

"Lean into the Lizzo:" Internet spaces as therapeutic publics in eating disorder recovery

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Abstract

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Atypical anorexia (AAN) is a restrictive eating disorder (ED) in which “all of the criteria for anorexia nervosa (AN) are met, except that despite significant weight loss, the individual’s weight is within or above the normal range.” (APA, 2013, p. 353). Though rates of AAN are similar to or greater than those of AN, fewer individuals with AAN are referred to or admitted to ED specific treatment due to discrimination based on weight stigma (Harrop et al., 2021). Online spaces, especially social media, have become hugely influential both in general and as part of the context of EDs. Though online spaces have primarily been studied for their roles as risk factors, they contain possibilities for healing (Cohen et al., 2020). As sites where people in larger bodies with EDs can exchange information, receive mutual support, and learn about related movements for cultural change, internet spaces holds significant potential as a therapeutic public in recovery (Fullagar, 2017). However, digital spaces are a largely untapped resource in mainstream treatment

contexts where many people, particularly those with less access to traditional treatment such as patients with AAN, are already interacting. This secondary qualitative analysis aimed to highlight the ways that a group of ED patients typically not given access to traditional treatment has engaged online and how that engagement has impacted sense of self and recovery from their EDs.

Methods: This study utilized semantic and latent qualitative thematic analysis to explore semi-structured interview data collected as a part of a longitudinal, mixed-methods study conducted by Dr. Erin Harrop (EH) that explored women's and non-binary assigned female at birth individuals' experiences of atypical anorexia nervosa (Braun & Clarke, 2006; Harrop, 2020).

Results: Study participants discussed five levels of engagement (withdrawing, consuming, interacting, sharing/reposting, contributing) online and described four functions that online spaces served for them (as sites of identifying diet culture, sites of transforming shame, sites of resourcing and resistance, and sites of public pressure). In several ways, these insights position the internet as a powerful therapeutic tool: a space where knowledge and validation are freely exchanged, where cultural norms can be made visible and challenge, where ideas of the "expert" in treatment can be negotiated (Fullagar, 2017).

Discussion: Findings from this study frame the internet as a powerful therapeutic tool with implications both for clinicians working with patients with EDs and for ED treatment itself. Insights from participant experiences suggest potential benefits of expanding the clinical lens to explore the systemic and cultural forces at play in client narratives, and invite clinicians to consider the role of advocacy in ED treatment activities. Findings from this study suggest possibilities for self-directed internet-based treatment interventions for patients with EDs who may face barriers to accessing formal treatment. Future studies may build on these insights by

investigating current recovery activities online and their specific impact on patients' ED recovery processes. Further attention to this topic holds potential to expand what is a critical and accessible recovery space for ED patients who have been marginalized due to their body size.

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Introduction

Atypical anorexia (AAN) is a restrictive eating disorder (ED) in which “all of the criteria for anorexia nervosa are met, except that despite significant weight loss, the individual’s weight is within or above the normal range” (APA, 2013, p. 353). Although not widely studied, AAN is generally as common or more common than anorexia nervosa (AN) (Harrop, et al., 2021). Individuals with AAN experience similar severe physical challenges, courses of treatment, and levels of impairment as those with AN who are underweight, and some research suggests that people with AAN experience greater distress related to eating and body image (Sawyer et al., 2016). Though rates of AAN are similar to or greater than those of AN, fewer individuals with AAN are referred to and admitted to ED specific treatment (Harrop et al., 2021).

This may be in part due to weight stigma, as our current sociocultural context highly values thinness, normalizes restrictive eating, and rejects those whose bodies do not align with the thin ideal. Weight stigma relies on stereotypes that emphasize individual characteristics and personal choice, such as that larger-bodied are lazy and lack self-control. Through stereotyped messages, weight stigma has even been used as a public health tool attempting to persuade behavior change (Hunger et al., 2015). For individuals with AAN, who are by definition at higher weights compared to those with AN, experiences of weight stigma in the context of treatment may range from delayed diagnosis and trivialization of their illness to receiving direct medical advice to engage in eating disordered behaviors (Harrop, 2018). For some with AAN, this weight stigma makes both clinicians and patients believe that they are not “sick enough” to need or deserve treatment and may lead to more severe disordered behaviors to “prove” themselves to be “sick enough” to be taken seriously in treatment settings (Holmes, 2016; Eiring et al., 2021).

Despite mainstream cultural and medical norms perpetuating the idea that individual choice leads to weight gain which causes poor health, researchers have found that the weight stigma can lead to poor physical and psychological health (Hunger et al., 2015; Harrop, 2018; Muennig, 2008; Tomiyama et al., 2018). By labeling larger bodies as undesirable and less valuable, our weight stigma-laden culture makes those with larger bodies feel shame. In attempting to cope with the shame, many experience negative physical and psychological outcomes such as poor self-image, depression, and cardiovascular issues (Dickerson et al., 2004; Major & O'Brien, 2005). These poor psychological outcomes that result from discrimination such as weight stigma are the same psychological elements experienced in an active ED (Sawyer et al., 2016).

Just as a weight stigma-laden culture creates ill psychological health that exacerbates EDs, elements of psychological health such as self-acceptance and personal agency play a significant role in ED recovery (Bardone-Cone, 2018; LaMarre & Rice, 2017). The amount of emphasis researchers attempting to conceptualize recovery place on individual components of the recovery process versus wider cultural considerations varies. An individualistic approach to ED recovery that conceptualizes turning points, characteristics, and individual trajectories toward recovery is common. However, a body of researchers who adopt more critical, collectivist philosophies has emerged. These researchers highlight the interplay between ED recovery and sociocultural context, including processes of forming, internalizing, and resisting cultural norms (LaMarre & Rice, 2016; Matusek & Knudson, 2009). These perspectives highlight many of the same healing elements of recovery as more individualistic approaches (reduced self-blame, increased self-efficacy). However, they frame the process of achieving psychological wellbeing in recovery as

the result of engaging directly with oppressive cultural norms, such as weight stigma and the normalization of restrictive eating (Holmes et al., 2017; Venturo-Conerly et al., 2019).

One site where cultural norms related to food and body are engaged and contested is the internet. Online spaces, especially social media, have become hugely influential both in general and as part of ED development and recovery. Previous research has primarily focused on the ‘disordered’ aspects of the internet, such as the phenomena of “pro-ana” (“pro-anorexia”) and “pro-mia” (“pro-bulimia”) communities or the less ubiquitous “fitspiration” (where extreme restriction in the form of labeling foods as “good” and “bad” is packaged as a healthy lifestyle) trends that may exacerbate or promote EDs (Holland & Tiggeman, 2016). However, movements for cultural change including anti-diet movements, body positivity, Health at Every Size, and body liberation, have more recently emerged and gained significant traction online (Cohen et al., 2020).

As contexts where experiences can be freely and mutually shared, online spaces also hold significant therapeutic potential. Fullagar (2017) captures this potential through the concept of “therapeutic publics,” in which online spaces offer users the opportunity to “generate support in anonymous and public ways, offer help, advice to others with daily struggles and raise awareness to combat stigma and discrimination (p. 8).” As sites where people in larger bodies with EDs can exchange information, receive mutual support, and learn about related movements for cultural change, the internet holds significant potential to mitigate shame and promote healing.

