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The other side of an Eating Disorder: a Thematic Analysis of Recovery Stories shared on Instagram

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ABSTRACT

The photo and video sharing platform Instagram has been widely utilised for recovery purposes by individuals affected by an eating disorder. Since recovery is a critical yet poorly comprehended subject, the present qualitative study employed Thematic Analysis to examine the visual and textual content of 956 posts related to eating disorder recovery, published on Instagram by using the hashtags #eatingdisorderrecovery; #bulimarecovery; #anorexiarecovery; #edwarrior; #EDrecoveryfamily. The analysis of visual material generated six popular photo categories, while the assessment of captions revealed four broad themes: Separating the Self from the disorder, Shaping a New Identity, The Emotional side of recovery and Being part of a Family of Warriors. Despite the process mainly involves self-reflection and identity exploration, recovery on Instagram seems to be strongly subjected to stereotypical western views but also benefit from positive social interactions. Therapeutic measures could be integrated by online–based schemes to maximise treatment efficacy and reduce chances of future relapse.

KEY WORDS:	EATING DISORDERS	RECOVERY	SOCIAL MEDIA	THEMATIC ANALYSIS	IDENTITY

Introduction

Despite extensive research has been dedicated to the exploration of eating disorders aetiology, the amount of available knowledge on the process of recovery, especially during later stages, (Pettersen, Thune- Larsen, Wynn & Rosenvinge, 2013), is still very limited (Bardone-Cone, Harney, Maldonado, Lawson, Robinson, Smith, & Tosh, 2010). Evidence describes eating disorders as conditions no longer limited to western societies (Pike & Dunne, 2015), with 10% of young women exhibiting some form of disordered eating patterns (Treasure, 2016), also manifested at an increasingly earlier age by their male counterpart (Favaro, Caregaro, Tenconi, Bosello & Sanatonastaso, 2009). Considering that eating disorders also carry a psychological component of irrational thinking and self-defeating behaviours that prevent the individual from conducting an enjoyable existence (Steiner & Flament, 2012), understanding recovery from the viewpoint of those who have recovered has become a necessity (Pettersen & Rosenvinge, 2002; Darcy, Katz, Fitzpatrick, Forsberg, Utzinger & Lock, 2010).

A vast majority of past qualitative research assessed symptom remission through interviews with social media users (Myers, & Newman, 2007). However, the present study opted for a different approach by drawing a picture of recovery through the words and the images shared on the social network Instagram by those who have been striving to leave the illness behind, allowing personal accounts to be heard (Willig, 2008).

Eating disorder classification

Historical records of the adverse relationship between weight concerns and disordered eating patterns date back to the late nineteenth and early twentieth centuries (Janet, 1903; Wulff, 1932, as cited in Stunkard, 1990), with several cases of anorexia nervosa reported in by the French psychiatrist Louis-Victor Marce' in 1860. Although rates of anorexia reached a peak and stabilised around the 1970s, bulimia was recognised as a new condition only in 1979, leading to a significantly high number of diagnoses between the 1980s and early 1990s. (Smink, van Hoeken & Van Hoek, 2012).

Regarded as chronic mental conditions and diagnosed on the basis of existing symptoms (Kendal, Kirk, Elvey, Catchpole, & Pryjmachuk, 2017), eating disorders have been divided by the DSM V into seven main categories: anorexia nervosa (AN), bulimia nervosa (BN), binge-eating disorder (BED), Avoidant/Restrictive Food Intake Disorder (ARFID), Otherwise Specified Feeding and Eating Disorders (OSFED), Pica and Rumination Disorder (APA, 2013). Some of the features of AN imply persistent caloric intake restriction, intense fear of gaining weight and disturbed self-perception, whereas bulimia displays frequent binge eating episodes, repetitive compensatory behaviours to prevent weight gain and recurrent self-evaluation based on specific standards of shape and body weight. Similarly to BN, the DSM V outlines Binge Eating Disorder as an unrestricted ingestion of disproportionate amounts of food within short periods. However, the description assigned to BED comprises additional

criteria, which are not utilised for the diagnosis of BN, such as fullness, rapidity of eating, feelings of disgust and amount of food consumed when not hungry (APA, 2013).

Epidemiology of Eating disorders

Despite being often conceptualised as conditions affecting predominantly young females, eating disorders are not unusual amongst older people and male individuals (O'Hara & Smith, 2007). Epidemiological studies have described AN as a disorder characterised by an age of onset between 15 and 19 years (Micall, Hagberg, Petersen, & Treasure, 2013) and ten times more common amongst females than males (Turnbull, Ward, Treasure, Jick, & Derby, 1996). Anorexia displays an incidence rate of 15 per 100,000 people, which has remained stable for the past forty years (Treasure, 2016) and seems to be more prevalent amongst Caucasians and higher socio-economic classes (Turnbull et al., 1996). Conversely, Bulimia Nervosa emerges on average around the age of 18 years, displays a gender ratio similar to anorexia nervosa and an estimated prevalence between 0.5 and 1% in young women (Fairburn & Harrison, 2003). A vast majority of individuals affected by bulimic tendencies seems to be female, with only 1 in 10 sufferers reputed to be male (Fairburn & Harrison, 2003; Turnbull et al., 1996). Incident rates have shown an increase in the number of individuals diagnosed with a BED in the UK between 2000 and 2010 (25 per 100,000), while the number of BN cases have stabilised (22 per 100,000) during the same time frame (Treasure, 2016).

Aetiology of eating disorders: developmental and environmental factors

Eating disorders are believed to stem from impaired self-development (Abbate-Daga, Aminato, Delsedime, De-bacco & Fassino, 2013); Stein, Corte, Chen, Nuliyalu, & Wing, 2013), manifested through reduced stress management and distorted self-awareness (Costorphine, 2006; Fox & Power, 2009; Gilboa-Schechtman, Avnon, Zubery & Jeczmien, 2006). As the individual's relationship to food tend to mirror other disconnections in life, once more satisfying connections are established the focus of relational energy is also moved away from the food and the body (Maine, 2009). Research has widely acknowledged the antagonistic impact of disordered eating patterns on physical and mental health (Klump, Bulik, Kaye, Treasure & Tyson, 2009, as cited in Watson, 2012), usually manifested through self-inflicted purging behaviours and destructive rumination (Stein et al., 2007, as cited in Watson, 2012).

Anorexic and bulimic individuals have been found to exhibit high self-imposed shame and guilt (Klump et al., 2009), as well as self-directed anger (Stein et al., 2007) as a reaction towards external and internal offences. Body dissatisfaction, history of depression and negative affectivity represent few of several risk factors contributing to the establishment of disordered eating patterns (Levine & Smolak, 2006; Stice, Rohde, Gau & Shaw, 2009). Moreover, a family history of mental health issues represents one of the most significant factors that may raise the individual's chances of developing an eating disorder. On the contrary, high self-esteem, positive self-evaluation and rejection of standards of thinness are believed to function as

protective factors reducing the individual's chances of engaging in disordered eating practices (Gustafsson, Edlund, Kjellin & Norring, 2009; Levine & Smolak, 2006).

Self-forgiveness is regarded as a contributor to emotional healing and sense of hope (Watson, Lydecker, Jobe, Enright, Gartner, Mazzeo, & Worthington, 2012), making the individual feel more responsible towards owns' actions (Rangganadhan & Todorov, 2010) and less likely to engage in self-punishing practices and high self-criticism (Stein et al., 2007). On the contrary, low self-forgiveness correlates to high neuroticism, anxiety, depression (Hall & Fincham, 2008), self-inflicted punishment (Mauger, Perry, Freeman & Grove, 1992), guilt, internalised blame (Fisher & Exline, 2006), and rumination (Ingersoll-Dayton & Krause, 2005).

