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Exploring the Lived Experiences of Eating Disorder Recovery and Instagram Use

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Ilinka Nikolova

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Abstract

While experiences of eating disorders have been explored in research for decades, there are still a number of stereotypes that are demonstrated in various research contexts. Historically, some of these storylines have been rooted in stereotypical versions of lived experiences of EDs and ED recovery. Often, these storylines have been limited to White, young women situated within the Western world affected by EDs of the under-eating subtype, mainly anorexia. These representations of EDs have been particularly prominent in mainstream media, and at times replicated by research. Further, research on ED recovery and everyday use of the image-based platform Instagram is scarce, particularly in the context of exploring the nature of these lived experiences beyond corporeal markers of recovery. Social media users of networking sites such as Instagram have also often been positioned as vulnerable, suggestible, and passive consumers of written and visual information, especially within a critical feminism lens of media audiences. In this study, I seek to provide a nuanced perspective to the growing body of literature on ED recovery and Instagram use within a narrative thematic framework of analysis. The findings demonstrate that stories of ED recovery are created and experienced by affected individuals who occupy diverse spaces of sociocultural belonging. Additionally, Instagram users, particularly young, female, avid users who have a story to tell about their ED recovery, are more than capable of exercising and do exercise volitional control in their daily Instagram use in order to negotiate such constraining dialogues around who is affected by EDs, and therefore who has access to the domain of ED recovery. Lastly, this study speaks to the notion that heterogeneous trajectories of recovery tell a story far beyond the individuals themselves, suggesting that ED recovery

narratives are intrinsically bounded by other overarching dialogues that permeate digital platforms like Instagram, namely those gesturing at neoliberalism and healthism biopedagogies.

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Chapter One: Introduction

Eating disorders (EDs) are typically described as severe psychiatric illnesses (Klump et al., 2009) that are characterised by a number of adverse outcomes, including medical complications and severe disruptions in cognitive, emotional and social functioning (American Psychiatric Association, 2013). By extension, the latest version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) uses the term EDs to define a range of comparable ailments characterised by irregular, maladaptive eating-related behaviours and significant distress or concern pertaining to an individual's own body weight or shape (American Psychiatric Association, 2013). The DSM-5 delineates three primary clinical diagnoses within the realm of EDs: anorexia nervosa (AN), bulimia nervosa (BN), and binge eating disorder (BED). Presentations of ED-related pathology that fall outside of these predominant diagnoses are classified under a residual category named Other Specified Feeding or Eating Disorders (OSFED) (American Psychiatric Association, 2013).

Although notable distinctions are made between these EDs, the DSM-5 suggests that the core pathology in EDs is centred around food, exercise, and body image concerns. Common to EDs are markers of body dissatisfaction, weight concerns, over-evaluation of body shape and weight, and binge eating (though less common in anorexia nervosa). EDs may also include compensatory behaviours performed in an attempt to counteract perceived or possible weight gain, dietary restriction, and lead to low weight status (though less common in binge eating disorder) (Culbert et al., 2015). However, it is important to note that not all EDs necessarily involve all of these characteristics, and that perhaps there is more heterogeneity in presentations of EDs than the

DSM purports there to be (Ash & Piazza, 1995; Askew et al., 2020). Although the diagnostic criteria for EDs appears to be clearly delineated, we know less about what ED recovery means, particularly within New Zealand. A forthcoming piece of this literature review will focus on the commonly held perspectives on what ED recovery is and therefore, supposedly what it looks like in those affected by EDs, as well as the inconsistencies that ensue with such conceptual frameworks in research.

Historically, EDs have been considered to primarily affect middle-to-upper class, White females in adolescence or young adulthood (Brumberg, 1988; Garner & Garfinkel, 1980; Malson & Burns, 2009a). This stereotypical presentation has often been linked to individuals who tend to reside in North America, are struggling with AN, and identify as cis and heterosexual (LaMarre & Rice, 2017). The notion that the demographic profile of individuals affected by EDs is often confined to these limited representations is further supported by recent studies looking at EDs and Instagram use (Benedetti, 2018; Wacker & Dolbin-MacNab, 2020). More importantly, this demographic profile is further depicted in the ED recovery literature, as some studies looking at discourses of ED recovery on Instagram have highlighted the perpetuation of these ED recovery biopedagogies (Benedetti, 2018; Eikey & Booth 2017; LaMarre & Rice, 2017).

Recovery biopedagogies are constructed in relation to, and in conjunction with individuals' experiences of recovery and broader discourses around what it means to be recovered (LaMarre & Rice, 2017). The term 'biopedagogies' refers to an assemblage of prescriptive information, specifically instructions about how to live, typically rooted in ideals of health and beauty (Camacho-Minano et al., 2019; van Amsterdam & Knoppers, 2018). They infer directions about

ways of life given that, “the science, art and profession of teaching is known as ‘pedagogy’ (Kovac, 2013, p. 1), and its biological basis termed ‘bio’ symbolises their relation to bodies (Harwood, 2012). As many of the broader teachings about ways of life that permeate mainstream media, clinical and educational settings and everyday interactions are targeted at addressing and solving issues related to eating and weight (McPhail, 2013; Wright & Harwood, 2012), instructions related to what ‘health’ is and what to do in order to embody health and happiness have implications for biopedagogies around how to achieve recovery and wellness in the context of EDs (LaMarre & Rice, 2016).

These studies suggest that recoveries presented on Instagram often embody stereotypical perspectives on who is affected by EDs and therefore, who might recover from them. In light of the limited representations of EDs in social media characterised by markers of Western, white, heterosexual, and middle-to-upper-class privileges (Eikey & Booth, 2017; LaMarre & Rice, 2017), there is little opportunity for those who do not fit these sociocultural assumptions of ED recovery to be recognised as legitimately suffering. Further, this pitfall in the ED literature has led to a lack of recognition for trajectories of ED recovery narratives incongruent with such expectations. However, it is worth noting that a number of studies tend to acknowledge these limitations in their research and oftentimes discuss their potential implications (Sampasa-Kanyinga et al., 2016; Wacker & Dolbin-MacNab, 2020). This widely held, but fixed and oversimplified discourse of ED recovery speaks to a lack of accessibility to these virtual recovery communities on platforms such as Instagram, therefore it is important to explore how Instagram users navigate these dominant dialogues by gaining insight into their diverse, nuanced lived experiences of ED recovery.

More recently, studies have acknowledged that in fact, individuals in the context of EDs present as much more diverse in terms of race (Gordon et al., 2010; Striegel-Moore et al., 2003), ethnicity (Cheney, 2012; Ting & Hwang, 2007), age (Samuels et al., 2019), sexual orientation (Feldman & Meyer, 2007; Meneguzzo et al., 2018), and gender (Strother et al., 2012). Thus, although EDs have been characterised as a culture-bound experience of distress, specific to White individuals in Western, industrialised societies (Morrissey & Oberlin, 2019), recent studies demonstrate that EDs do occur in those who occupy one or more diverse spaces of sociocultural belonging.

This suggests that there are ample opportunities to continue to work towards correcting these limited representations of EDs in the literature, particularly within the context of New Zealand (Lacey et al., 2020). Beyond the growing understanding that the demographic profiles of individuals affected by EDs are heterogeneous in nature, the nuanced differences between these personal, lived experiences are less well understood, especially in the realm of ED recovery. In response to this, the aim of the present study is to explore the lived experiences of ED recovery of women in New Zealand in the context of using the photo-based app Instagram.

EDs and Instagram use within a social constructionist, critical feminist framework: self-objectification theory

Feminism-rooted inquiry of EDs emerged in 1980s and 90s by feminist scholars who introduced cultural and gender-focused analysis into eating disorder research (Bartky, 1988; Bordo, 1988, 1992). Historically, feminism-informed research has critiqued the suggestion of

psychopathological orientations to disordered eating, while placing an emphasis on the wider societal contribution to EDs, particularly the intertwined influence of patriarchy and the gender norms of eating and body concerns (Malson, 2002; Malson & Burns, 2009a, 2009b; Musolino et al., 2016). Thus, the biomedical model perceives the individual woman as 'sick', and its aim is to subdue her illness, whereas the feminist framework posits the woman's ED in the context of her entire sociocultural experience, regarding the underlying contradictions and pressures in the lives of contemporary women as the fundamental problem (Maine, 2009).

Objectification theory provides a framework within a feminist lens of understanding the effects of being a female in a society that sexually objectifies women's bodies (Fredrickson & Roberts, 1997). It is based on the premise that objectification occurs when an individual's body is evaluated apart from the individual themselves and therefore, perceived as if it were a representation of them as an individual. Objectification theory allows for a better understanding of how people's individual practises and therefore, lived experiences of ED recovery are tied to broader sociocultural milieu. It presumes that gender role related sexual objectification practises propagated by society lead women to occupy an external self-perspective. This is said to be manifested in disregarding their internal attributes, instead placing excessive focus on their physical appearance and therefore, their efforts to conform to societal beauty ideals (Fredrickson & Roberts, 1997).

Some feminist literature on EDs has postulated that medically-driven discourses of EDs and their recovery trajectories tend to prescribe to such objectifying trajectories, arguing that they tend to trivialise individuals' lived experiences and purport that they equate to their bodies and bodily

distress (Malson, 2002; Malson & Burns, 2009a, 2009b; Musolino et al., 2016). In turn, self-objectification has been said to be an emerging by-product among women as a result of living in a sexually objectified sociocultural landscape (Calogero et al., 2005; Feltman & Szymanski, 2018; Schaefer & Thompson, 2018). Self-objectification has been shown to lead to cascading effects on women's well-being outcomes, one of which includes subthreshold and clinical EDs (Calogero et al., 2005; Noll & Fredrickson, 1998; Peat & Muehlenkamp, 2011; Tiggemann & Williams, 2012; Van Diest & Perez, 2013).

While popular media discourses promulgate the misconception that EDs are rooted in attributes of narcissism like vanity, objectification theory more broadly posits an alternative explanation: women in modern, Western-informed societies do not succumb to disordered eating due to self-conceit, but rather that it is an anticipatory strategy that provides a locus of control and agency in how their bodies will be regarded by others (Calogero et al., 2011). In part, this is rooted in the notion that self-objectification embodies the adoption of a third-person perspective on the self, as opposed to a first-person perspective such that women begin to place greater value on how they're perceived by others, rather than by themselves (Fredrickson & Roberts, 1997; Calogero, 2012).

Body dissatisfaction is one of the strongest and, therefore, most consistently cited predictors of distress related to disordered eating (Stice & Shaw, 2002). In line with these findings, studies exploring EDs and social media use through a critical feminist lens suggest that social media platforms like Instagram are predominantly image-based, inadvertently creating ample opportunities for sexual objectification and more importantly, self-objectification (Feltman &

Szymanski, 2018; Rodgers, 2016; Saunders et al., 2020). Instagram is often used as a tool for self-expression (Lee et al., 2015), identity development (O'Donnell, 2018), and social comparison (Phua et al., 2017; Stapleton et al., 2017). Hence, there is an interplay between the individual's self-concept and their co-existing sociocultural environment.

On that note, there is some evidence to suggest that photo-based social media platforms such as Instagram constitute an echochamber of multitudinous opportunities for body surveillance, self-comparison, internalisation, and scrutiny from other users (Fardouly et al., 2018; Feltman & Szymanski, 2018). Given the recent growth of social networking sites (SNSs) usage, there may be an increase in objectification of both the self and others (Fardouly et al., 2015), with some studies showcasing a positive correlation between time spent on image-based SNSs like Instagram and self-objectification (Slater & Tiggemann, 2015). Further, Instagram's infinite capacity for users to generate, comment on, and forward digital content to other users serves as a catalyst for the proliferation of these opportunities, particularly for its avid users (Liu, 2018).

Instagram also allows information to be shared at an unprecedented rate in the face of sociocultural dialogue urging a lean, toned physique (Fardouly et al., 2018; Tiggemann & Zaccardo, 2018) and 'clean eating' (Ambwani et al., 2019; Walsh & Baker, 2020), rendering it more challenging for users to resist engaging in a self-perpetuating cycle of surveillance and therefore, self-objectification. In turn, self-objectification theory embedded within a broader, feminist-informed approach proposes a valuable framework within which to ground inquiry of the relationship between lived experiences of ED recovery and Instagram use. In addition, employing a social constructionist lens is relevant to exploring a platform rooted in socially

constructed discourses like Instagram. This is especially true in the context of EDs, which many feminist theorists have contended to be a by-product of socioculturally constructed artefacts of self-objectification (Fitzsimmons-Craft et al., 2011; Katzman & Lee, 1997).

In the context of EDs, Instagram arguably acts as a socially constructed, interactional medium, within which a collection of socially constructed realities are created. For example, each Instagram account represents a depiction of an individual's reality, irrespective of whether it is partially, or completely fabricated or curated by the app user (Wang Kurtto, 2020), thus the content published by each user is may be done with an intention to be perceived in a particular way (French & Bazarova, 2017; Seibel, 2019). In addition, content posted by other users may be perceived differently across various recipients (Holmes, 2018). Hence, the active role that Instagram users and their respective accounts play in co-constructing multiple realities and the intersection of these nuanced realities portray Instagram as a socially constructed, interactional medium (Andalibi et al., 2017).

Social media use via an etiology lens of EDs

In order to paint a more nuanced picture of the rationale behind conducting the present study, this section will outline the hallmarks of the literature on social media use and the onset and maintenance of EDs, followed by exploring the literature on social media use and ED recovery. To date, EDs research posits that the onset and maintenance of EDs is cross-culturally implicated in a range of specific risk factors (Morrissey & Oberlin, 2019). Some of these previously explored risk factors include, but are not limited to, family factors like sources of childhood

adversity or psychological trauma such as sexual abuse and neglect (Keel & Forney, 2013; Kong & Bernstein, 2009; Rayworth et al., 2004), sociocultural factors like peer influences (Ferguson et al., 2014), predisposing psychological attributes like low self-esteem (Colmsee et al., 2021; Grubb et al., 1993) and body dissatisfaction (Stice & Shaw, 2002), and mental health conditions like depression (Willcox & Sattler, 1996) and anxiety (Bulik et al., 1997).

One well-researched area is the relationship between the use of different media platforms and the onset and development of EDs. A number of constructs have been tied into the sources of media content that may contribute to EDs, including negative appraisal of one's own body image, lower levels of self-esteem, thin-ideal internalisation, and upward and downward self-comparisons with peers (Hawkins et al., 2004; Nouri et al., 2011). A growing body of literature has demonstrated the potential for detrimental effects of mass media on outcomes for experiences of distress related to body image and more specifically, disordered eating (Fardouly et al., 2017; Hausenblaus et al., 2013; Ogden & Munday, 1996).

Exposure to idealised bodies across various forms of traditional media content, including television advertisements (Hargreaves & Tiggemann, 2003; Lavine et al., 1999), magazines (Morry & Staska, 2001) and movies (Pennell & Behm-Morawitz, 2015) are often cited as contributory factors in increased levels of body dissatisfaction, decreased levels of self-esteem and disordered eating. In some cases, these effects tend to be more salient for women than men (Ogden & Munday, 1996), although men are often underrepresented in the field of EDs research (Murray et al., 2017), which may serve as a plausible explanation for this discrepancy.

More recently, research has turned to exploring more unconventional forms of media within the realm of EDs, with a particular focus on SNSs, some of which include platforms like Facebook (Mabe et al., 2014), Instagram (Holland & Tiggemann, 2017; LaMarre & Rice, 2017), Twitter (Arseniev-Koehler et al., 2016) and Snapchat (Saunders & Eaton, 2018a). These avenues of social networking are occupied by virtual communities often engaging in social media use with the desire to connect with like-minded others (Whiting & Williams, 2013), share their thoughts, feelings, or emotions on particular topics of conversation (Jansen et al., 2010), or participate in activism against acts of social injustice (Valenzuela, 2013). However, although these SNSs have generated multiple channels of interpersonal communication (Neubaum & Kramer, 2017), research suggests that those who tend to engage with photo-based SNSs on a regular basis, such as Instagram, are more likely to present with body image-related concerns and express higher levels of body dissatisfaction (Fardouly et al., 2018; Turner & Lefevre, 2017).

In addition, research suggests a higher rate of self-reported EDs symptomatology amongst those who engage in photo-based social media use on a regular basis (Holland & Tiggemann, 2016). In some cases, this has been implicated in an increased likelihood to meet diagnostic criteria for a range of eating disorders based on various psychometric measures (Butkowski et al., 2019; Lonergan et al., 2020; Sherlock & Wagstaff, 2018). These findings are concordant with previous research, as studies have found that behaviours like posting selfies on SNSs or viewing visual content posted by other users were correlated with markers of negative body image (Brown & Tiggemann, 2016; Sherlock & Wagstaff, 2018; Tiggemann & Barbato, 2018; Mills et al., 2018). These studies demonstrate that this is often embodied in perceptions of or labelling oneself as

overweight, physically or sexually unattractive, and higher self-reported levels of anxiety and depressive symptoms.

Some studies have shown the detrimental effects of exposure to attractive images posted by celebrities and peers on Instagram (Brown & Tiggemann, 2016), while others have investigated the relationship between exposure to specific visual content like fitspiration or thinspiration images on Instagram and markers of body image disturbance (Fardouly et al., 2018; Sherlock & Wagstaff, 2018). More recently, the negative effects of viewing appearance-related comments in response to images shared by users themselves (Butkowski et al., 2019) and others (Tiggeman & Barbato, 2018) on Instagram on body image disturbances and EDs symptomatology have been revealed. Collectively, these studies provide ample evidence to suggest that regular social media use, particularly photo-based social media platforms like Instagram may play a role in a range of detrimental effects on body image and disordered eating-related thoughts and behaviours. In turn, although these findings do not pertain to ED recovery per se, they showcase the overarching significance that photo-based apps like Instagram may have in the lived experiences of those impacted by EDs.

However, exploring these findings through a critical, social constructionist lens foregrounds a potential limitation of this research: it does not always fully contextualise the landscapes of participants' lives. The implication of this omission is that the significance of the diverse contextual factors embedded in participants' lived experiences is not always acknowledged. In addition, even if contextual factors are posited as an integral part of EDs-related research, this is often implicated in the sphere of risk factors in the development and maintenance of EDs, rather

than in the realm of ED recovery. Oftentimes research postulates social media use as a precursor in the onset and development of EDs, but does not showcase it as a contextual factor to a broader, deeper level of meaning-ascribed lived experiences in the context of recovery. Contrary to what we know about the onset and maintenance of EDs in relation to social media use, the literature on lived experiences of ED recovery and social media use is far less crystallised. Hence, given that image-driven social media platforms are becoming increasingly more used than traditional forms of media (Bair et al., 2012; Perrin, 2015; Wilksch et al., 2020), there is a strong need to tap into how these interactive digital mediums can influence lived experiences of ED recovery, as there is room for nuanced analyses of the role of Instagram not only in the development of EDs, but recovery from EDs too.

What do we know about ED recovery so far?

In keeping with the aim of the present study to explore the lived experiences of ED recovery of women in New Zealand in the context of using the photo-based app Instagram, the following comprises a comprehensive review of the literature on ED recovery more broadly, followed by ED recovery in the context of social media use. Tensions pertaining to the question “What does recovery mean?” in the context of EDs are complex and multi-layered in nature, and are the subject of much debate and discussion among practitioners, researchers, and those with personal experience, both in conventional and critical literature (Bohrer et al., 2020; Morrissey & Oberlin, 2019; Whitley & Drake, 2010). As much of a truism as that is, it is worth noting that these inconsistencies in the ED recovery literature play a considerable role in the objective of the

present study, that is to capture the nuances of lived experiences of ED recovery without assigning a predetermined conceptualisation of ED recovery to these narratives.

Historically, discrepancies in what constitutes a definition of ED recovery have been addressed with many studies employing the observable reduction in physical symptomatology as a common ground practise in operationally defining ED recovery (de Vos et al., 2017; Helverskov et al., 2010; Lock et al., 2013). The propensity to focus on physical symptoms, while paying little attention to non-behavioural markers of well-being in EDs has often been critiqued for its prominence within clinical settings (Sim et al., 2010), but at times it has also been adopted in research practises exploring ED recovery (Koller et al., 2020).

While improvement in eating behaviours and restoration to a healthier weight are vital components of ED recovery, particularly given the high mortality rate associated with EDs (Fichter & Quadflieg, 2016; Smink et al., 2012), such medically-laden theoretical underpinnings of ED recovery neglect the opportunity to tap into the nuances of personally-ascribed meaning in relation to these lived experiences (Eikey & Booth, 2017). Inherently, this one-dimensional perspective silences the power and significance of those lived experiences, rather than recognising and celebrating their complexities. Measuring success in the context of ED recovery as a function of symptom remission minimises its intrinsic complexities. Further, it implicitly trivialises the importance of the heterogeneous nature of lived experiences of ED recovery (LaMarre & Rice, 2016, 2017; Morrissey & Oberlin, 2019).