Aims and Research Questions

Given the influential role digital media plays in the current cultural landscape, understanding how patients interact with these online spaces is important to make the digital environment safer for those with (or at risk for) ED and to promote healthy recovery attitudes

online. Some treatment approaches and centers are starting to pay attention to online spaces as risk and protective factors (i.e. acknowledging pro-ED online communities,, promoting body positive social media influences). As of yet, though, digital spaces are a largely understudied resource where many people, particularly those with less access to traditional treatment (due to family considerations, financial barriers, or marginalized body size) are interacting. This secondary qualitative analysis aimed to fill this gap in literature by highlighting the ways that a group of ED patients, typically not given access to traditional treatment, has utilized the internet and how that engagement has impacted their selves and ED recovery journeys. More specifically, this study sought to answer the following questions: How do patients in recovery from AAN engage online? How does the internet serve as both an obstacle and therapeutic resource for patients in recovery from AAN?

Methods

Study Design

Data for this paper are drawn from the Women's Illness Narratives Through Eating Disorder and Remission (WINTER) Study, a longitudinal, mixed-methods study conducted by Dr. Erin Harrop (EH) that explores women's and non-binary assigned female at birth individuals' experiences of atypical anorexia nervosa (AAN; Harrop, 2020). Participants in this study completed in-depth semi-structured interviews at baseline, 6 months, and 12 months, completed quantitative surveys every 2 months, and completed an exit survey at 12 months. The baseline interview explored the development and progression of participants' illnesses. The second interview (6 months) focused on help-seeking and interaction with providers in treatment settings. The final 12-month interview discussed participants' perspectives on the process of getting better

and relapsing. Data for this paper are drawn from the 12-month interview, as the focus on recovery experiences was most relevant to this study.

Data Collection

All participants provided written informed consent prior to any study procedures. All procedures in this study were approved by the University of Washington Institutional Review Board. Qualitative interviews were conducted by EH in person when possible, and via online video conference (Zoom) when in-person interviews were not possible.

Interviews were audio recorded and transcribed. The present study utilized data from the final 12-month interview, conducted in 2020, which explored participants' experiences and perspectives in recovery. Participants were asked questions about how they conceptualize the process of recovery and relapse; how their relationship with their bodies, themselves, and others have changed; how they may have engaged in activism or advocacy throughout recovery; and how participating in the study impacted them.

This author validated and de-identified interview transcripts, with EH conducting a final review of all validated transcripts. As part of the de-identification process, all participants provided (or were assigned) a pseudonym. During the process of validating and de-identifying interview transcripts, this author identified excerpts in which participants discussed topics such as social media, the internet, online messages, podcasts, or other media. This analysis utilized on this selected dataset, which was also reviewed by EH.

Sample

Thirty-two of the 39 original study participants (82%) discussed topics related to the internet, social media, or other digital media and were included in this analysis. Demographics for each participant can be found in Table 1. Of these individuals, seven identified as nonbinary

or genderqueer, one identified as male¹, and 24 identified as female. Sixty-nine percent of participants were white, 22% percent identified as multiracial, six percent identified as Hispanic/Latinx, and three percent identified as Alaska Native. Participants represented a diverse range of ages, from 18 to 66 years old, with a mean of 34.78 years. Just under one-third (31%) of the participants were over the age of 40, a range not widely considered in research on this topic, which often emphasizes adolescent and young adult populations. Over one-quarter (28%) of participants had never received formal ED treatment.

Data Analysis

This study utilized qualitative thematic analysis that was both inductive, identifying ideas that emerged from the data, and deductive, incorporating concepts grounded in relevant literature (Braun & Clarke, 2006; Nowell et al., 2017). For each participant included in the sample (n=32), this author completed an initial reading of transcripts and briefly summarized interviews by writing pen portraits to deepen immersion in the data and capture the essence of participants' reported experiences (Sheard & Marsh, 2019). This author then created a preliminary list of codes emerging from pen portraits and initial data immersion. The research question guiding this initial reading focused on the more limited question of how participants engaged in political advocacy and activism online. Initial analysis revealed that discussion of online engagement and advocacy did not remain just in the political realm - participants clearly emphasized the impact of online engagement on their individual healing processes. From these insights, the guiding research questions expanded to encompass all online engagement, advocacy related or otherwise, and the broader impacts on participants' ED and recovery experiences.

¹ This participant identified as female upon recruitment to the study, and came out as transgender within the duration of study participation.

After consulting relevant literature and listing overlap between the initial inductive codes represented or supported by existing research, this author compiled a preliminary codebook. Creation of the preliminary codebook was strongly informed by the concept of therapeutic publics in that ideas of shame, healing, resourcing, and public space were significant in the data (Fullagar, 2017). This author, in consultation with her supervisory committee, engaged in iterative process of coding sub-samples of interview data and refining the codebook, finalizing the codebook after three iterations of coding, discussion, and refinement (see Appendix B). After coding the full sample of interview data with the final codebook, this author reviewed excerpts within codes and discussed patterns with her supervisory committee. The themes that emerged from this analysis represent types of engagement with the internet and social media, namely consuming, interacting, sharing, withdrawing., This author re-coded the data according to these themes and completed another review of excerpts within each way of engaging. This author explored the connection between the themes related to engaging online and those related to the shame, healing, resourcing, and public space informed by Fullagar's (2017) idea of therapeutic publics. The final analysis represented in this paper illustrates the interplay between themes of engagement and themes of therapeutic publics.

Reflexivity and Memoing

Throughout the research process, this author kept a detailed log of reflexive memos across three categories (Birks, 2008; Nowell et al., 2017). The first category of memos contained methodological information, detailing methodological decisions, logistics, and rationale. The second category contained analytical information, outlining patterns and connections among the data and literature. The third category of memos contained reflection on personal values, insights, and clinical relevance of the analysis.

Results

Participants in this sample discussed frequent engagement with online spaces and the function that their different ways of engagement served in their recovery processes. The themes presented here illustrate these different functions of internet spaces: as sites of identifying diet culture, sites of transforming shame, sites of resourcing and resistance, and sites of public pressure. As a “site of identifying diet culture,” online spaces taught participants to see the thoughts and feelings (such as shame) associated with their ED as connected with a broader culture that idealizes thinness and normalizes restrictive eating. “The Internet as a site of transforming shame” refers to the ways that online spaces brought participants validation, new conceptualizations of beauty, and confidence that contributed to their psychological wellbeing in recovery. As a “site of resourcing and resistance,” participants engaged in online activism and described finding resources to either fill in gaps in treatment or create their own self-directed treatment. Finally, “the Internet as a site of public pressure” refers to the ways that participants felt pressures of popularity, inauthenticity, and judgment as they engaged in the online public sphere.

Within these themes, participants described experiencing the impact across five levels of engagement: consuming media, interacting with others online, sharing or reposting others’ content, contributing original content, and withdrawing from internet spaces (see Figure 1). Several participants also discussed movement between multiple ways of engaging. Often the themes portrayed here motivated them to engage differently than they had previously been engaging (i.e., the content they consumed online motivated them to speak out and share their story, rather than simply observing or passively consuming content).

The Internet as a Site of Identifying Diet Culture

Participants identified the internet as a space where diet culture, the dominant cultural paradigm that perpetuates an ideal of thin bodies and normalizes restrictive eating, is reproduced. By recognizing the ways that they had been and continued to be impacted by diet culture while they engaged online, participants came to a deeper understanding of their ED and healing journey. Participants discussed the internet as a site for identifying diet culture in relation to both consuming and withdrawing from online spaces - discussion on this theme across interacting, re-posting, and contributing levels of engagement was limited and therefore not included below.