The psychological component of eating disorders

Psychological factors operating at both intrapersonal and interpersonal levels are believed to increase the risk of maintaining eating disorders (Schmidt &Treasure, 2006). Feelings of self- condemnation can often emerge from maladaptive behaviour, but also from the failure to adhere to unrealistic personal standards (Stein et al., 2007). Recent studies have interpreted disordered eating patterns as attempts to defeat feelings of worthlessness (Marzola et al., 2015), during which the illness becomes a framework for behavioural guidance and self-definition (Espíndola & Blay, 2009; Ison & Kent, 2010; Jenkins & Ogden, 2012; Marzola et al., 2015; Nordbø, Espeset, Gulliksen, Skårderud & Holte, 2006).

Despite the disorder identity may initially promote self-esteem, empowerment and social approval (Duker & Slade, 1988; Serpell, Treasure, Teasdale & Sullivan, 1999; Weaver, Wuest & Ciliska, 2005), these outcomes are offset by the negative social identity that often escorts the disorder (Cruzat-Mandich, Díaz-Castrillón, Escobar-Koch & Simpson, 2015). Recovery is possible once the disorder identity has been successfully abandoned and substituted by an equally meaningful, recovery-oriented individuality (Espíndola & Blay, 2009; Federici & Kaplan, 2008), characterised by more definite limits established through greater acceptance, as well as by increased self-awareness (Cuzat-Mandich et al., 2015), described as a protective factor towards eating disorder practices (Merwin, Zucker, Lacy & Elliott, 2010).

Recovery

Conceptualised as a non-linear path (Hardin, 2003; Lamoureux & Bottorff, 2005; Lindgren, Enmark, Bohman, & Lundström, 2015), recovery presents alternating states of hope and despair, as well as progress and relapse, during which the individual maintains an overall sense of progression (Bardone-Cone, Harney, Maldonado, Lawson, Robinson, Smith & Tosh, 2010), also supported by the encouragement of family and friends (Keski-Rahkonen & Tozzi, 2005; Federici & Kaplan, 2008;Lindgren et al., 2015). While the media tends to present eating disorders as self-induced illnesses relatively easy to overcome (O'Hara & Smith, 2007), clinical studies suggests that only 40% of adults exhibiting eating disorder symptoms will improve after a five-year recovery (Hay, Chin & Forbes, 2014).

According to Bardone- Cone et al. (2010), the recovery process begins with the individual's ability to accept the disordered eating condition, followed by the necessity to separate the self from the illness-related identity (Keski-Rahkonen & Tozzi, 2005), while becoming increasingly aware of the functions and the consequences of the disorder (Lindgren et al., 2015). Since motivation to act is determined by the belief that specific actions will produce the desired effects (Bandura, 1998), the optimistic individual who believes in his ability to transform and heal will achieve full recovery (Dawson, Rhodes, & Touyz, 2014). On the contrary, extensive exposure to the pathology followed by frequent failed attempts to improve may produce feelings of despair and ambivalence preventing the accomplishment of healthier eating practices (Fogarty & Ramjan, 2016).

Recovery has been described by qualitative studies as a unique individual journey characterised by the necessity to engage in deep self-reflection and identity exploration, during which the ability to build self-esteem and master self-care practices play a crucial role in restoring good health (Lindgren et al., 2015). Amongst the emotions most commonly experienced during the recovery process, recovering individuals reported feelings of hope, despair, fear, encouragement and gratitude (Keski-Rahkonen & Tozzi, 2005). These findings are in stark contrast to the common tendency to conceptualise the process as exclusively centred on weight restoration, without taking into account many psychological factors that also play a significant role throughout the journey (Bardone-Cone et al., 2010). Evidence has emphasised the impact of stereotypes on thinness and self-discipline on societal understandings of healthy eating and exercise, often making the individual's motivation to heal rather overwhelming (Musolino, Warin, Wade & Gilchrist, 2016) and highly ambivalent (Darcy et al., 2010). The influence of western, stereotypical pedagogies on recovery seem to be particularly evident on social media, where contradictory teachings about health tend to clash with the individuals' intention to take an independent stance towards recovery (LaMarre & Rice, 2017).

The negative outcomes linked to a state of pseudo-recovery (Keski-Rahkonen & Tozzi, 2005) have inspired recent studies to examine the underlying cognitive processes (McNamara & Parsons, 2016) believed to be responsible for future relapse (Carter, Blackmore, Sutandar-Pinnock, & Woodside, 2004; Channon & DeSilva, 1985; Federici & Kaplan, 2008). The skepticism manifested towards the prospect of achieving full recovery (Carter, Blackmore, Sutandar-Pinnock, & Woodside, 2004; Channon, DeSilva & Perkins, 1989; Federici & Kaplan, 2008) has been curbed by evidence indicating that eating disorders can indeed be defeated (Bardone-Cone et al., 2010). McNamara and Parsons (2016) highlighted the support offered by online communities, described as promoters of positive health and wellbeing through the establishment of a shared identity amongst individuals in similar circumstances. Similarly, a qualitative study on the interactions of recovering anorexics on social media explained goal-oriented attitudes within the online context as significant contributors to successful recovery (Herzog, Dorer, Keel, Selwyn, Ekeblad, Flores, Greenwood, Burwell & Keller, 1999), also fostered by social engagement and higher self-disclosure (Lyons, Mehl & Pennbaker, 2006).

The role of Social media

During the past few decades, communication has been revolutionised by the advent of social networks, providing individuals with the opportunity to engage in online communities (McKenna, Myers & Newman, 2017). Evidence exposed the positive impact of social media usage on mental health, attributed to the emotional support shared across the most popular platforms (Brotsky & Giles, 2007; Csipe & Horne, 2007). Taking into consideration the reluctance to seek help often displayed by individuals affected by an eating disorder (Cachelin & Striegel-Moore, 2006), social media may represent a safe base offering advice and guidance (Branley & Covey, 2017). As human beings possess a fundamental and overpowering necessity to fit in and rely on group affiliation (Baumeister & Leary, 1995), the opportunity to share experiences with users in similar circumstances may reduce feelings of isolation and promote recovery (McKenna, Myers & Newman, 2017).

According to the uncertainty-identity theory (Hogg, 2007b, 2012), individuals choose group membership to reduce feelings of uncertainty about the self and learn rules of interaction. Social networks, such as the photo and video sharing platform Instagram, foster feelings of association amongst its users by offering a space that does not only provide information about eating disorders but also promotes awareness on many other mental health conditions (Instagram, 2017b). Especially popular amongst young women (Perrin et al., 2015), the online mobile sharing application Instagram has become one of the most popular social networks of the web (Stein, 2017). The platform enables its users to share pictures and videos, but also retrieve published content through specific labelling terms identified as ‘hashtags’, producing thematic communities (Bruns & Burgess, 2011). By integrating images, and videos with textual information, Instagram seems to complement the non-verbal cues of visual material, contributing to a more comprehensive form of communication and establishing an emotional connection through inspirational quotes.

As recovery seems to entail an identity transition, online interactions may provide recovering individuals with the support required to take distance from the illness and establish a recovery identity (McNamara & Parsons, 2016). Recent studies have indicated a common tendency amongst online users to employ Internet discussion groups or social media to disclose challenging experiences (Andalibi, Ozturk & Forte, 2017). La Marre & Rice (2017) reported recurrent patterns in the way recovery is visually presented on social media, indicating food-related pictures, selfies and inspirational quotes as the visual material most commonly utilised to disclose the topic of recovery. Since little is known about rehabilitation from an eating disorder and most importantly about the impact held by online interactions on recovery, the present study aims to trace a portrait of the process through the insights shared by recovering individuals on Instagram.

Considering the exploratory nature of the study, a quantitative approach was excluded as reputed to be unable to express the reality of the phenomenon, leading to the decision to employ a qualitative analysis to carry out an in-depth investigation of personal experiences (Willig, 2008). Through the examination of images and comments shared on the social media platform, recovery-related patterns or themes

will be identified, analysed and reported to provide an answer to the following research question:

What are the main traits of the recovery process and the perceptions most commonly reported by those who are on their journey to overcome an eating disorder?