By extension, predominantly associating recovery outcomes with an absence of observable symptoms perpetuates the notion that individuals are deemed to be recovered once normalization of weight and improvement in eating-related behaviours have occurred. However, recent research suggests that the vast majority of cognitive, emotional and social markers of EDs require a prolonged period of time to resolve, despite the resumption or restoration of unproblematic eating (Bardone-Cone et al., 2010a, 2010b). Body dissatisfaction, for example, often lingers well into the recovery period and does not necessarily dissipate with cessation of disordered eating (Bardone-Cone et al., 2018). For some individuals, body image disturbances tend to be one of the last symptoms to diminish (Morrissey & Oberlin, 2019), mirrored in further research where weight and shape concerns have fallen short of significant improvement, demonstrated by minimal improvement in self-esteem (Accurso et al., 2014). Similarly, no significant improvement in emotion regulation difficulties has been observed following weight restoration in both AN-R (restrictive subtype) and AN-BP (binge purge subtype) (Haynos et al., 2014).

In addition, outcome criteria for recovery from particular EDs have proven inconsistent thus far. As for AN, the crux of the definition of recovery lies in the notion of restoration to a 'normal' or 'healthy' weight (Sadock et al., 2015). Here, the goal for an individual suffering from AN of the restrictive subtype in particular is to reach a body weight that meets their nutritional needs and they're able to maintain long-term. Although a range of weight-focused definitions of recovery have been proposed (Couturier & Lock, 2006; Korty et al., 2002; Pike, 1998), applying any one of these various definitions can lead to a range of recovery rates, ranging from 24% to 78% within the same group of affected individuals (Bjork et al., 2008). It is worth noting that these

definitions largely stem from the conceptualisation of ED recovery in the context of body mass index (BMI), a medically-laden threshold used to identify parameters of excess weight or a deficiency of weight, based on an individual's anthropometric weight to height ratio (kg/m^2) (Nuttall, 2015). In turn, an individual's weight status is categorically defined as underweight, normal weight, overweight, or obese (Sadock et al., 2015). The commonplace utilisation of BMI orientations to EDs has unfavourable implications for the ways in which ED recovery is conceptualised and understood, thus if arguably ED severity cannot be determined as a function of BMI alone, it does not follow that recovery ought to be defined that way too.

In terms of BN, earlier studies have generally associated successful treatment outcomes with a significant (e.g., 80%) reduction in binge eating and purging behaviour (Agras et al., 2000). Contrary to this, more recent studies have adopted a more stringent definition of recovery, that is abstinence from binge eating and purging behaviour for at least eight weeks (Noordenbos & Seubring, 2006), or more commonly four weeks (Agras et al., 2000; Fairburn, et al., 1993; Halmi et al., 2002). More lenient definitions of recovery in BN suggest the presence of one or less weekly episodes of binge eating and purging behaviour over the previous two weeks (Pyle et al., 1990) or four weeks (Olmsted et al., 1994). Some studies have defined the absence of binge eating and purging behaviour for at least four weeks as “the working definition of full remission” (Aguera et al., 2013, p. 3), while others have termed substantial alleviation in binge eating and purging behaviour with some residual symptoms an example of “partial remission” (Tomba et al., 2019). Additionally, some review articles of the vast conceptualisations of ED recovery highlight the interchangeable utilisation of distinct terminology like “abstinence from binge

eating” and “recovery” (Bardone-Cone et al., 2018), further perpetuating the notion that improvement in binge eating behaviours is conducive to fully achieving a place of recovery.

Lastly, BED recovery criteria has not been established clearly either. For example, abstinence has been defined as a lack of binge eating episodes (often contingent on reviews of patient food records) for the prior one week, two weeks or 28 days (Lock et al., 2013). It is worth acknowledging that these are only a few of the commonly experienced types of EDs and accordingly, it is merely a snapshot into the complexities associated with defining their respective conceptualisations of recovery. Nonetheless, these discrepancies in the broader ED recovery literature elucidate the need for a shift in the way that ED recovery is explored and therefore, understood by researchers, those with personal, lived experiences and lay people. Further, the abovementioned findings are largely based on ED recovery in the context of post-treatment outcomes in clinically diagnosed EDs. These accounts continue to overshadow the significance of ED recovery lived experiences in subclinical EDs.

In turn, the lack of ED recovery research on subclinical EDs may inadvertently position the lived experiences of those with subclinical EDs as peripheral to those with clinically legitimized EDs. There is a need for more research on ED recovery founded upon self-determined recovery, particularly in those who have not met the diagnostic threshold for clinically-defined EDs or pursued clinical support. It is worth reiterating that although the present study does not exclusively seek individuals with subclinical EDs, the purpose of advocating for an increase in research on ED recovery in subclinical EDs is to broaden the parameters of opportunity for those who wish to voice their lived experience, irrespective of their diagnostic label, or rather, the lack

thereof. More importantly, the current literature on ED recovery calls for an amplified focus on showcasing the nuances encapsulated in the stories of ED recovery that individuals have co-created alongside their sociocultural milieu.

ED recovery and Instagram use

Given that image-driven social media platforms are becoming increasingly commonly used than traditional forms of media (Bair et al., 2012; Perrin, 2015; Wilksch et al., 2020), there is a need to tap into how these interactive digital mediums can influence lived experiences of ED recovery. Instagram is one image-based social media platform that has gained notable traction within the ED recovery research sphere (Benedetti, 2018; Chancellor et al., 2016; Eikey & Booth, 2017; LaMarre & Rice, 2017; O'Brien, 2015). It is worth mentioning that these studies suggest that Instagram does play a role in the lived experiences of ED recovery, and that some of their findings have contributed to showcasing the nuanced narratives that they embody.

However, the majority of these studies have focused on examining the visual and textual content of EDs-specific posts on Instagram, such as ED recovery-related hashtags (Benedetti, 2018; LaMarre & Rice, 2017), or pro-EDs communities on Instagram (Chancellor et al., 2016; Jafari et al., 2016), rather than how the general use of the photo and video sharing app is embedded into the lived experiences of ED recovery. It is worth acknowledging that although a small number of studies have explored the impact of the general use of Instagram on lived experiences of ED recovery (Eikey & Booth, 2017; Peffer, 2017), these studies are not situated within a New

Zealand context (Eikey & Booth, 2017; Peffer, 2017) and are often limited to considering particular EDs like AN and BN (Eikey & Booth, 2017).

In addition, historically, social media use and ED recovery literature has focused extensively on the effects of social media use on ED recovery outcomes (Saffran et al., 2016; Saunders & Eaton, 2018a, 2018b; Saunders et al., 2020). While these studies provide a thorough understanding of the mechanisms by which social media platforms like Instagram have the ability to hinder or aid trajectories of ED recovery, little is said about how these effects are perceived, and therefore navigated by the user. Hence, a natural next step is to showcase how the nuances of this bi-directional relationship between individual responsibility and societal influences sit within the wider realm of social media use and ED recovery, therefore seeking to provide a further glimpse into the ‘lived’ aspect of their experience in using Instagram throughout ED recovery.

Therefore, further delineating and understanding the role of contextual factors in ED recovery and Instagram use is particularly needed in an arena of literature laden with misconceptions and misunderstandings of what these lived experiences are truly like. This research aims to cultivate an understanding of contextual factors that surround recoveries, by attending to the relevance and importance of contextual factors that can demarcate the distinction between simply conducting research and meaningful insight into a phenomena. Lastly, exploring the effects of social media use on the development and maintenance of EDs within an experimental framework can take away from what we can know about the more ‘natural’ use of these platforms.

Implications of the DSM-5 as a diagnostic tool for EDs research

Despite its broad acceptance and clinical utility (Call et al., 2013; Guha, 2014), it is worth noting that the DSM-5 is heavily rooted in a biomedical model of health and illness. Fundamentally, the DSM-5 relies on a categorical perspective of EDs, postulating that an individual either meets the diagnostic criteria for one or more EDs or not. Feminism-rooted literature contends that EDs are depicted in a way that presents them as a relatively fixed, stable set of symptoms that can be represented by a singular label, while paying little attention to other contextually-bound emotional, psychological or spiritual factors implicated in the onset and progression of these conditions (Malson et al., 2011; Musolino et al., 2015a, 2015b). It is a Western-informed, dualistic stance to health and illness, hallmarked by the explicit division of the mind and the body into two dichotomous entities.

The use of the biomedical model has been shown to carry implications for treatment of conditions included in the DSM-5, and more importantly for how affected individuals, healthcare practitioners, and researchers conceptualise recovery in the realm of mental health conditions like EDs (Deacon, 2013). Conversely, the biopsychosocial approach presents a more holistic perspective on health and illness, as the broader constituents of one's well-being are taken into account (Engel, 1977). In essence, the aim of the biopsychosocial approach is to allow for a more comprehensive understanding of the individual's experience by considering a range of underlying factors within their sociocultural context (Lyons & Chamberlain, 2006; Smolak & Levine, 2015).

On the one hand, it is important to incorporate elements of the biomedical model when thinking about EDs, given the number of associated health risks they tend to carry, but solely employing the biomedical model as a theoretical lens is not a sufficient way of foregrounding the nuances of experiencing an ED, particularly in terms of recovery. Further, it speaks to the tendency for subclinical presentations of eating disorder-related tendencies that constitute the grey area between unproblematic eating and clinical presentations of EDs to be typically overlooked within a strictly categorical perspective from the DSM (Stice et al., 2009; Le Grange et al., 2013). It is worth noting that the DSM-5 diagnostic criteria pertaining to EDs does mention some markers of psychological well-being like “self-evaluation is unduly influenced by body shape and weight” in AN and “marked distress regarding binge eating is present” in BED (American Psychiatric Association, 2013).

However, it is evident that these are presented as intrinsically related to the eating-related thoughts and behaviours, reinforcing the notion that EDs are largely, if not exclusively related to disordered behaviours. DSM criteria do not communicate the importance of an individual’s multifaceted sociocultural context, inadvertently rendering its various influences on one’s lived experience of their ED insignificant. In light of this, the last two decades have seen many researchers advocate for the use of the continuum hypothesis in conceptualising EDs, rather than solely relying on the categorical nature of the DSM-5 criteria as a diagnostic tool (American Psychiatric Association, 2013; Dennard & Richards, 2013; Graber et al., 2003).

Despite the growing recognition of the shortcomings of the biomedical model in the context of EDs, the DSM-5 remains as one of the most frequently utilised diagnostic tools by healthcare

practitioners, indicative of its continuing dominance in assessment and treatment of EDs (Hay, 2020). In turn, this can often have implications for how EDs are portrayed by research and therefore, understood by consumers of research. Hence, there is a need to recognise that although EDs are largely characterised by maladaptive eating-related thoughts and behaviours in the DSM-5, they hold meaning in the context of people's lives; they are far from a mere presentation of dysfunctional, reiterative thoughts and behaviours centred around eating, weight, shape, or exercise (Culbert et al., 2015). Further, it is equally important to allude to how recovery in particular ties into these individuals' lives. It is imperative to attend to recovery when thinking about lived experiences of EDs, irrespective of whether an individual finds themselves to be recovered, in active recovery, or perceives the concept of recovery as unimaginable (Malson et al., 2011) or unattainable. This is important as it seeks to move beyond popular medical discourses of ED recovery that are conceptually defined by clinical parameters.

It is evident that some studies exploring ED recovery comprise participant populations who meet diagnostic criteria for one or more EDs (Eikey & Booth, 2017; O'Brien, 2015). One of the fundamental reasons for the scarcity of subclinical EDs in the literature is that individuals must overcome the rigours associated with meeting stringent diagnostic criteria in order to be categorically considered as someone who is in need of support, particularly in clinical settings (American Psychiatric Association, 2013). As mentioned above, one of these rigours entails systemically-imposed BMI parameters deemed indicative of a state of 'ill health' worth seeking support for, particularly in the context of EDs like AN (Hay, 2020; Hebebrand et al., 1996). Research demonstrates that there is a large portion of individuals who suffer from many of the symptoms associated with the diagnostic criteria for AN, but are not categorically 'underweight',

therefore they do not receive an official diagnosis (Eikey & Booth, 2017). In turn, for those who do not meet this criteria, this medically-laden perspective posits their personal experiences of physical and psychological distress as less than those with a formal diagnosis, rendering it extremely challenging for them to access avenues of support. Existing forms of support for eating disorders include intensive outpatient treatment, partial hospitalisation, residential treatment, and inpatient hospitalisation, all of which are frequently implemented within routine care for clinically diagnosed EDs (Morrissey & Oberlin, 2019). In turn, the lack of access to these means of support for those with undiagnosed EDs underscores the importance of early intervention for individuals with subclinical EDs, as a diagnostic label should not be conducive to a lack of support services.

Secondly, it speaks to a number of challenges to access to healthcare services that individuals may grapple with. These include structural barriers like cost of healthcare services (Cachelin et al., 2001; Evans et al., 2011), inaccessible services in remote areas (Mulders-Jones et al., 2017), discriminatory attitudes and practises of healthcare professionals (Lacey et al., 2020), or psychosocial deterrents like guilt or shame associated with seeking support with their ED (Cachelin & Striegel-Moore, 2006; Hart et al., 2011). Some studies have found that these commonly perceived barriers to healthcare services in the space of psychological distress are present cross-culturally. For example, self-reported rates of having experienced one or more of these barriers amongst affected individuals were nearly indistinguishable when comparing their prevalence in the context of St. Louis, U.S. and Christchurch, New Zealand (Wells et al., 1994). In terms of the implications of clinical EDs-dominated research, individuals affected by EDs who are not granted an official diagnosis due to the assigned lack of severity of their distress or

due to a lack of access to services may be less likely to seek therapeutic support (Musolino et al., 2016) and voice their lived experiences in the literature (Kirsten & du Plessis, 2008).

It is worth acknowledging that some critical feminism-orientated studies exploring ED recovery in particular have attended to those who self-identify as experiencing EDs (Eikey & Booth, 2017; Jones & Malson, 2013; LaMarre & Rice, 2016, 2017; Moulding, 2016), and often these studies include both those with and without an official diagnosis (Eikey & Booth, 2017; Jones & Malson, 2013; LaMarre & Rice, 2016, 2017). Other research on subclinical presentations of EDs has focused on the sphere of feminist-informed protective factors, rather than ED recovery (Wacker & Dolbin-MacNab, 2020).

Alternatively, these individuals may not express interest in response to participant recruitment advertisements as they may feel as if they are unable to fulfill the proposed eligibility criteria. Pragmatically, broadening diagnostic parameters may help these individuals and their experiences to be legitimized, leading to increased access to healthcare services and other forms of support. Alternatively or additionally, we might explore avenues of broadening criteria for research, such that we hear from those whose experiences have not been clinically legitimized. Researchers can undertake more responsibility in ensuring we include these populations into our studies. This need to consider how to be more inclusive in research practises on EDs has informed the sampling methodology of the present study, as it has been the driving factor behind why this research project does not require individuals who wish to voice their lived experiences of ED recovery in the context of Instagram to have been assigned an official diagnosis of their ED. In some cases, subclinical EDs may eventually receive a formal diagnosis, although

typically this occurs as a result of exacerbation of the individual's ED experience (Bunnell et al., 1990).

Hence, the importance of early intervention and access to treatment in a timely manner is not only worth considering in the context of providing adequate support for those actively struggling with EDs, but the significance of proactive care is also applicable to ED recovery. Inevitably, lived experiences of ED recovery are an important part of EDs, thus there are implications of the lack of validation and support for subclinical EDs within clinical settings. EDs that are considered to be subclinical or subthreshold may be less likely to be featured in the literature on lived experiences of EDs (Wacker, 2018; Wacker & Dolbin-MacNab, 2020), and therefore those who have a story to tell about their recovery experiences may be discouraged from doing so in the face of their historical overshadowing by clinically legitimized EDs. In an attempt to honour those whose ED suffering has often been overlooked in healthcare settings and research practises, in exploring the ED recovery lived experiences of those who use Instagram through a narrative thematic lens, I aim to hold a space for these stories to be voiced.

EDs, body positivity and healthism

There is some evidence to suggest that stories of ED recovery may be related to broader discourses about food, bodies, and beauty. The literature specifically points to prescriptive notions of 'body positivity' and 'healthism' situated within a modern, neoliberal society. Body positivity seeks to challenge long-standing ideals of feminine beauty rooted in socially constructed versions of conventionally attractive, desirable, and longed-for bodies (Cohen et al.,

2019; Jafari et al., 2016; Jones, 2019; Lazuka et al., 2020). Research suggests that many advocates of body positivity, as well as followers who seek out such content are recovering from one or more EDs themselves (Cwynar-Horta, 2016).

Some recent research has argued that body positivity may implicitly promote obesity and adverse health outcomes (Muttarak, 2018), although no studies have corroborated this. Instead, the body positivity discourse may represent a weight bias that associates ‘fat’ with ‘unhealthy’ behaviours and assumes that accepting one’s body in its true shape and form infers not taking adequate care of it (Puhl & Heuer, 2009). In turn, positive body image is related to health-promoting behaviours, and is negatively associated with health-hindering behaviours like fad dieting, excessive consumption of alcohol and smoking (Andrew et al., 2016). In the context of ED recovery and social media use, there has been very little research to shed light on this area. However, Jones (2019) found that the current prominence of body positivity on Instagram can provide a means for challenging norms of female beauty, and subsequently allow space for discussion of diverse versions of ED recovery.

However, although the body acceptance premise of body positivity allows for a growing acceptance of diversified versions of EDs, this dialogue is ultimately laden with prescriptive ideas around self-control and discipline. This has often been termed as the ‘healthism’ narrative, defined as a moral imperative to be healthy and continually pursue a state of health (Gibson, 2021) or as a preoccupation with health, a marker of wellbeing which is to be attained and maintained through the ever-changing modification of one’s lifestyle choices (Ryff & Singer, 1998). Hence, it is important to attend to these broader discourses about ways of life and

specifically how they play out on Instagram, in order to gain insight into lived experiences of ED recovery.

Chapter Two: Methodology and Methods

In this chapter I outline the methodological approach employed in the present study and explain how the data collection and analysis process were conducted. Firstly, I discuss the epistemological and ontological positioning of the research. Then, I present the various ethical considerations as they apply to this study and the respective strategies implemented throughout the study in order to ensure adherence to such ethical principles. I describe how participants were sought and recruited, including the eligibility criteria. Following participant recruitment, I discuss how the primary data was collected, transcribed, coded, and analysed employing a narrative thematic analysis approach. Finally, I discuss methodological challenges that I encountered throughout the duration of this research project and explain how I overcame these.

Epistemological and Ontological Considerations

This section explores the theoretical and conceptual frameworks that inform the methodological development of this research thesis. It focuses on the discussion of the ontological and epistemological positions of constructivism and social constructionism, respectively. Prior to clarifying the theoretical branch of ontology used in this study, it is important to clarify what is meant by the term ontology. Ontology is defined by (Crotty, 2003, p. 10) as “the study of being”. It is concerned with “what kind of world we are investigating, with the nature of existence, with

the structure of reality as such”. Similarly, Guba and Lincoln (1989, p. 83) state that the ontological assumptions are those that respond to the question “What is there that can be known?” or “What is the nature of reality?” The present study aligns with a constructivism viewpoint, an ontological stance under the umbrella term ‘interpretivism’. The interpretivist paradigm contends that reality is multi-layered and complex, and therefore a single phenomenon can hold multiple interpretations (Hiller, 2016). More specifically, constructivism claims that social reality is subjective and thereby, co-constructed through human experience (Peters et al., 2013; Ramoglou & Zyglidopoulos, 2015). Individuals’ reality is determined by their lived experiences, and consequently their interpretation of them. It emphasises the ways in which systematic processes may be created and employed by human beings for meaningfully understanding their worlds as reality, and focuses on the personally-ascribed meanings to their embedded lived experiences.

On the other hand, epistemological considerations include “a way of understanding and explaining how we know what we know” (Crotty, 2003, p. 3). Epistemology also seeks to provide “a philosophical foundation for determining what kinds of knowledge are plausible, and how it can be ensured that knowledge is both adequate and legitimate” (Maynard, 1994, p. 10). As an epistemological standpoint, social constructionism suggests that individuals do not have direct access to external reality, but only to their own constructions of what is real, and that this transpires in collaboration with their sociocultural context, meaning that all of what they deem to be knowledge is socially constructed (Crotty & Crotty, 1998). Social constructionism purports that historically entrenched understandings of phenomena are fluid rather than fixed, as previously unquestioned certainties hold the ability to change as a function of their social

circumstances (Berger & Luckmann, 1966; Allen, 2005). In alignment with this understanding of knowledge, as the present study aims to stray away from producing a single, fixed understanding of what ED recovery looks like in the context of Instagram use, I will instead explore the specific and socially constructed recoveries shared by participants.

Some literature exploring lived experiences of EDs and ED recovery have argued that “People themselves are pivotal to journeys of ED recovery” (Morrissey & Oberlin, 2019, p. 89). This cultivates the understanding that the individuals themselves are what constitutes the essence of their human experience, that is the ‘lived’ component of their stories. In saying that, the realities of those who have been affected by EDs and therefore, who have a story to tell about their respective recovery journeys are socially contingent, meaning that they are collectively constructed by the affected individuals themselves and their corresponding social contexts through shared discourse. In turn, this research project would be doing a disservice to those who have been affected by EDs if it was to abstain from bringing their role to the forefront as a central agent in not only how they co-create their stories within their sociocultural milieu, but also what kinds of meaning they assign to such narratives. Thus, this research project is designed to attend to both the role that people play as agents in co-constructing their stories in relation to their sociocultural milieu, as well as the meanings they assign to these narratives.