Consuming. Consuming disordered cultural messages about eating and body norms impacted wellbeing and healing in detrimental and beneficial ways. Several participants identified that engaging online negatively impacted them by encouraging and exacerbating their ED. Elements like before and after photos, “thinspo” (where thinness is explicitly glorified) and “fitspo” (where extreme restriction in the form of labeling foods as “good” and “bad” is packaged as a healthy lifestyle) posts, and online dieting programs encouraged participants in their active ED and served as obstacles in recovery. One participant described a thwarted attempt at moving toward recovery because of harmful internet content, stating:

I mean it was just really confusing because the first thing I do is I go on the internet to research, that's always the first thing I do. And I didn't know what were the right words to use and so I started learning that there are a lot of different perspectives, but, you know, I didn't know that there are multiple ones to begin with. So, you know, the first perspective I ran into was an abstinence style, which fit my eating disorder perfectly and I was like, “great I'm so good at this, tell me all the things to not eat.” [Layla, 23]

In attempting to access recovery-related resources online, Layla encountered veiled approaches that actually further contributed to her ED. Others described similar experiences: several recounted attempting to find information about health online and falling into the trap of

“fitspo.” Being “influenced” by these messages morphed participants’ EDs and prevented them from being able to move toward recovery.

Even in recovery, participants reported needing to be constantly vigilant online, as messages that could trigger an eating disorder relapse were pervasive and insidious. One participant described this constant effort, saying:

Disordered behaviors are congratulated and promoted by everyone from medical professionals to Instagram influencers... I’ll always have to be aware of that influence, how easy it is to get sucked into those things. How diet culture, like Christy Harrison says, is a shape shifter and it will always continue to change. So, thinking about how diets that are in right now are not called diets. They are called “wellness,” or “lifestyle changes,” all that kind of bullshit. Just, staying aware of that, and what could potentially impact me, or influence me, or people I’m around, that sort of thing. [Daisy, 31]

While effectively staying vigilant to avoid or minimize exposure to disordered messages was a necessary survival strategy, building the skill to accurately identify these messages as reflective of diet culture was described by many participants as both challenging and healing. One participant shared, “gaining awareness of things like diet culture, fatphobia, weight stigma was a pivotal moment in my own recovery” [Daisy, 31]. Building awareness of the characteristics of a culture that promotes disordered eating and marginalizes certain bodies moved participants toward interpreting the content they consumed in new ways:

There's this one woman who I love and adore, and she is on a “weight loss journey.” And every single week she posts her statistics, how many pounds did she lose that week? It's so similar to where I was like four or five years ago. Like I see her posting these veiled memes on the internet about the struggles. Where it's like, “anything you set your mind to, you can accomplish, if you work hard enough.” Like those clichés about when people are dieting and they're trying to lose weight and it's so difficult to stay on these diets, but they have to tell themselves. And I did this too. Like they have to find a bunch of clichéd things to believe about, “if you only try hard enough, you'll be able to change your body.” Like the “thinspiration” and the “fitspiration” [Sonja, 35]

Being able to identify the link between online content they consumed and diet culture allowed participants to place their past selves within that culture, offering a different perspective on their ED and recovery trajectory. As participants were more readily able to identify the ways that harmful cultural messages played into the development and progression of their ED, they reported feeling less individual moral judgment related to their body, instead placing responsibility for disordered thought patterns on the culture. This shift was reflected in their use of nonjudgmental language about being “influenced” or “sucked into” diet culture, or in the case of Sonja, “having to find... things to believe” to continue on in diet culture, placing the blame on the disordered culture rather than the self. Participants also discussed expanding this cultural awareness beyond an understanding of diet culture to broader resistance movements like body liberation. By consuming online content related to anti-diet and body liberation movements with this cultural awareness, they expressed both feeling less judgmental toward themselves and being able to see the potential for additional cultural change. One participant noted the momentum that consuming online content has brought to these movements, stating,

This [anti-diet] movement, that got started a long time ago, but it seems like with the help of Instagram, it's really taken a giant turn in the right direction. Now there's magazine articles being written, “the hottest new diet is not dieting.” It definitely feels like there's a momentum to this. [Sonja, 35]

Withdrawing. For some, like Sonja, utilizing the internet as a site to identify diet culture led participants to shift their attention to more hopeful cultural resistance movements. For others, identifying diet culture’s negative impact on their recovery journey motivated them to withdraw from engaging online altogether. One participant described the pervasive nature of diet culture on social media, saying:

And with that, one thing that did help is that I have left social media. It was just too triggering to be on, you know, like the explore page on Instagram and seeing what all my friends are liking, because that kind of stuff gets recommended to you.

And it was just really sad to see like, even body positivity as a hashtag being hijacked by diet culture, like that was happening in a lot of the pictures that I was seeing. So, I think I just needed a lot of time to focus inward and focus on myself and not allow myself to be influenced. [Eli, 14]

Although Eli acknowledged that they were being “influenced” by the messages of diet culture, being able to identify these messages only brought awareness to how insidious, harmful, and common they are. Other participants identified turning their attention away from diet culture and toward other resistance movements, but chose to withdraw from engaging online because that content became similarly overwhelming:

After a while, I just had to do no social media because it became too intense, and I was feeling too conflicted. I felt I got to a place where everything was focused on dieting, health, eating and all that shit, [and] I sort of went the other way and everything was super focused on intuitive eating, body positivity. I feel like I didn’t want to switch one for the other, so I was just like “blackout time, time out.” [Gaia, 30]

Regardless of motive, participants who withdrew from digital spaces described benefitting from their choice, as it provided space to shift their energy inward to get to know themselves in new ways. Several participants discussed that this newfound cultural awareness allowed them to access the agency to decide whether to consume different things online or to withdraw from the internet altogether, which was a powerful element in their recovery.

The Internet as a Site of Transforming Shame

Several participants identified the internet as a place where they could transform the shame from diet culture and weight stigma into compassion and self-acceptance. Through seeing images and reading about experiences from people who looked similar to them, accessing mutual support in online communities, and finding their voice to share their stories publicly, participants described finding validation, confidence, and new broader conceptualizations of beauty that benefitted their recovery. Participants discussed this theme in relation to consuming content,

interacting with others, re-posting others' content, and contributing their own content; discussion around withdrawing from engaging online was limited.

Consuming. Participants expanded on the agency to shift what they consume online by discussing the healing benefits of representation and validation that internet spaces can offer. Through efforts of “trying to flood myself with positive images and information and that kind of ‘fuck the system’ mentality” [Riley, 19], participants were able to be intentional about consuming images that promoted recovery. One of the greatest benefits participants shared from this more intentional media engagement was seeing themselves represented in what they consumed, whether from activists, other similar individuals or communities, or celebrities. Because many participants were in larger bodies, they often did not see bodies like their own positively represented online in traditional, mainstream online content. So, when participants shifted the content that they consumed online, this often had a profound impact on their relationship with their own bodies. One participant described the effect of seeing her body represented online, stating,

And it's helped to look on Instagram. Some people I follow on Instagram, one person in particular, has a body closely in the shape of mine. It's been helpful to see her wearing clothes and her rolls are showing through her clothes and... Where my mom would gasp and like fall over dead, I've been able to see that clothes are okay on bodies. [Molly, 6]

By seeing similar bodies represented in media, participants were able to continue moving away from the shame of being told their bodies were undesirable and to start seeing the possibility of new conceptualizations of beauty beyond the thin ideal. As Molly commented, this kind of representation and affirmation was often not available to participants from traditional media, peers, family, or treatment spaces, thus requiring participants to look beyond those sources for affirming content. For those with intersecting marginalized identities (such as BIPOC, trans, or

queer participants) where representation and affirmation may have been even less available in traditional media, witnessing similar bodies online offered the potential not just to move away from shame but also to move toward empowerment:

