

AN EXPLORATORY QUALITATIVE INQUIRY ON THE LIVED EXPERIENCES OF
PEOPLE WHO ENGAGE WITH PRO-EATING DISORDER ONLINE MEDIA

A Dissertation

by

KIMBERLEE MINCEY

BS, Texas A&M University-Kingsville, 2013
MS, Texas A&M University-Corpus Christi, 2015

Submitted in Partial Fulfillment of the Requirements for the Degree of

DOCTOR of PHILOSOPHY

in

COUNSELOR EDUCATION

Texas A&M University-Corpus Christi
Corpus Christi, Texas

May 2019

© Kimberlee Mincey

All Rights Reserved

May 2019

AN EXPLORATORY QUALITATIVE INQUIRY ON THE LIVED EXPERIENCES OF
PEOPLE WHO ENGAGE WITH PRO-EATING DISORDER ONLINE MEDIA

A Dissertation

by

KIMBERLEE MINCEY

This dissertation meets the standards for scope and quality of
Texas A&M University-Corpus Christi and is hereby approved.

K. Michelle Hunnicutt Hollenbaugh, PhD
Chair

Marvarene Oliver, EdD
Committee Member

Joshua C. Watson, PhD
Committee Member

Sara A. Baldwin, PhD
Graduate Faculty Representative

May 2019

ABSTRACT

The deleterious consequences of eating disorders can lead to an individual's physical, psychological, emotional, and psychosocial wellness. However, current eating disorder treatment protocols may be overlooking the ramifications of neglecting to include relational counseling treatment into rehabilitation services. Eating disorder treatment may also lack the emphasis of pro-eating disorder online media on the health and wellbeing of the individual who uses this form of social media.

This study involved a hermeneutic phenomenological qualitative inquiry intended to explore the lived experiences of people engaging with pro-eating disorder online media. In this study, participants ($N = 10$) were individuals currently engaged with pro-eating disorder online media and over the age of 18.

Analysis revealed a large number of themes and subthemes, including curiosity, spiraling down, increased knowledge, unfulfilled needs (subthemes – (a) acceptance, (b) belonging, (c) connection, (d) control, and (e) understanding), support, safety (subtheme – (a) harm reduction), community (subthemes – (a) genuine relationships, (b) loneliness, and (c) relatability), duality, lack of understanding from professionals (subtheme – (a) misconceptions and perceived judgment), Harmful Aspects (subthemes – (a) risk of predators, and (b) triggering content), motivation for eating disorders (subthemes – (a) competitive aspects, (b) never sick enough, (c) intentional harmful behavior, and (d) tips and tricks), recovery (subthemes – (a) hope related to recovery, and (b) struggles with recovery).

The findings of this study provided context for the meaning(s), and purpose(s) individuals perceive and experience when engaging in pro-eating disorder media. The findings also indicated the need for developing appropriate treatment strategies for individuals with eating disorders who access and use pro-eating disorder media. In the following chapters, I discussed

each theme and subtheme and the relationship between my findings and the current literature. In the fifth chapter, I provided a thoughtful discussion of the implications for the counseling profession and recommendations for future research.

DEDICATION

This dissertation is dedicated to my mother, Cathy Barfield, and my dear friend, Susan Behrens. To my mother, you have always put up with a lot. I know the type of daughter I am, and for that, I deeply apologize. You deserve all of my thanks (and gratitude) for dealing with me for the last couple of decades. Thank you for listening to me vent about meaningless nothings. I needed it, and I do not doubt that I will require your endless patience indefinitely. Thank you for everything.

Behrens, you are dearly missed. I have honestly struggled to write this dedication because there are so many things I believe people should know about you. The list would be endless, so I narrowed it to one thing; you are still so fiercely loved. You touched the lives of everyone you met and your kindness knew no bounds. Thank you for your lasting support as I began my journey as a doctoral student and your continued support as I tackled one semester at a time. Until we meet again, my friend. Always.