Instagram is a digital platform used for social networking (Jansen et al., 2010; Whiting & Williams, 2013), making it a layer of individuals’ social context and related to their lived experiences of ED recovery. Instagram accounts specifically, which are typically run by one individual, arguably create a collection of socially constructed mediums, which simultaneously

interact with each other. Thus, Instagram is presented in the present study as the overarching arena that shapes a part of the individual's sociocultural context, whereby Instagram accounts run by Instagram users are responsible for the micro interactions that occur between Instagram users. Those who have a story to tell about their ED recovery experience and Instagram use embody a framework within which we can explore how this kind of social context contributes to their lived experiences of ED recovery.

In addition, through a constructivist-interpretive paradigm, it is possible to gain insight into the interpreted meaning they ascribe to their experiences. Guterman (2006) argues that, "Although both social constructivism and social constructionism endorse a subjectivist view of knowledge, the former emphasises individuals' biological and cognitive processes, whereas the latter places knowledge in the domain of social interchange" (p. 13). Hence, constructivism emphasises an individual's perspective of their lived experiences that constitute their reality, specifically their journey of ED recovery while using Instagram in this study, excluding the notion that this experience of reality ultimately emerges from their socialisation within their wider societal landscape; therefore, social constructionism accounts for this extra dimension of ontological and epistemological considerations.

In summary, social constructionism is one relevant framework within which to ground this research inquiry, given that this study focuses on the influence of ongoing social interactions on Instagram, including micro interactions between users themselves, as well as broader interactions with overarching, often tacit dialogues around recovery biopedagogies, body image, body positivity, diet, and exercise that may be present on Instagram. Thus, lived experiences of ED

recovery are considered to be constructed in collaboration with, and beyond their social experiences with using Instagram. Employing a social constructionism perspective, arguably posits individuals as being ‘in conversation’ with different Instagram users, as well as with the broader messages about ways of life in relation to EDs and recovery that infiltrate Instagram. Simultaneously, a constructivist stance is useful to adopt in order to emphasise the notion that realities of lived experiences of ED recovery and Instagram are largely determined and shaped by the individual’s unique experiences and their subjective perceptions of these experiences.

In essence, this study leans on a constructivist framework as it seeks to gain insight into the lived experiences of ED recovery and using Instagram, which participants perceive as a fragment of their contextualized reality. Further, this is explored through a lens of social constructionism, aiming to delve into the niche social context that is their experience of using Instagram, and the ongoing dialogues within this space in relation to their recovery journeys. The rationale behind this study’s adoption of these frameworks is that it aims to challenge research goals associated with creating or corroborating universally ‘true’ assumptions for the human experience. In line with constructivism and social constructionism, this study seeks to focus on showcasing a repertoire of personal meanings embedded in nuanced lived experiences. In doing so, the findings aim to elucidate localised and provisional patterns of meaning, as opposed to invariable and universal understandings that attend to traditional reality and knowledge claims (Allen, 2005; Burr, 2015).

As the present study also aligns with a feminist-orientated framework, it is worth highlighting how this perspective is grounded in principles of research inquiry contrary to traditional views of

objectivism. Supplementary to social constructionism and constructivism, feminism assumes knowledge to be historically and culturally situated, with meaning being varied and prone to change (Maynard, 1994). In the context of EDs, feminist perspectives seek to challenge understandings of EDs that are tethered by a set of fixed characteristics (Burns, 2004; Malson, 2002; Malson & Burns, 2009a, 2009b; Squire, 2003). Exploring discourse is one of the central tenets of a feminist perspective of research inquiry, as it refers to a way of thinking about something that then influences how it is viewed, thought about and experienced (Van Dijk, 1997). Feminism emphasises the influence of various social discourses on lived experiences of EDs, as transmitted through both social interaction and individual behaviours (Busanich & McGannon, 2010).

For example, some research argues that dominant discourses centred around eating in Western society often depict food as ‘a body management tool’ (Kilbourne, 1994). It is important to note that the methodological framework of this study largely gestures at the notion that individuals affected by EDs actively construct their own realities, but that simultaneously there is a potential for their creation of their realities to be infiltrated by broader femininity-focused discourses around diet, exercise and self-control (Carey, 2009). Feminist psychology has often been said to “call into question and deconstruct categories that are harmful and limiting to women’s well-being” (Busanich & McGannon, 2010, p. 8). Some research also suggests that many phenomena of dysfunction disproportionately impact women, such as low self-esteem, body dissatisfaction, and disordered eating (Gergen, 1991; Ussher, 2006). Therefore, a feminist perspective seeks to highlight the various ways in which the overarching dialogues about EDs disempower women’s experiences. It aims to provide insight into how disordered eating

experiences are conceptualised through social discourse, and therefore the implications for this in the context of women's lives.

Project Summary

The overarching aim of this research project was to gain insight into the lived experiences of ED recovery of women in New Zealand, as they navigate various discourses related to body image and eating-related behaviours depicted on the photo-sharing app Instagram. The underlying drive behind the desire to explore this was grounded in the lack of available literature pertaining to the lived experiences of EDs across women in New Zealand in the context of social media. This study sought to broadly explore ideas such as whether Instagram was broadly perceived as a detrimental digital platform implicated in the onset and the maintenance of EDs, a photo-sharing app which has the potential to assist those with EDs in their recovery journeys, or both and how these polarising effects of Instagram operate and are bound contextually.

It is worth noting that there was no specific hypothesis when thinking about the ways in which people thought about and used Instagram in relation to ED recovery, but rather an open-minded perspective that their stories would likely embody a nuanced and intricate narrative in relation to how Instagram fits into their ED recovery experiences. The core research question was: "What stories do women in New Zealand recovering from EDs tell about their social media experience, particularly in using Instagram?" Within this broad question, a series of sub-questions were explored: "How does Instagram use interact with these women's experiences of ED recovery?"

and “What downfalls and/or benefits do women see in relation to Instagram use and ED recovery?”

Ethical Considerations and Mitigation Strategies

A key ethical concern for this project was the potential for psychological distress or discomfort to be experienced by participants. It was considered plausible that this research project may instigate a trigger for a recall of previous, potentially traumatic lived experiences. Several strategies were implemented in an attempt to mitigate the risk of the potential for psychological distress or discomfort. If there was an indication of a participant feeling distressed or uncomfortable, the interview was paused and the participant was asked if they would like to take some time out or stop the interview entirely.

One key rationale behind this course of action was to honour the participant’s ability to exercise personal choice and to prompt myself as the researcher to follow their lead, accordingly. Each participant was also provided with a free-of-charge contact number for organisations, such as Youthline and Anxiety New Zealand prior to their interview, in order to offer available means of acute therapeutic relief. Such resources for support were included in the participant information sheet and they were reiterated to each participant shortly before commencing their interview. Interview questions posed to each participant were designed to, as much as possible, avoid inscribing judgment on thoughts and behaviours of the participant.

The semi-structured design of the interview permitted for some flexibility in tailoring the interview questions according to the participant’s emotional state. Initially, I had anticipated

incorporating non-verbal cues such as professional body language, including a comfortable distance between the researcher and the participant and attentive eye contact. A pleasant environment including a box of tissues, a drink of water, and a comfortable seat were also considered. However, given the unprecedented circumstances of COVID-19, and therefore the unforeseen shift to conducting participant interviews virtually via Zoom meant that a number of these mitigation strategies became redundant and could not be implemented. Nonetheless, a professional body language, attentive eye contact and a warm aura were still considered essential to developing rapport and trust between myself and each participant during their interviews.

I considered the conversation between myself as a researcher, and the participant to be the nucleus of the emerging research data given the qualitative methodology of the study, thus I felt that it was particularly important to consider multiple avenues of facilitating an enjoyable dialogue for both parties. However, I felt limited in my ability to exercise such strategies given the virtual nature of the participant interviews. Another way of minimising the risk for social distress or discomfort was to preemptively thank each participant for their contribution to the research project upon meeting them for the first time in order to foster a collaborative, friendly environment. This was especially important given the unexpected inability to conduct participant interviews in a physical environment and therefore, interact with them in person.

Other ethical considerations included the potential for social distress or discomfort instigated or exacerbated by the imbalance in power between the researcher and the participant. For example, it was considered that if a participant had perceived the researcher as having a role of authority or greater expertise within their dyadic interaction, it was anticipated that this may elicit feelings

of intimidation or unpleasant confrontation. Further, it was considered that participants may feel obligated to provide a response to each question during their interview. In order to mitigate potential feelings of coercion or pressure to take part in the research project, it was outlined during participant recruitment that participation in the study was entirely voluntary. Lastly, to combat the risk of participants feeling like they must answer each question, each participant was informed that they have the option to not respond to a certain question, if they did not wish to.

Participant Recruitment

The present study's research proposal was approved by the Massey University Ethics Committee (refer to Appendix D). Eight participants were interviewed. There was an intention to gather between eight to ten participants, in order to achieve a sizable amount of qualitative data to answer the research question without moving beyond the logistical and pragmatic limits of the research project. The eligibility criteria proposed for potential participants included:

- Must be at least 18 years old
- Identify as a woman
- Are currently living within New Zealand (it was not necessary that the potential participant had lived in New Zealand for the entire duration of their eating disorder)
- Speak fluent English
- Use the photo-sharing app "Instagram" on a regular basis (a minimum of three times a week)
- Have either experienced a form of an eating disorder previously and/or are currently experiencing an eating disorder, but are on the journey to recovery

- Are available for a 60-90 minute interview via Zoom or Skype
- Exclude those who are currently undergoing in-patient treatment, but can include those who are receiving “talk therapy” and/or intensive outpatient treatment

Potential participants did not require an official diagnosis for their eating disorder. The rationale behind this was to avoid the risk of omitting potential participants who have either not sought professional help or do not qualify for an official diagnosis of their eating disorder, or both. Participants were those who self-identified as having experienced one or more EDs and their recovery stories were largely founded upon their self-determined place of recovery, even for those who had been assigned a state of remission by their healthcare professional.

The study was predominantly advertised via posting a recruitment poster (refer to Appendix A) on various social media platforms, specifically Facebook and Instagram. In addition, certain EDs organisations within New Zealand like The Eating Disorders Association of New Zealand (EDANZ) and Voices of Hope were contacted via email, in order to advertise the present study by sending the study information sheet (refer to Appendix B) alongside the recruitment poster. Sharing the research project’s details on Facebook and Instagram proved to be the most effective means of advertising, as this recruitment strategy yielded the greatest expression of interest, with Instagram being the predominant platform via which the majority of the participants that ended up partaking in the research project responded on. Information about the participant’s privacy, confidentiality, the audio recording of data, the processes in place for data management, and details regarding how the findings will be disseminated was provided in an information sheet to each participant who expressed interest in taking part. Of the eight participants that ended up

partaking in the study, seven of them fit into the age range of 18-25 years old, with one participant being in her late 40s. All eight participants identified themselves as Pakeha.

Participant Confidentiality and Data Storage

Each participant was assigned a pseudonym to ensure identity anonymity. Each participant was given the opportunity to choose their own pseudonym upon meeting with them for their interview, prior to recording their interview. If they did not have a preference, I selected a pseudonym for them that had not been used by any of the other participants. An application called “Otter Voice Meeting Notes” was used to record and store each audio recording of participant interviews, where there was a passcode required on the cellphone used in order to access any of this recorded data. Each copy of each participant’s informed consent form was stored on the survey software Qualtrics. Each participant’s full interview transcript and their transcript summaries were stored on Massey OneDrive.

Data Collection

Prior to data collection, each participant was given an informed consent form, outlining that there will be audio recording throughout the duration of the interview. An online consent form was created and made available for participants to fulfill on a secure online survey software called Qualtrics, accessible via Massey University. The online consent form was preceded by the participant information sheet on the survey software Qualtrics, in order to aid participants in completing their informed consent form. There was no anticipated concern pertaining to lack of

capacity of participants to consent. Nine potential participants completed the online informed consent form, of which eight participants ended up partaking in the research project. The participant that did not end up taking part in the study did not express a particular reason for their decision to withdraw from participating, but rather communication from this participant simply ceased. A follow up email was sent to this participant in order to confirm whether they still wanted to take part or not, but no response was received from them. Informed consent forms were reviewed with each participant before beginning their interview in terms of the key points to ensure that each participant was aware of their participant rights. It was also outlined that informed consent is on-going throughout their participation in the research project, so each participant was informed that they were able to withdraw from the study at any point in time up until eight weeks after data collection.

The participant information sheet included all of the information regarding what the study entailed. Each participant was asked to re-affirm permission to record the interview directly before the interview commenced. This was also included in the informed consent form/participant information sheet. Participants were informed prior to commencing their interview that I would take relevant notes throughout the duration of the interview to ensure a cohesive flow of each interview. However, although I had intended to take relevant notes throughout the duration of each interview, I later decided to abstain from doing so, in order to facilitate a more genuine, informal ambiance to the conversation. This was also done in the interest of mitigating the risk for the inevitable power imbalances between myself as a researcher and the participant.

As the constructivist-interpretive paradigm is central to this study, the premise of this theoretical framework is that reality is constructed through interactions between a researcher and the research subject (Berger & Luckmann, 1966). By extension, social constructionism and constructivism emphasise the role of qualitative methods as a means to explore, discover and interpret novel understandings of the phenomena of interest (Ormston et al., 2014; Schwandt, 1994). According to Cleland and Durning (2015), “within a constructivist approach, interviews are conducted from a perspective that acknowledges the subjectivities of both the participants and the researcher, considering the participant an active contributor and a co-constructor of knowledge, more than a “fountain of facts”” (p. 71).

Therefore, given the qualitative nature of this study, primary data was collected via one-on-one semi-structured interviews. Participants were given an option prior to deciding on a date and time for their scheduled interview to have their interview take place via the digital communication platform Zoom or Skype. All participants chose to have their interview conducted via Zoom. Given that participant interviews were conducted via Zoom, all participants were verbally asked if they would like to turn their video camera on or off during the interview, to which all participants agreed to have their video camera on for the duration of their interview. Up to 90 minutes were allocated for each interview and any additional time for pre-meetings in order to develop genuine rapport with participants was offered, although no participants expressed interest in doing this. Although the majority of interviews did not exceed the 1 hour mark significantly, 90 minutes were accounted for in anticipation that participants may require more time to become comfortable with the interview questions or to recall certain information regarding their experiences, given that some questions gestured at retrospective information.

This was especially important given the semi-structured nature of the interview format and therefore the great number of open-ended questions, which meant that some participants chose to divulge a greater amount of detailed information than others, and it was vital to create a space for them to do so, in order to capture the nuances of their respective stories, which is the central aim of the research project. The study also discussed a personal and sensitive topic to the interviewee, that is their lived experiences of EDs and ED recovery, therefore it was anticipated that perhaps some participants may experience psychological distress or discomfort when revisiting painful memories and therefore, may need additional time to complete the interview. No participants exhibited or expressed feelings of significant distress or discomfort throughout the duration of their interview.

Interview duration varied across participants, with the shortest interview being 34 minutes long and the longest interview being 1 hour and 20 minutes long, with the average length of time being 1 hour (approximately). The focus of the interview questions included the extent to which participants engaged with Instagram, the perceived significance of particular features of the app in their daily use of it, including visual content, number of likes and comments, semantic content of comments, and story content. It also explored aspects of participants' experience of using the app in relation to their ED recovery such as their experience with Instagram users with a large following known as 'social media influencers' or 'content creators', specifically those in the broader health and fitness space (refer to Appendix C).

There is no doubt that conversing with participants through a computer screen cannot be entirely comparable with interacting with someone in the flesh, so to speak. Although conducting

participant interviews virtually was broadly analogous to an in-person conversation, there were a handful of disadvantageous occurrences that took place during these interviews, all of which were envisaged prior to commencing the interviews. One of these included delayed or disrupted Wi-Fi connection, which often meant that myself or the participant were required to repeat ourselves. This was not conducive to mitigating the risk of psychological distress or discomfort for the participant, particularly if they had shared a part of their story amidst an interruption in Wi-Fi connection that was particularly challenging for them to disclose. It was ensured that each participant was happy to continue their interview in these instances by asking them if they felt comfortable to do so. In response to this, no participants exhibited or expressed that they were experiencing distress in light of these occurrences.

It also meant that interviews sometimes ran over the anticipated time of duration, which may have been perceived as an inconvenience for the participant who had agreed to a maximum of 90 minutes of their time. However, no interviews exceeded a duration of 90 minutes. These occurrences would have been considerably less likely to arise during an in-person interview. Other pitfalls that were associated with conducting participant interviews via Zoom included the inability to perform gestures like shaking the participant's hand, as well as both myself as the researcher, and the participant not being able to observe the other person's entire body language, given that Zoom interviews typically only display the top half of each conversation participant. However, in the context of ED recovery, arguably the avoidance of potential bodily comparisons due to Zoom may have been favourably perceived by some participants.

Despite this, I made an effort to mitigate these challenges and establish genuine rapport with each participant. In an attempt to achieve this, I introduced myself to each participant at the beginning of the interview and I provided a brief overview of who I am and why I decided to explore New Zealand women's lived experiences of ED recovery and Instagram use. Although participants were broadly informed of the types of questions that would be posed to them by their participant information sheet that they were provided with, I also ran through the forthcoming questions with them in more detail, before beginning to ask those questions throughout the interview. Participants were asked if they had any concerns that they would like to be addressed before beginning the interview, in an effort to foster a sense of trust and confidence in their interactions with me. No participants expressed any concerns at this time. Participants were thanked for their participation both at the beginning and end of their interview.

During participant interviews, I learned to embrace moments of silence as I came to realise that although these instances seemed 'unproductive' at times, that they helped to uncover the richest insights. I provided participants with ample time to respond to each question, particularly for more open-ended questions like, "If you were to give advice to someone in ED recovery who uses Instagram, what would you say?" I felt that this helped to hold space for participants to share the most authentic version of their stories by providing an opportunity for them to reflect on their lived experiences, as well as lessen their potential expectations of needing to provide 'the right answer'. In line with a constructivist-interpretive paradigm, in embracing these moments of silence I aimed to demonstrate to participants that I adopted the role of a listener, and that they had space to offer their candid perspectives. Lastly, another way in which I endeavoured to build a genuine rapport with participants was by accentuating that their honest

and unfiltered beliefs, opinions, and lived experiences are greatly appreciated and invaluable to this research project.

Data Analysis

In this section, I discuss how and why a narrative thematic analysis approach that draws on Riessman (1993, 2008) and Braun and Clarke's (2006) approach was employed to make sense of participants' stories they told about ED recovery and Instagram use. In particular, I attend to the particular steps taken in line with this approach, including interview audio transcription, the coding process, and the creation of themes positioned as nuanced representations of participants' narratives. I also outline how narrative thematic analysis aligns with the underlying epistemological and ontological underpinnings of social constructionism and constructivism.

Transcription is the first step in Riessman's narrative analysis framework; it provides an opportunity for the researcher to familiarise themselves with participants' stories, specifically in identifying areas of parallelism and heterogeneity (Reissman, 2008). Following completion of participant interviews, the free version of the Otter Voice Meeting Notes app was used to conduct verbatim transcription of each participant's interview audio, which automatically transcribed the first 40 minutes of each interview recording. Each interview was then transcribed manually for the entire duration as machine transcription from the Otter Voice Meeting Notes app proved to be inaccurate at times. This was often due to muffled noise, a quiet voice of the speaker, or an interruption in internet connection, all of which made it difficult for the audio to be correctly transcribed by the app. Therefore, to ensure accuracy and consistency all interviews were manually transcribed by myself from start to finish. Each interview was transcribed in a detailed

manner, indicating long pauses and emphasis on particular words, and each audio file was listened to on several occasions to ensure accuracy.

Each participant was asked on their informed consent form if they would like to receive an audio recording of their interview, as well as their transcript summary. Throughout discussion with my primary supervisor Dr Andrea LaMarre and Dr Pita King, it was decided that the provision of a transcript summary may elicit more engagement and feedback than a full transcript, which may be quite onerous and laborious for participants to review. Thus, a transcript summary was offered verbally upon request at the beginning of each interview. The rationale behind providing participants with a summary of their transcript was to give them the opportunity to review and make any adjustments they would like, therefore it was imperative to ensure that the transcript summaries truly resonated and aligned with their respective lived experiences.

By the same token, I acknowledge that conducting interviews as a data collection method is arguably a social construction of knowledge in and of itself, given my constructivist-rooted positioning as a researcher in collecting and therefore, 'creating' the emerging data in collaboration with the participant. Charmaz (2006) argues that "constructivists acknowledge that their interpretation of the study's phenomenon is itself a construction" (p. 187). Providing participants with an opportunity to review their transcript summary was done in the interest of proactivity and accountability from myself as a researcher, as the transcript summaries were largely founded upon my personal and subjective interpretation of the narration of their stories. Hence, my understanding of their accounts was naturally prone to errors of inaccuracy or misunderstanding. For those who expressed interest in receiving a transcript summary, it was

clearly communicated to each participant that if I hadn't heard from them within the following two weeks from the date of sending them their transcript summary, then it would be assumed that the summary of the transcript may be used for data analysis.