I love her [Lizzo] so much. She's helped me a lot in my recovery, especially her being a fat black woman too, my dietician was like, "you need to lean into the Lizzo feelings, and power. Just get empowered and comfortable with your body. Wear thongs, shake your ass, and who cares." If it were some skinny white person doing it, no one would care. I like her, she's not going to shrink herself, she's there to take up space, and she's going to claim her space and own her space everywhere that she goes, and I appreciate that about her. [Carter, 29]

By feeling seen and validated through representative role models online, participants like Carter mentioned feeling more confident and proud in their bodies and other aspects of their identity, such as race and gender. Several identified this representation, validation, and empowerment as key in promoting healing. For some participants, it prompted movement toward more public online engagement by using their voices to share their own stories:

And she [a friend] is a pretty active Instagram person and I'm not really but actually seeing a lot of what she says in posts helps me. So, I think she probably started using it first. And I was like "Oh, okay. She can do it, so I could do it." And then I made my first ever media post using the word "Fat-shion." [Dover, 10]

Interacting. Seeing a member of their community post something they may have previously felt too embarrassed to post about gave Dover the validation needed to speak out themselves. Several other participants noted similar benefits from interacting directly with their online ED recovery and body liberation communities. While consuming digital media transformed shame through representation and new conceptualizations of beauty, interacting with others online offered more active mutual support that validated participant experiences, rather than just their bodies. One participant shared,

Marilyn Wann [fat activist and author] approached me at ASDAH [Association for Size Diversity and Health conference] and sat with me and had breakfast with me and I didn't have a clue who she was. I said, "oh wait, FAT!SO [the book that Marilyn

Wann wrote].” And she was like, “yeah.” And I said, “I wasn't ready for that book...” She's my friend on Facebook now, and I ask her lots of questions. [Gretchen, 4]

For Gretchen, meeting and interacting directly with people with fat identities was an integral part of her body acceptance journey, and while she recognized that she was initially not “ready” for some aspects of the emotional work, connecting with fat heroes online (like Marilyn Wann, in this quote) became a valuable place to find community that helped her transform shame.

The online space allowed participants to interact with people who might not be accessible in their lives offline, including authorities on body liberation, to access information and mutual support that might not otherwise be available due to weight stigma and oppression. In particular, participants used online spaces as a way to find and review medical providers who were more informed about ED, particularly ED within higher-weight populations. Because many participants were of higher weight, they often faced discrimination or difficulty when trying to access ED care. As a population that's faced oppression medically, some participants referred to the utility of online networks to find “safer” providers who may reduce the risk of experiencing shame in medical settings:

He [doctor] was referred to me by someone on Facebook who was in like Fit Fatties [Facebook group], who said that she talked to him about her struggles with weight bias. And he said that he was on board. And so she referred me to him and I told him, I knew her. So there was kind of like that unpronounced, you know, he was cool. [Molly, 6]

Through the internet, individuals were also able to form informal support networks to minimize harm and successfully navigate recovery in the face of a culture that stigmatized their illness and excluded them from mainstream resources. However, some participants pointed out that as much as interacting with others in these communities online helped to transform shame, they were not completely free from shame-inducing messages:

I feel like sometimes it can be tough to be a part of communities where it's a lot of thin people and/or a lot of straight people and a lot of cis people, because there ends up being

a lot of explaining or just a lot of unintentional micro-aggressions that ends up being more work than it's worth. [Sisu, 39]

Sharing or reposting. Participants in this sample described reposting content such as images, educational articles, and others' stories as a less intimidating way to share their stories publicly than by contributing original images or writing. One participant noted, "But I have noticed, the more often I share articles like that, or talk to people around that Health at Every Size® paradigm, the less anxious I start to feel about my own story, and I think the more I've been able to, in some ways, open up a little bit." Grounding personal stories in the collective, sharing others' stories, and sharing information about larger cultural movements acted as scaffolding toward participants posting more vulnerable, potentially shame-inducing original content online.

Contributing. For participants who found the courage to contribute original content publicly online, they noted the healing impact of speaking out about their ED, recovery, and body stories. They shared that the internet had "given [them] practice and opportunity and confidence to... speak more" [Lexi, 15]. Sharing their personal stories required a greater level of vulnerability according to participants, but was accompanied by benefits of increased confidence, a new understanding of self, and the knowledge of contributing to change the culture that harmed them. One of the ways participants describe transforming shame to confidence was through intentionally portraying a new, recovered self to the public online:

The Instagram account, that was my personal account where I was promoting dieting for so long, I changed it to an anti-diet account... I kind of needed to do that because I kind of felt like I needed to extract myself from people thinking that I was still like that girl... Because I was that girl who was obsessed with dieting for so long and I just wanted, I wanted to let people know like I am not that girl. [Sonja, 35]

For Sonja, her online persona had become such an important part of her ED journey that she identified the need to incorporate recovery into that online persona by posting content in line with the anti-diet movement. The ability to distance themselves from their past disordered online presence and create a new recovery-oriented self online, as Sonja did, cultivated greater feelings of autonomy and hope for the future. Contributing original content on the internet also allowed participants to become familiar with and proud of parts of themselves that may have previously felt less integrated or more shameful, such as their unique interests and skills like art or fashion. It was a place to share how their lives were expanding from being more minutely focused on the ED to integrating interests and activities beyond eating and body image, reflecting new, healthier hobbies and ways of spending their time. One individual shared,

I started an Instagram account that's all plants and seeds and there's all these other Instagram accounts that are plants and seeds. That's the coolest thing ever! So, I just allowed myself to nerd out on it and it's so good, it's so validating. I'm like, "Hey, this is happening. I'm a fat disabled person who likes seeds. I love planting seeds and I like to share them with my neighbors." I am proud of that. [Layla, 23]

Layla echoed the sentiment that their online persona played a significant role in their ED journey. Rather than create a new persona by sharing directly about recovery and the anti-diet movement, their new recovery persona was the result of giving themselves permission to share things about themselves that brought them joy and were unrelated to food and body. By developing increased self-confidence, agency, and cultivating new aspects of their identity through sharing online publicly, participants described witnessing the impact their story had on others, which added an additional dimension to their healing. In talking about responses she's received, one individual stated:

I've had multiple people who've realized that they had issues with food and body more than they thought or just been helped because I was talking about being not skinny but anorexic. [Chelsea, 25]

Chelsea's experience highlighted that by sharing about her issues with food and body that aren't represented in traditional media because of her body size, she could play a role in creating the representation that may benefit others' healing journeys. Hearing others' similar stories and recognizing that they contributed something that felt supportive to others served as a reminder that they were not alone and offered another layer of validation that helped to transform shame in recovery. Witnessing others' responses and stories also encouraged participants to consider the potential for cultural change that may come from contributing publicly online.

The Internet as a Site of Resourcing and Resistance

Participants also identified the internet as a site for exchanging resources and resisting the dominant cultural paradigms around health and beauty. Several participants noted that because of difficulty they experienced trying to access traditional treatment settings, they turned to the internet to piece together a self-created "treatment" via online resources and engagement in advocacy. They discussed the internet as a site of resourcing and resistance in the context of consuming content, interacting with others online, sharing others' posts, and contributing original content; discussion on this theme around withdrawing from online spaces was limited.