Method

Design

The qualitative study entailed the exploration of recovery from an eating disorder through Internet-mediated research (IMR), aiming to capture the quality and the consistency of personal experiences (Willig, 2013). Since the research intended to examine the main traits of the process and the most common perceptions reported by recovering individuals, Inductive Thematic Analysis (TA; Braun & Clarke, 2006) was selected as the preferred method of inquiry to identify, analyse and report salient themes within the data set. Taking into account its flexible yet profound strategy, TA was employed to disentangle the surface of reality, allowing the research question to be addressed directly from the perspective of the individuals involved (Braun & Clarke, 2006).

Participants

The authors of the posts analysed by the present study were 956 Instagram users, 15 males (M=20 years) and 941 females (M=23 years), who had tagged visual and textual material through specific recovery-related hashtags. The full list of demographics can be found in the analysis section (Table 1).

Materials

The photo-and-video sharing application Instagram was chosen as a site for data collection, as the platform allowed the retrieval of recovery-related visual and textual content, based on the search of specific hashtags.

The dataset involved 956 posts, comprehensive of a picture and a caption, shared on the social media platform Instagram. Each post was considered as an independent unit of analysis and selected based on specific criteria:

• Visual and textual content labelled with the hashtags #eatingdisorderrecovery; #bulimarecovery; #anorexiarecovery;#edwarrior;#EDrecoveryfamily;

• Content posted by users of 18 years of age and above.

Even though Instagram allows individuals as young as 13 years to create personal profiles, the content posted by minors was excluded from the data corpus to safeguard the privacy and welfare of underage users. Material published by self-help and organisational accounts was also omitted, as the study was mainly interested in narratives shared directly by profile users.

Procedure

The study was conducted in observance of the British Psychological Society (BPS) Code of Ethics and Conduct (2018) and Ethical Guidelines for Internet-Mediated Research (IMR; BPS, 2013). The data collection was preceded by the submission of an ethical approval form to the University of West London School of Human and

Social sciences ethics committee, leading the research proposal to be authorised by November 2017, without the necessity to make any amendments to the original plan. Ethical matters were taken into conideration to comply with the norms provided by the IMR protocol (BPS, 2013). Since data was gathered from the observation of human behaviour in a public context (BPS, 2013), explicit informed consent from the authors of the material published on the social media platform was not required. However, significant care was taken to guarantee maximum confidentiality and anonymity. Highly traceable details (e.g. personal names and pseudonyms) were altered to prevent any risk of the original posts being traced through the dissemination of research via research engines. Ultimately, the risk associated with potential emotional distress caused to the researcher by the exposure to such sensitive topic was limited by maintaining a working relationship between researcher and supervisor throughout the research process.

The data collection began on the social media platform Instagram during the last week of November 2017. To familiarise with the recovery-related content available on the public network, the hashtag #eatingdisorderrecovery was searched through the explore function available on the social network, leading to the extraction of 50 posts. After a pattern emerged from the way content tagged with the label #eatingdisorderrecovery also seemed to be frequently paired with specific hashtags, the social media analytics platform Keyhole was utilised to track labels believed to be commonly associated with #eatingdisorderrecovery, leading to the identification of four additional hashtags, such as #bulimarecovery, #anorexiarecovery, #edwarrior and #EDrecoveryfamily. The data collection took place over a three-day process based on the following schedule:

- 23rd, 24th and 25th of November 2017,
- 24th, 25th and 26th of December 2017;
- 23rd, 24th, and 25th of January 2018.

Weekdays and weekends were included in the timetable to obtain an authentic sample of the typical social media usage. Being aware that Christmas could represent a delicate time for individuals affected by disordered eating patterns and potentially lead to the publication of diverging content, the data collection was also completed before and after the festive season to guarantee a more comprehensive data corpus.

On each day of the schedule, the five designated hashtags were searched through the Instagram browse engine; the first 25 posts that appeared under each reference were checked against the inclusion criteria and recorded on an Excel spreadsheet. Following the removal of any repetition, the initial total number of 1127 posts was reduced to a data set of 956. Each post was listed and organised on the Excel log based on the collection's time slot; including a brief description of the image content, the user's demographics, such as age and nationality, as well as associated hashtags and captions.

The dataset was assessed using a specific framework created on an Excel spreadsheet, where the description of the type of picture and content, as well as related caption and hashtags, were recorded throughout the process. A qualitative approach to thematic content analysis (TA; Braun & Clarke, 2006) involving a six-phase approach was adopted to assess both visual and textual content. Considering the vast amount of material included in the data set, captions were exported and analysed using the computer software Nvivo 12 to facilitate and optimise the coding process. Posts were first visually evaluated during a stage of familiarisation with the data, which was followed by the generation of initial codes while reflecting upon the research question.

Once the initial coding was completed, comments and notes were reviewed and placed into clusters to facilitate the identification of possible themes (e.g. developing awareness); after the rearrangement of similar codes (See Appendix B for a diagram featuring the theme evolution over time), the final themes and subthemes were defined, named and reported. Being aware that research did not represent a linear procedure, but rather a process developing over time (Ely, Vinz, Downing & Anzul, 1997), the data analysis was conducted by moving back and forth throughout the phases as needed (Braun & Clarke, 2006).

Analysis

A total of 956 posts were analysed to identify the main traits of the recovery process based on the narratives shared by the individuals on Instagram. The results obtained through the evaluation of visual and textual content will be illustrated in the following sections. The demographics of the recovering users are presented in Table 1. Table 2 and Figure 1 illustrate the themes and the sub-themes extracted from the thematic analysis of visual content.

Table 1.
Demographics of Recovering Users

			Age		
Recovering User	*N*	(%)	*M* (in years)	*Min*	*Max*
Female	941	(98)	23	18	45
Male	15	(2)	20	18	28

The majority of posters were females (98.5%), with only 1.5% of users being males, from white, western, highly industrialised countries such as the United States of America (34.5 %), the United Kingdom (32%) and Germany (6%). The mean age of male authors tended to be lower compared to the female counterpart. However, the female group also included individuals whose age was well above the maximum age exhibited by male users, which could have had contributed to raise the mean for the female category.

Thematic Analysis of visual content

The classification of visual content based on Thematic Analysis led to six themes, illustrated in Table 2 and explained below.

Table 2.
Overview of themes extracted from the analysis of visual

Themes	Total number of Images	
	N= 956	(%)
Food	535	(56)
Quotes	113	(12)
Landscape	30	(3)
Selfies	110	(11.5)
Portraits	91	(9.5)
Objects	77	(8)

Table 2 illustrates the most common themes extracted through Thematic Analysis from the images shared on the social media platform by recovering users (similar to LaMarre & Rice, 2017).

Food Images

Food-related pictures (56%) represented the largest category of images shared by recovering users, often published on the social network as part of a food journaling routine endorsed by many therapeutic settings and believed to promote behavioural change (Hart, Marnane, McMaster & Thomas, 2018). However, the habit of posting meals consumed throughout the day does not seem to relate exclusively to the recovery community but represents a broad, general pattern of social media activity (Hu, Manikonda & Kambhampati, 2014).

Recovering users portrayed food in a remarkably meticulous way, suggesting an extremely rigorous preparation occurring beforehand. Ingredients were often neatly cut and sometimes presented based on colour matching criteria, creating a sense of harmony and perfection on a plate. Great care and attention to detail was also manifested through the choice of specific crockery (e.g. heart-shaped bowls) and matching cutlery, sometimes complementing the whole presentation with motivating ‘post-it notes’ placed either on the plate or the table (e.g. notes saying ‘enjoy’; ‘eat me’), ascribing a positive, caring aura to the dining experience. Users tended to share either very healthy meals or extremely indulgent food options, mixing servings of cinnamon porridge, colourful salads, and healthy sandwiches with images depicting velvety cupcakes, fluffy ice cream and cheesy pizza. Food representation was often integrated with detailed descriptions illustrating food taste and texture, perhaps attempting to evoke the pleasantness associated with the experience (e.g. last night dessert was delicious chocolate fondant with tasty almond ice-cream, honeycomb and caramelised banana). Several studies have testified the rewarding effect elicited by food-related visual stimuli on appetite-associated brain activity

especially amongst bulimic individuals (Beaver et al., 2006; Kilgore & Yurgelun-Todd, 2006; Schienle, Schafer, Herman & Vaitl, 2009).