A transcript summary was written by me for each participant, although transcript summaries were only sent to those participants who expressed interest in receiving one. Consistent with Reissman's (1993, 2008) approach to analysis, these summaries were written in a narrative-orientated manner, by creating a chronological 'snapshot' of the nuanced content in each participant's story, as told from beginning to end. Five participants selected "Yes" to receive a transcript summary on their online informed consent form, one of which had selected "No" on their informed consent form, but verbally expressed in the interview when revisiting her informed consent form with me that she would like to receive a transcript summary.

Four out of the five participants who received their transcript summaries responded. The general response was that participants were happy with the summary of their stories. No alterations were requested to be made by participants, other than one spelling error observed and brought to my attention by one of the participants. One participant who received their transcript summary did not respond. Four participants selected "Yes" to receive an audio recording of their interview, but upon revisiting each participant's informed consent form, all participants verbally declined to receive an audio recording of their interview. This was either due to participants having made an error in their digital informed consent forms and selected "Yes" when they had meant to select "No", or retracting their response as they had simply changed their mind.

Following interview transcription and the creation and dissemination of their respective transcript summaries, each interview transcript was coded using the NVivo (version 12) coding software. Data was manually coded using terms that connoted the meaning of the coded segments, such as “body image”, “barriers to recovery”, “consumerism culture”, and “objectification”, to name a few. Data was analysed using a narrative thematic analysis approach in order to collate the coded data into insightful and coherent patterns of meaning that participants had ascribed to their lived experiences (Riessman, 1993, 2008). EDs research has often employed variants of thematic analysis in order to convey understandings of what lived experiences of EDs are like (Herrick et al., 2021; Ross & Green, 2011), particularly pertaining to ED recovery (LaMarre & Rice, 2021; Saunders et al., 2019), although typically Braun and Clarke (2006) is the more common framework used to conceptualise lived experiences of EDs.

However, in an attempt to honour patterns of meaning that are traditionally labelled as ‘ambiguities’ or ‘deviant’ responses that don’t fit into rigid typologies (Alhojailan, 2012), I turn to a narrative-grounded lens of thematic analysis (Riessman, 1993, 2008). Contrary to traditional approaches to thematic analysis, which often extract themes that most represent the ‘data’, and compare these shared patterns of meaning, narrative analysis allows for a more fluid approach to characterising text and language (Riessman, 2008; Esin, 2011). Traditional practises associated with thematic analysis at times assume that the accounts of individuals in a given group resemble each other, as fragments of their accounts are collectively organised around corresponding themes (Riessman, 2008). In adopting a narrative lens to thematic analysis, there is room for thematic variation in meaning across individuals’ stories to rise to the surface of their analysis, as well as broad similarities in their accounts.

A narrative approach to thematic analysis, although it attends to showcasing commonalities found across various narratives, it presents these patterns of meaning in relation to the story, as told by the participant. As Riessman (2008, p. 53) says, the narrative analysis framework focuses on “the case, rather than the component themes across the cases”. Each part of the narrative is considered to be intertwined with its corresponding fragments, creating a coherent piece of language through which meaning can be discerned (Riessman, 1993, 2008). Further, narrative thematic analysis seeks to understand participants’ stories beyond their lived experiences, by simultaneously presenting them in relation to their wider sociocultural context and how these broader forces fit into the ‘lived’ part of their stories (Ross & Green, 2011). While the focus of narrative analysis is to honour each participant’s individual story, it also provides a vehicle for exploring other stories that may constitute a larger “metastory” (Cooper Berdayes & Berdayes, 1998), creating a more inclusive representation of their lived experiences.

In discussing the use of narrative thematic analysis to present my findings, I also situate narrative analysis within the framework of sociocultural theory, particularly social constructionism and constructivism as the epistemological and ontological underpinnings of this research. Broadly, Riessman (1993, 2008) suggests that in the context of narrative analysis, stories are created and told to help organise and make sense of people’s lives. Narrative inquiry has been defined as a methodology “in which stories are used to describe human action” (Polkinghorn, 1995, p.5). As such, in line with social constructionism, narrative analysis provides a useful method for uncovering the underlying ideologies embedded in stories of ED recovery in relation to Instagram use, and the broader sociocultural forces that contribute to creating these narratives.

Constructivism, on the other hand, coincides with Riessman's narrative analysis framework (1993, 2008) as it provides an analytical framework within which the localised meaning of 'small stories' assigned to these narratives in the context of everyday interactions, such as Instagram use, can be explored. As stories assist humans to assign meaning and purpose to their life experiences, narratives align with the constructivist-interpretive paradigm as they act as a unit of analysis in gaining insight. Narrative analysis also finds some common ground with feminist-orientated theoretical underpinnings of this research, as its framework has often been employed by feminist scholars to highlight historically overlooked versions of EDs and recovery (LaMarre & Rice, 2016, 2017).

As narratives represent storied ways of knowing and communicating this with others (Hinchman & Hinchman, 1997), I focus here on oral narratives of personal experience. Given the narrative lens of thematic analysis, a somewhat fluid typology of narratives is presented as organised by themes, as illustrated by vignettes of participants' stories. In line with narrative thematic analysis (Braun & Clarke, 2006; Reissman, 1993, 2008), participants' quotes were analysed in depth and each participant's story surrounding that quote was explored in the context of that theme. The three overarching themes that stemmed from participants' stories attended to understandings around whether participants found Instagram use to be generally helpful or harmful and how this tied into their lived experiences, which specific types of Instagram accounts and features of the photo-sharing app were particularly helpful, harmful or both and how this shaped their recovery experience, and how participants tended to navigate unhelpful content and the dominant representations around EDs on Instagram.

Chapter Three: Findings and Discussion

This section comprises a discussion of the findings derived from participants' stories they told about Instagram use and their ED recovery journeys in relation to the existing assemblage of literature. As such, here I have chosen to take an integrated approach to situating the results of the study in the body of relevant literature, by presenting these two pieces of analysis simultaneously. Although many studies exploring ED recovery and Instagram use tend to present their results and discussion separately (Eikey & Booth, 2017; Hockin-Boyers et al., 2020a, 2020b; Pater et al., 2016; Saunders et al., 2020), others have presented stories of ED recovery and Instagram use (LaMarre & Rice, 2016) and lived experiences of EDs more broadly (Papathomas et al., 2015) in the context of the wider literature in one section. Parallel to the present study, both of these studies have employed a narrative-focused framework of analysis (LaMarre & Rice, 2016; Papathomas et al., 2015), with LaMarre and Rice (2016) drawing on a narrative thematic lens of analysis in particular.

Further, a synthesised presentation of the current findings and the relevant body of literature strongly aligns with the social constructionism and feminism-situated theoretical framework of this study, as it allows for participants' stories to be more positioned as 'in conversation' with broader dialogues within their sociocultural milieu. It demonstrates how I simultaneously dissect the "what" in participants' stories by analysing their nuanced content, as well as explore the "how" in the ways in which their realities are co-constructed with their surroundings. In addition, it provides a means of showcasing how the stories told by participants substantiate or resist previously explored understandings in the literature, particularly those of EDs and social media

use. It also allows space for discourses that are not explicitly related to EDs or their recoveries and social media use, like moral tales of health and beauty in a neoliberal society, to be explored in the context of ED recovery and Instagram use. Thus, it assists in illustrating the bidirectional relationship between Instagram users in ED recovery and the wider network of narratives in the literature that encircle their lived experiences, by presenting their connection to each other as a coherent, whole assemblage of understandings.

Participants told stories about their personal ED recovery journeys characterized by a number of tensions. These included feeling like Instagram was a place where they could belong, while also recognizing these spaces as potentially harmful. Their stories touched on the different aspects of Instagram use in ED recovery and wove these into their accounts of the tensions that characterized this social media platform. The forthcoming narrative thematic analysis is divided into three levels of understanding: 1. A “snapshot” of their stories of the tensions around Instagram use in ED recovery; 2. An in-depth look at the key material aspects or “settings” of participants’ stories of Instagram use; and 3. A close look at participants as active, involved “characters” in their stories of Instagram use in recovery.

A snapshot into Instagram Use in ED Recovery

Many participants felt that at the outset, Instagram use was generally harmful during ED recovery. However, the vast majority of participants shared that Instagram became much more of a helpful tool in establishing and/or maintaining their place of recovery in their journey after some time, whereas the earlier stages of ED recovery were said to be the most susceptible to the

detrimental effects of Instagram use. In addition, positive outcomes associated with Instagram use were said to be a reflection of participants' efforts to actively, yet cautiously, seek content that served them and their recovery journey well. One participant shared:

“I think it can be helpful, but you'd have to have a lot of faith in this. So, I think that it can be really positive, but I think you have to be really specific on what you look at, and I think it's overwhelmingly negative, like compared to being positive. I think the major, like encouragement, is the fact that there are a lot of people out there that are trying to help people with eating disorders and it's nice knowing that you're not alone.”

(Alice)

Here, Alice's story suggests that Instagram use is considerably more associated with negative outcomes than positive ones, exemplified by her saying, “I think that it can be helpful, but you'd have to have a lot of faith in this”. She continues on to say that in order for Instagram to be advantageous during ED recovery, one must be particularly wary about the images that they engage with. Her use of the phrase “overwhelmingly negative” also suggests that there are difficulties that ensue with navigating the pervasive landscape of dangerous or detrimental content on Instagram for those undergoing ED recovery. Her story also speaks to the ongoing toil required of avid Instagram users in order to create a predominantly positive experience of Instagram use in ED recovery for themselves.

She juxtaposes this by mentioning that interacting with others who have had a similar experience to her can be an avenue of social connection and mutual support via Instagram, providing a

glimpse into the nuanced benefits and drawbacks of Instagram use, and therefore the interplay of the two. This excerpt of Alice's story broadly demonstrates that although the virtual space of Instagram may be inundated with harmful content for those experiencing EDs, the user is implicitly expected to divert their unhelpful thoughts and behaviours in the face of such content in order to progress in their recovery journey.

Alice's experience also portrays that although external markers of helpful and hindering information will remain omnipresent nonetheless, particularly in virtual communities like Instagram, the onus is placed on the individual to curate a sphere of images that is suited to their individual needs and wants in their ED recovery. Here, Alice's story begins to showcase the underlying tensions between volitional control and inevitable barriers to ED recovery in Instagram use. Comparably, another participant shared her perspective on the extent to which Instagram use has been helpful in her ED recovery journey. The narration of her experience is rooted in her struggle with ARFID, one of the less commonly reported experiences of EDs (Hay et al., 2017). She also spoke about the use of Instagram during the earlier stages compared to the later stages of ED recovery and shared:

“Social media is a great way to talk to other people that are in the same boat as you and kind of, lean on each other in a way. There's been almost no other support my whole life for this eating disorder, so having or being able to talk to other people across the world suffering from it is kind of helpful because it doesn't make me feel so lonely. So for me, that's how Instagram can help my recovery journey. I think that if you're in the most, like severe part or stage of that ED, or you're at your lowest point in your life, I think

Instagram would be unhelpful. Once you've had recovery for a few months, and you're a lot stronger than you were when you started recovery, then you can kind of...you're in a mindset where you're like, 'Actually, this is going to trigger me, I'm not going to follow this content on Instagram', but I think when you're at your lowest point in your ED, you're not strong enough to tell yourself that it's unhealthy for you." (Caitlin)

Caitlin's story communicates that the mutual social support via Instagram's virtual ED community has been beneficial for her ED recovery journey, although the use of her language may be a reflection of her reservations about this statement as she says that this kind of social connection has been "kind of helpful". Nonetheless, she expresses her appreciation for virtually connecting with others who have had a similar experience to her in the context of her struggle with ARFID. Interestingly, Caitlin's experience denotes that the tendency for Instagram to be constructive for ED recovery is more consistent with the later stages of the course of recovery, rather than the initial stages of its trajectory. She mentions, "I think that if you're in the most, like severe part or stage of that ED, or you're at your lowest point in your life, I think Instagram would be unhelpful".

She continues on to say that throughout the course of recovery, "you're a lot stronger than you were when you started recovery, then you're in a mindset where you're like, 'Actually, this is going to trigger me, I'm not going to follow this content on Instagram'". The underlying message embedded within this piece is two-fold. Firstly, her story insinuates that perhaps the benefits of Instagram use during ED recovery are contingent upon the point in time in one's course of recovery, that is that the repercussions and gains of Instagram use in ED recovery are

conditional, rather than operating in isolation. Contrary to the light in which the literature has portrayed the binary nature of the helpful and harmful effects of social media use (Griffiths et al., 2018; Sidani et al., 2016), particularly Instagram (Tan et al., 2016; Turner & Lefevre, 2017) in ED recovery, this adds a nuanced perspective to the established understanding that Instagram use can elicit, exacerbate, or ameliorate experiences of EDs (Butkowski et al., 2019; Holland & Tiggemann, 2017; Wick & Keel, 2020).

Secondly, as Caitlin speaks about the change in “mindset” towards the later stages of ED recovery, it speaks to the implied responsibility of the user to adopt a different lens of perceiving harmful content on Instagram in such a way as to safeguard themselves from its deleterious effects. It also signifies the ubiquitous presence of “triggering” content on Instagram that may inhibit or halt ED recovery, as there is an emphasis on a change in the individual’s approach to using Instagram, rather than a change in the content that is seen on Instagram. This is followed by her saying, “I think when you’re at your lowest point in your ED, you’re not strong enough to tell yourself that it’s unhealthy for you”. In further support of the abovementioned, this demonstrates that frequent Instagram use may be harmful for those who are struggling to navigate the dangerous content in the face of ED recovery.

It also frames the user’s lack of strength and resilience to manage this as the overarching hurdle in Instagram use during ED recovery, rather than the mere pervasiveness of its unhelpful content. Therefore, Alice and Caitlin’s stories echo the tensions between volitional control and inescapable barriers to ED recovery that are woven throughout their nuanced, lived experiences of Instagram use. Their stories also speak to the complexity of the question, “Is Instagram use

helpful or unhelpful for ED recovery?” Similarly, another participant’s experience represents the ill-defined verdict regarding whether Instagram use is categorically helpful or unhelpful in ED recovery. She says:

“There’s a very fine line between it [referring to Instagram] being helpful and harmful. It’s really interesting to think about the fact that there’s a very unhelpful side of Instagram, but then at the same time, there’s also a really helpful side of it.” (Jess)

Here, Jess outlines the tensions between the benefits and downfalls of Instagram use during ED recovery. Although this excerpt of her narrative does not provide many details of her experience, it is evident that these tensions constitute a grey area in terms of what are deemed helpful versus unhelpful ways of using Instagram, exemplified by her use of the phrase “There’s a very fine line between it being helpful and harmful”. By extension, perhaps her mentioning that there’s a “fine line” between the two communicates the importance of ongoing self-awareness and reflection of Instagram use in ED recovery. It suggests that Instagram users may be prone to subliminally diverting from constructive to destructive Instagram use in the absence of such self-monitoring.

This further speaks to the implied responsibility of the user to protect themselves from the detrimental effects of Instagram use on ED recovery. Secondly, it considers the potential for the dangers of Instagram use for its users and conversely, the difficulty of accessibility to the benefits of Instagram use in the face of its downfalls. Although the abovementioned demonstrates that the effects of Instagram on ED recovery are nuanced in nature, there were some key positive and negative outcomes that stood out about Instagram use in ED recovery

throughout participants' stories. One of the significant positive by-products of Instagram use during ED recovery was social connection, mutual support and a sense of belonging to a community. One participant shared:

“A key positive is connection with other people, like-minded people, so a sense of community...not feeling like I'm the only one, kind of thing. Others who have had a similar experience to me, and whose viewpoint or worldview aligns with mine.” (Sarah)

Similarly, another participant spoke about her appreciation of the praise and support she received from a friend who had a similar experience to her:

“One thing that helped a lot, and it was only right at the end of recovery...is when I mentioned on my private account that I was being discharged, and one of my friends who I never knew went through an eating disorder, like reached out and I think that was nice because she was like fully recovered as well, and she just wanted to let me know that like, she's impressed and like, all that sort of stuff.” (Alice)

As mentioned, some participants also spoke about Instagram providing a sense of belongingness for them. For example, one participant who struggled with anorexia nervosa and bulimia nervosa shared:

“It [referring to Instagram] contextualises my body, it makes it belong as opposed to not belong. You know, 10-15 years ago I was far more conscious of being

a complete outsider, of not fitting in at all, whereas now I feel included, I know there are people out there, I see them everyday, who are bigger than me, whereas I definitely didn't and I was very, very conscious of being a freak, you know...outside of the norm. Whereas now, I see things everyday that reinforce my belongingness.” (Sarah)

Here, Sarah shares that her Instagram use during ED recovery has instilled a sense of belonging and acceptance within the landscape of other Instagram users, which is depicted as a positive change from previously feeling like “a complete outsider”, as she mentions. Sarah further explains the increase in her self-esteem and affinity to those of a similar body type to her and says, “Now I feel included, I know there are people out there, I see them everyday, who are bigger than me”. This suggests that Sarah feels like she belongs somewhere along the arbitrary spectrum of different body types, shapes, and sizes, rather than feeling like she's an extreme representation of one side of the continuum. This introduces a nuanced layer to the notion that Instagram users strive to fit into their digital communities in order to feel adequate and increase their social capital (Seidman, 2013; Pang, 2020; Wong et al., 2019). It demonstrates that perhaps rather than Instagram users feeling like they're excelling at meeting the sociocultural beauty ideals depicted across Instagram, it is the ability to ‘camouflage’ themselves and find a middle ground somewhere along this continuum that may be more helpful for users in ED recovery, particularly for those who have historically struggled with having a larger body.

In addition, as Sarah mentions, “I was very, very conscious of being a freak, outside of the norm”, her language suggests that larger bodies are akin to being a “freak”. This speaks to the long-standing discourse filled with ridicule, prejudice, and disapproval of those with body types

divergent from conventional beauty ideals (Hamid et al., 2018). Sarah also says “Now, I see things every day that reinforce my belongingness” which may suggest that her motivation to engage in regular Instagram use in ED recovery lies in the pursuit of continual connectedness, belongingness, and acceptance. However, the overshadowing message here is that Sarah’s story is rooted in the perpetual emphasis on the body itself and the ways in which this objectification of bodies may inform one’s self-perceived belongingness and external validation in ED recovery through image-based platforms like Instagram.

Additionally, it speaks to the underlying presence of self-objectification in placing substantial value on superficial attributes like one’s body. This is consistent with similar findings (Calogero et al., 2005; Fitzsimmons-Craft et al., 2011; Saunders et al., 2020), whereby the phenomenon of objectified body consciousness in female bodies has been said to be an integral part of the lived experiences of those in ED recovery. Sarah’s story reiterates the tensions between volitional control and unavoidable barriers to ED recovery in Instagram use. Although she has exercised some control in creating a echochamber of Instagram content that has established and reinforced her belongingness, her capacity for volitional control may be hampered by the underlying self-objectifying nature of Instagram use. Similar to other participants’ stories mentioned earlier, Sarah’s story also speaks to the ongoing toil required of Instagram users in order to manufacture a constructive sphere of Instagram content for their personal journey, supported by the following:

“I mean, I also realized that I might be thinking a whole lot of stuff has changed this year, because that's what I'm seeing, whereas actually out there in the real world of retail, you know, nothing's changed, and people aren't seeing any of this. I guess that's the whole

interesting thing about social media, we create our own echochamber. So, I would tend not to follow anything that doesn't...that I think would be bad for me, actually. So yeah, I follow things that feel good for me.” (Sarah)

Like other participants’ lived experiences discussed earlier, Sarah’s story denotes the residual presence of dominant narratives urging lower body weight and their detriment to her ED recovery journey, in the face of her efforts to actively construct an “echochamber” of user-generated content tailored to her needs and wants. In turn, this suggests that perhaps for those in ED recovery, users ought to strive to adopt more personal agency and autonomy in their Instagram use habits in order to reduce their likelihood of being negatively impacted by their online interactions with other user-generated content. Further, this posits the user themselves as having a pivotal role in their socially constructed digital reality that is their Instagram feed. Interestingly, some participants spoke about the potential for Instagram use in ED recovery to provide educational benefits, such as broadening their vocabulary around body image-rooted discourses, as well as bodies in general. For example, Sarah also shared that Instagram use in ED recovery has helped her to articulate herself in regards to her journey. She said:

“It's changed my language because yeah, I'd say it's educational. I've been educated on all sorts of, you know, ‘woke’ things. I do learn through social media how to talk around these issues...things like the language around ‘superfat’, or just the word ‘fat’. What it’s done is given me the words to express what I already knew but didn't know how to express...things like ‘fat just is’, and also things like body neutrality...so, maybe five or six years ago, there would have been body positivity around and it would

sit slightly uncomfortably with me and then as soon as I saw body neutrality, it's like 'Yes, that's it. That's the thing I've been looking for. That's the word I've needed'. It's helped to expand how I use language around bodies and with other people who use language that, to me, is problematic and it's given me a whole lot of tools to gently question or guide others, when I hear it." (Sarah)

Here, Sarah explains that Instagram use has provided her with a wider toolkit to express her beliefs and values around body image more broadly, and the body positivity movement in particular. As she reflects on her experience in using Instagram a few years ago and says, "There would have been body positivity and it would sit slightly uncomfortably with me", it suggests that there may be underlying downfalls to the body positivity movement for those in ED recovery. Sarah also mentions that Instagram has equipped her with the language required to challenge others who use "problematic" terms around bodies. This demonstrates that Instagram use may be informative and therefore, empowering for users in ED recovery. In summary, participants' stories herein begin to provide insight into their lived experiences of ED recovery in the context of Instagram use.

