like it doesn’t make me feel hunger because I allow like all those foods. So, I post like posts like that...like oh that’s like a recovery win. (T8#71)
- And then the nutritionist and the therapists that I follow, they post a like a meal and they will say “I never could enjoy this ice cream, you know, last year because I would be so focused on the ice cream, I wouldn’t be involved in the moment” or I would be like so focused on thanksgiving that I was restricting all week and all day just so I can have this meal and I would still feel guilty about it” so things like those. (T7#20)
- They’d talk about their journey and how far they’ve come. So like for example, they might post a photo of themselves at Christmas and talk about how this Christmas in recovery is a lot better than Christmas during their eating disorder. (T3#22)
- Might write that they’ve made progress in their recovery. (T4#30)
- The sun sets and they’re saying about how they couldn’t enjoy this before, and they are now. Or like it’s so nice to sit down after a meal and not go out for a run afterwards. (T7#26)
- So the posts I see are quite like mine actually, people in a like-minded recovery mindset posting their wins, posting how far they have come, photos like just them being genuinely happy, which is just nice to see. (T10#83)
- They caption like “I did this yesterday, and I am so proud of myself” or “I was finally honest with my therapist and dietitian” or “I am finally engaging in help” those sorts of captions. (T10#84)
- People will also just post other like normalizing content. Like I went out for coffee and like before this might have been super scary for me but now I know it’s normal to get a latte with flavor. (T11#83)
- So will other people. (T5#21)
- Some people do challenges so they will have a week and do a challenge each day for a week, so then if you do the challenge you take a photo, so say the challenge is eat a pizza, you take a photo and then you tag them in it saying that I have just done the challenge from so and so’s account and then they post it on their account. (T6#40)
- Some people post challenges (T6#47)
- Like challenging your food. (T8#33)
- People do what you would call a food challenge, where something that they are scared to eat they will go and do it. (T9#20)
- She created a movement, like hashtags and recovery challenges, like she created hashtags that people would use when they participated in her recovery challenges. (T5#34)

Theme #20: Non-recovery content is present
"I started posting things that didn’t really have much to do with recovery at all”
- The first thing that I posted on my story today was “support your local businesses” cause I bought some masks from a local business the other day so I posted that on Instagram. (T1#48)
- Well lately, I’ll write about my day, what I did, how my work is going, how things are going with my boyfriend. (T5#57) Mostly I post about my daily life. (T5#59)
- I think I definitely say like what I have been doing. (T6#31)
- Like what I’m doing (T8#59)
I think as my recovery got better, my account went down a little bit because I wasn’t so focused on that because I was more recovered. (T12#66)
- Recently I have been doing quite a lot of painting and drawing, and then like, um, so it would be like a painting. (T6#30)
- When I posted more frequently, it was much more general, I’ve been to school today, I had this lesson, it was so boring, just quite
general everyday stuff. (T12#78)
- I do post if I’ve gone for a walk or if, we’ve got cats, so if the cats make me laugh. This is to kind of break it up a little bit so it’s not
all food related. So they do get to see a little bit more of my life and things about me. (T9#48)
- I do share a lot about my life…not like where I work or what I do, but they know like what my work is. They know that me and my
partner are looking to move out. (T9#52)
- I kind of just do little life updates, little wrap-up of my day. (T10#79)
- Pictures of me and my dog. (T12#65)
- They might also post things not related to their eating disorder like today im seeing a friend or going for a walk or im graduating or
here are some books I recommend. (T3#23)
- It might also be about just how their day is going (T4#31)
- Post something just because, like a cute dog or something (T6#48)
- A lot of pictures of animals with their owners. (T9#58)
- The others will post a little bit about their lives, some will post a lot, some a little bit. It just depends on their preferences. (T9#63)
- I know I follow a lot of accounts that do, and I like it. (T11#70)
- Post about things unrelated to the ed (T12#89)

"I also post about depression and comorbid disorders"
- I also have ADHD, so I don’t just post about anorexia, I post about ADHD as well. (T1#27)
- Depression (T2#93)
- I try to make it broad to help more than people with just eating disorders. But I don’t necessarily identify as having all of these
disorders. (T2#15)
- I also post about depression and comorbid disorders since a lot of people with eating disorders also have other disorders as well like
depression or anxiety or OCD. (T2#14)