Quotes

The use of text-based pictures was prevalent across the data set (12%) and consisted of motivational quotes either positioned against neutral settings or landscape themed backgrounds. If most citations encouraged the recovering users to become responsible for their health by actively taking charge of their lives (e.g. Life is a matter of choices & every choice you make makes you), different quotes addressed recovery as a matter of mastering self-acceptance (e.g. And I said to my body softly: I want to be your friend) and practicing self-care. While some citations aimed to draw attention to the challenging side of recovery by reporting feelings of hopelessness (e.g. It is hard to see a way out isn't it?), others spoke of resilience and willpower (e.g. To those who said I can't do it, well watch me), integrating visual content with captions that promoted the rejection of stereotypical views;

Selfies and Portraits

Selfies (12%) and portraits (11.5%) were frequently shared across the recovery community. If selfies consisted of self- taken photographs, also including reflections in mirrors, portrait-style images implied full-length depictions of the recovering user, as well as meaningful people, such as partners, friends, and family members. Pictures fitting into this category were often associated with hashtags such as #selflove, #bodypositivity, #recoveryisworthit and #strongnotskinny, often overlapping with fitness-inspired tags such as #girlswholifts, #fittotransform and #fitfam. The majority of these images included depictions of female bodies, sometimes arranged into a collage of 'before and after recovery' testimonies, providing tangible proofs of the physical transformation occurring during the recovery process. The pictorial assemblage was also employed to raise awareness of frequent mood changes experienced while dealing with mental illness, by combining images that expressed conflicting emotions (e.g. happiness vs. sadness) within the same post.

Objects and Landscapes

Even if in a limited percentage, images of objects (8%) and landscapes (3%) were also employed to address the topic of recovery. Conventional sceneries included forest views, coastal scenes, snow-covered settings, often paired with captions that expressed feelings of reconciliation with the self and optimism towards the future (e.g. Here's to new beginnings and staying true to myself). The objects depicted in many Instagram posts were considerably varied. Some users shared photographs of daily medications, beloved pets, favourite books and Christmas presents. Others opted for pictures of places that held a distinct meaning to them, such as images of their bedroom or of the hospital ward where they had spent months as in-patients.

Thematic Analysis of textual content

The examination of Instagram captions imparted a picture of recovery expressed through four broad themes: (1) Separating the self from the disorder, (2) Shaping a new identity (3) The emotional side of recovery, and (4) Being part of a tribe of warriors. Figure 1 illustrates the extracted themes and subthemes in a mind map, while Table 3 presents an overview of the same themes and subthemes with the inclusion of data reference.

Figure 1. Mind map of themes and subthemes

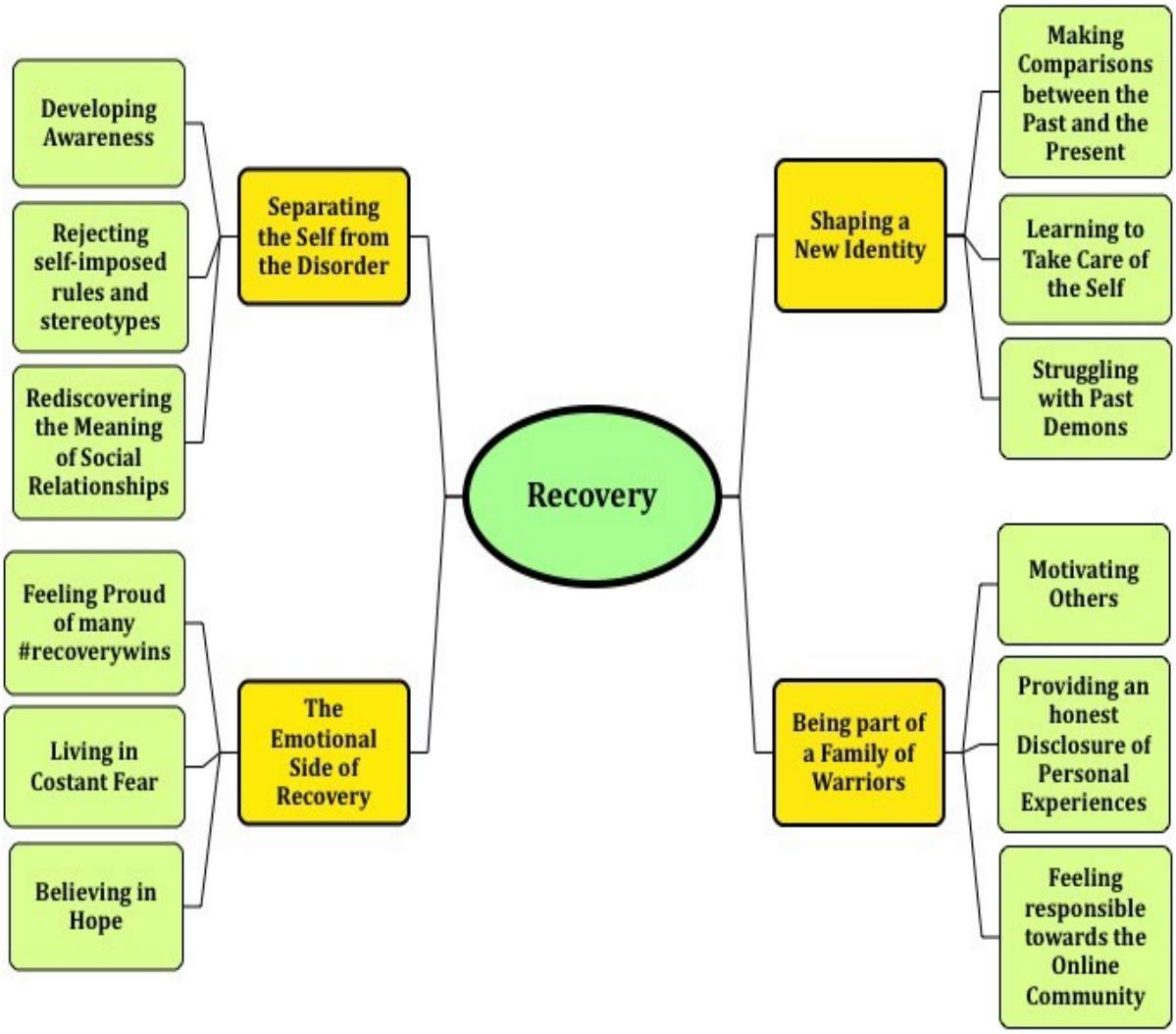

Table 3.
Overview of Themes and Subthemes

Themes	Subtheme	Data Reference
Separating the self from the disorder	Developing awareness	*'Recovery for me is just working through my feelings and learning to love myself. Feeling myself'* (2-3)
	Rejecting self-imposed rules and stereotypes	*'Losing weight or getting abs will not lead to instant happiness, as weight loss and healthy body image don't necessarily go hand in hand'* (54-55)
	Rediscovering the meaning of social relationships	*'I am so grateful for my family and I'm so happy that recovery is showing me that. '*(69)
Shaping a new identity	Making comparisons between the past and the present	*'Last year today I was restricting so much to compensate for the food I was going to have. My life was so miserable back then* ' (84-85)
	Learning to take care of the Self	*'When I feel uncomfortable in my body now, I do not ignore it or try to push it out my mind. I acknowledge that it is a real and honest feeling that I am allowed to feel'* (103-105)
	Struggling with past demons	*'The restrictive thoughts are going mental this afternoon, my brain is so tired, and exhausted of the same thoughts whirring round on hyper drive'* (133-134)
The emotional side of recovery	Feeling proud of many #recoverywins	*'Proud of the achievements that I have made, such as my Christmas lunch, a glass of two of wine, or being ok with not being able to go out for a walk to justify food* □ *'*(137-138)
	Living in constant fear	*'For ME, weight gain means depression, sorrow and self hate'* (177)

Separating the self from the disorder

As eating disorders confiscate personal uniqueness by becoming gradually ingrained in the individual's identity (Amianto, Northoff, Abbate-Daga, Fassino & Tasca, 2016), recovery implies the necessity to detach the self from the disorder to retrieve the personality that was misplaced throughout the illness (1). The first theme refers to one of the most significant steps towards the prospect of a disorder-free future, represented by the individual's act of isolating the illness to retrieve owns' identity through the development of greater awareness, the rejection of self-imposed rules and the rediscovery of social relationships.