They purport that Instagram use is predominantly unhelpful, and that Instagram use can be a more enjoyable experience if the individual makes an effort to create an Instagram feed that is in alignment with their beliefs and values, and their goals in recovery. Participants' narratives also suggest that although Instagram does offer some benefits to supporting and sustaining recovery, that it is not until the later stages of recovery that these are identified and experienced. Further, it demonstrates that Instagram is not simply positive or negative for ED recovery; it is nuanced and

largely determined by the individual's unique, lived experience. The notion that social media use during ED recovery can elicit or exacerbate harmful levels of social comparison and competition is not a novel finding per se (Saffran et al., 2016; Saunders & Eaton, 2018a, 2018b). However, this study provides a perspective of women's lived experiences situated within a New Zealand context.

Particular Features and Discourses on Instagram

ED Recovery Accounts

Following on from the broader tensions around whether Instagram use was generally helpful or harmful, participants also discussed particular types of Instagram accounts, features of the app and wider discourses on Instagram in terms of their advantageous, disadvantageous and ambivalent effects on their recovery journeys. Participants' stories focused on their experiences with following Instagram accounts of their family and friends, ED recovery-dedicated accounts, and the explore feature, a page whereby the user is presented with a collection of individually tailored photos and videos in order to help them discover posts or accounts related to previously sought after and engaged with content. The algorithm behind Instagram's explore page uses 'machine learning' to continuously adapt its content recommendations for users. They also spoke about the 'body positivity' dialogue promulgated on Instagram and its effects on their personal recovery journeys. Of these, the most prominent source of virtual influence spoken about by participants was engaging with recovery-dedicated accounts of other users, many of which participants found to have a hindering effect on their own recovery journeys. Generally, participants felt that these types of accounts were a depiction of what many of them termed

‘pseudo recovery.’ They also noted that the content on these pages would often influence them to maintain engagement in disordered thinking and behaviour patterns. In turn, participants’ stories also demonstrated that their virtual interactions with these recovery-dedicated accounts were often implicated in dominant narratives around accessibility to ED recovery.

The premise of these kinds of Instagram accounts is for their respective users to document explicit details in sharing their own ED recovery journey with other users. They generally consist of ‘before and after’ transformation images of a user’s weight gain or loss from different time points set alongside one another as a token of their recovery progress (Hockin-Boyers et al., 2020a). These accounts also often share images of food or beverages consumed throughout the day (O’Brien, 2015). Images of food and beverage consumption may carry a celebratory connotation of facing previously feared foods, particularly in EDs characterised by restrictive eating, or reflect self-praise of dysfunctional under-eating habits (Eikey & Booth, 2017). It is worth acknowledging that these kinds of recovery accounts are not accounts run by healthcare professionals or mental health activists who use their large platform to advocate for ED recovery or share their experiences. Rather, these accounts are created and run by laypeople who are struggling with one or more EDs and sharing their recovery journey with other users.

Participants’ narration of their experience with engaging with these kinds of Instagram accounts mostly related to following such accounts of other users, rather than running a recovery account of their own.

The vast majority of these Instagram accounts were said to generate an overwhelming amount of social comparison, cultivating a digital arena laden with toxic competition amongst users. One

participant spoke about the ED recovery community on Instagram in an unfavourable light and mentioned:

“There can be the explicit kind of eating disorder recovery accounts where it’s very unhelpful and it’s like, ‘I haven’t eaten all day, who else hasn’t eaten all day? We’re so strong’ ...it’s very difficult, like I’ve stayed clear of them since realising at the very start that like, this is not good on any level.” (Kate)

Here, Kate provides an example of the unhelpful exchange of details that Instagram users within the recovery community tend to share, as she mentions commonly used phrases like, ‘I haven’t eaten all day, who else hasn’t eaten all day?’ This speaks to the potential for engaging with recovery-dedicated accounts to disrupt other users’ recovery trajectories, and it also provides some evidence of the social engineering efforts of Instagram users running and following such recovery-dedicated accounts to create a digital community specific to EDs and their recovery stories. This is consistent with other research highlighting the collaborative nature and social construction of such niche networks on social media (Pater et al., 2016). In turn, this suggests that although such lived experiences are unique to each individual, ED recoveries are equally entangled within the contours of their social contexts. As noted in other ED recovery literature, recoveries are not necessarily achieved only by the laborious efforts of individuals, but also by seeking harmony with their co-existing social collectivities (Price-Robertson et al., 2017). For Kate, she found that delving into this realm of the recovery community on Instagram was largely detrimental for her personal journey in overcoming anorexia. This is evidenced by her mentioning that it’s “very difficult”. Kate’s story also portrays a powerful example of actively

dismantling these dysfunctional ties with recovery-dedicated accounts as she says, “I’ve stayed clear of them since realising at the very start that this is not good on any level”. Her explanation that she had recognised the downfall of these accounts “at the very start” also insinuates that perhaps for some Instagram users in ED recovery, these types of accounts can be overtly detrimental, at times driving these users to unfollow them almost immediately.

Kate’s story highlights the potential risk in engaging with ED recovery-specific accounts for those trying to navigate the realm of recovery themselves, in that sporadic episodes of regression to unhelpful thinking and behaviours of such accounts may dictate the course of recovery to move in the same direction for users who are viewing that kind of content. This provides a relatively novel perspective on the narrative around Instagram use and ED recovery as it suggests a potential paradox: counterintuitively, recovery-dedicated accounts and their explicit content may be more closely akin to that of pro-ED online communities (Ging & Garvey, 2018; Juarascio et al., 2010), rather than a benign community of users who are truly moving away from their disordered thinking and behaviours and sharing pro-recovery content. It also poses the question of what ‘pro-recovery’ content really is, and that perhaps it doesn’t necessarily entail content related to food, bodies or exercise in particular, but rather content that represents users simply ‘living life’ outside of their EDs.

Kate’s degree of self-awareness and personal agency also showcases the potential for other Instagram users in ED recovery to successfully negotiate this realm of the virtual recovery community. Kate’s story implies that competition within the virtual recovery community largely gestures at a competition whereby a maintenance of disordered thoughts and behaviours is

praised and strived for, rather than a positive kind of competition that encourages recovery progress. Similarly, another participant experienced this type of destructive competition within the recovery community. She also spoke about her experience in competing with other Instagram users in an attempt to prove the degree of the severity of her illness, which was often associated with being granted external validation and acceptance into the ED recovery community, as she said:

“There are some accounts that I came across that were very, very, very open about their eating disorders, and incredibly unhelpful to the point of like, posting body checks of them at the lowest weight or even like, what weight they got to, and all this kind of stuff and that’s when that competitive aspect of it came in, because it was like you never felt sick enough to be in this actual community. The only time that you got extra support from the other people in the community was when someone was in hospital and people almost treat it like they’re winning the competition or something, like they’re the sickest of the sickest because they’re in hospital being fed by a nasogastric tube.” (Jess)

Jess’s story crystallizes what resonated with her as a by-product of engaging with recovery-dedicated accounts of other Instagram users. She reiterates the unhelpful nature of the uncensored content posted on Instagram by such recovery-dedicated accounts, but more importantly she sheds light on the underlying narrative in terms of who has access to the category of ‘recovery’. It communicates the sociocultural tensions between certain narratives around EDs that hold substantial ‘airtime’ like those who are perceived as “the sickest of the sickest” versus those whose experiences are seen as less debilitating. Jess’ mention of “a nasogastric tube” commonly used within in-patient clinical treatment for EDs (Falcoski et al.,

2021; Neiderman et al., 2001) also suggests that EDs are often largely characterised by extreme undereating and that stereotypical perspectives centred around EDs on Instagram tend to present such lived experiences as the only possible versions of EDs, made visible through emaciation. This is consistent with the existing literature, whereby a number of studies have showcased the disproportionate representations of EDs of the restrictive eating subtype such as anorexia nervosa in social media platforms like Youtube (Holmes, 2017), TikTok (Herrick et al., 2020) and Instagram (LaMarre & Rice, 2017).

This speaks to a disconnect from the reality of the nuanced lived experiences of EDs and narratives of recovery. Jess' story illustrates the notion that Instagram may act as a breeding ground for the proliferation of the long-standing homogenising dialogue around what lived experiences of EDs may look like, and the social rejection of those whose lived experiences do not conform to such sociocultural expectations. Jess' experience speaks to the impact of pervasive social media coverage featuring images of the emaciated female body on digital audiences, including their potentially negative self-appraisal of their unique ED experiences (Holmes, 2018).

Jess' story also demonstrates the perpetuated notion that in order for one's struggle with EDs to be legitimized by their audience on Instagram, their experience ought to be manifested by extreme undereating to the point of involuntarily being fed via a nasogastric tube. This creates a societal pressure for individuals affected by EDs, in that their experience must emulate a narrative more closely attuned to such stereotypical storylines in order for their suffering to be authenticated by the ED community on Instagram. These findings are consistent with some of

the literature founded upon critical feminism, in which the glamorisation and pity around the emaciated female body in anorexia and the sociocultural dismissal of other less visible EDs sit within wider, normative discourses of femininity (Burns, 2004; Squire, 2003).

This partiality is often epitomized within the dualistic constructions of anorexia versus bulimia, whereby anorexia is represented as signifying desirable traits of femininity like self-control, purity and transcendence, compared to the commonplace association of bulimia with chaos, moral weakness and sexual promiscuity (Burns, 2004; Ging & Garvey, 2018; Squire, 2003; Tully, 2014). Participants' narratives in this study demonstrate how these polarising discourses operate on Instagram, as well as their implications for the restricted accessibility to the domain of ED recovery for Instagram users. Jess' experience continues to showcase how the tendency for recovery-dedicated accounts to nullify others' lived experiences of their EDs can equally create challenges in recovery, as she shared:

“Lots of people, especially on Instagram, consider themselves to be in recovery, but a word that lots of people use is like, ‘pseudo recovery’, so they consider themselves to be recovered so they can talk about the eating disorder, but in reality when you've been there and you see what they're doing and posting, you're like, ‘You are no way in recovery, like you're still in the depths of your eating disorder’. People try to be open about their eating disorder, but it is still in a really negative way, especially if they're posting comparison pictures of them really, really, really underweight and not so underweight, but still not at a healthy weight for their body. Those types of posts can keep you trapped because you're like, ‘Oh my gosh, well, I didn't look as sick as she

looks, so I need to go back so that I can do recovery kind of, in a proper way' or 'If I get sick enough, then I can finally recover', you know?" (Jess)

As mentioned above, Jess explains that because she didn't feel like her experience met the sociocultural expectations of what a struggle with EDs should look like, as she felt like she was ineligible for creating and therefore sharing her own recovery narrative with others. This is evidenced by her unhelpful thoughts, such as "I didn't look as sick as she looks, so I need to go back so that I can do recovery kind of, in a proper way", reiterating the accessibility constraints to the recovery community on Instagram. Jess' story also raises some considerations around the notion of 'pseudo recovery' associated with recovery-specific accounts. She explains that this is a commonly used term within the ED recovery community, and that it often signifies a false sense of recovery depicted by such accounts, as perceived by other Instagram users.

It is particularly interesting that Jess' story does not frame the idea of pseudo recovery as stemming from the intent of these users to fabricate their recovery progress in the pursuit of deceit of their Instagram followers, but rather that Instagram users who run these accounts tend to be unaware of how they are perpetuating disordered thinking and behaviours. This is supported by her explaining, "They consider themselves to be recovered, but when you've been there and you see what they're doing and posting, you're like, 'You are no way in recovery, like you're still in the depths of your eating disorder' you know?" The notion of pseudo recovery was prominent in other participants' stories in engaging with recovery-specific accounts of other users. In support of this, another participant shared:

“I mean, when someone was actually recovered, they wouldn’t be in the recovery community, they would like, say their goodbyes or whatnot...they would be like, ‘Hey, I decided to move on’, and so I guess that’s kind of when you’ve hit actual recovery is when you’re out of that community, and put into the real world, and Instagram is just kind of shoved to the side.” (Anna)

As in Jess’ story, Anna’s experience is suggestive of the potential lack of transparency of the ED recovery cyberspace. The understandings around ‘pseudo recovery’ seen in recovery-specific accounts spoken about by a number of participants in turn enables those who engage with their content to occupy a position of power and agency, a stance often denied of users in historical constructions of their supposedly vulnerable and suggestible subjectivities to social media content (Dobson, 2016). Long-standing discourses around female audiences of media content as ‘passive’ and lacking in ‘critical’ understanding are challenged here, as participants demonstrate their ability to see through the faux nature of the recovery culture on Instagram (Holmes, 2018). Hence, these findings demonstrate how those in ED recovery can negotiate their subjectivities and, more specifically, how this occurs within the Instagram sphere of EDs. Although participants’ stories show that certain parts of Instagram like recovery-dedicated accounts can be evaluated critically in such a way as to reject them, this does not mean that participants felt that they were necessarily exempt from their unfavourable influences on their own recovery trajectories. For example, a number of other participants made fleeting references in support of this:

“I wholeheartedly believe I wouldn’t have learned the behaviours that I learned or engaged in different things that I was doing, if I hadn’t joined this kind of Instagram

community...like, I would've been able to start recovery a long time ago, if I wasn't so surrounded by other people that are really, really, really unwell and not wanting to get well." (Jess)

"You would go on and check out this recovery community to like, intentionally trigger yourself to like, spiral down...so, it's not until you actually separate yourself from that, when you can actually take leaps, I guess." (Anna)

"Recovery accounts follow other recovery accounts...and when I say recovery accounts, it is very much so a trigger warning and posting of body checks, weight, self-harm, food diaries, meal plans, and comparison of where they were to where they are...it's just a spiral that never ends. It creates like, a little community of recovery accounts and then they all sort of feed off each other and if one falls down, then the rest do...it's like a domino effect." (Bianca)

However, despite the general consensus that ED recovery-dedicated accounts provided minimal benefits for other users, some participants shared that a number of these recovery-focused Instagram accounts create content in support of body positivity, anti-diet culture, and holistic conceptualisations of ED recovery. For example, Alice notes:

"Once you feel ready to get better, there are so many good accounts out there that actually do advocate for pro anorexia recovery and like, people that have gone through it all and are willing to talk...because when you find the right people, it's actually quite a

welcoming community, despite how grim that sounds...like people do want people to get better.” (Alice)

Similarly, another participant spoke about the efforts of some Instagram users who share their ED recovery journey with others to promote caution and therefore, reduce the likelihood of ‘triggering’ other users and said:

“In terms of the helpful side, lots of people that actually consider themselves recovered or to be in recovery are very cautious about what they post to ensure that there’s no loophole where it could be taken the wrong way.” (Jess)

In summary, participants' stories in engaging with the recovery community on Instagram suggest that this sphere of the image-based platform is multifaceted and challenging to navigate, with the majority of participants sharing that their influence is largely negative and thus, ineffective in helping to establish and/or maintain a self-determined place of recovery for their audience. Further, participants questioned whether these Instagram posts are a representation of genuine recovery progress, or a false sense of moving forward in their recovery while continuing to engage in ED-like thinking and behaviours. Their stories of engaging with other Instagram users' accounts of their recovery journey suggest that often, their content can be counterproductive to recovery of other users, as well as that the users themselves are not seen as ‘truly recovering’ or ‘recovered’. The notion that Instagram accounts dedicated to sharing one’s ED recovery journey may be seen as digital artefacts of pseudo-recovery is an emerging perspective (Holmes, 2018), given that these accounts have often been depicted as merely an avenue of reciprocal support,

encouragement and motivation between users (Andalibi et al., 2017; Eikey & Booth, 2017; Swan, 2021).

Notwithstanding the capacity for recovery accounts to aid in the trajectory of ED recovery, the counterintuitive idea that some of these accounts may be used as a vehicle for maintenance of disordered thoughts and behaviours allows for some nuance around understanding the broader ED recovery community, particularly within Instagram. Further, it provides an insight into the implications that they may carry for other Instagram users who choose to engage with their virtual presence in the ED recovery sphere. Future research may seek to explore whether the harmfulness of recovery accounts on Instagram is due to a lack of self-awareness of the user, or whether it is due to intentional desire to appear as ‘recovered’ as a function of emerging societal pressures to embody a non-restrictive, ‘healthy’ relationship with food and exercise (Van Dyke & Drinkwater, 2014; Warren et al., 2017).

Family and Friends on Instagram

Many participants felt like oftentimes they were motivated to sustain interpersonal relationships on the app due to desirable outcomes like social connection and support. However, equally the Instagram content of their families and friends who they followed on Instagram were centred around body image, food and exercise, and EDs, even when they did not have a personal experience with EDs; these were often largely detrimental to the course of participants’ recovery journeys. For example, one participant explained the grounds on which she decides whether or

not to engage with certain kinds of content on the app and mentions that her family and friends are one of the types of accounts that she focuses on engaging with on Instagram, as she says:

“Now, it’s the way it makes me feel. I want to feel empowered, I want to feel invigorated, I want to feel inspired, I want to feel a genuine connection. In the past when I’ve been unwell, it’s been unhealthy aspirations, like bodily comparisons so things like that...food, I used to follow a lot of food and fitness. But, now I sort of focus on the more holistic aspect, and friends as well...obviously friends and family.” (Bianca)

However, Bianca mentions that although keeping up to date with the affairs of her family and friends is important to her while using Instagram, she also spoke about the potential for Instagram content of relatives or friends to inflict harm on her experience of ED recovery. She shared:

“If I unfollow them, it’s not a dig at them personally or anything like that, it’s just an acknowledgement of, ‘What you’re posting isn’t contributing positively towards my mental health. I like you as a person, I like our conversations and I like spending time with you, just what I see online is just not really...it doesn’t fit with me at the moment’, you know, it’s that fine tooth comb approach again, where you’re wanting to feel like a part of other people’s lives without feeling like it’s deterring you from your recovery.” (Bianca)

Here, Bianca's story denotes some of the challenges that ensue with following family and friends on Instagram in ED recovery. She showcases self-awareness of the potential for her family and friends to negatively impact her recovery trajectory. It also shows the significance of prioritising her needs and wants in the context of her recovery journey, and it foregrounds her inter-relational ties with her family and friends as peripheral to her efforts to use Instagram in a constructive way for her ED recovery. Further, Bianca's narrative demonstrates that perhaps for those undergoing ED recovery, implementing a certain degree of separation from family and friends whose social media content is not conducive to their ED recovery-related goals, such as unfollowing them on Instagram, may be an effective means of ensuring a more beneficial experience of Instagram use. Similarly, another participant shared her experience in following Instagram accounts of her family and friends during her recovery journey and said:

“I don't follow people that I don't know, so it's a lot easier to keep it to people that you know in your life, and that don't really post things that flaunt their body image. In saying that, don't be afraid to unfriend people even if you know them...because it took me so long to get rid of people that just had toxic behavior, because I knew them and I felt personally like I didn't want to unfriend a friend...and just because you unfollow them doesn't mean that you can't still be friends with them, and that's something I learned.”

(Alice)

Alice's story speaks to the reservations that those who have been affected by EDs may experience when thinking about whether to interact with their family and friends on image-based platforms like Instagram. In addition, it demonstrates that 'real' interpersonal relationships

beyond social media may be more challenging to navigate in comparison to those relationships limited to online interactions in ED recovery, as Alice mentions, “It took me so long to get rid of people that had toxic behaviour, because I felt like I didn’t want to unfriend a friend”. This further speaks to the understanding that social media platforms like Instagram are intrinsically embedded within our lived experiences of day-to-day life, including our interpersonal relationships, and that eliminating some of these close relationships on Instagram, although it may be temporary, can be difficult for those in ED recovery. On that note, another participant expressed that one doesn’t necessarily need to forfeit their social connections during ED recovery as a result of disengaging with their family and friends on Instagram, as she suggested:

“Stay in contact with friends in other ways, there are much better apps for that, I guess.” (Anna)

Here, Anna suggests that perhaps Instagram can be more unhelpful than other social media platforms when it comes to connecting with family and friends, as she mentions, “There are better apps for that”, referring to keeping in contact with others. Perhaps this is due to Instagram’s largely image-based repertoire of features (Feltman & Szymanski, 2018; Rodgers, 2016; Saunders et al., 2020), which may be detrimental for those in ED recovery when family and friends share images of their bodies, food, or exercise.