ACKNOWLEDGEMENTS

First and foremost, my deepest thanks need to be extended to my chair and mentor, Dr. K. Michelle Hunnicutt Hollenbaugh. I would not be here without your encouragement, patience, and countless responses to my never-ending emails. There are not enough words to describe my gratitude. Dr. Hollenbaugh, thank you for believing in my capabilities as a researcher and as an educator. It has been an honor to learn under your guidance. Thank you for challenging me, supporting me, putting up with me, and laughing with me. This adventure has been a wild ride, and I have enjoyed (mostly) every moment. I also want to thank my committee members, Dr. Oliver, Dr. Watson, and Dr. Baldwin. Dr. Oliver, thank you for providing an environment for your students to make mistakes and to learn. Your passion for developing competent professional counselors has been tremendously influential for me. I am so grateful for every lesson you have taught me. Your influence has impacted my development as a clinician, a supervisor, and as a researcher. Dr. Watson, thank you for following me on this journey and allowing me to use humor in your classroom. I am thankful for the opportunity to learn with your continuous support. Your feedback has been valuable in my professional development. Dr. Baldwin, thank you for your encouragement and helpful feedback throughout my dissertation process. The interest you took in my topic was meaningful. I greatly appreciate your help.

Deborah Ferguson, I am so fortunate you agreed to spend the last five years of your life dealing with my antics. I will never be able to emphasize how much you have helped me grow in the face of adversity. Thank you for putting your trust in me and my capabilities as a counselor and as a supervisor over and over again. Your support and your supervision allowed me the opportunity to develop into the clinician I am today. You have challenged me to become the best version of myself professionally and personally. You have given me a gift that I can never repay. Thank you.

Cohort 16, your support in my times of struggle were so needed. Thank you for always being open to sitting in dark classrooms and for endless conversations about the merits of coffee, cats, and yarn. Specific thanks go out to the people that helped me breathe and gave me life when I needed a touch of reality: Julia Dell'Aquila, Rachelle Morales, Liesl Hecht, and Abran Rodriguez. Rachelle, I want to thank you for bringing laughter to my life. Thank you so much for appreciating my level of dry humor – thank you for always laughing with me. I hope I can provide to you the comfort you have given me in times of stress. Liesl, your kindness, care, energy, and passion for wellness are beautiful. I know I can always call on you for help and open ears whenever I need it. Thank you for being true to yourself, even when it is not easy. Abran, I do not know what I would have done without you over the last three years. Your help has been so meaningful to me. You have taught me so much and I will never forget how willingly you offered up your (very precious and limited) time whenever I (or our cohort) needed anything. You are a gem and I am so lucky to call you my friend. Julia, thank you for being you. I am so fortunate you love the same activities I do (yes – wearing pajamas and watching true crime will always be considered important activities in my book). I doubt I would be where I am within my professional and personal life without your kindness and patience. Thank you for providing support and compassion when I needed it. You are amazing and I hope you always remember how awesome, strong, and valuable you are. I do not know how I became fortunate enough to find you all. Thank you for always talking me down, listening to me complain, and spending many sleepless nights talking about what comes next (in regard to both life and research). You all made this whole process worth it, and I am so proud of each of you.

To my dear heart: John, you are a trooper. It was always my intention to have a short academic career. Twelve years later, I am finally done. Can you believe it? You must be so relieved. I would have never accomplished any of this without you. Thank you so much for all of

the sacrifices you have made that allowed me to pursue an education. Thank you for always allowing me to be myself without judgment. Well, maybe not without judgment, but I have always felt accepted and that is what matters. I am so fortunate you saw something endearing in the charmless girl you met so many years ago. All of my love, endlessly.

Brittnye Rilezales, a lifetime of your friendship could never be enough. I look forward to doing life with you regardless of any physical distance we may endure. I want to thank you for always being there for me and for always lighting up my life. Thank you so much for lifting me up when I have struggled and laughing with (or is it at?) me whenever possible. Your strength is awe-inspiring. I am so proud of the woman you have become, and I am so fortunate to have you as my best friend. Always remember how much I love you.