Developing awareness

If eating disorders were characterised by constant feeling suppression and struggle to distinguish between personal and others' emotions (Decety & Sommerville, 2003), recovery was described as a process of intense familiarisation with inner emotional states, preferences and intuitions (2-3). Recovering individuals reported becoming more conscious of their own emotional states and behaviours (5-6; 8-10; 12-13), as well as those of meaningful people in their lives (15-16), resulting in the ability to grasp the illogicality behind disorder-related thoughts (18-19) and acknowledge the detrimental impact of the illness on the self. (21;23). However, a sense of inadequacy often emerged from the descriptions of daily struggles (25), conceptualising life as a process characterised by rules that the individuals intended to master (27). Awareness expansion did not seem to relate exclusively to personal emotions but was also extended to body discovery, perceived by many as an extremely confusing stage (29-30). Individuals also reflected upon the meaning of recovery, described by many as a process initiated by the ability to empathise with the self and interpret maladaptive practices as legitimate responses towards undesirable emotions:

'*Recovery begins with self-compassion. Once you understand that at the core of your problematic behaviour lies pain, and that pain is a fact of life, and not your fault, you can meet yourself with kindness and face those unhelpful coping strategies right on*' (32-35).

Rejecting self-imposed rules and stereotypes

Increased awareness was followed by the tendency to reject maladaptive habits and stereotypes, reinforced by the individuals' increasingly stronger ability to no longer perceive the disorder as an integrative part of the self but as an external entity (44;46;48;50), now described as a domineering ruler capable of achieving total control over the individual's identity until the self slowly dissolves in disorder (52). Individuals acknowledged the detrimental effect and the illusory nature of stereotypical views, no longer perceived as guarantors of a fulfilling existence (54-55). Individual expressed the wish to break free from the limiting effect of self-imposed rules *(57*), by establishing new coping strategies *(59*). Users reported abandoning restrictive practices to make room for a more flexible attitude that allowed life appreciation (61-62). Even though restrictive thoughts were still part of

everyday life, individuals reported being able to restrain the urge of engaging in harmful practices (64-65).

Rediscovering the meaning of social relationships

Once the disorder became separated from the self and no longer at the centre of attention, the recovering individuals were able to appreciate the value that simple things and meaningful people added to their lives, but also recognise how their identities were gradually stolen throughout the illness (66-67). Family members, partners, and friends were often the protagonists of many Instagram posts, which conveyed the happiness linked to those memories often through elaborate and nostalgic descriptions. Even though recovery was typically described as an incredibly challenging time, this circumstance was also described as a valuable opportunity to acknowledge the value of family ties and close friends:

'I am so grateful for my family, and I'm so happy that recovery is showing me that.' (69)

The caption was complemented by what seemed to be a photograph taken without notice of a young, white woman seated on her mother's lap. The background appeared to be the crowded waiting hall of a theatre. The mother smiled while looking at the camera; the daughter also smiled while looking towards the left, both her hands held her mobile phone. Her outfit consisted of a black, evening dress, complemented with a slightly sophisticated makeup and a neat up do hairstyle. Even though the user specified in the associated heading the amusement experienced in that occasion, the hashtags #melancholy and #depression were also applied to the image, inferring the sense of ambivalence that often characterises the recovery process (Darcy et al., 2010).

The blissful company of close friends and family members was often regarded as a distraction from food-related concerns (71-72) and life's adversities (73-75), as well as a way to acquire or maintain an overall positive outlook while battling against the disorder (77-78). By considering social support as an indispensable function in the recovery process (80), recovering individuals expressed strong feelings of appreciation towards the value of social relationships (81-82). If during the hardest stages of the eating disorder the primary role of food was utterly misinterpreted and submitted to strict behavioural rules, recovery seemed to reintroduce the notion of food as a nutritious agent:

'I struggle every day, but I have begun to understand food as a way of nourishment' (83)

The image complementing this caption was a mirror selfie of a white young woman who portrayed herself in a bathroom, while adopting a flirtatious stance and a neutral facial expression; her outfit included a grey gym attire and long, brown hair resting on the shoulders; the woman's right hand held the phone showing long, freshly painted nails, while the left was clenched on her chest. Some of the hashtags linked to the image were fitness-oriented, such as #healthy #fitspo #fitspo #weightloss, which were regularly observed to overlap with other recovery-related tags (LaMarre & Rice,

2017).

Shaping a new identity

Shaping a new identity refers to the individual's necessity to establish a new identity, no longer defined by the illness. By comparing past situations to present circumstances, recovering users familiarise with a still unknown self, while learning to take good care of both body and mind, yet struggling with contradictory views and practices typical of the eating disorder stage.

Comparing the past to the present to learn about the self

While engaging in self-assessment, the recovering individuals mastered the ability to get to know their previously lost identities through the cues offered by personal beliefs and feelings related to the external world. Perhaps, in an attempt to supply for insufficient internal hints to infer individual attitudes, many recovering users engaged in frequent comparisons between past and present behaviours (Bem, 1967; 1972). Through memory recollection, the emotional states underlying earlier actions were finally identified (Bem, 1972), sometimes eliciting painful feelings:

'*Last year today I was restricting so much to compensate for the food I was going to have. My life was so miserable back then'* (84-85).

'Had to fight back the tears more than once from all the emotion of being with my family and celebrating whereas last year I was alone and in a dark place.' (87-88)

Periodic evaluation between life before the eating disorder and the present stage encouraged many individuals to reflect upon a time in the past during which the attention was not directed towards body shape (90-91) and exerting control was not considered a priority (93-94). Past attitudes appraisal was followed by the recognition of the dynamics of maladaptive behaviour:

'*What happened is that somewhere along the way, we started feeling guilty for such a normal thing, BECAUSE WE MADE IT ABNORMAL.'*(96-97)

Learning to take care of the self

The replacement of body-hatred with self-care represents one of the most salient features of recovery. However, since the recovering individual is still unfamiliar with this practice, the social network becomes a point of reference for the acquisition of behavioural rules, absorbed through the observation and the interaction with other users. Several quotes shared across the community spoke of the necessity for systemic change:

'*Feed your body well, water it, move it and love it with your words. Have grace and patience for it*.' (98-99)

As transformation includes the way through which people respond and adapt to change over time (Lindgren et al., 2015), some individuals reported adopting new strategies to interrupt a vicious cycle of disordered eating habits:

'Instead of eating trash food, regretting it, starving, I coped in better ways. I went outside, I meditated, I reached out to friends, and maybe I ate a little more dark chocolate than usual' (100-102).

The image associated with this caption evoked a sense of consideration towards the self through the portrait of a beautifully presented bowl filled with fresh salad, topped with evenly cut ingredients. As previously mentioned, food on Instagram was often depicted in a very attractive, decorative way and complemented with captions aiming to evoke positive emotions (Holmberg, Chaplin, Hillman & Berg, 2016). If most meals were commonly depicted as they would in a 'cookbook' to elicit palatability (Holmberg et al., 2016), the background was also very curated to provide an overall inviting atmosphere. As part of a self-care routine, recovering individuals reported a newly achieved ability to acknowledge, identify and validate feelings, conferring the self the opportunity to experience rather than concealing emotional states:

'When I feel uncomfortable in my body now, I do not ignore it or try to push it out my mind. I acknowledge that it is a real and honest feeling that I am allowed to feel' (103-105).