The Explore Page

The vast majority of participants reported having a considerable amount of volitional control over the visual content that they came across on Instagram, with an exception of the platform's explore feature. Related to this, one participant shared:

“The hardest thing is when something comes up on your explore page, because there's actually nothing you can do, except for make sure you don't click on it, I think...because that's what I find really difficult is, I don't know how to filter out things that I don't want to see cause I know on Facebook, I've never really used it but you can say, ‘I don't want to see more of this’, like a button...I don't think Instagram has one, but I might be wrong.” (Alice)

Here, Alice reflects on how Instagram's explore feature has hindered her in her ability to exercise proactive habits like actively avoiding or disengaging with certain kinds of content on the app. Her story denotes the challenges that come with navigating unwanted or unanticipated content on the explore page, exemplified by her saying, “There's actually nothing you can do, except for make sure you don't click on it”. Further, her expression of the word “hardest” may be indicative of the notion that there are a number of unhelpful facets of using Instagram during ED recovery, with the explore page being particularly difficult to navigate. Her perceived lack of opportunity to preserve individual control over the specific images, videos, and text on her Instagram feed due to the explore page is then compared to Facebook, another frequently used social media platform of Alice's. She implicitly posits a suggestion for Instagram to create a similar filter

feature to Facebook, in order to provide an option for users to eliminate harmful content from their feed. Alice's experience with Instagram's explore feature further reflects the tensions between volitional control and inescapable barriers that ensue with Instagram use during ED recovery. Her story frames this component of the app as an inevitable obstacle to users' ability to construct an echochamber of content at their complete discretion. Similarly, another participant shared her frustrations with Instagram's algorithm in relation to the explore feature and said:

“It's interesting because I have my kind of recovery and body positive pages, and so sometimes the algorithm gets confused and on the 'suggested posts' it's like talking about diets, so obviously it's just a robot, it doesn't understand the difference between a post saying that food does not have moral value and a post saying that carbs are bad for you.” (Kate)

This piece of Kate's story suggests that she has exercised some form of volitional control in creating a constructive Instagram feed for herself in alignment with her needs and wants, as she mentions “recovery and body positive pages” as examples of this. However, her experience portrays the app's explore feature as a barrier in maintaining a sphere of helpful content on her feed. She questions the reliability of Instagram's algorithm, which is seemingly responsible for inadvertently allowing content urging diet culture and demonizing certain food groups to permeate the app's explore page. As she discusses Instagram's algorithm's propensity to mistakenly consider ‘body positivity’ and ‘diet’ content as synonymous, Kate's story also gestures at the commonly held assumptions centred around ‘diet culture’.

It provides insight into the polarising norms associated with food and body-related content, as users may subscribe to dialogues purporting body positivity, diet culture, or both and it demonstrates that these kinds of content are often sought after. Kate's experience provides a glimpse into the notion that although Instagram users' create an assemblage of content tailored to their needs and wants, there are a number of hurdles that may counteract their active efforts to do so. In the context of Kate's experience with using Instagram's explore feature throughout her ED recovery journey, there is some evidence to suggest that gravitating towards this part of Instagram may be detrimental for those undergoing ED recovery. This seems to be particularly true for those who are wanting to purify their Instagram feed of content that may be disadvantageous for their ED recovery journey, or those who struggle to navigate the negative effects in the face of unsolicited content. Similarly, other participants made fleeting references to the notion that Instagram's explore page was largely unpredictable, and would often carry detrimental effects for those in ED recovery:

“I mean, I guess it can be helpful, but it would have to be monitored, very, very well, like, even if you were to like, click on the explore page, like things are gonna pop out there that are gonna trigger you, so wherever you go, there's gonna be something that will trigger you...whether that's like, a friend standing on top of a mountain or something, you'll be like ‘Damn, her legs are amazing’, you know?” (Anna)

“Sometimes when you go on your explore page, body image and food-related posts would just pop up as ‘recommended for you’, so whether you liked it or not, you were exposed to that sort of content.” (Bianca)

One participant spoke about utilising Instagram's explore page as a 'litmus test' to remind herself at times when she may be reverting back to old thinking and behaviour patterns. She shared:

“I think, if you are wanting to use Instagram, try and ignore the explore page, because even if you think you're looking at everything right, it so easily goes downhill...stick to your feed because you can control your feed I would say, whereas you can't control stuff on the explore page. However, now it [referring to the explore page] is a really good indicator if I'm starting to tap back into those tendencies because it instantly recognizes that I'm looking at more food photos and it'll start giving me more. So, the minute I see too many I'm like, 'Hang on, I should probably take a break and remind myself why I'm recovered', and then the explore page flips back to normal. So, I just use that as a monitor for how I'm doing and, and I try not to click on them, but it's really hard, that's still a really knee jerk reaction for me.” (Alice)

In summary, participants' stories suggest that Instagram's explore feature was not necessarily categorically harmful or unhelpful for their recovery journeys, but rather that turning to this feature ensued with a great deal of uncertainty and anticipation of encountering content that they had been actively trying to avoid. On the other hand, some participants spoke about the utility of the explore feature in determining whether they were returning to disordered thinking and behaviours, based on the type of Instagram content that their explore page provided them with. In turn, participants' narratives here embody a nuanced understanding of the ways in which particular features of Instagram may help or hinder trajectories of ED recovery, specifically

gesturing at its explore feature, contributing a level of nuanced understanding that has not been attended to thus far in the ED recovery and social media use literature.

Body Positivity: Not So Positive

‘Body positivity’ is increasingly present on social media, particularly Instagram (Cohen et al., 2019, 2020; Lazuka et al., 2020; Zavattaro, 2021). It seeks to challenge dominant ideals of feminine beauty rooted in socially constructed versions of conventionally attractive, desirable, and longed-for bodies (Cohen et al., 2019; Jafari et al., 2016; Jones, 2019; Lazuka et al., 2020). There is some evidence to suggest that the body positivity dialogue surfaced on Instagram in 2012 (Sastre, 2014), with the premise of body positivity being purported as to promote acceptance and celebration of all bodies and other markers of physical appearance (Cohen et al., 2019). Contrary to this, in sharing their lived experiences of using Instagram in ED recovery, many participants revealed that they felt that popular dialogues on Instagram urging a ‘body positivity’-driven narrative were often problematic for their recovery trajectories, due to their contradictory ethos: that although there is a growing inclination to be accepting of a wider range of bodies than previous discourses centred around body image, these tendencies ultimately remain tethered by a set of prescriptive parameters. In support of this, one participant shared:

“I used to follow quite a lot of, like, influencers and everything like that, you know, they were all promoting holistic health and acceptance of yourself, but still sort of within the parameters of what they're comfortable with, like, ‘Yeah, I gained a bit of weight’ or ‘Weight doesn't matter, but then if you ask them, ‘Okay, you're 55 kilos. Now, if you

weighed 70 kilos, would you still be saying the same thing?' I can guarantee you that they would say 'No'. They would think it, but they would not be acting it, because if you weigh 'too much', then you're seen as unhealthy." (Bianca)

Here, Bianca speaks about the tendency for other Instagram users, particularly those with a large following such as social media influencers to promulgate ideologies suggestive of "holistic health and acceptance of yourself", as she mentions. However, Bianca gestures at the notion that such dialogues around acceptance of diverse body types tend to be confined to a set of parameters, one of which she mentions to be body size. This is supported by Bianca saying, "If you ask them, 'Okay, you're 55 kilos. Now, if you weighed 70, would you still be saying the same thing?' I can guarantee you that they would say 'No'. She also mentions that, "They would think it, but they would not be acting it". This speaks to the largely curated nature of Instagram, particularly amongst Instagram users with a larger audience who may be more likely to be subjected to greater amounts of pressure from their followers to embody an exemplary acceptance of diverse bodies on their Instagram feed (Audrezet et al., 2018; Maares et al., 2021). It also speaks to the potential limitations of a social media-driven body positivity discourse that is seemingly accepting of diversified profiles of bodies, but equally constrained by its inconsistencies.

In addition, there is some evidence to suggest that the creation of curated Instagram content is more closely tied to Instagram users like social media influencers and their desire to maximise the likelihood of monetizing their sponsored Instagram content (Cwynar-Horta, 2016; Van Driel & Dumitrica, 2020). This is often orchestrated in collaboration with large-scale brands of items

like clothing, cosmetics or dietary supplements, a practise commonly defined as “influencer marketing” (Audrezet et al., 2018). The literature on the exploitation of social movements like the body positivity narrative suggests that global corporations claim to epitomise body positivity by sharing ‘makeup-free’ photos, launching ‘plus size’ clothing lines, and including diverse body types in their advertising campaigns (Cwynar-Horta, 2016), mirrored by sponsored Instagram content shared by influencers in order to direct the advertising content of large-scale brands to niche audiences on Instagram. This suggests that perhaps the body positivity discourse depicted on Instagram may be more conducive to capitalist interests, rather than genuine and authentic support of diverse bodies that is not tied to accrual of personal gain or social capital, especially amongst Instagram users with a larger audience of followers.

In support of this, Bianca’s story substantiates the notion that commodification of the body positivity movement is prominent on digital platforms like Instagram (Brathwaite & DeAndrea, 2021), and provides evidence for how user activity on Instagram can create broadly defined parameters of bodies that have access to the body positivity movement. Further, the implicit limits within the contemporary body positivity dialogue also speak to underlying ideals of healthism, that is that merely those body types and sizes representative of traditional beliefs and values of health ought to be celebrated and that conversely, honouring bodies that are incongruent with such prescriptions of health is seen as supporting representations of ill-health (Downey & An, 2020).

Studies exploring critical perspectives on health promotion suggest that societal values laden with health promotion are often invoked within a neoliberal climate, whereby health promotion

policies and practises are said to be embedded within the broader sociocultural and political systems of governing (Ayo, 2012; Wiest et al., 2015). These studies argue that the ideology of neoliberalism is deployed in such a way as to contribute to informing contemporary ideals of health, and therefore facilitating the “health-conscious movement in modern societies” (Ayo, 2012, p. 1). Although there is some debate as to the defining features of neoliberal thoughts and practises (Larner, 2003; Venugopal, 2015), one of the fundamental aspects of neoliberalism is often said to be individualisation, whereby members of a society internalise the belief that individuals are only to be rewarded and punished based on their personal efforts (Amable, 2011). As such, feminism-rooted studies exploring EDs have argued that the process of individualisation provokes a sociocultural environment where structural inequalities are depicted as individual problems (Holmes, 2016; Musolino et al., 2015b).

In turn, in order to overcome obstacles, individuals are encouraged to ‘work hard’, whilst placing a moral sentiment on health, success and happiness (Brown, 2003). Neoliberalism produces subjects of society who engage in adopting self-governing, regulating beliefs and rituals (Gill and Arthurs, 2006). Hence, Bianca’s story here gestures at these underlying ideologies and in turn, suggests how these discourses might present themselves on Instagram, while shaping the perpetuation of health promotion thoughts and practises and individual responsibility.

Importantly, her story suggests the potential harmful effects of these dialogues for ED recovery. This is consistent with previous literature exploring EDs within a feminist lens, such as Musolino et al. (2015b) who suggests that “neoliberalism and healthism represent a constellation of contemporary forces which have created an environment for disordered eating to flourish” (p. 2).

Bianca sheds light on the tendency for social media influencers to respond differently to a body weight of 55 kilos, rather than 70 kilos. She suggests that bodies that are ‘bigger’ than historically entrenched ideals of feminine beauty are embraced within the body positivity movement, but bodies that surpass arbitrary parameters of body acceptance are classified as ‘too big’, perceived as ‘unhealthy’ and therefore, ineligible for societal praise from many of those who subscribe to the body positivity dialogue. Participants’ stories suggest that the body positivity dialogue as represented on Instagram (in a potentially diluted form) may not be necessarily helpful in supporting and sustaining ED recovery. Further, these understandings showcase the perpetuation of corporeal markers of health like body size (Cain, 2014; LaMarre & Rice, 2016) and demonstrate that they play a part in the lived experiences of Instagram users in ED recovery. Another participant made references in support of this and shared:

“Yeah, there's definitely been a shift for the better in terms of what kinds of bodies are accepted, but I also call bull**** on some companies, people, anyone trying to sell anything, making an attempt to be inclusive when it is still about controlling women's bodies. I take with a grain of salt companies that attempt to be inclusive, for example, something like Dove who have tried to do advertising campaigns, even on Instagram that are really inclusive...but it still doesn't cover the full spectrum of bodies and it still has a type of beauty that is still narrow. It's still a narrow field that not everybody can fit into. Yes, the models are a bigger size, but it's still gotta be a nice, smooth curve and be symmetrical, not lumpy bumpy. It's still very contrived, smoothed out and conventionally beautiful.” (Sarah)

Sarah also shared:

“Yeah, I just think there's a good attempt, a good try for that, I can only talk about women's bodies. Women's bodies being acceptable as they are, still has such a long way to go. I think some people think they're being more inclusive and more accepting, but somewhere deep, deep down, there's still the idea that they try to sell to women, that you have to change, that you have to control that change, that you have to manipulate your body to fit in or to be acceptable. Basically, I'm saying it's widened, but it's still got miles to go.” (Sarah)

Here, Sarah's story speaks to the notion of self-governance within a neoliberal lens, promulgated by prescriptive dialogues around physical appearance, particularly bodies and their parallel association with health. She mentions, “I think some people think they're being more inclusive and more accepting, but somewhere deep, deep down, there's still the idea that they try to sell to women, that you have to change, that you have to control change, that you have to manipulate your body to fit in or to be acceptable”. The meaning of this excerpt of Sarah's story is twofold: it substantiates the understanding that the body positivity movement, as it is presented on Instagram, is largely driven by its commodification of bodies, particularly those of women as Sarah mentions, “there's still the idea that they try to sell to women” and secondly, it assumes a personal liability and capacity of Instagram users to manipulate their bodies in their pursuit of alignment with prescriptions of beauty, attractiveness and health, as she says, “you have to change, you have to control that change”. Here, her story substantiates the understanding that the pervasiveness of neoliberal ideas on Instagram highlights the increase in performances of

individual responsibility in modern societies, particularly in the health and fitness space (Cwynar-Horta, 2016).

Further, it demonstrates that this is often disguised as a rhetoric of having a choice as empowering and liberating (Musolino et al., 2015b). As she discusses consumer practises like purchasing health and beauty products from companies like Dove, it suggests that such ideas are reinforced in women's self-monitoring and disciplining practises throughout their lifestyle choices, and that these prescriptive ways of life may hinder trajectories of ED recovery. This is consistent with some literature on neoliberal assumptions and practises, whereby competition is one of the defining characteristics of human relations in a neoliberal society, as citizens are redefined as consumers, whose democratic choices are arguably exercised by neoliberal practises, such as buying and selling (Davies, 2016).

Sarah's story sheds light on the inconsistencies of the body positivity movement in the context of particular large-scale brands like Dove and their advertising campaigns, as she says, "it still has a type of beauty...it's a narrow field that not everybody can fit into". She uses the texture of skin as an example to showcase this, as she mentions, "the models are a bigger size, but it's still gotta be a nice, smooth curve and be symmetrical, not lumpy bumpy". This speaks to the paradoxical nature of the body positivity movement, given the certain calibre of bodies that have access to the recognition and celebration associated with the term 'body positivity'. It communicates that although parameters of body sizes that are socially acceptable are becoming more wide-ranging, there is a simultaneously-occurring ostracism of other markers of physical appearance like "lumpy bumpy" skin texture, as Sarah's story demonstrates.

Sarah's experience in using Instagram during ED recovery also highlights the perpetuation of objectification of women's bodies, as she mentions, "I call bull**** on some companies, people, anyone trying to sell anything, making an attempt to be inclusive when it's still about controlling women's bodies". There is an element of interplay here, namely between systemic control and objectification of women's bodies driven by capitalist interest and personal responsibility imposed on Instagram users to either succumb to these dominant dialogues or alternatively, challenge them. Her story posits Instagram users affected by EDs as consumers within a capitalist society, whereby subscribing to discourses of excessive exercise, diets, 'clean eating', and using countless beauty products to manipulate their bodies may feed the perpetuation of such unhelpful biopedagogies.

Consistent with other participants' stories, Sarah's experience fortifies the nuanced understanding that Instagram users in ED recovery, irrespective of whether they're trying to establish or maintain a place of recovery for themselves, are able to recognise and decipher subliminal messages around bodies, particularly ones that are enmeshed in seemingly innocuous notions of 'positivity' and 'acceptance'. These findings speak to one of the challenges that ensue with Instagram use in ED recovery, in that beyond entrenched dialogues around what shapes and sizes of bodies are desirable, even seemingly innocuous and well-intentioned conversations like the body positivity movement are not without their own inconsistencies and constraints. It highlights a nuanced understanding that despite efforts by body positivity 'influencers' and other Instagram users with a smaller following to address and contest difficult-to-achieve appearance-related ideals, previous literature on body positivity and Instagram has demonstrated that "These users at times subscribe to and (re)produce the very ideologies they purport to reject,

slowly slipping away from emerging body positive discourses to pre-existing dialogues of conventional femininity” (Jones, 2019, p. 68).

The present findings run parallel to such recent research highlighting the notion that Instagram users often report the presence of contradictory messages within the body positivity dialogues (Jones, 2019; Lazuka et al., 2020), although these findings are not presented in the context of lived experiences of ED recovery. The literature on the body positivity dialogue on Instagram and ED recovery is relatively scarce, with the exception of Jones (2019), who found that many Instagram ‘influencers’ who discussed body positivism on their Instagram accounts were doing so in conjunction with their personal accounts of ED recovery, as subscribing to the body positivity dialogue stemmed from their personal suffering from EDs.

Participants’ stories suggest that the current iteration of the body positivity dialogue on Instagram can be interpreted as a movement that calls into question dominant ideals of health and female beauty. However, their stories simultaneously pose a larger concern: that the outstanding tethered representations around bodies may be an obstacle to fully facilitating the Instagram sphere for corporeal performances of resistance, and for documenting and discussing diversified versions of ED recovery. Their stories suggest referential illustrations of the parallelism of ongoing ‘body positivity’ and health promotion discourses shaped by neoliberal rationality. Further, participants’ stories depict the powerful ways in which bodies are given meaning through the sociocultural significance accorded to body weight and shape, and how the body positivity dialogue as it shows up on Instagram, may be one of these morally-bounded tales that subscribes to objectification of bodies.

This creates a difficult digital space for Instagram users in ED recovery to navigate, as conflicting messages around ways of life, particularly those prescriptive of body acceptance and health may hinder trajectories of recovery. It suggests that recovery journeys are not only affected by Instagram content that is overtly pertaining to EDs and their recovery stories, but that ED recovery narratives are intrinsically tethered by other overarching dialogues that permeate digital platforms like Instagram, namely those gesturing at neoliberalism and healthism biopedagogies. This is consistent with other studies exploring ED recovery and Instagram use within a biopedagogical framework, particularly LaMarre and Rice (2016, 2017).

Bianca and Sarah's story demonstrate that perhaps the body positivity movement finds itself within a time period of evolution, that although there is progress being made towards acknowledging and embracing diverse bodies, there are ample opportunities for further growth. This is supported by Sarah mentioning, "I just think there's a good attempt...women's bodies being acceptable as they are, still has such a long way to go...basically, I'm saying it's widened, but it's still got miles to go". However, despite the growing inclination to celebrate a wider range of bodies on Instagram, many participants' stories signified the ongoing glorification of bodies embedded in the conversation around body positivity. For example, Bianca shared:

"Yeah, it's certainly opened up a little bit in terms of what bodies are accepted, but then it's opened that can of worms, of a wider exclusion of what isn't accepted and almost the glorification of bodies. Even when you see body positivity people, a lot post about their bodies, a lot post a picture of them with their fat rolls and then a picture of them not with their fat rolls and it's like, 'I don't actually give a s*** what picture you post. You don't

need to put them side by side, to show me that you have fat rolls and then show me that you don't, like just post you and not comment about your body', you know?" (Bianca)

Bianca's story showcases the fixation on bodies themselves and she uses the example of side by side photos whereby one image is presented as a 'raw and real' version of their body, whereas the other image is depicted as a curated, more socially desirable version of their body. Bianca's experience demonstrates that although Instagram posts like this aim to raise awareness to the curated nature of Instagram and discourage other users from comparing themselves and their bodies with the enhanced images of others' bodies, users' feeds continue to be dominated by their curated images, with an occasional inclusion of unedited or unaltered images of their bodies. As Bianca mentions, "You don't need to put them side by side, to show me that you have fat rolls and then show me that you don't", it illustrates her frustration with some Instagram users and their proclaimed subscription to the body positivity dialogue, given that their bodies in their true representation, are often overshadowed by the curated version of them.