TABLE OF CONTENTS

CONTENTS	PAGE
ABSTRACT.....	v
DEDICATION.....	vii
ACKNOWLEDGEMENTS.....	viii
TABLE OF CONTENTS.....	xi
LIST OF FIGURES	ix
LIST OF TABLES.....	xvii
CHAPTER I: INTRODUCTION.....	1
Statement of the Problem.....	2
Purpose of the Study.....	4
Research Questions.....	4
Significance of the Study.....	5
Methodology.....	6
Phenomenological Approach.....	6
Population and Sample.....	6
Data Collection.....	7
Data Analysis.....	7
Trustworthiness.....	8
Role of the Researcher.....	9
Lens of the Researcher.....	10
Limitations	11
Definition of Key Terms.....	12

Remaining Chapters.....	13
CHAPTER II: LITERATURE REVIEW.....	14
Influence of Media on Body Image.....	14
Eating Disorders.....	18
Anorexia Nervosa.....	19
Bulimia Nervosa.....	21
Psychological Consequences of Eating Disorders.....	22
Treatment Interventions.....	23
The Internet and Social Media.....	24
Pro-Eating Disorder Online Media.....	27
Conclusion.....	30
CHAPTER III: METHODOLOGY.....	31
Introduction.....	31
Research Questions.....	31
Qualitative Approach and Rationale.....	31
Phenomenology.....	32
Hermeneutic Phenomenological Inquiry.....	33
Hermeneutic Phenomenology and the Researcher's Role.....	37
Hermeneutic Phenomenology and Trustworthiness.....	38
Population and Setting.....	40
Participant Recruitment.....	40
Description of Participants.....	41
Data Collection Process and Procedures.....	43
Informed Consent and Demographics Survey.....	43

Measurements of Construct.....	44
EAT - 26.....	44
BAS - 2.....	45
BDS.....	45
Interviews.....	47
Document Analysis.....	48
Participant Feedback.....	50
Data recording and Management.....	51
Informed Consent and Demographics Survey.....	52
Interviews.....	52
Document Analysis.....	53
Participant Feedback.....	53
Data Analysis Process and Procedures.....	53
Data Analysis Process.....	53
Coding Procedures.....	55
Data Organization.....	55
Summary.....	56
CHAPTER IV: FINDINGS.....	57
Curiosity.....	59
Spiraling Down.....	61
Increased Knowledge.....	63
Unfulfilled Needs.....	66
Acceptance.....	66
Belonging.....	68

Connection.....	70
Control.....	71
Understanding.....	72
Community.....	75
Genuine Relationships.....	76
Loneliness.....	79
Support.....	81
Safety.....	85
Harm Reduction.....	87
Duality.....	89
Lack of Understanding from Professionals.....	92
Misconceptions and Perceived Judgement.....	94
Harmful Aspects.....	98
Triggering Content.....	99
Risk of Predators.....	101
Motivation of Eating Disorders.....	103
Competitive Aspects.....	105
Never Sick Enough.....	107
Intentional Harmful Behaviors.....	109
Tips and Tricks.....	110
Recovery.....	112
Hope Related to Recovery.....	114
Struggles with Recovery.....	116
Other Interesting Findings.....	118

Acquaintances.....	118
Concerns for Member Wellbeing.....	119
Feelings of Grief and Loss Related to Recovery.....	120
Identity.....	121
Validation.....	122
Discussion of Themes and Subthemes.....	123
Description of Themes and Subthemes.....	123
Summary.....	125
Definitions of Culture Specific Terminology.....	126
CHAPTER V: DISCUSSION.....	128
Findings and Their Relationship to Current Literature.....	128
Community.....	130
Duality.....	132
Motivation for Eating Disorders.....	133
Support.....	135
Recovery.....	136
Other Interesting Findings.....	137
Implications for Counseling Profession.....	140
Future Research.....	144
Summary and Conclusions.....	145
REFERENCES.....	147
LIST OF APPENDICES.....	160
Appendix A:.....	161
Appendix B:.....	162

Appendix C:.....	164
Appendix D:.....	166
Appendix E:.....	167
Appendix F:.....	168
Appendix G:.....	169

LIST OF FIGURES

FIGURES	PAGE
Figure 1. VISUAL REPRESENTATION OF THEMES AND SUBTHEMES.....	125

LIST OF TABLES

TABLES	PAGE
Table 1.....	42
Table 2.....	42
Table 3.....	47
Table 4.....	47
Table 5.....	50
Table 6.....	59

CHAPTER I: INTRODUCTION

The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; *DSM-5*; American Psychiatric Association [APA], 2013) describes eating disorders as relentless disruptions related to eating behaviors which result in significant physical, emotional, or psychosocial impairment (APA, 2013). Researchers indicate that 30 million people in the United States have an eating disorder or exhibit some form of a disordered eating pattern (Hudson et al., 2007; Le Grange et al., 2012). Eating disorders and disordered eating patterns can have extremely harmful consequences to an individual's psychological and physiological health.