Self-care is not entirely depicted as a matter of embracing emotions, but also described as a process through which the individual learns to accept a physically changing body:

'*I'm learning to accept the body parts I used to clutch at with tears in my eyes. I'm learning it's okay to enjoy foods and drinks I like in moderation even if it means I'm 10 pounds above my lowest weight* '(106-108).

If excessive strive towards perfection marked the eating disorder stage, the recovery process seemed to provide a more realistic, compassionate outlook (109-111), representing an opportunity to reflect upon past inclinations to engage in rigid diets and fitness regimes to avoid unwanted feelings of guilt, shame and insecurity (113-114; 116-119). Therefore, the reintroduction of a balanced diet was conceptualised as the only valid strategy to counterbalance the damages of extensive physical degrade the bodies were subjected to during the illness:

'I know if I eat well today, I am one step closer to hair that stays in my head, no eye bags, and brighter eyes and skin' (121-122).

Struggling with past demons

Struggling with past demons refers to one of the most challenging sides of recovery, represented by the sudden, erratic recurrence of the typical negative thoughts and restrictive behaviours that characterise an eating disorder. Even though some isolated cases described recovery as relatively easy (O'Hara & Smith, 2007) or chose to report feelings of gratification rather than negative emotional states (123-125), the

recovery process was defined by a vast majority of people as extremely tough and inconsistent (125-126), pulling the individuals back to harmful yet familiar dynamics of disordered eating patterns (128-129).

The tendency to misinterpret food as a threat (131-132) was reported to trigger intense feelings of apprehension and negativity towards the self, described as an unmanageable, overpowering and extremely exhausting state (133-134). As part of the confrontational role of recovery, individuals choose to take a resilient and confident stance towards maladaptive beliefs and practices, aiming to spread the same optimism amongst other fellow users (136). Explicit references to the disorder were often associated with pictures evoking feelings of struggle mixed with self-care resolutions. The caption "Mental illnesses don't take a vacation. It's so exhausting I know" was accompanied by the image of a female's hand, while holding a pink and white ceramic mug featuring the quote 'Paris is always a good idea', which recreated the illusion of a moment of rest before continuing with the fight against the disorder.

The emotional side of recovery

Recovery does not exclusively imply a range of physical changes emerging from a gradual re-establishment of healthy body weight but also includes an emotional response towards the profound transformations taking place during the process. Instagram users described the emotional impact of recovery as a condition characterised by feelings of pride resulting from personal achievements; fear attributed to changing habits and hope towards a promising future.

Feeling proud of many #recoverywins

This first subtheme refers to intense feelings of success experienced by many recovering individuals while gradually discarding past unhealthy habits, after having made the brave decision to leave a 'safe' but harmful routine and allow change to occur. Personal accomplishments were frequently labelled by the hashtag #recoverywin to emphasise the sense of victory associated with the individual's ability to challenge the self, transform and heal.
Many users reported feeling particularly satisfied when performing actions that would deviate from previous self-imposed rules, such as consuming meals bigger than usual and reintroducing foods that previously excluded from the typical dietary intake (137-138). Feelings of pride are often accentuated by using capitalisation and punctuation to emphasise the sense of success but also surprise:

'*massive #recoverywin the first time having meat for half a year!!!!! I only had two (they are both pictured) BUT I am SO proud of myself '* (140-141).

Since eating disorders represented a limiting experience characterised by many self-inflicted habits, recovering individuals exhibited a strong scepticism towards their ability to modify their behaviour (143-145). A sense of gratification emerged from the decision to overcome fears associated with food and public eating through the reintroduction of social habits into a daily routine, such as having a meal in a restaurant (147-149; 151-152). As extreme behaviour is one of the many traits of disordered eating patterns, one recovering user reported feeling proud for having

reached a more balanced state and refused to capitulate to the disorder, while maintaining a hopeful outlook towards the future. Moreover, she admitted being particularly proud of herself for having had the ability to discover her potential, refusing to surrender to a miserable living:

'I feel more balanced than ever in my life, and for that I am proud! I'm proud of not giving up on myself just because I didn't see the change right away. I'm proud of seeing my real potential and not settling for less than amazing! And I'm pleased of trusting my body and learning to enjoy the journey.' (154-157).

Living in constant fear

Many of the recovery stories shared on Instagram revealed feelings of fear and apprehension, outlining the emotional turmoil experienced by those who are battling an eating disorder. If anxiety refers to a generalised response to an unknown threat or internal conflict, fear represents an unpleasant feeling towards a known external danger (Steimer, 2002). Within a context of disordered eating patterns, the employment of restrictive practices represents a response to the misinterpretation of food as a potential threat (Olwyn, 2017). In line with this perspective, several Instagram users admitted being afraid of numerous aspects and dynamics associated with food and the act of eating (159-160). Unfamiliar or deliberately avoided foods were often sensed as frightening, not exclusively based on actual or supposed high caloric content (162-164), but also on the grounds of their taste, signalling that specific flavours could be interpreted as more threatening than others (166). The prevailing tendency displayed by many users of making repeated remarks on meal dimensions suggested that portion sizing could also be viewed as a disturbing matter amongst recovering individuals (168; 170). The prospect of weight gain was one of the most frequently mentioned causes of fear (172-174; 195-197) and also described as one of the factors that could potentially compromise the individual's intention to overcome the disorder (178-179). Many recovering users conceptualised reduced control over dietary routine as a dreaded circumstance, often associated with higher chances of falling into relapse (181-183; 185-188). However, recovery was often portrayed as a process during which the profound distress experienced throughout the illness could become an incentive for the individual to overcome preoccupations and uncomfortable feelings (189-190). Even though food represented one of the most significant fear-triggering factors, it was not the only concern expressed by most individuals, as a fearful attitude towards emotional closeness (192) and negative social judgement often transpired from the words of many recovering users (199-201; 202-205):

'*I worry about people seeing me as an attention seeker, and self-absorbed. But this issomething I've been working on in my recovery this time around even though it scares me and makes my paranoia worse about people thinking badly of me*.' (194-197)

Few individuals confessed being afraid of the physical consequences of self-purging practices (207) and worried about the inability to take adequate care of themselves (209), scared that the present circumstances could predict a miserable future (211-213).

Believing in hope

As the recovery process unfolded, recovering individuals learnt to believe in the possibility of creating a better version of the self (214), free of any self-imposed regimes and destructive preconceptions (216-217). The subtheme 'Believing in hope' refers to an increasingly stronger, powerful sense of trust and expectation expressed by many recovering users towards the endless possibilities of change (219), fostered by a more optimistic stance towards the future but also a more confident outlook towards the individual's ability to grow and develop. One user expressed feelings of anticipation towards the arrival of new opportunities (221-223), while another reported being able to trust her future capability to embrace the self fully, without any harsh judgements and unrealistic expectations (225-227). Even though the prospect of failing may threaten the most hopeful vision, a recovering individual expressed her determination to maintain an optimistic outlook towards what tomorrow may bring:

' I do my very best to keep faith in that outcome. The promise of hope is far stronger than fear of failure.' (229-230).

After having reached a greater awareness of the dynamics surrounding past ritualistic practices, many recovering users also seemed more conscious of the possibility to overturn their condition, making them feel more empowered and capable of actively contributing to their general well-being (232-233; 235-236). Feelings of hope emerged from many propositions shared amongst recovering individuals. One of the most common was the wish to perceive eating as a natural body function rather than a overly-planned action followed by feelings of guilt and discomfort (238; 240-241), but most importantly, hope transpired from the promises made to friends and family members (243-245). Successful stories of recovery shared on the social media platform played a significant role in spreading hopeful vibes throughout the recovery community, motivating others to follow the same steps:

'*I see so many inspiring people out there, and I wish one day I could do the same!!'* (247)

'I hope I form some new healthy relationships through this page where I can both be encouraged and encourage others to recover from whatever it is we're each struggling with.' (249-251).