Bianca's story suggests some incongruence with the premise of body positivity that may occur on Instagram, that is that all bodies ought to be embraced in their true form, as she highlights this in some users and their activity on Instagram that appears to contradict this proposition. It also depicts bodies as the 'nucleus' of Instagram content, rendering it extremely difficult for those in ED recovery who may be trying to part with their intrusive and unhelpful thoughts and behaviours often centred around bodies (American Psychological Association, 2013). Similarly, another participant spoke about the pervasiveness of images of bodies on Instagram, regardless of the text caption that the image is accompanied by. She said:

“There are people where it's just like body pics all day long, and then like, a caption saying, ‘The sun is pretty’. Then, there's the other side where it's like a photo of their body and it's like, ‘I gym every day three times a day, I eat this, this and this, this is how I get my body like, no pain no gain’. There's like, the two opposite sides of it, I guess, and they could both easily be seen on Instagram.” (Anna)

Participants also reported that not only are there a limited range of larger bodies that are becoming more accepted and celebrated, but also that these bodies are expected to embody physical strength and a moderate level of fitness in order to compensate for their size. Those with larger bodies were said to be expected to showcase their arduous efforts to achieve a status of health that surpasses merely an absence of illness, but rather symbolises a ‘gold standard’ of health. The interplay of the body positivity movement and ideas around what it means to be healthy are often described as the emerging ‘fat versus muscular’ dichotomous perspective: the newly accepted bodies posit a polarising prescription of health, whereby larger bodies are granted access to the body positivity dialogue, as a function of whether they epitomise muscularity in specific areas of their body in order to adhere to traditional ideals of healthism (Anne, 2016; Tiggemann & Zaccardo, 2018). A number of participants shared their experience in using Instagram in ED recovery in support of this:

“I still take issue with the word ‘health’, because it’s used as if it has a moral imperative. It’s also an assumption that all of us ought to strive for the greatest health outcome, when health means very different things to different people. I absolutely don’t buy the, ‘Oh, you can be fat, as long as you’re healthy’, even that is bull****. I still find

the word 'healthy' problematic and highly privileged. You need to be massively privileged to even spend time considering which particular omega fatty acids are on which portion of your plate...it is a major first world problem, you know? Saying that strong is the new thin, or strong is the new beautiful or, whatever...even breaking it down to strength is not attainable for everybody.” (Sarah)

“There's like, the whole body positive positivity movement, health at every size and that kind of stuff. I think it's forever changing, like 10 years ago, it was to have like, zero body fat and you're like, a f***** stick, like that was ideal, whereas now it's like you need boobs, but you also need a flat stomach. I think the ideal of what people want is very unattainable and then the whole body positivity thing comes along with a whole lot of backlash of like, 'You can't be healthy and overweight' kind of thing. There's just a whole lot of mixed messages out there, but I think there is still very evidently, like an ideal body that people will strive towards.” (Anna)

Collectively, participants' stories discussing the limitations of the body positivity dialogue, as well as the inherent traditional ideals of health and beauty suggest that those in ED recovery tend to either subscribe to, or negotiate social conventions on Instagram by legitimising them or critiquing them in terms of the effect that they have on their recovery journeys. Their accounts challenge weight-biased stereotypes, namely those discounting the coexistence of being 'fat and fit', and they add nuance as to what the current stance is towards weight stigmatisation. They suggest that although there is a wider acceptance of diversified bodies and eating habits, this is ultimately contaminated with veiled biopedagogies that do not serve those in ED recovery well.

When participants were asked what they'd like to see more of in terms of body acceptance and positivity that would support and sustain their recoveries, one participant shared:

“I think it's going as far as not seeing smooth skin. I love seeing women's bodies after they've had kids with the stretch marks, the cellulite and the sagging and you know, the things that are considered ugly, that for the absolute normal bodies to be more celebrated...I mean, you can see fat curvy women, but...for a while, there was this kind of fake acceptance around the pinup style of the body, the pinup girl with the really small waist, big boobs, big bum, big thighs, tiny ankles, that kind of 1950s sort of Marilyn Monroe, and that's still an unusual body type. You know, genuinely chunky, rectangular, saggy, non symmetrical.., that's what I would call real progress.” (Sarah)

Here, Sarah highlights the ways in which the body positivity discourse, as it is presented on Instagram often falls short of attending to the premise of recognition and celebration of all bodies, in their true form. She mentions, “There was this kind of fake acceptance around the pinup style of the body...and that’s still an unusual body type”. Her story insinuates that although the parameters of accepted and idealised bodies may grow and evolve over time, that ultimately these progressively honoured bodies are a mere extension of traditional ideals of beauty and femininity that all women ought to strive for. Further, her story gestures at the notion that perhaps women in ED recovery may struggle to truly accept and appreciate their bodies as they are in the face of ever-changing discourses of what types of bodies are given ‘airtime’, especially on image-saturated platforms like Instagram (Feltman & Szymanski, 2018; Rodgers, 2016; Saunders et al., 2020).

A new meaning to ‘Active Social Media Use’ in the Context of ED Recovery

To date, research has often defined ‘active’ social media use as actionable habits such as a larger amount of time spent on social media, as well as regularly liking, following, sharing or commenting on images posted by others, particularly on image-based platforms like Instagram (Escobar-Viera et al., 2018; Feltman & Szymanski, 2018; Frison & Eggermont, 2017). In addition to these understandings of active social media use, participants’ stories introduce a more nuanced lens to understanding user activity of social media, as they share a variety of social media use habits they adopted over the course of their ED recovery journeys in an attempt to create a more constructive experience of using Instagram for themselves and their recovery trajectories. Their stories represent how the widely researched phenomenon of active social media use may operate within the digital ED recovery community, particularly on Instagram. Participants’ lived experiences depict ED recovery as one of the circumstantial factors in which particular active social media use patterns are often exercised, and purport how the implementation of such intentional and organised involvement in Instagram use may promote and sustain their place of recovery in their journeys.

In particular, participants’ narratives emphasised engaging in a number of different strategies in order to combat unhelpful content on Instagram, specifically removing unhelpful content from their feed by unfollowing, muting, or blocking particular Instagram users, overlooking unhelpful content, and adopting a new lens of interpreting unhelpful information. Moreover, they spoke about actively challenging other Instagram users and their unhelpful content. Among these, one of the most empowering ways for participants to pursue avoidance from Instagram imagery and

text urging lower body weight, 'clean eating', and traditional beauty ideals associated with a lean, toned physique was to outright reject such unhelpful content by unfollowing, muting or blocking their respective Instagram users. Participants made references in support of this and shared:

“I think as soon as something’s started to get into the triggering areas, I reject it. I unfollow it. I think possibly in the past, I used to challenge it, but I can’t be bothered anymore. I’d want to stay to challenge it, but now I don’t. I just can’t be bothered.”

(Sarah)

“I think I’ve also just become a little social media fatigued, and I’ve just generally lost interest. I also find that I am afraid of being triggered to some extent...afraid of big feelings, of something upsetting me at the beginning of the day that then colors the rest of my day, because it can happen. Suddenly seeing something that is really, really, you know, offensive to me and my people kind of thing, could bother me for the whole day, and I’m choosing not to engage with it or to stand up to it...that’s where the unfollowing and the unseeing comes in, when I don’t want to see that kind of stuff.” (Sarah)

“I find that sometimes it’s helpful just not to follow people at all because then I’m not worried about their health or annoyed that they’re promoting something, like for instance I wouldn’t follow the Kardashians who promote diet suppressant lollipops, like that just makes me mad. There’s no shame in unfollowing people who don’t support where you’re at, no matter what their intention is.” (Kate)

Here, these participants' lived experiences in using Instagram in ED recovery suggest that making a conscious effort to disengage with Instagram users whose content is unhelpful for ED recovery, particularly by unfollowing their accounts may be an effective way of navigating some of the hurdles that arise with Instagram use. For Sarah, she mentions that she tends to unfollow particular Instagram accounts as a response to feelings of "trigger", as she says, "As soon as something's started to get into the triggering areas, I reject it. I unfollow it". This suggests an unpredictability that may ensue with Instagram use, whereby users are unaware of their incoming Instagram content as they're scrolling through their feed, rendering it extremely challenging to entirely safeguard themselves from coming across images, videos and text captions that may not be conducive to maintaining a place of recovery for themselves.

Sarah and Kate's stories also shed light on the potential for Instagram use in ED recovery to evoke emotional turbulence and fatigue, as Sarah mentions, "I used to challenge it, but I can't be bothered anymore". Similarly, Kate says that she prefers to unfollow unhelpful Instagram accounts as that way she's "not worried about their health or annoyed that they're promoting something". Participants' stories demonstrate that whenever clashes of underlying beliefs and values pertaining to food, exercise and body image transpired between them and another Instagram user or particular post, they would simply unfollow or block those particular Instagram accounts, virtually severing their dyadic connection to them.

This suggests that perhaps actively dismantling unproductive ties with users who post unhelpful Instagram content may help to avoid the 'ebbs and flows' of unexpectedly encountering harmful

content. These findings are consistent with existing literature on factors that may play a role in the decision of Instagram users to unfollow other users, as one of the most commonly cited factors relates to the anticipated negative feelings of emotion that arise when an Instagram user sees content that they perceive as unhelpful or harmful (Au & Chew, 2017; Dai et al., 2020; Obwald & Werning, 2020). In the present study, this is supported by participants' stories that convey their desire to avoid feelings of sadness, frustration and fatigue. However, contrary to previous studies, their lived experiences add a nuanced layer of understanding as their stories showcase how a particular subset of Instagram users actively cultivate and simultaneously, 'detox' the contents of their social network, that is those who are trying to navigate their needs and wants within the backdrop of their Instagram ED recovery community.

These findings also substantiate the understanding that echo chambers of information on networking platforms like Instagram are arguably inevitable given the mechanisms at play in online communities, that is the inherent heterogeneity of interests, beliefs and values (Huang & Su, 2018; Sasahara et al., 2021). More importantly, participants' stories provide insight into possible mitigation strategies against the emergence of echo chambers incongruent with users' content preferences. In doing so, their lived experiences purport the significance of their self-directed manoeuvres in creating a satisfactory echo chamber for themselves. In line with these findings, Hockin-Boyers et al. (2020b) introduced the notion of "digital pruning" in order to characterise the ways in which women who were in recovery from EDs and engaged in weightlifting strategically navigated their social media spheres and gave meaning to this process.

Parallel to the findings of the present study, Hockin-Boyers et al. (2020b) also found that these women engaged in using Instagram's functions like deleting, unfollowing or blocking unhelpful content in an attempt to avoid negative interactions and feelings. In turn, participants' stories fortify the understandings of the recent literature in challenging the cynical paradigm that has historically framed women's social media use as passive, meaning that there is an emerging perspective that digital platforms like Instagram can support and sustain positive well-being for women in ED recovery. Further, participants' stories here are anchored in relation to how they position themselves as active, 'main characters' in constructing and sharing their narratives.

However, it is evident from the current findings and recent research that although filtering tactics can grant women some control and agency over their experience of using Instagram, the exercise of such strategies may be laborious and ongoing for the user (Toffoletti et al., 2021). Further, as the concept of digital pruning posited in Hockin-Boyers et al. (2020a) is echoed in the present study, these findings collectively depict the importance of the ways in which women in ED recovery may attempt to protect and preserve their well-being, particularly their mental and emotional state of well-being. By extension, these findings also consider the significance of Instagram users exercising hypervigilance of their spatial and relational elements in generating and maintaining feelings of safety and comfort for themselves, particularly for its avid users like women in ED recovery (Eikey & Booth, 2017). These findings add a nuanced understanding to recent research on Instagram use practises, such as the conceptualisation of the act of liking and commenting on Instagram posts as "affirmation rituals staged in a digital domain" (Baker & Walsh, 2020).

By the same token, perhaps the present findings pertaining to unfollowing, blocking, or muting unhelpful content symbolise ritualistic Instagram use practises that seek to negotiate or resist such dialogues, rather than verify and support them. Contrary to these participants' stories, there were also some participants who, despite exercising filtering tactics like erasing particular Instagram accounts or filtering out certain types of content from their feed page, would still seek out these accounts or content sporadically, despite unfollowing them. Their stories shed light on the understanding that for some women in ED recovery, complete dissolution of ties with other Instagram users or content is not entirely productive, as well as highlight how these women may distinguish between their needs and wants while using Instagram. One participant made significant references in support of this and shared:

“Wants and needs are two very different things. If I want to know how someone is doing, I can type in their name, click on their profile and see. If I need to know this, then I'll follow them so that it appears on my feed. It's that purposeful action of, 'I need to take the steps in order to look up that person and to take in what they're giving out on social media', compared to 'I've already signed up and I accept everything that they're posting', that sort of thing.” (Bianca)

Here, Bianca's story denotes her desire and ability in creating more of an emotional detachment, rather than a physical distance between herself and unhelpful or harmful content on Instagram. She delineates her tendency to unfollow Instagram accounts or certain kinds of images, but then selectively seek out their content according to her situational needs and wants, as an intentional and meaningful practise in her daily Instagram use. She mentions, “It's that purposeful action of,

‘I need to take the steps in order to look up that person and to take in what they’re giving out on social media’, compared to ‘I’ve already signed up and I accept everything that they’re posting’, that sort of thing”.

These findings showcase a contrast to some literature on antecedents of information avoidance behaviour of social media users, whereby previous research has shown that social media overload and fatigue tend to yield negative behavioural outcomes like cessation of social media use (Cao & Sun, 2018; Zhang et al., 2016). More recently, Dai et al. (2020) found that there’s an emerging perspective that rather than completely abstaining from or escaping social media use, some users exercise moderate strategies like information avoidance in an attempt to manage information overload and therefore, fatigue.

Firstly, although Dai et al. (2020) did not explore women in ED recovery using Instagram in particular, this study provides a framework for the present findings, which demonstrate that women in ED recovery may be a specific group that engages in information avoidance on social media, rather than entirely ceasing social media use. Secondly, Bianca’s story suggests that the use of moderate strategies, that is unfollowing certain Instagram accounts or filtering out certain kinds of images, but reserving access to these streams of information by exercising the ability to “look up” their content, may be more helpful than entirely eliminating them. However, it is important to note that this would not apply to private Instagram accounts, whereby if a user is not already following them, they are unable to view their content at their discretion. In line with these findings, some recent research has termed alternative strategies to completely eradicating unhelpful content on social media “snooze buttons” (Sasahara et al., 2021).

Similarly, Sunstein (2001) argued that online users seek to “hear echoes of their own voices, but not to the extent that they wall themselves off from others” (p. 49). A number of studies exploring selective exposure online suggest that many social media users do not necessarily simultaneously engage in selective avoidance, that is avoiding imagery or text indicative of opinion-challenging views. On the contrary, much of this research demonstrates that users often seek like-minded views, but are still exposed to opinion or value-challenging information online (Bakshy et al., 2015; Garrett et al., 2013). So far, there has been little research on Instagram’s contribution to this debate; Bianca’s story provides an example of how Instagram users in ED recovery may engage in selective avoidance, but not complete avoidance of information in an effort to promote or preserve their recovery.

These findings highlight the nuance and heterogeneity in the mechanisms that women in ED recovery employ in order to ensure a predominantly positive experience of using Instagram. It demonstrates that women in ED recovery have different wants and needs in their Instagram use, as some may prefer to entirely erase unhelpful or harmful content from their feed page, while others may merely aim to create some virtual distance between themselves and such content. However, rather than disengaging with unhelpful content, another strategy that participants discussed engaging in, in the face of unhelpful Instagram content included responding to it, often by approaching Instagram users directly. In support of this, some participants shared:

“I’m definitely more equipped now to deal with whatever comes up. So, if something does happen to pop up that’s about demonizing a type of food, or that’s fat phobic or that kind of thing, I have the tools to sometimes respond to it if I know the person or if I

feel really strongly about what they're posting...or just brush it off and not let it really affect me, but that doesn't happen organically.” (Kate)

“Someone who's quite a well known media person posted a picture of a gorgeous banoffee pie saying, ‘Yum, this was at a local cafe, so delicious, rich and creamy. I'm going to have to walk up a mountain a few times tomorrow’. I responded and I was like, ‘Hey, awesome that you're promoting a local business, love that...but, maybe take the second part out, because it's not really contributing towards a healthy mindset of food, you know it's contributing towards the mindset of food being good or bad, and that you need to compensate for your behaviors’ ...like, people will read that and get the wrong messaging of, ‘Oh, s*** should I be doing the same?’, you know?” (Bianca)

Here, Kate and Bianca's stories depict their tendency to approach Instagram users who may post content representative of dominant dialogues around food and exercise, as well as body glorification. As Kate mentions, “If something does happen to pop up that's about demonising a type of food, or that's fat phobic, I have the tools to sometimes respond to it...or just brush it off and not let it really affect me, but that doesn't happen organically”. Kate's statement herein describes the dialogues that still infiltrate Instagram to date, like dichotomous perspectives of certain foods (Gonzalez Johansen, 2020; Toll, 2019; Walsh & Baker, 2020), as well as the vilifying narrative of ‘fat shaming’ (Webb et al., 2017). Kate also attends to the circumstances in which she is more inclined to approach Instagram users directly in response to their unhelpful content, as she says, “If I know the person or if I feel really strongly about what they're posting”.

Kate and Bianca's experiences substantiate the understanding that socially constructed ideologies around bodies, food, and other attitudes and practises of daily life continue to monopolise their Instagram feed. Further, this partially constitutes their rationale for choosing to respond to unhelpful or harmful Instagram content. Bianca's story in particular, mainly gestures at the notion that there is an implicit expectation of compensation for engaging in eating behaviours that are deemed discordant with ideals of healthism or moral superiority (Arguedas, 2020; Lupton & Feldman, 2020). She mentions that her response to this kind of Instagram messaging typically entails, "It's not really contributing towards a healthy mindset of food, you know...it's contributing towards the mindset of food being good or bad, and that you need to compensate for your behaviors".

Kate and Bianca's stories characterise responding to unhelpful Instagram images or certain Instagram users as a tactic of circumventing encounters with unsolicited content, and as an attempt to resist and negotiate healthism ideologies, reflecting their discontents about the socially constructed prioritisation of health above all else, as well as the morality judgement that is purported to be embedded in daily food choices. Lastly, participants spoke about adopting a more constructive and empowering lens of perceiving unhelpful content on Instagram as a means of safeguarding themselves from its detrimental effects on their place of recovery, namely gesturing at the notion of 'dual responsibility'. In support of this, participants shared:

"I really agree with that idea of dual responsibility because you can't wrap yourself in bubble wrap and just protect yourself from ever being triggered or offended,

but equally it's really hard to go around in a world where people are just constantly talking about diets." (Kate)

"Although you have a responsibility to ensure that what you convey is not intended to harm anyone as much as you can, it's also about not getting too politically correct, because there's always going to be something posted by someone else that's difficult or challenging." (Bianca)

Here, Bianca and Kate speak about the idea of attributing a dual responsibility to those who create and share Instagram content that may be perceived as unhelpful, as well as those who view it. In support of this, Bianca says, "It's about not getting too politically correct, because there's always going to be something posted by someone else that's difficult or challenging". Although Kate's stance on adopting a 'dual responsibility'-orientated lens to using Instagram is synonymous with that of Bianca's, she also says, "It's really hard to go around in a world where people are just constantly talking about diets". This suggests that although Instagram users in ED recovery have the opportunity to adopt an alternative outlook by attributing responsibility and onus to themselves as well as other Instagram users, perhaps it's challenging to maintain this perspective in the face of ongoing 'diet culture', as Kate mentions.

The notion of dual responsibility allows for some nuance around emphasizing personal responsibility and volitional control over social media and the incessant cascade of information associated with it, while also calling for broader social change. Participants' stories also demonstrate that engaging in proactive Instagram use habits extends beyond physical actions of

unfollowing, blocking, or muting, and rather that for those in ED recovery, their perspectives can also be seen as a malleable locus of control in using Instagram. Therefore, their stories highlight the alteration of the ways in which those in ED recovery construe and make sense of Instagram content that is opinion, value or moral-challenging to that of their own. Interestingly, one participant's story attended to the broader discourse of the oppression and objectification of women on Instagram, and how this overarching dialogue has informed her perspective of viewing Instagram content that gestures at 'fat phobic' or 'fat shaming' remarks. She sheds light on the societal praise and moral significance placed on ideals of health, and that she now perceives this to be a reflection of a "basic fear instinct", particularly amongst women. She shared:

"To see somebody say, 'You just need to get off your fat a** and stop glorifying obesity' is frightening and it can be very damaging...but, I like to look at it from a wider perspective, and say that it comes from a deep down, societal hatred of women, but it's not always very useful to look at it that broadly and that deeply. I think people are actually basically...just, misinformed, or that it threatens something for themselves. It comes from people who are able to conform to society's expectations and do not realise how much more difficult it can be for others, so it's a lack of perspective and awareness of other people's experience. The base instinct is fear, I'd say...that everything that they've worked for so hard could suddenly become of less value, if acceptance were wider and broader. So, suddenly, all the ways in which they value themselves because they go for a 6 o'clock jog every morning and work very hard on their clean eating, that suddenly that won't be very valued anymore, that's frightening to them. So, it's more about them than it is about me." (Sarah)

Here, Sarah's story showcases a variant of change in perspective to unhelpful Instagram content. It suggests a contrary notion to Kate and Bianca's stories, which emphasised acknowledging that although oftentimes Instagram content is categorically unhelpful for those in ED recovery, that their own perspectives of Instagram content can identify unhelpful aspects even in seemingly innocuous imagery and text. Therefore, their stories shed light on the notion that although some Instagram users can perpetuate unhelpful dialogues of body image, food, and exercise, that those in ED recovery are equally responsible for the ways in which they perceive Instagram content in order to safeguard themselves from being negatively affected by it. On the other hand, Sarah's story demonstrates a polarising viewpoint, that is that she exempts herself from playing a central role in perceiving unhelpful Instagram content as harmful, as she believes that these dialogues are a sheer reflection of other Instagram users' distorted beliefs and values, rather than a personal attack and disapproval of her.

Although all three participants' stories showcase a variant of change in perspective in order to proactively create a safe and enjoyable experience of Instagram use, there are some nuances to their narratives. In particular, Kate and Bianca's stories suggest that an increase in resilience in the face of unhelpful Instagram content may be helpful to promote and sustain recovery. In comparison, Sarah's story posits separating oneself from such Instagram content as a more constructive means of resisting and delegitimizing these discourses. She suggests holding the belief that criticism towards those whose bodies and eating habits are incompatible with traditional ideals of health and beauty are hinged on a basic fear instinct of those who critique them, rather than a lack of personal resilience of those in ED recovery.