Consuming. For this sample of participants, many had not been able to access traditional forms of treatment. Some participants were not able to access treatment due to family or resource considerations, such as not having childcare or not being able to afford treatment. Others ran into financial or insurance challenges with insurance refusing to pay for ED treatment (often due to a participant's higher weight), and still others had never entered a treatment system, as their ED had gone undiagnosed and untreated. Just as being excluded from popular representations of ED and recovery because of their body size led participants to turn to the internet for healing, so did barriers to accessing traditional treatment settings lead individuals to seek recovery resources

online in the form of podcasts, blogs and articles written by professionals, and others' stories on social media.

One participant touched on the common experience of piecing together treatment through online resources, stating, "I did that [learn about what to expect in recovery, find support to stop restricting, understand ED thoughts and start changing cognitive patterns] all on my own, through the internet, which I feel like was basically what my recovery was." Even those who had access to formal treatment settings noted that they sometimes found more helpful information (often on issues of diversity) about recovery online:

No one has told me anything [about what to expect in recovery]! I have learned from my own research. I've learned from other people in recovery. I have learned from reading books; I have learned from Facebook groups. [Riley, 19]

Riley's experience reflects the lack of representation and lack of preparation providers in traditional treatment settings receive to care for those in larger bodies. Because she did not have models to learn from and because the typical characterization of recovery from anorexia has a starting point of an extremely thin body, she had to look outside of the medical setting to find more diverse information about the process. Others faced weight stigma in medical settings where they were told their body size was the issue, encouraged to continue restricting calories to lose weight, or had their ED invalidated altogether. These experiences resulted in large gaps in treatment and the necessity to self-advocate when seeking treatment. For participants who experienced this mistreatment and discrimination, resources online often offered needed context around what's expected in recovery that can inform treatment-seeking and educated self-advocacy:

They [the hosts of The Food Psych podcast] were talking a lot about the physical changes that happen. And I had never heard anybody talk about that before. And I was like, "Oh, wow, that's so good to know that I'm not the only one who is having all sorts of weird symptoms." And I finally went to the doctor. [Sonja, 35]

Interacting. Some participants expanded their advocacy efforts from self-advocacy in treatment settings to a form of ‘interpersonal advocacy’ by resisting harmful cultural messages in conversations with others online. A few participants noted this advocacy as taking the form of responding to commenters online:

So I haven't actually done anything besides [engage with] the keyboard warriors and respond to comments. Or I've seen people attack other people in those movements and I have gone back and said things on comment strings, like “ignore them. They don't matter.” [Veronica Mars, 28]

Veronica Mars defined standing up for others within anti-diet or body liberation movements who were being harmed by others online as a form of resisting the culture that encourages people to speak out in these harmful ways. The internet allowed her to simultaneously engage with the person causing the harm and to support those in the resistance movements. Engaging in this interpersonal advocacy by interacting with others online brought some participants feelings of connectedness with a greater collective, simultaneously benefitting individual recovery and impacting the larger culture:

So that's helped, just throwing myself in there and being a part of difficult conversations that are happening, even if I'm not taking the lead on it, just being a part of it. And then in some other mom's groups that I'm in, I've called out/in and brought awareness to certain conversations that were harmful. [Layla, 23]

For Layla, interacting with others on the internet provides the opportunity to resist diet culture across multiple communities in their life, including those that aren't explicitly recovery-related. In these online communities, they cited the benefit of flexibility to engage either as a participant or as a leader in advocacy conversations.

Sharing and reposting. Some participants avoided the frustration of potentially unsuccessful interpersonal advocacy and built upon the validation gained by finding representative resources online by re-posting resources and messages of resistance online. Many

identified sharing media about countercultural movements like the anti-diet and body liberation movements as an accessible way to participate in online ED advocacy. For example, one participant shared, “I think the most [advocacy] I've done is to like support folks on social media who are doing that kind of work and to kind of like all like share content that is from one of those folks [Joanna, 5].” By identifying re-posting others’ content as both advocacy and support, participants like Joanna benefited both from feeling like they were contributing to positive cultural change and like they were doing something positive for someone else. Other participants emphasized the educational nature of their reposting:

I occasionally will post articles on social media around eating disorders, around topics around eating disorder stuff, usually from a more inclusive “they don’t just affect tiny white women” sort of thing. [Hope, 13]

For Hope, sharing others’ content to her online audience allowed her to speak out on specific issues of diversity and injustice related to ED. By using her personal platform to share others’ stories and raise awareness, she blurred the line between personal and political and transformed what may have otherwise been a more social space into a site of resistance.

Contributing to Cultural Change. Other participants reflected on engaging online as a site of resistance by sharing their own personal stories, deepening the overlap between personal and political. Many of the participants identified the possibility of cultural change as a motivation to be vulnerable and share their stories online. One of the ways they identified contributing to cultural change was by creating representation not seen in the current dominant culture. One individual shared about their experience, stating:

When I was pregnant, I made myself take and share pictures of my fat pregnant belly because I was so helped out by seeing other people's pictures of their not perfect, not skinny, perfectly round belly. It was so, so helpful and then I did the same thing with breastfeeding, because I really couldn't find a lot of plus size breastfeeding, so I shared a ton of pictures with that hashtag, “plus size breastfeeding.” [Layla, 23]

Some participants, like Layla, reported feeling empowered by being able to offer more of the limited representation that felt helpful during earlier stages of recovery. Others expressed feeling similarly empowered by speaking out directly against harmful cultural messages:

It feels like a key piece of my recovery, and it has been over the, I don't know, past 4 or so years. I feel like it has made a lot of it possible in a way. I can't imagine not speaking out on these topics when they've been so harmful to me. [Daisy, 31]

While informing broader change and preventing others from feeling the harm of marginalization through contributing online offered empowerment that benefitted recovery for many, the reflective process behind this contribution was challenging for others:

In doing this, I've had to then like, think about the ways I felt oppressed around gender, sexuality, race, weight, size. And then I feel angry that it's those aren't... we're not farther along and I feel, and then I think I feel sad. [Lexi, 15]

Similar to when they consumed representative media online, participants cited identifying their experiences within larger cultural paradigms like diet culture and weight stigma as particularly impactful. Recognizing that “there is Kool-Aid that [they were] drinking” rather than that “there's not some universal truth that skinny is better and more worthy [Molly, 6]” empowered participants to speak out to change the culture so others didn't have to experience the same harm.

The Internet as a Site of Public Pressure

Although participants cited many benefits to their engagement with internet spaces, interacting with public audiences did not come without stressors and pressures. Coming up against the social pressures of diet culture and individual judgments prompted feelings of frustration and shame. Participants identified the internet as a site of public pressure while interacting with others and contributing original content online - discussion of this theme in the context of withdrawing from online spaces, consuming content, and sharing others' content was limited.

Interacting. For some participants addressing harmful messages directly with individuals to shift collective cultural norms was an effort of large-scale change at the expense of individual benefit. One participant described feelings of irritation that ensued when she tried to engage in more online advocacy,

Definitely get into the occasional Facebook argument around weight not being a thing that, you can just look at someone and determine their whole health history slash future. Actually, just got into one the other day, that was kind of annoying. Somebody I've argued with before who just clearly refuses to listen, and so, yeah. [Hope, 13]

As it exists in a public forum, confronting others' bias online often occurs without the context of a personal relationship. This led many participants, like Hope, to describe their online interactions as "arguments" or "debates" and provoked feelings of frustration when such efforts felt confrontational and ineffective.