Being part of a family of warriors

On Instagram, recovery is recounted as a difficult battle against the eating disorder, which the recovering 'warriors' are determined to fight and conquer as a team. (252). Recovering individuals does not exclusively represent themselves as a group of brave fighters, but mostly as a caring family, trusting and protecting each other against the threats of the disorder. The last theme refers to the sense of companionship that characterises the portrait of recovery on Instagram, established through the active participation of many recovering users on the social media platform. Being part of a tribe of warriors implies motivating others by providing an honest disclosure of personal experiences, while establishing a sense of responsibility towards other group members.

Motivating others

Leaving the eating disorder behind requires an amount of motivation that often the individual struggles to find solo, due to the inconsistent and challenging nature of the process. The recovery family seemed to play a significant role in maintaining alive the inspiration and optimism of its group members by sharing personal experiences and inspirational quotes. Many of the posts published during the Christmas season contained words of encouragement towards fellow users (253; 255-256), inviting others to take a more flexible attitude and enjoy the conviviality of sharing a meal with family and friends during the winter celebrations (258-260). Other captions conveyed motivation by outlining the detrimental impact of eating disorders at Christmas time, by evoking the pain associated with memories to encourage others to break the chain of events and make a difference (262-264).

The recovery community motivated its members by inducing feelings of self-acceptance (266-267; 269-272), appreciation towards life and the self (274-275) and self-care (277-279; 281-284; 286-289; 291-293). Motivation is manifested through the description of change as an opportunity to start again and transform an unsatisfying existence into a rewarding life (394; 396; 398). Several users spoke about fighting the stigma associated with eating disorders by seeking assistance (300-304), but also promoted individuality by urging others to reject undesirable social comparisons. (306-307). Motivating captions were often paired with images of inspiring quotes. The citation '*Never be defined by your past. It was just a lesson not a life sentence'* was formatted in a bold, white font placed against a black background, making the characters stand out from the setting. Conversely, the caption 'Your happiness is your choice' was associated with the selfie of a young, white woman with dark brown eyes and long, curly hair. The girl framed herself in a red, plain t-shirt, while wearing no make-up and displaying what appeared to be a very shy, hesitant smile.

Providing an honest disclosure of personal experiences

In opposition to the secrecy that characterises eating disorders, recovering individuals wished to take an honest stance towards other 'warriors' (308-309; 311-312) and provide a genuine account of their personal experiences with recovery, often described as problematic and overwhelming (314-316). As recovery values expression, some users openly criticised the tendency often observed on social media to prioritise social desirability over truthfulness:

'As social media can be good at highlighting only the good things, I'm gonna get real with you right now because that's what I want my page to be about: real, raw, honest content.'(318-320)

Some accounts described recovery as a state determined by feelings of stagnation, frequent inability to perceive any immediate changes and the inclination to make assumptions on the possible outcomes of life without the burden of an eating disorder (322-323). Many users confessed the difficulty of attaining good mental health by reporting persistent feelings of disorientation, alternating phases of

restriction and overeating, as well as the emotional struggle attributed to fluctuating states of optimism and despair (325-329). Truthfulness was also expressed by providing daily summaries that included descriptions of negative emotional states, alleviated through the use of prescriptions (331-335). Since recovery is all about honesty, some users admitted feeling repulsed by their changing bodies and ashamed of being unable to experience gratitude towards the opportunity to restore their health and mental wellbeing. (337-341).

Feeling responsible towards the online community

Many of the captions published on the social media platform expressed strong feelings of commitment towards the recovery family, manifested through repeated offers of emotional support (342.; 344-345) but also through several apologetic messages (347;349). Remorseful attitudes were displayed following limited interaction on the online platform and infrequent sharing of visual and textual material (347; 349; 351-352). Individuals often apologised for posting headings not reputed to be particularly entertaining for the audience or considered to be at risk of triggering maladaptive thoughts, such as images of meals not supposed to represent an adequate amount of food (354-356). Occasionally, recovering users expressed remorse for sharing considerations believed to transmit sadness or negativity (358-359). One Instagrammer reported feeling compelled to increase her caloric intake due to the sense of responsibility felt towards individuals who looked upon her as an inspirational model (361-364).

Feelings of apprehension towards the opinion of others were occasionally traded with the desire of taking distance from the online context to focus on reality (‘366-368). A sense of responsibility towards the rules of the online recovery community was also manifested by exhibiting concern with the visual quality of their images, apologising for posting pictures not reputed to be within optimal standards of presentation (370-371). On the other hand, some individuals displayed a rather uninterested approach towards the visual content of their publications by posting less photogenic subjects as “their posts were rarely about the pictures anyway”.

Discussion

As a response towards the limited understanding that still prevents modern society to truly comprehend eating disorder recovery (Bardone-Cone et al., 2010), the present study aimed to draw an authentic profile of the process, based on the insights shared by those who are battling a disordered eating condition. Recovery-inspired images and captions published on Instagram were examined to identify the main traits of the recovery process and the perceptions most commonly reported by the individuals involved, leading to findings that appeared to be consistent with previous research (Kesi-Rahkonen & Tozzi, 2005; Lindgren et al., 2015; McNamara & Parsons, 2016; LaMarre & Rice, 2017).

In line with evidence describing women as more likely to exhibit and report eating disorder symptoms compared to their male counterpart (Turnbull et al., 1996;

Fairnburn & Harrison, 2003; Ohara & Smith, 2007), a large majority of posts collected during the study belonged to female authors, also supporting the depiction of Instagram as a public network mostly operated by female users (Perrin, 2015). Even though material published by underage individuals was intentionally excluded from the dataset, the average posters' age also reflected general epidemiological findings, supporting the conceptualisation of eating disorders as conditions not exclusively related to adolescents but also affecting older individuals (Hoek & VanHoeken, 2003). Moreover, the ethnicity and the background displayed of a large majority of recovering users supported the depiction of eating disorders as dysfunctions frequently affecting white, western socio-economic classes (Turnball et al., 1996; LaMarre & Rice, 2017). Consistent with LaMarre and Rice (2017), the perception of recovery on Instagram appeared to be restrained to specific criteria of visual representation, manifested through the use of standardised depictions of food, inspirational quotes, personal belongings, landscapes and bodies. The tendency to address the topic by using specific images seemed to reflect the individuals' conceptualisation of what recovery should or should not entail, also suggesting the existence of stereotypical norms framing not just recovery, but also general health pedagogies (Musolino, Warin, Wade & Gilchrist, 2016).