In summary, participants' stories demonstrate the ways in which Instagram users in ED recovery have the capacity to shape, customise and direct their online interactions with other users. Their lived experiences speak to the notion that the ED recovery community is still rife with polarisations, and they illustrate how some of these tensions and contradictions operate on Instagram in particular. Their stories are a testament to the fact that these discrepancies and incongruities do not always pervade the Instagram recovery community in a way that facilitates comfort and safety for lessening their suffering. More importantly, they highlight that limited representations of EDs on Instagram tethered by overarching dialogues around bodies, food, and exercise can be negotiated and rejected, and that there are various strategies by which this can be attempted. Their stories speak beyond the simplistic emphasis on the harmful repercussions of social media use for those in ED recovery, and it demonstrates that while realities can be socially constructed by the individual and their digital landscape, individuals have the choice to attend to or reject certain versions of their reality, at least to some extent.

This adds a nuanced understanding to 'active' social media use, as previous findings have often suggested actionable habits such as a larger amount of time spent on social media, liking, following, sharing or commenting on images posted by others on Instagram to demonstrate 'active' social media use practises (Escobar-Viera et al., 2018; Feltman & Szymanski, 2018; Frison & Eggermont, 2017). In addition to these findings, participants' stories in the present study introduce a more nuanced lens to understanding user activity of social media, as they share a variety of both similar and different social media use habits that could be adopted to create a more constructive experience of using Instagram for ED recovery. Their stories represent how

the phenomenon of active social media use may operate within the digital ED recovery community, particularly on Instagram. Finally, participants' lived experiences suggest how the implementation of such intentional and organised involvement in Instagram use may promote and sustain their place of recovery in their journeys.

Chapter Four: Conclusion

In this section, I aim to summarise the findings of the present study and the ways in which they help to build upon the relevant body of literature discussed above. As I set out to explore how Instagram use fits into women's lived experiences of ED recovery in New Zealand, the findings provided nuance into the ways in which these individuals replicate and challenge dominant narratives around EDs and recovery, as well as broader dialogues about ways of life. Building on the qualitative body of literature around ED recovery, the women's narratives situate their embodied experiences of ED recovery within a sociocultural context rife with moralising imperatives centred around food, health, and bodies (LaMarre & Rice, 2016, 2017).

The present findings build upon this literature, illustrating a further multi-directional interaction of bio-pedagogical discourses such as body positivity, healthism and neoliberalism, and that those in ED recovery are often confronted by these dialogues in everyday Instagram use. The findings demonstrate how stories of ED recovery and Instagram use are largely tied to individuals' subjective experiences and at the same time, embedded in and influenced by their sociocultural milieu. Their stories showcase shared and heterogenous understandings of ED recovery and how this may play out on Instagram, and depict the ways in which Instagram users

in ED recovery have the capacity to re-shape their narratives of what Instagram use in ED recovery is like.

The findings purport that for those in ED recovery, Instagram use may be predominantly unhelpful, and that although Instagram use can be an enjoyable experience, this may be a function of whether the user engages in effortful strategies to create an Instagram feed that is in alignment with their beliefs and values, and their goals in recovery. The present study also reveals that although Instagram does offer some benefits to supporting and sustaining recovery, that it may not be until the later stages of recovery that these are identified and experienced.

Participants' stories also attended to engaging with the recovery community on Instagram, demonstrating that this sphere of the image-based platform is multifaceted and challenging to navigate. The majority of participants contended that their influence is largely negative and thus, ineffective in helping to establish or maintain a self-determined place of recovery. Participants' stories of engaging with other Instagram users' accounts of their recovery journey suggest that often, their content may be counterproductive to recovery of other users, as well as that the users themselves may not be perceived as 'truly recovering' or 'recovered'.

Further, as the findings of the present study gestured at the pitfalls of the body positivity dialogue in the context of ED recoveries, they speak to one of the challenges that ensue with Instagram use in ED recovery: beyond entrenched dialogues around what shapes and sizes of bodies are desirable, even seemingly innocuous and well-intentioned conversations like the body positivity movement are not without their own inconsistencies and constraints. This highlights a nuanced

understanding that despite efforts by body positivity ‘influencers’ and other Instagram users with a smaller following to reject and negotiate difficult-to-achieve appearance-related ideals, including those related to body weight, shape and size, these users at times attend to and perpetuate the very ideologies they contend to reject, slowly slipping away from emerging body positive discourses to pre-existing ideals of femininity.

In addition, participants’ stories suggest that perhaps there is an element of cognitive dissonance amongst some Instagram users who claim to subscribe to the body positivity dialogue. Their accounts of their stories suggest that the current iteration of the body positivity dialogue on Instagram can be interpreted as a movement that calls into question long-standing ideals of health and female beauty. Nonetheless, participants’ lived experiences gesture at the notion that the body positivity dialogue remains tethered by homogenised and reductive representations of bodies, and that the implications of this pose an obstacle to allowing corporeal practises of resistance and diversified versions of ED recovery to fully pervade the Instagram space.

This posits Instagram as a potentially difficult, digital space for those in ED recovery to navigate, as conflicting messages around ways of life, particularly those prescriptive of body acceptance and health that inundate the platform’s feed may inadvertently hinder trajectories of recovery. It suggests that recovery journeys are not only affected by Instagram content that is overtly pertaining to EDs and their recovery stories, but that ED recovery narratives are intrinsically tethered by other overarching dialogues that permeate digital platforms like Instagram, namely those gesturing at healthism and neoliberalism discourses. This posits the notion that ED recovery narratives may be informed by such broader sociocultural parameters. Thus, the

women's stories speak to the notion that the ED recovery community remains laden with polarisations, and demonstrate how some of these tensions and contradictions operate on Instagram in particular. Their stories illustrate that these discrepancies and incongruities do not always pervade the Instagram recovery community in a way that provides comfort and safety for alleviating their suffering.

However, the findings highlight that there is a potential for limited representations of EDs on Instagram tethered to overarching dialogues around bodies, food, and exercise to be negotiated and rejected, and that there are various strategies by which this may be attempted. As the women adopt a 'main character' position in telling their stories of ED recovery and Instagram use, their accounts speak beyond the reductive focus on the harmful repercussions of social media use for EDs (Butkowski et al., 2019; Fardouly et al., 2018; Holland & Tiggemann, 2016; Turner & Lefevre, 2017). They demonstrate that while realities can be socially constructed by the individual and their digital landscape, individuals hold the choice to attend to or reject certain versions of their reality, at least to some extent. This is important as social media archetypes have historically framed users as passive and susceptible to its harmful effects, thus the present study highlights that those in ED recovery who use Instagram do have the ability to exercise autonomy and agency in responding to harmful Instagram content. Their stories challenge dominant narratives around using social media that position this experience as either harmful (Butkowski et al., 2019; Fardouly et al., 2018; Holland & Tiggemann, 2016; Turner & Lefevre, 2017) or helpful (Hockin-Boyers et al., 2020a, 2020b).

Historically, this sphere of EDs research has typically been assembled according to the risk-and-exposure paradigm of social media use and EDs, whereby this extensive literature tends to operate within a cynical framework within which women's engagement with the digital sphere produces harmful outcomes for their well-being. Contrary to this long-standing understanding, participants' stories provide nuance, demonstrating how Instagram use fits into the wider context of their lives in simultaneously and ever-changing helpful and harmful ways. Further, their accounts of their lived experiences substantiate the growing understandings of the diversified nature of EDs and recovery that recent research has attended to (Benedetti, 2018; Chancellor et al., 2016; Eikey & Booth, 2017; LaMarre & Rice, 2016, 2017; O'Brien, 2015).

Ultimately, the findings suggest that there is no 'universal formula' to using Instagram in a way that is conducive to a 'successful' recovery journey. The stories told here demonstrate that in an effort to circumvent the possibility of stumbling upon unhelpful content that may hinder one's place of recovery, it may be possible to create a 'game plan' in using Instagram during recovery. This is evidenced by those who shared their use of both proactive and responsive tactics like unfollowing, muting, or blocking particular Instagram users and their content in recovery. In addition, although previous research suggests that Instagram users engage in impression management practises in order to try and control others' impression of them (French & Bazarova, 2017; Seibel, 2019), stories told in the present study add a nuanced layer to the understanding that self-presentation on Instagram is important for many users. They purport that Instagram users in ED recovery are also concerned with the other side of the interface of using Instagram, that is the kind of imagery and messages that they're confronted with, not only the way that they present themselves to others.

Thus, the findings also reveal that perhaps Instagram offers a unique asset in comparison to conventional media outlets, as users of Instagram are provided with the capacity to shape, customise and direct their online interactions. In conclusion, the findings of this study shed light on the diversified nature of lived experiences of ED recovery and, more importantly, how these lived experiences are situated within the Instagram space. Thus, women's lived experiences as narrated by them, demonstrate that Instagram is not simply positive or negative for ED recovery; it is nuanced and largely determined by the individual's unique, lived experience. Their stories do not suggest that the Instagram community is entirely problematic nor helpful for ED recovery, or that Instagram users should necessarily avoid this image-based app throughout their trajectories of recovery. Rather, the findings gesture at the notion that users who have historically struggled with EDs or are actively working towards recovery to partake in its virtual conversations with caution.

Limitations

Although the present study has provided a number of insights that further understandings around lived experiences of ED recovery and Instagram use, it is important to be cognisant of its potential limitations. Firstly, the sample size was small and relatively homogenous, with only eight participants who took part. On that note, future research might seek to further explore these findings in a more diversified group, such as a diverse profile of individual ethnicities, non-heterosexual individuals, men as opposed to women, and individuals with varying socioeconomic standings. It is worth reiterating that the present study did not seek to reveal generalisable findings to a larger sample, but rather to capture the nuances embedded in the lived

experiences of ED recovery and Instagram use, and the meanings assigned to these stories.

Nonetheless, a more representative sample may work towards unpacking the potential impacts on individuals who are socioculturally marginalised.

In addition, participation was founded upon self-selection of participants, and therefore solely relied on their self-report to gain insight into their embodied experiences of ED recovery and Instagram use. At times, this led to participants having difficulty with sharing retrospective details, but their vulnerability and the depth of their accounts were accorded a higher value than linear storytelling or complete accuracy. Thus, their narratives may be ridden with self biases, such as selecting encoding and retrieval. However, the inherent subjectivity of their narratives also offers some methodological strengths; participants provide a 'window' of insight into their personal experience of daily life, which is invaluable when wanting to better understand lived experiences of ED recovery.

Implications

One of the central takeaways from the present study is that perhaps the influence that social media plays in painting the landscapes of our narratives is more significant than users may be aware of. Additionally, perhaps continuously monitoring through self-reflection and awareness what one consumes via multiple channels of the virtual world and how this transfers to our everyday life should be more commonly done in clinical settings, as a number of participants had suggested. Commonplace treatment of EDs in clinical settings includes a cognitive behavioural psychotherapy modality, colloquially referred to as 'CBT' (American Psychological Association, 2013; Wilson, 2005). Incorporating the discussion around social media use in healthcare settings

would mean that there is more emphasis on the environmental influences of those in ED recovery, rather than predominantly focusing on their individual cognition and behaviours. In turn, this may also make more room for diversified narratives of ED recovery to be heard and attended to in psychotherapy settings.

The notion that there seems to be an oversight and lack of attention to social media use in healthcare settings, particularly Instagram and the implications of this on ED recovery was supported by a number of participants. One participant spoke about the need to increase awareness around social media use, particularly from the perspective of healthcare professionals, as she said, “In recovery you’re learning to eat again in a way that is contributing towards living your life, and you also need to learn how to use social media properly again”. Ultimately, participants said it best: “I would expect that a very good question to ask these days would be, ‘What are you consuming?’, not just in terms of how much you drink or what you eat, it’s, ‘What are you consuming with your eyes, every day, on your phone, what’s that diet like?’ You know?”. Further, these findings shed light on the notion of how much ‘diet culture’ abounds in image-based platforms like Instagram, and that Instagram content of family and friends that subscribes to this dialogue can be harmful for those in ED recovery. Therefore, there are implications for family and friends of those who have previously or are actively struggling with EDs to practise awareness and conscientiousness in their Instagram use habits.

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Appendix A: Recruitment Poster



MASSEY UNIVERSITY
COLLEGE OF HUMANITIES
AND SOCIAL SCIENCES
TE KURA PŪKENGĀ TANGATA

“Using Instagram in Eating Disorder Recovery: New Zealand Women’s Experiences”



Currently, there is a lack of research on the lived experiences of women who have experienced one or more eating disorders (EDs) in New Zealand, particularly in the context of social media use. We are interested in understanding how using the app Instagram impacts women’s experiences of eating disorder recovery.

You are eligible to participate if you:

- Identify as a woman
- Are currently living in New Zealand (it is not necessary that you have lived in New Zealand for the entire duration of your ED experience)
- Are at least 18 years old
- Speak fluent English
- Use Instagram on a regular basis (a minimum of three times a week)
- Have either experienced an eating disorder previously and/or are currently experiencing an eating disorder, but are in active recovery

- Have access to means for a 60-90 minute video-conference via Zoom or Skype

If you are interested in taking part in this research project, do not hesitate to contact us.

Student Researcher

Ilinka Nikolova

Ilinka.Nikolova.1@uni.massey.ac.nz

Supervisor

Andrea LaMarre

A.LaMarre@massey.ac.nz

Ethics Committee Approval Statement

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern A, Application 20/25. If you have any concerns about the conduct of this research, please contact Dr Negar Partow, Chair, Massey University Human Ethics Committee: Southern A, telephone 04 801 5799 x 63363, email humanethicssoutha@massey.ac.nz

Appendix B: Information Sheet



MASSEY UNIVERSITY
COLLEGE OF HUMANITIES
AND SOCIAL SCIENCES
TE KURA PŪKENGĀ TANGATA

“Using Instagram in Eating Disorder Recovery: New Zealand Women’s Experiences”

INFORMATION SHEET

Researcher Introduction

My name is Ilinka Nikolova, a Master of Science student at Massey University. This research project is being conducted for fulfillment of the requirements for the degree of Master of Science in Psychology. The research project will be conducted in collaboration with Dr Andrea LaMarre as my supervisor.

Project Description and Invitation

The objective of this research project is to gain insight into New Zealand women’s experiences of using the photo-sharing app Instagram while in eating disorder recovery. Currently, there is a lack of available information on this area of research. This research project will enable women in New Zealand who feel that their engagement with the app has impacted their eating disorder recovery journey to have a voice in expressing their lived experiences and provide some insight into the role that social media plays in eating disorder recovery within a New Zealand context. We would like to invite women who are at least 18 years old, use Instagram on a regular basis, and have experienced an eating disorder before or are in active recovery to participate.

Participant Identification and Recruitment

Participants in this research project will be recruited via advertisement of the research project by contacting eating disorders-related organisations and posting on various social media platforms.

You are eligible to participate if you:

- Identify as a woman
- Are currently living in New Zealand (it is not necessary that you have lived in New Zealand for the entire duration of your ED)
- Are at least 18 years old
- Speak fluent English
- Use Instagram on a regular basis (a minimum of three times a week)
- Have either experienced a form of an eating disorder previously and/or are currently experiencing an eating disorder, but are in active recovery

Project Procedures

A face-to-face interview will be scheduled according to your and the researcher's availability. An interview via Zoom is provided as an alternative option. You will be asked to complete an informed consent form and a brief demographic information form. The interview will be recorded through an audio-recording app on a password-protected cell phone. This should take around 60 minutes, up to a maximum of 90 minutes. As a token of appreciation, a \$20 Westfield voucher will be provided.

Data Management

All electronic data will be password-protected and held for a duration of five years following data collection. Any printed copies of information will be anonymized and locked in a storage cupboard in the supervisor's office. No identifiable information will be reported in the research findings of this study.

Participants' Rights

You are under no obligation to accept this invitation. Should you decide to participate, you have the right to:

- *Decline to answer any particular question*

- *Withdraw from the study up until eight weeks after data collection*
- *Ask any questions about the study at any time during participation*
- *Ask for the recorder to be switched off at any point during the interview*
- *Be given access to a summary of the project findings once finalised*
- *Completion and return of the required forms implied consent*

Project Contacts

Please feel free to contact us if you have any queries.

Student Researcher

Ilinka Nikolova

Ilinka.Nikolova.1@uni.massey.ac.nz

Supervisor

Andrea LaMarre

A.LaMarre@massey.ac.nz

Additional Support

If reading this information sheet or taking part in this research project has brought about any distress and/or discomfort, and therefore require support, feel free to reach out to any of the following free-of-charge contacts:

-Depression Helpline 0800 111 757

-Lifeline 0800 543 345

-Youthline 0800 376 633

-Anxiety NZ Trust 0800 269 4389

Recommended Resources

For general information on eating disorders within New Zealand, you may wish to visit the following links below:

- <https://www.health.govt.nz/your-health/conditions-and-treatments/mental-health/eating-disorders>
- <https://www.ed.org.nz/>
- <https://www.healthnavigator.org.nz/>
- <https://www.mentalhealth.org.nz/>

Ethics Committee Approval Statement

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern A, Application 20/25. If you have any concerns about the conduct of this research, please contact Dr Negar Partow, Chair, Massey University Human Ethics Committee: Southern A, telephone 04 801 5799 x 63363, email humanethicssoutha@massey.ac.nz

Appendix C: Interview Guide

Establishing Questions - Setting the Scene

- What made you decide to choose to participate in this study?
- Can you tell me a little bit about yourself?
- How often do you tend to use Instagram per week, on average?
- Generally speaking, what determines whether you choose to follow a specific Instagram account or not?
- Which feature of the app “Instagram” would you say you pay the most attention to? Stories, likes, comments, captions, the visual content itself?
- Do you tend to use any other social media platforms on a regular basis? If so, which social media outlets does this include for you?

“Social Media Influencers/Content Creators” : potential prompts

- Do you follow any “Social Media Influencer” accounts in the broader health and fitness space?
 - If so, what do you think of these accounts and their content that they post on Instagram?
 - What kinds of bodies do “Influencers” portray as ideal, in your view?
 - Has engaging with this kind of content had an impact on your recovery journey? If so, how?
 - Have you ever chosen to unfollow someone’s Instagram account because you felt that their visual content was detrimental for your eating disorder recovery journey? If so, what was this experience like? i.e. how did this feel immediately and then later? If not, why not?

Stories of Social Media Use

Begin this section broadly with "I would be grateful if you could tell me the story of your eating disorder recovery. How has Instagram fit into this story?"

Potential Prompts

- What sort of content would you consider “triggering” on Instagram for you?
- If you see “triggering” content on Instagram, how do you tend to navigate this?
- Would you say that there are any common trends in the kinds of bodies expected of women today?
 - What does this look like?
 - What kind of people are sharing this content?
 - Do they offer instructions about how to reach this type of physique?
 - Have you noticed a change in the standard of body weight and/or shape currently idealised across Instagram relative to a few years back?
 - If the participant answers no to “Are there any common trends in the kinds of bodies expected of women today?”, then ask “Why not?” or “What kind of content do you generally see the most of on your Instagram feed instead?”
- You mentioned earlier that you also tend to use other social media platforms. Have any of these other platforms had an impact on your ED recovery journey? Has this been more helpful or harmful, in your experience? (if the participant has said earlier that they tend to use other forms of social media, but has not mentioned much in terms of other social media platforms i.e. has

focused predominantly on their experience with Instagram, follow up later in the interview with this question)

- What sort of Instagram accounts or content do you find has been the most helpful/beneficial for you and your ED recovery journey?

Where does social media meet healthcare?

- Have you ever spoken with your therapist/ED team/counsellor about your social media use?
- Have they made any suggestions?
- Do you think that social media can be used in helpful ways in ED treatment or support?

Closing Section

- When reflecting on your story as a whole, what do you see as the key benefits of social media use during ED recovery? The key drawbacks?
- If you were giving advice to someone else in recovery, what would you say?

Appendix D: Approval of Ethics Application



humanethics@massey.ac.nz
to Ilinka.Nikolova.1, humanethics, A.LaMarre ▾

Tue, Jul 21, 2:13 PM ☆ ↶ ⋮

HoU Review Group

ReviewerGroup
Dr Andrea LaMarre

Researcher: Ilinka Nikolova
Title:Working Title: A qualitative study on the narrative of the use of the photo-sharing app Instagram in the context of eating disorder recovery experienced by women in New Zealand

Dear Ilinka

Thank you for the above application that was considered by the Massey University **Human Ethics** Committee: **Human Ethics** Southern A Committee at their meeting held on 21/07/2020.
On behalf of the Committee I am pleased to advise you that the **ethics** of your application are approved.

Approval is for three years. If this project has not been completed within three years from the date of this letter, reapproval must be requested.
If the nature, content, location, procedures or personnel of your approved application change, please advise the Secretary of the Committee.

If you wish to print an official copy of this letter, Please logon to RIMS (<http://rims.massey.ac.nz>) , and under the Reporting section, View Reports you will find a link to run the **Ethics** Committee Report.

Yours sincerely
Professor Craig Johnson
Chair, **Human Ethics** Chairs' Committee and
Director (Research Ethics)