The risks associated with eating disorders may impact the mental, physical, and behavioral health of adolescents and emerging adults (Hudson et al., 2007; Smink, van Hoeken, & Hoek, 2012). Researchers have suggested the incidence rates for the development of eating disorders, and disordered eating patterns are between the ages of 19 and 25 with occurrences before the age of 19 and after the age of 25 (Le Grange et al., 2015). Eating disorders are gradually being recognized as a cause of mortality in young individuals who often have developed both physical and psychological comorbid illnesses. This acknowledgment has started the exploration needed to describe and discern the access and use pro-eating disorder online media.

Pro-eating disorder online media access and use is a cause for concern for adolescents and emerging adults. Pro-eating disorder online media is a collection of online communities where participants provide support to community members and discuss tips and tricks for harmful behaviors associated with eating disorders (Fitzsimmons-Craft et al., 2012; Jett et al., 2010; NEDA, 2018). By using any search engine to complete an online search of simple words, such as the coined term *thinspiration*, (i.e. images of thin and emaciated bodies), one can quickly locate pro-eating disorder webpages that instruct participants on how to effectively engage in disordered eating patterns (Borzekowski, et al., 2010). Users have the opportunity to access a wide variety of techniques to learn how to participate in eating disorder behaviors.

Researchers have indicated the sense of community that occurs in these online groups, forums, and webpages can lead to the adaptation of behaviors and symptoms of eating disorders (Borzekowski et al., 2010). Engaging in these communities can create or exacerbate eating disorder behaviors by glorifying and idealizing the symptoms as an effective way to maintain the *thin ideal*, which is the idea that an emaciated body type is desirable (Fitzsimmons-Craft et al., 2012; National Eating Disorder Association [NEDA], 2018). The NEDA (2018) reports that exposure to this genre of social media increases the level of body dissatisfaction and the internalization of the thin ideal in young women.

The possible consequences of the access and use of pro-eating disorder online media are alarming. It is apparent through various sources within the literature that individuals who are accessing this form of social media are possibly doing so to obtain a support system for encouraging behaviors related to eating disorders (Jett et al., 2010; Williams & Reid, 2010; Williams & Reid, 2012). However, there is a lack of extant literature regarding the experiences of individuals who engage in pro-eating disorder online media. As a result, it is pertinent to explore the lived experiences of individuals who engage in pro-eating disorder online media. Additionally, it is vital to explore the community support within pro-eating disorder online media, determine what individuals are gaining from these online communities, and to discover how individuals found their way to these webpages and applications.

Statement of Problem

The symptoms and comorbid diagnoses associated with eating disorders and disordered eating patterns are deleterious to an individual's physical, psychological, and emotional health (APA, 2013; Mahan et al., 2012). Researchers have reported physical and psychological consequences can result in adverse complications such as cardiac and pulmonary failure, severe electrolyte imbalances, emotion dysregulation, negative affect, self-harm, suicide and suicidal

ideation, and death (APA, 2013; Arcelus et al., 2011; Mahan et al., 2012). Anorexia nervosa has the highest reported mortality rate of all diagnosable psychiatric disorders due to the physiological consequences of prolonged disordered eating patterns and death by suicide (APA, 2013; Rikani et al., 2013). Between 3% and 20% of individuals with anorexia nervosa attempt suicide at least once in their lives (Koutek et al., 2016). Bulimia nervosa can also have adverse physical and emotional consequences, and individuals who have been diagnosed with this disorder report high instances of deliberate self-harm and negative affect (Mahan et al., 2012).