Contributing. While sharing publicly encouraged healing for many participants, for some it made moments of internal struggle significantly more stressful. Several participants alluded to the pressure to be "recovered enough" to share publicly online and reported feeling inauthentic when continuing to struggle with eating and body image internally. One individual described,

And I feel like I'm preaching this message that I wholeheartedly believe, like "love yourself" and "let's talk about all these huge things." But inside, there are days where I'm just like "Whirr" [explosion noise] or engaging in behaviors in my real life but like preaching other behaviors online. So, I think social media displays this interesting component into recovery that can be confusing. [Grace, 12]

Other participants discussed the more external pressures that they faced when posting about their recovery online. One person discussed their awareness of how the public perceives their body and the accompanying pressure to participate in advocacy online,

I wonder if being bigger than a small fat the past four years forced me more to deal with advocacy side of things, which I think pushes my recovery further because I was no longer sick and curvy but I was like legit fat in the eyes of the discerning public. [Layla, 23]

Layla identified public considerations related to the fat spectrum, which conceptualizes different ‘categories’ of fatness and people’s experiences living in the world in those fat bodies. Generally, as people’s bodies increase in size and weight, they face more barriers. Layla stated that as their body grew from “small fat,” the smallest and generally most privileged category, they noticed public perception about their body changed. As their body became visibly larger, Layla noted pressure from the “public eye” to speak out and advocate on issues of body size and weight stigma. To some, the “public eye” itself felt like a pressure that might limit the authenticity of what they shared online. Some were critical of whether posting for a public audience could actually foster internal healing. For example,

And I think that Instagram just makes it so easy to be like, “look at what I got, look what I did, look at...” And it's like, that's when you think about it, it's like, you're doing that for other people. You're not doing that for yourself. Because if you're doing it for yourself, you would take the picture and keep it and you know, maybe put it on the wall in your house or share it with those that are really close to you, like your family and your close friends, but not necessarily like this giant network of people that you don't even know. [Eli, 14]

To Eli, sharing oneself on the internet must necessarily be motivated by public pressure rather than individual wellbeing, as posters may not have direct relationships with members of their audiences. Eli suggests that this pressure is built into the design of social media sites such as Instagram. Although connecting the individual and collective through these sites was beneficial for some participants, Eli brought up a significant consideration by questioning the motivation and genuineness behind contribution on such sites.

Discussion

This study aimed to explore a) how participants with AAN engaged online and b) how internet spaces had been both therapeutic and harmful during their ED and recovery. Study participants discussed five levels of engagement (withdrawing, consuming, interacting, sharing,

reposting, contributing) online and described four functions that internet spaces served for them: as sites of identifying diet culture, sites of transforming shame, sites of resourcing and resistance, and sites of public pressure. In several ways, these insights position the internet as a therapeutic public: a space where knowledge and validation are freely exchanged, where cultural norms can be made visible and challenge, where ideas of the “expert” in treatment can be negotiated (Fullagar, 2017).

Participants first identified that engaging online functioned to help them identify harmful cultural forces, such as diet culture, that played a role in their illness and recovery. While consuming media, the ability to identify underlying cultural contexts contributed to healing. Through this process they were better able to connect with their progress in recovery by comparing their current selves with past selves. In this way, online spaces served as therapeutic publics: as cultural norms around diets and beauty become more visible through the circulation of information online, individuals were better able to contest moralized and individualized notions of health and access compassion for their past and present selves (Fullagar, 2017).

For this population in particular, learning to identify diet culture in digital media and finding common ground with others online transformed their narrative about their bodies from that of individual failure to that of marginalization by an oppressive culture. They came to see that in many cases the shame they experienced was due to broader cultural norms regarding weight stigma. Participants took this critical awareness and found freedom by confronting evidence of diet culture and weight stigma they saw online by advocating for movements such as Health at Every Size and body liberation. In this way, participants experienced greater progress in their recovery as their engagement online expanded their understanding from one focused on

individual characteristics to a critical collectivist conceptualization of recovery that more keenly identified structural sources of oppression.

Regardless of how much they were able to identify harmful cultural forces in their lives, participants with AAN who lacked access to formal treatment found a unique and critically necessary space online. Participants discussed piecing together a form of “do-it-yourself” treatment through podcasts and blogs, finding safe providers who would not recommend dieting or shame them for their bodies, and learning from others about what to expect when recovering into a larger body. These findings build on the concept of the internet as a therapeutic public: because of the free exchange of information online, the bounds of the “expert” and “layperson” are blurred, positioning each individual as an expert in their own right (Fullagar, 2017). Participants benefitted from the expertise of their peers and, as they shared their own stories, found their own sense of expertise in engaging online.

Though the internet served as a therapeutic public with promising recovery implications for many participants, the public nature of the space created some unique tensions and pressures. Though they brought freedom, expertise, and validation for many, public platforms are not immune to the influences of an individualistic, neoliberal culture, in which potential for profit and pressure for popularity complicate engaging online enhance the performative nature of sharing to a public audience (LaMarre & Rice, 2017). Rather than only posting for enjoyment, personal benefit, and community, the pressure to appeal to an audience (often in the form of contributing things that will attract more “likes” and comments) became intertwined with identity and self-worth. As much as engaging online freed many participants from food and body related shame, misalignment between their private lives and public persona online introduced new feelings of shame and self-doubt, especially when struggling with ED thoughts and negative body image.

The pressures of public perception impacted whether some engaged online at all - multiple participants discussed the pressure to be “recovered enough” to share online authentically, and others questioned whether posting online could genuinely be for personal benefit when these platforms are so strongly guided by popularity and positive public response. Other participants also chose not to engage because of the public pressures associated with confronting diet culture, especially when that involved conversing directly with people who were firm in perpetuating ideas of weight stigma.

Clinical Implications

Places of inquiry for clinicians working with ED. Findings from this study offer several possibilities for online spaces as a powerful therapeutic tool, both within traditional treatment paradigms and outside of formal treatment settings. For any clinician working with patients with AAN, these insights hold multiple opportunities to develop a deeper awareness toward more inclusive care. First, participants in this study named that identifying the cultural narratives and imperatives at play in their ED was critical in moving toward recovery. These findings suggest that patients with AAN, and likely those in larger bodies with other diagnoses such as binge eating disorder (BED) and bulimia (common diagnoses for other higher-weight ED patients), would benefit from explicit discussion on cultural influences and systems of oppression. Current common clinical approaches consider person-in-environment by assessing individual conditions at the biological, psychological, and social levels (Friedman & Allen, 2011). The impact on participants of identifying part of their story as marginalization by an oppressive culture points to the importance of expanding the clinical lens to include systemic and cultural pieces of the clinical picture. Incorporating approaches in line with relational-cultural theory (RCT) and intersectional feminism, which place identity and illness within cultural context and power relations, may

significantly benefit care for those in marginalized bodies or with other marginalized identities in ED treatment (Comstock et al., 2011; Tone et al., 2022).

Approaches such as RCT and intersectional feminism also emphasize the importance of providers being aware of their power and positionality, especially in relation to their patients. While a general awareness of identity is beneficial in clinical work, findings from this study point to the benefit of more deeply interrogating notions of power and expertise at play as a treatment professional. One of the most impactful pieces of self-directed recovery online was participants' ability to choose when to seek information from professional experts through podcasts and blogs and when to tap into their own expertise through mutual sharing of lived experience in forums such as social media sites. These findings suggest that an element of inclusive care for a group who has struggled to find autonomy in the face of difficulty accessing treatment may point to more self-directed treatment milieus where providers act as resources to be accessed at the patients' discretion rather than as directors of the treatment process.