The study unveiled a portrait of recovery characterised by specific features. In opposition to the self-defining nature of the eating disorder (Espindola & Blay, 2009; Ison & Kent, 2010; Jenkins & Ogden, 2012; Marzola et al., 2015; Norbo et al., 2006), recovery was represented as a process requiring a full separation from the illness, also described by Keski- Rakhonen and Tozzi (2005) as an important contributor towards symptom remission. The dissociation from the disorder was promoted by the gradual replacement of distorted self-awareness with increased consciousness, conceptualised by Merwin, Zucker, Lacy, and Elliott (2010) as a protective factor towards disordered eating practices. Moreover, the decision of leaving the illness behind was accompanied by the rejection of stereotypes and maladaptive rules, as well as by the rediscovery and appreciation of social relationships, often described as important contributors to the achievement of full recovery (Lindgren, Enmark, Bohman, & Lundström, 2015). As also mentioned by previous evidence (Espindola & Blay, 2009; Federici & Kaplan, 2008; McNamara & Parsons, 2016), many recovering users defined the establishment of a new, recovery-oriented individuality as a necessity to successfully defeat the illness. Recovering individuals seemed to engage in frequent comparisons between past and present, interpreted by Bem (1972) as an attempt to supply for an inadequate level of internal hints and identify the emotional states underlying past actions. This tendency was also escorted by strong feelings of self-imposed shame and guilt, which Klump et al. (2009) interpreted as a common reaction towards external and internal offences amongst individuals affected by bulimic and anorexic symptoms. In line with Lindgren et al. (2015), which reported the ability of caring for the self as pivotal towards the restoration of good health, the substitution of self-hatred with self-care represented one of the most prominent attributes of recovery, emerging not exclusively from the words of many recovering individuals but also through the systematic, impeccable way meals were presented in numerous food-related images. The inclination to share mainly visually attractive food could reflect the individual's intention to take good care of the self by engaging in a body nurturing routine, which implies attentively selected food choices and beautifully arranged meals. At the same time, it could be

interpreted as an attempt to encourage others to perceive eating as a pleasant experience, rather than a potential threat (Olwyn, 2017), through images that elicit palatability (Holmberg et al., 2016) and rewarding responses (Beaver et al., 2006; Kilgore & Yurgelun-Todd, 2006; Schienle, Schafer, Herman & Vaitl, 2009). Nonetheless, a systematic pattern of presentation could also reflect specific norms of online identity and interaction (LaMarre & Rice, 2017), characterising not just the eating disorder recovery context but also a general tendency on social media (Hu, Manikonda & Kambhampati, 2014). Learning to take care of the self during recovery also implied the newly acquired ability to embrace a physically changing body, which Cuzat-Mandich et al. (2015) described as the result of increased self-acceptance and part of the establishment of a disorder-free identity. As also inferred by previous evidence (Hardin, 2003;Lamoureux & Bottorff, 2005; Lindgren et al., 2015), the Instagram community associated the erratic nature of recovery with the unpleasantness of recurrent maladaptive practices, which Stein et al. (2007) regarded as potential triggers for feelings of self-condemnation attributed to unrealistic standards of perfection. The inconsistent nature of recovery was described as a force pulling the individual back to past harmful habits, often conceptualised as a deterrent to successful health restoration (Fogarty & Ramjan, 2016).

The representation of recovery on Instagram revealed a specific emotional response characterised by ambivalent feelings of fear and hope, also reported by Keski-Rahkonen and Tozzi (2005) as two of the most common emotional states experienced during the process. Contrarily to previous evidence, the present study also found pride to be a widespread emotion amongst recovering individuals, particularly in association with the rejection of self-imposed rules and the attainment of a more balanced eating regime. Contradictory feelings and attitudes within the recovery process, also illustrated by Darcy et al. (2010), seemed to coincide with a lack of trust towards the possibility of modifying behaviour, as part of the healing process. An additional trait of recovery on Instagram was characterised by the active participation of many recovering users within the online family, reflecting the broad conceptualisation of social media as a safe base for support and advice (Branley & Covey, 2017).

Limitations

Few limitations have been identified within the study. One of these disadvantages was related to the use of online research based on data exclusively extracted from social media. Considering that public networks provide their users with the freedom of altering the way they present themselves to the world, it is important to remember that a potential divergence may exist between online and offline self-representations. Although online observation was reputed to be the most appropriate method to address the research question, there are some drawbacks linked to this methodology. If in a way the strategy preserved the authenticity of the content being collected, at the same time the lack of interaction with the recovering individuals prevented the researcher from seeking any clarification or additional information that could have been relevant to the exploration of the experiences shared on the online platform.

Additional weaknesses have been detected within the selected sample. The study chose to limit the analysis to posts exclusively written in English, leading to the exclusion of potentially valuable material published in a different language. Future studies may want to extend the inclusion criteria to different ethnicities and cultural minority groups for a broader data set offering a more extensive range of perspectives. Moreover, the sample included a limited amount of material published by male authors, precluding valuable insights on what recovery may represent from a male point of view. Future studies may wish to investigate the male approach to recovery while concentrating on the risk and protective factors that may affect their gender.

Since the study was based on publicly available data gathered from open Instagram accounts, it was not feasible to assess how demonstrative these findings were of all recovering individuals sharing their journey on the public network. Nevertheless, there is no reason to presume that the content of private accounts should be different from the material presented on public profiles. Since the study aimed to investigate recovery from disordered eating patterns without focusing on specific conditions, future investigations may also wish to assess differences between eating disorders subtypes.

Future directions

Despite these limits, the findings outlined by the present qualitative study may represent essential implications for clinical practice, supporting professionals during the identification of the causes behind poor treatment outcomes, relapse and individuals' reasons for avoiding therapy. Taking into account that ambivalent feelings may delay or hinder recovery, clinicians could monitor and address the possible emergence of contradicting emotional states throughout the treatment. After having evaluated risks and benefits associated with the use of social media on mental illnesses, the role played by social communities should be emphasised and potentially integrated within existing therapeutic measures to maximise treatment efficacy. Moreover, a greater understanding of the topic of recovery may promote the identification of less explored protective factors, leading to the establishment of preventive schemes built on a more positive focus.

To increase the transparency of qualitative research and make the researcher's position more explicit (Shaw, 2010), a reflective journal was kept throughout the study to record the emotional response manifested while investigating such sensitive topic. Being a Psychology student and also a reasonably active Instagram user, I embarked on this project holding several expectations towards the nature of the interactions that I would have encountered within the online setting. I began the data collection being perfectly aware of the high chances of having to face potentially confronting material, but also with the confidence of coming across some inspiring stories. I was expecting to collect a majority of posts published by female users, but also eager to explore a depiction of recovery offered by the male counterpart. Overall, I found images of skinny bodies somewhat disturbing to watch, as I often felt sorry for the individuals involved, especially when self-inflicted wounds were also present. This circumstance made me reflect upon the way clinicians may react to the view of severely emaciated bodies and how their emotional response may affect the

therapy being delivered. Besides the confronting side of recovery, I was truly impressed with the sense of positivity that seemed to pervade across the Instagram community and the talent demonstrated by many users to translate emotions into words, genuinely conveying the meaning of their experiences to the reader. Keeping a reflexive journal provided me with the opportunity to assess how my understanding of the topic had changed over time. Particularly during the last stages of the research, I developed some frustration towards the standardised representation of recovery on social media, which at times appeared as a camouflaged, healthier version of the eating disorder rather than a genuine transformation. Moreover, the remarks made by earlier evidence on the influence exerted by western principles on the conceptualisation of recovery made me question the objectivity of my perspective. Being a white woman raised in a highly industrialised country and continuously exposed to distinct understandings of healthy eating and exercise, I wondered if my ability to report recovery could have been affected by an underlying stereotypical view on the subject.

Conclusions

Eating disorder recovery is not an easy concept to grasp, not only for the individuals involved but also for the psychological field, due to the inability to rely on a clear-cut definition of the phenomenon. Since eating disorders are a widespread reality and no longer limited to western societies, the narratives of the individuals involved may offer valuable insights towards the design of specific criteria applicable to symptom remission. Overcoming disordered eating behaviours do not exclusively imply body weight restoration, but also involve the necessity to face a psychological component of self-defeating practices, which should not be underestimated. Instagram has represented a fruitful ground for analysis, leading to the identification of recovery-related traits and emotional states but also exposing the influence exerted by western pedagogies on recovery conceptualisation, particularly evident from the visual representation of recovery on social media.

Even though recovery is profoundly grounded on self-reflection and identity exploration, implying the individual's necessity to isolate and substitute the illness with a new identity, social relationships also provide an essential contribution to the healing process. In line with this view, many recovering individuals perceive online communities as safe environments capable of reducing feelings of uncertainty through honest disclosure and cooperation. Therefore, the field of eating disorder recovery may benefit from these findings by integrating existing therapeutic measures with the positive role played by online interactions to maximise treatment efficacy and reduce chances of future relapse.

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