The use of social media is a relatively new form of communication (Ward, 2017). As a result, there is limited research on the use of pro-eating disorder online media. Researchers have emphasized the harmful consequences that can occur when individuals access and use pro-eating disorder online media. Jett et al. (2010) reported as little as 90 minutes of exposure of pro-eating disorder online media could adversely impact an individuals' eating behaviors for up to three weeks. Pro-eating disorder online media may allow participants to effectively learn how to develop and participate in behaviors associated with eating disorders. Subsequently, the individuals who learn these behaviors can be impacted by the complications of intrinsically developed disordered eating patterns. This desire to maintain or gain disordered eating patterns is concerning since researchers estimate that 4 % of individuals with anorexia nervosa, and 3.9 % of individuals with bulimia nervosa die due to medical complications as well as suicide (Arcelus et al., 2011; Crow et al., 2009). The consequences of prolonged disordered eating patterns can cause significant harm to those who engage in behaviors related to eating disorders.

Professional counselors may lack the ability to effectively treat individuals who engage in the access and use of pro-eating disorder online media without the understanding of the importance, support, and acceptance participants receive from utilizing this form of social media. There is inadequate literature examining the lived experiences of individuals who access and use

pro-eating disorder online media (Williams & Reid, 2010; Williams & Reid, 2012). This lack of information is problematic because it hinders the efforts of counselors from developing responsive programming designed to educate the population. The lack of literature is of particular concern for adolescents, and emerging adults since the potential consequences of these behaviors may be prolonged physical, psychological and emotional impairment.

Purpose Statement

The purpose of this study was to explore the lived experiences of individuals who engage in pro-eating disorder online media. I aimed to investigate the meaning pro-eating disorder online media may have on individuals who use this form of social media. Ultimately, the objective of this study was to discover the voiced perceptions of those who engaged in pro-eating disorder online media, and their voiced purpose(s) of engaging in pro-eating disorder online media. Professional counselors can benefit from the data that will be collected because it can inform clinical practice. I also aimed to discover the meaning participants create from the access and use of pro-eating disorder online media. Additionally, I explored the experiences that led individuals to engage in pro-eating disorder online media. This information will inform future studies on pro-eating disorder online media.

Research Questions

The overarching research question directing this study was: What are the lived experiences of individuals who engage in pro-eating disorder online media? The secondary research questions are as follows: (a) What meaning(s) do individuals who access pro-eating disorder online media create from access and use? (b) What are the experiences that led participants to search for pro-eating disorder online media? (c) What support(s) do participants gain from engaging in pro-eating disorder online media?

Significance of the Study

The current literature lacks an exploration of the lived experiences of individuals who engage in pro-eating disorder online media. This population is vulnerable to significant physiological and psychological consequences due to chronic access and engagement in this form of social media. Research in this area has been limited, and this populations' needs are often unmet. As a result, individuals who engage in pro-eating disorder online media may continue to seek out the support and acceptance they receive within these communities (Williams & Reid, 2012).

I aimed to provide an understanding of what has led individuals to this form of social media. Additionally, I sought to explore any meaning(s) derived from engaging in these communities, as well as a description of the experiences they gained from pro-eating disorder online media. Results of this study may provide a meaningful understanding of the lived experiences of individuals who engage in pro-eating disorder online media. The findings from this study may influence and provide the direction of future research regarding individuals who participate in pro-eating disorder online media. Counselors, counselor educators, and supervisors may be able to reach a population that is currently underserved and provide support and resources to counselors-in-training (CITs). Thus, future counselors may have the opportunity to meet the needs of individuals who have not received support in the past from other counseling professionals. Additionally, the findings of this study may be useful in developing appropriate and effective interventions for individuals who seek support from these communities. As a result, appropriate treatment can be accessed, developed, and provided to those in need.

Methodology

Phenomenological Approach

In this study, I utilized Van Manen's (1990, 2014) hermeneutic phenomenological approach to explore the lived experiences of individuals who access and use pro-eating disorder

online media. A phenomenological approach is justified when there is an insufficient understanding of a specific phenomenon. The utilization of a phenomenological approach allowed for a preliminary understanding to be developed and examined.

Population and Sample

Purposeful sampling procedures were required since I sought participants who could speak about the phenomenon guiding this study. Thus, the sample for this current study was derived from pro-eating disorder online media webpages and applications. As a result, I gathered information from participants about the access and use of pro-eating disorder online media according to the following inclusion criteria: the participants must be 18 years of age or older, and participants must be accessing and using pro-eating disorder online media at the time of the study.