Theme #21: Frequency of posting on Instagram is dependent upon stage in recovery

"So I decided, let me really get back to my account and document my recovery because I thought as I’ve decided to get better, I might as well use
this account again. After a relapse definitely I think I post more."
- So I decided, let me really get back to my account and document my recovery because I thought as I’ve decided to get better, I might as well use this account again. (T19#75)
- The moment I decided that I had to get out of my eating disorder and realized I needed to change something, I started to read up and
search for inspiration on Instagram and on the internet in general. Then I came across a lot of eating disorder recovery accounts. At
first, it didn’t interest me so much but over time, I became more interested in reading their posts. After a while I thought it would be
cool if I made an account too. (T3#1)
- When I was very unwell and starting to recover I posted more. (T4#37)
- After a relapse definitely I think I post more, or after a difficult week and then when I start again and I feel sort of like, okay that
happened, that’s fine, we’ll just start again this week then I definitely post more when I’m like on that spree of motivation. (T6#73)
- I started it cause I had gotten out of treatment one month before and I still was talking to a lot of people that I was there with. I had
gotten out of treatment before and within the first month I started really struggling again and so this time I felt like so good still. And I
was like, “Okay this is kind of cool like maybe I’m actually going to do this.” And so, then I, my friends were like “Oh you should
like make an account or something.” (T11#2)
- I relapsed so now I’m at the beginning of recovery again and so like my account has gone up again because I am on it more looking
for motivation to like start again basically. (T6#72)
- In my relapse I wouldn’t say that I posted as much because I didn’t like practice what I preached and I kind of felt bad saying like to
everyone else it is okay to have bad days just keep going, because I wasn’t. I don’t want to lie so yeah I would say that I would post, it
depends, but I would say I post more when I feel more motivated and I have just come out of a relapse (T6#74)

"I think as my recovery got better, my account went down a little bit because I wasn’t so focused on that because I was more recovered"
- I think as my recovery got better, my account went down a little bit because I wasn’t so focused on that because I was more recovered
(T6#71)
- I just feel like I don’t really need to. and like I was saying earlier, I just feel like I’m done with all of that. (T4#38)
- My eating disorder isn’t on my mind as much and it doesn’t have as much of an impact on my day so therefore I just don’t want to
post as much. (T4#39)
- Now, I have come to a point where I can forget about my recovery account, which is refreshing because I have more to live than it.
(T10#90)
- Now I don’t post as much as I used to. (T4#36)
- I feel like I was more obsessed with it in the beginning and now that I’m getting older and just living my life and working full time
and looking at a computer screen, I feel like I want to spend less time on my phone and more like living. But at the same time I want
to help people and I want to help myself. (T8#113)
- Over the past two years, I’ve started to ween myself away from it a bit. I had a few times when I thought you know what, im going to
delete it and move on with my life. I think it is a part of me because its such a personal and emotional thing and having an eating
disorder isn’t something you can forget about, especially when you had it for so long, it’ll always be a part of your life, even if it’s a
memory. (T12#94)
**Theme #22: Representation is narrow**

Few males in the community
- 99% female. I follow a total of 4 guys with anorexia. (T1#61)

Minimal content related to binge eating disorder
- I don’t see much of binge eating disorder. (T1#62)

**Theme #23: Fatphobia and weight stigma are prevalent in the community**

"Weight is just a big stigma within the eating disorder community"
- There is a lot of like weight stigma around COVID so like talking about that (T8#62)
- Or photos with text that talk about weight stigma (T2#92)
- I’ve tried to talk about that on there without posting a picture of myself about how weight is just a big stigma within the eating disorder community, like weight isn’t an indicator of how sick someone is. (T2#25)
- The posts will talk about how you can be underweight or overweight with an eating disorder and how the weight doesn’t really matter, it’s just sort of a side effect or symptom of the eating disorder/behaviors but how its not really about the weight or food and I think a lot of people don’t understand that because if you haven’t dealt with it you can’t really understand it. (T2#35)
- I’m working in the hospital so just with COVID and then it’s frustrating because, I see so much weight stigma and I don’t know how to like use my voice to like, I want to fix it, but I don’t know how. So, I wouldn’t say complain, but I talk about it on my Instagram. (T8#19)
- Education around weight stigma and nutrition (T8#99)
- I try to post what I’m learning because I do still listen to podcasts. And I want to post more about like the research for like weight stigma because I’m very into social justice (T8#66)