Finally, for several participants in this study, the newfound autonomy that came from reframing their stories as marginalization by oppressive cultural forces like weight stigma led to online engagement in movements to resist those cultural forces, such as body liberation and anti-diet movements. These findings invite new possibilities for treatment providers to consider the role of advocacy and activism within or in addition to traditional treatment. Incorporating online or in-person activism activities into eating disorder treatment shows promise for furthering elements of affirmation and empowerment that participants in this study identified from their engagement online (Matacin & Simone, 2019).

Possibilities for self-directed online treatment. In the face of difficulty gaining access to formal ED treatment, several participants in this study felt they successfully pieced together

self-directed treatment online. While self-directed internet-based interventions have shown promising potential for patients with BED, few, if any, self-directed online treatment opportunities have been tested specifically with AAN. These interventions generally have adopted an individualistic approach, utilizing modalities such as Cognitive Behavioral Therapy (CBT) to shift thought patterns (Moghimi et al., 2021; Kelly & Waring, 2018). Insights from this study bring into question the healing possibility in combining an approach that considers systems of oppression and builds cultural awareness with a self-directed online platform for patients with AAN.

Regardless of the clinical approach and specific platform, findings from this study emphasize the importance of discussing the potential harms of engaging online as a part of ED treatment. Participants cited unique pressures related to engaging in a space designed with such an emphasis on public perception. Both clinicians and those exploring new possibilities for treatment interventions would benefit from incorporating conversations about these pressures and ways to maintain wellbeing while engaging online into treatment settings.

Limitations and Future Directions

Limitations of the current study. This project had several important limitations. As a secondary analysis, this paper focused on a selection of data that mentioned the internet or digital media; the original research project from which this data was drawn did not specifically aim to explore the impact of digital spaces. This analysis also did not include interview data about patient understandings of their marginalization due to their body size, other barriers to treatment, and their broader definitions of recovery, which were topics that were initially discussed within this data set. However, these topics were considered beyond the scope of this paper. Although the present sample was relatively diverse, it contained few male-identifying participants and had

limited BIPOC representation among some racial groups. Future studies with more diverse samples, especially in terms of race and gender, and aimed specifically toward exploring the impact of digital spaces on recovery would provide richer data related to the utility of these spaces as therapeutic tools.

Future directions for research. Participants in this study widely identified online spaces as therapeutic in their recovery, however, the vast majority of content analyses related to eating disorder spaces online focus only on social media sites, and specifically on pro-ED communities and behaviors (Juarascio et al., 2010; Cavazos-Rehg et al., 2019). The few that focus on recovery also highlight disordered behaviors within recovery-oriented posts and do not discuss resistance movements beyond body positivity (Cohen et al., 2019; Goh et al., 2022). A content analysis of recovery-oriented media with an eye on cultural resistance movements such as body liberation across broader digital spaces including podcasts, blogs, and social media sites may give insight into the bigger picture of online recovery activities to contextualize findings from patients with AAN such as those in this sample. Content analysis findings about recovery and resistance-related information online may also offer valuable information for treatment providers considering incorporating discussions about the internet or utilizing internet-based treatment interventions with ED patients. Finally, future studies specifically exploring the ways that individuals piece together self-directed treatment online would be valuable to further explore the possibilities of self-directed internet-based treatment either in combination with traditional treatment or as a novel treatment approach.

Conclusion

To our knowledge, this is one of the first studies to explore the ways that patients in recovery from AAN engage online. Participants described engaging with online spaces by withdrawing, consuming, interacting with others, sharing/reposting content, and contributing original content. They noted that, through this engagement, online spaces served as sites of identifying diet culture, sites of transforming shame, sites of resourcing and resistance, and sites of public pressure in their recovery. In particular, participants described that online spaces taught them to connect their ED with larger cultural forces like weight stigma and diet culture, which contributed to their recovery, and which suggests that clinical approaches such as Relational-Cultural Theory (RCT) and intersectional feminism could be effective with patients with AAN. Participants also mentioned ways that they used the internet to piece together “self-directed” treatment through educational resources like podcasts and social media forums. Such findings suggest that online spaces could be powerful therapeutic tools, either in addition to formal treatment or as stand-alone self-directed interventions, and position the internet as a critical and accessible recovery space for ED patients who have been marginalized due to their body size.

Table 1*Participant Demographics*

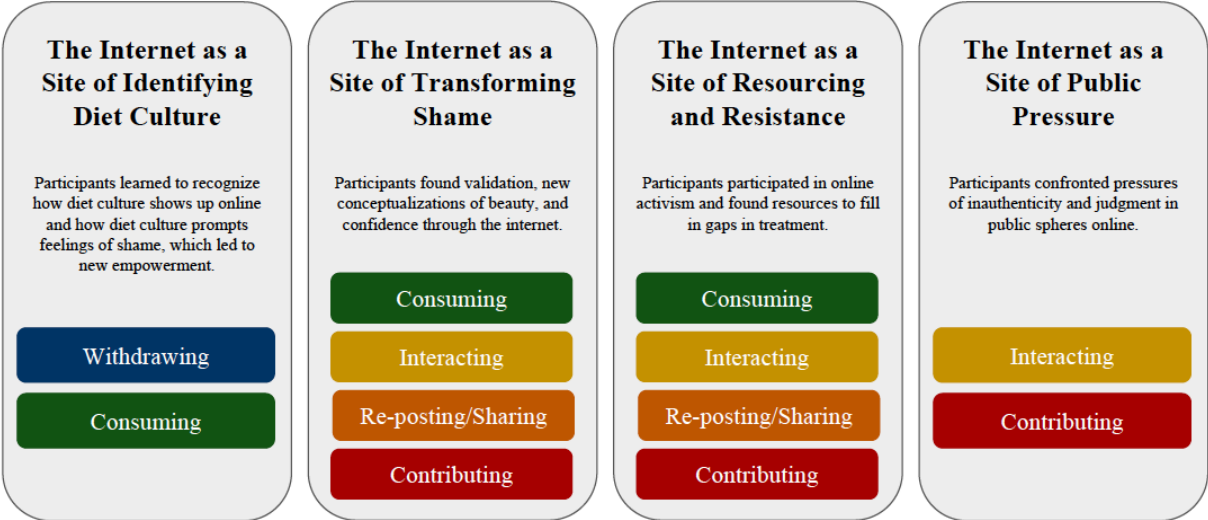
Participant ID	Pseudonym	Age	Gender	Sexual Orientation	Race	Ever received formal ED treatment?	Levels of formal ED treatment received
1	Bette	38	Nonbinary/ genderqueer	Pansexual	White	Yes	Outpatient, intensive outpatient (IOP)
4	Gretchen	44	Female	Bisexual	White	Yes	Outpatient
5	Joanna	30	Female	Bisexual	White	Yes	Outpatient, IOP, partial hospitalization (PHP), inpatient
6	Molly	47	Female	Heterosexual	White	Yes	Outpatient
7	Tory	32	Female	Bisexual	White	No	
9	Carly	45	Female	Heterosexual	White	Yes	Outpatient
10	Dover	36	Female	Bisexual	White	Yes	Outpatient, IOP, PHP, inpatient
11	Uki	37	Female	Heterosexual	Alaska Native	Yes	Outpatient, IOP, PHP, inpatient
12	Grace	22	Female	Heterosexual	White	Yes	Outpatient, IOP, PHP