I contacted the community moderators of three pro-eating disorder online media webpages (www.eatingdisordercentral.com, www.mypancakeaddiction.com, and www.reddit.com/r/EDanonymous) to reach out to potential participants via electronic communication. The initial contact to the moderators included a request to provide an invitation to participate to any community members. This invitation discussed information regarding the current study, the inclusion criteria for this study, my contact information, and the URL for the online consent form and demographics survey. The survey included the Eating Attitudes Test (EAT-26; Garner, Olmsted, Bohr, & Garfinkel, 1982), the Body Appreciation Scale – 2 (BAS-2; Tylka & Wood-Barcalow, 2015), the Body Dissatisfaction Scale (BDS; Mutale, Stiller, Dunn, & Larkin, 2016), a request for the participants' contact email address or telephone number and his or her preferred pseudonym, and information regarding their participation incentives. A maximum of 10 participants individually received a \$25 Amazon gift card after the initial phone interview and an additional \$25 gift card once the study was completed.

Data Collection

According to Van Manen's (1990, 2014) hermeneutic approach, researchers should aim to develop a clear and meaningful understanding of the phenomenon being observed. This approach is not focused on data saturation. Instead, the researcher is charged to fully explore the meaning of the experiences of the participants within the study. As a result, I aimed to uncover and examine the focus of this study to the greatest depths that I possibly could. Hermeneutic phenomenology encourages researchers to explore the nuances within the phenomenon and to gain a firm understanding of the working pieces rather than the whole (Van Manen, 1990, 2014). To accomplish data collection for this study, I invited participants to complete an online consent form, a demographic survey, the EAT-26, the BDS, and the BAS-2. The informed consent packet included a description of the voluntary document analysis, a place to add in a pseudonym, an email address or phone number to set up an interview date. The informed consent packet also included information regarding participation incentives. I engaged participants in semi-structured phone interviews for approximately 90 minutes during data collection. I then conducted a document analysis after the semi-structured interviews. Before the interviews, I reminded the participants that they might drop out of the study or stop at any time.

Data Analysis

Hermeneutic phenomenology requires the researcher to search for themes and meanings derived from the data inherently. It is necessary for the hermeneutic researcher to utilize different perspectives when analyzing the data collected. As such, I sought meaningful data through interviews and document analysis. Van Manen (1990, 2014) proposed three separate techniques of analysis that can be used independently or collectively within hermeneutic phenomenology. For this study, I utilized *selective/highlighting reading perspective* and the *wholistic reading perspective*. The selective/highlighting reading approach calls the researcher to review what a

group of statements is saying about the phenomenon in question. The wholistic reading approach necessitates the researcher to view the data as a whole to find the meaning is being represented (Van Manen, 1990, 2014). I used these two techniques for data analysis with the intention of discovering themes and meanings from the interview data and the document analysis.

I utilized NoNotes, a recording and transcription phone application, to transcribe phone interviews as they occurred. After completing each phone interview, I ensured the transcriptions were accurate by listening to the interview via a digital recorder and making corrections as needed. Shortly after transcribing the interviews, I observed and analyzed the post history on the corresponding participant's pro-eating disorder online media accounts through document analysis. After reviewing the interviews and after the documents were transcribed and analyzed, I emailed the transcript to the corresponding participant so he or she could review and comment on the accuracy of the transcript as needed. This process allowed the participants to comment on any information unintentionally left out or anything that needed to be adjusted or added. I utilized the help of two peer reviewers after I began the process of developing potential themes from the transcriptions. After initial themes were established, I sent these themes and brief descriptions of each theme to my participants to receive any additional adjustments that were needed.

Trustworthiness

Trustworthiness, or rigor, is a vital component to qualitative inquiries because it articulates the character and quality of the research being performed (Hunt, 2011). As such, it is essential for researchers to be intentional throughout the research process to ensure trustworthiness. Van Manen's (1990, 2014) hermeneutic phenomenology charges researchers to pursue six specific characteristics to establish trustworthiness. I ensured trustworthiness and rigor by performing the following actions: responding to the appropriately developed research

questions, utilizing scholarly resources, using reflection as a critical aspect throughout the research process, using rich data, remaining grounded within the phenomenon being explored, and utilizing participants within the research process. First, I created an appropriate research question based on understanding the lived experiences of a specific phenomenon. I then immersed myself with scholarly works related to phenomenological research and the phenomenon of utilizing pro-eating disorder online media. I reflected several times a week through the use of a journal and regular meetings with my peer reviewers, my chair, and my methodologist. In order to gather rich data, I designed interview questions to gain detailed and rich descriptions of the experiences as they were lived by my participants. I also performed document analysis to provide further support to the themes and meanings analyzed from the interviews. Finally, I engaged with participants to receive their feedback on the discovered themes from the interviews and document analysis after I engaged with my two peer reviewers as we reflected on the findings (Van Man, 1990, 2014).