Fatphobia within the community
- There is another account. She is a larger lady, which is fine, like nothing against that. For some reason I don’t find that as helpful because it’s almost like she is promoting being fat. (T6#21)
- It makes me feel a lot better about myself [when comparing her body to someone else’s body], because I think to myself “At least I’m not like you and fat.” (T1#25)
- There was thing one girl who I’ve known for a while…she posts only photos of herself so I can see what her body looks like and I definitely compare myself to her. And when I compare myself to her, I think to myself “Look, my life sucks, I’m stressed, I’m busy with university, but at least I’m not fat like her.” (T1#20)
- The only thing that’s changed is that she’s put on weight. That’s all it took for me to go from upward comparison to downward comparison. (T1#24)
- I can’t remember the hashtag…but just like the recovery community on Instagram can be very fatphobic and just there’s just a lot that needs to still change in that space. (T8#120)

**Theme #24: Body positivity and rejecting the thin-ideal**

"I see a lot more body positivity"
- I feel like being told I have thin privilege just so many times just really upsets me. So I think that the community has changed a lot in terms of gatekeeping. Its very exclusionary now within the body positive movement. But because the body positive movement has pretty much swallowed the eating disorder recovery community, it’s kind of coming through in the eating disorder recovery community as well as a subsection of the body positive movement which I guess is what it is now. (T1#87)
- I feel like in 2014, I don’t know if I came in right when the body positive movement was just starting in the recovery community (T8#81)
- I see a lot more body positivity (T7#22)
- That stuff has really helped me because a lot of the body positive content is kind of like preaching to other fat people that they don’t need to worry about their body size…So basically, they uplift tons of different people, so all those messages make me feel better about myself. (T1#55)
- I follow like the-weigh so they post like body positivity and fat phobia kind of being aware and trying to take that out of existence as best as possible. (T7#19)
- My recovery one is positive in just changing like what I see. Like Its more people in larger bodies (T8#23)
- Body positive people. …so there are accounts, just seeing them you know just seeing them make peace with their body and accepting them for not what they look like, but rather what they can do, just how much our bodies are amazing and can do so much stuff. Simple things that you forget like it fights sickness. It keeps things functioning. It heals wounds. (T10#100)
- So, I find that the way she writes her posts and the way she posts, like so body positive and she just doesn’t care, that’s really helpful. (T6#20)
- I feel very excluded by the whole thin privilege thing, but I follow these accounts anyways because the messages they’re putting out about fat people make me feel better as well, interestingly enough, because they talk about how you don’t need to be thin to be happy (T1#54)
- And I try to make it more diverse, so I see people of color like brown, black, or whatever like gender and sexuality. I feel like it helps me. I still struggle with like body image issues. And my body like is changing all of the time, but seeing someone who is not thin, I guess it makes me feel like feel safe in my body. (T8#26)

"She is not stick thin, so I don’t need to be stick thin to be happy"
- I think there are some photos, I can think of a specific account in my head, and she posts photos and she isn’t fat, but she is not thin, and when she posts photos it is actually helpful because she is completely happy with her body and she is not the stereotypical thin person. She is just like, she has fat on her body, but she is not fat. So to see pictures of her being really strong and to be able to post that, that’s helpful. (T6#14)

- It’s probably not actually a great thing for recovery, but for me it makes me feel better about my own body because um I don’t see her as less of a person because she isn’t stick thin, and then to see that and be like well if I’m not stick thin that doesn’t matter, um because I see her as a really good person, really nice person like helpful and happy and stuff, and she is not stick thin so I don’t need to be stick thin to be happy. (T6#19)