Participant ID	Pseudonym	Age	Gender	Sexual Orientation	Race	Ever received formal ED treatment?	Levels of formal ED treatment received
13	Hope	30	Nonbinary/genderqueer	Queer	Multiracial	Yes	Outpatient
14	Eli	23	Female	Fluid	Hispanic/Latinx	Yes	Outpatient
15	Lexi	29	Female	Heterosexual	Multiracial	Yes	Outpatient, IOP, PHP
17	Mary	26	Female	Fluid	White	Yes	Outpatient
18	Josephine	66	Female	Heterosexual	White	Yes	Outpatient
19	Riley	40	Female	Bisexual	Multiracial	Yes	Outpatient, IOP
20	Candy	28	Female	Queer	Multiracial	Yes	Outpatient
21	Cabaletta	24	Female	Heterosexual	White	Yes	Outpatient, IOP, PHP, inpatient
23	Layla	38	Nonbinary/genderqueer	Bisexual	White	No	
24	Jen	47	Female	Heterosexual	White	No	
25	Chelsea	31	Female	Heterosexual	White	Yes	Outpatient, IOP
27	Michelle	40	Female	Lesbian	White	Yes	Outpatient, IOP, PHP, inpatient

Participant ID	Pseudonym	Age	Gender	Sexual Orientation	Race	Ever received formal ED treatment?	Levels of formal ED treatment received
28	Veronica Mars	40	Female	Heterosexual	White	No	
29	Carter	18	Male	Pansexual	Multiracial	Yes	Outpatient, IOP, PHP, inpatient
30	Gaia	38	Female	Bisexual	Multiracial	No	
31	Daisy	25	Nonbinary/genderqueer	Queer	White	Yes	Outpatient
33	Ari	21	Female	Unsure	Hispanic/Latinx	Yes	Outpatient, IOP, PHP, inpatient
34	Charlie	32	Nonbinary/genderqueer	Queer	White	Yes	Outpatient
35	Sonja	48	Female	Heterosexual	White	No	
36	Marie	51	Female	Heterosexual	White	Yes	Outpatient, IOP, PHP, inpatient
37	Jessie	25	Nonbinary/genderqueer	Bisexual	White	No	
38	Carrie-Ann	26	Female	Queer	Multiracial	No	
39	Sisu	36	Nonbinary/genderqueer	Queer	White	No	

Figure 1

Ways of Engaging Online and Functions of Internet Spaces



Appendix A

Glossary of Terms²

Anorexia Nervosa (AN): An eating disorder diagnosis assigned to individuals who: A) restrict energy intake leading to significantly low body weight, that is “less than minimally normal” or “less than that minimally expected”, B) have intense fear of gaining weight or becoming fat, or persistent behavior that interferes with weight gain, and C) experience disturbance in “the way in which one’s body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight” (APA, 2013, pp. 338-339).

Atypical Anorexia Nervosa (AAN): A category of OSFED in the DSM-5, defined as: “All of the criteria for anorexia nervosa are met, except that despite significant weight loss, the individual’s weight is within or above the normal range” (APA, 2013, p. 353).

BIPOC: An acronym that refers to Black, Indigenous, and people of color. It highlights that people of color face varying levels of injustice and discrimination.

Body Liberation: A concept referring to a type of liberatory embodiment that goes beyond “body positivity” or thinking well of one’s body, and encapsulates a liberatory stance that strives for ownership over one’s body, autonomy, cultivation of intuition, and embracing one’s identities, and accepting (however conflictedly) all parts of oneself. Body liberation often applies to concepts of embodiment beyond the visible or physical into more experiential, political, and spiritual realms.

Body Positivity: Body positivity refers to a movement that aims to challenge dominant conceptualizations of beauty that state that thin bodies are the ideal. To this end, the body positive movement aims to foster appreciation and acceptance for all bodies, regardless of size or shape, and aims to appreciate bodies for their function over their appearance.

Cultural Awareness: Cultural awareness refers to one’s ability to recognize and understand how dominant cultural norms and systems of power and oppression play into the things we hear and believe in our daily lives. In this case, cultural awareness captures individuals’ ability to recognize the ways that diet culture and weight stigma show up in their lives and self-concepts.

Diet Culture: Diet culture refers to modern-day phenomenon in which dieting has been normalized, and thin bodies are generally privileged, while fatter bodies are more oppressed. Diet culture refers to the cultural normalization of dieting practices which are culture-wide in many circles, wherein foods, bodies, and exercise have moral value such that thin, active, or healthy bodies and foods are valued more than fat, inactive, or unhealthy bodies. Typically diet culture is also linked to fitness culture, white supremacy, and capitalism, as it is linked to white-influenced beauty ideals and multiple business efforts aimed at selling diet products.

² Selected glossary entries were adapted from Harrop’s (2020) dissertation.

“Fitspiration” or “Fitspo:” “Fitspiration” or “fitspo” are common shorthand for “fitness inspiration,” which refers to images and messages, typically on social media, intended to inspire individuals to be healthy. It often contains recipes, exercise routines, and images of people in the pursuit of fitness (including “before and after” photos depicting progress toward fitness goals). “Fitspo” serves to model the ideas of health that are valued in our culture, placing a certain moral obligation to achieve certain levels of fitness or physiques. Because of this, it is commonly associated with body dissatisfaction (Carrotte et al., 2017).

Health at Every Size® (HAES®): A weight-inclusive approach to health that does not rely on BMI as a primary indicator of health. This name was coined by Lindo Bacon (2010) and copyrighted by the Association for Size Diversity and Health and is based on five principles of wellbeing: 1) weight inclusivity, 2) health enhancement, 3) respectful care, 4) eating for wellbeing, and 5) life-enhancing movement.

“Pro-ana” and “pro-mia:” “Pro-ana” is shorthand for “pro-anorexia” and “pro-mia” is shorthand for “pro-bulimia.” These terms refer to online content that explicitly glorify EDs and promote disordered behavior such as extreme restriction and purging. This content implies that ED behaviors are lifestyle choices rather than symptoms of an illness. This content poses a serious risk for those with (or at risk for) EDs.

Therapeutic Public: A term coined by Fullagar (2017), therapeutic publics refer to online spaces in which mutual support is exchanged, boundaries between “layperson” and “expert” are blurred, and the biological, social, and political contexts of learning and self-knowledge are inextricably linked. Fullagar (2017) found that therapeutic publics were desirable digital spaces to exchange narratives of distress and recovery as well as to challenge and change social conditions.

“Thinspiration” or “Thinspo:” “Thinspiration” or “Thinspo” are common shorthand for “thin inspiration,” which refers to images of thin bodies, weight loss encouragement, and weight loss techniques, typically on social media. These images and messages are intended to inspire people to become thin by glorifying thinness. “Thinspo” has commonly been associated with pro-ED communities and is commonly considered to be dangerous in the development and progression of ED.

Weight Stigma: Within weight stigma, higher weight (“fat”) bodies are systematically devalued, experiencing discrimination, fewer opportunities, and other forms of systemic abuse and mistreatment (e.g. microaggressions, marginalization, and violence) compared to thin bodies. Weight stigma happens in internalized and externalized ways. Weight stigma carries consequences for fat bodies across multiple realms, with higher weight individuals paid lower wages, having less access to education, paying higher premiums for healthcare, and facing more weight based bullying compared to thinner people (Puhl & Heuer, 2009).

Appendix B:**Codebook****Shame**

- Diet culture
- Exacerbating ED
- Outsider
- Recovered enough

Healing

- Change over time
- Representation
- Story and voice
- Validation
- Turning toward recovery
- Moving beyond shame

Resourcing

- DIY treatment
- Filling in gaps
- Finding providers online
- Supportive networks

Public

- Engagement
- Impact on others
- Individual x collective
- Significance for movements

Ways of engaging

- Withdrawing
- Consuming
- Interacting
- Resourcing
- Contributing

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