Role of the Researcher

Hunt (2011) indicated that the qualitative researcher is an integral component of the research process. In other words, research is influenced by the researcher, his or her understanding of the literature, experience with the phenomenon being examined, personal biases, and the qualitative approach being utilized (Hunt, 2011). These characteristics require the researcher to address his or her role within the research process with transparency. Within this study, I identified myself as an observer. I encountered this phenomenon continuously through intrinsic exploration of life as it surrounded me. Hermeneutic phenomenology works well with this perspective since Van Manen (1990, 2014) encourages immersion within the experiences or phenomenon the participants are living. As an observer, I was able to provide a nonjudgmental atmosphere for my participants to discuss and examine their experiences within the phenomenon.

I was able to immerse myself within this phenomenon as a way to discover themes and meanings within the experiences of the participants as they were lived. Hermeneutic phenomenology charged me as the researcher to maintain an openness throughout the research process. I attained and maintained this objective through direct self-reflection via journaling and by maintaining open communication with faculty and colleagues (Hunt, 2011; Van Manen, 1990, 2014).

Lens of Researcher

Morrow (2005) discussed the notion that the researcher is the instrument within qualitative inquires. This idea is based on the need for transparency within qualitative research. In other words, the researcher is charged to explore and examine how he or she may influence the research process including data collection and analysis (Hunt, 2011). Reporting on the lens of the researcher encourages self-reflection and provide awareness over any biases on preconceived understandings of the phenomenon being studied (Hunt, 2011).

The access and use of pro-eating disorder online media have fascinated and compelled me for a while due to my encounters with individuals experiencing disordered eating patterns during my undergraduate degree. Subsequently, I elected to study pro-eating disorder online media at the start of my graduate career to understand the access and use of this form of media and the related behaviors that occur. I chose to study this phenomenon for the second time because I discovered that there was more than behavioral symptoms occurring within the individuals who engage in pro-eating disorder online media. It became clear that the current literature on pro-eating disorder online media is significantly lacking. I believe this missing information can inform future research, and eventually help counselors provide effective treatment interventions for their clients.

As for assumptions and biases, I believed I would discover themes and meanings related to support, understanding, lack of judgment, and acceptance. I expected to uncover these themes

because of the observations I had already encountered throughout my intrinsic exploration of pro-eating disorder online media. Within the conversations I had seen, it seemed apparent that the participants of these communities supported one another, and they provided a nonjudgmental, understanding and accepting atmosphere. With this in mind, it was imperative to allow myself the opportunity to reflect and receive feedback on the thematic perceptions I discovered along the way. I believed without this opportunity to receive feedback, I could have reached for themes or meanings instead of allowing the themes and meanings to be discovered intrinsically throughout the research process.

Limitations

There are several limitations to this study. First, the participants were contacted through three pro-eating disorder online media webpage communities. Additionally, two pro-eating disorder communities declined to participate. This left out the perspectives of individuals accessing other webpages and applications associated with pro-eating disorder online media. Another limitation was due to how the information was received. I may have been limited in my ability to interpret any nonverbal communications or underlying meaning that may have been occurring to the participants being interviewed. Another limitation was a result of not having a third party collecting data. I was the only individual that collected interview data which may have limited additional perspectives to glean any information from participants that I may have overlooked. Also, I may only assume that all responses were truthful and without social desirability bias when participants responded to interview questions.

Definition of Terms

This study includes terms and operational definitions based on the diagnostic criteria of eating disorders and the operational definitions of specific access and use behaviors for pro-

eating disorder online media, emotion dysregulation, and definitions of various types of media.

The definitions are as follows:

Anorexia Nervosa: A disorder where severe calorie restriction occurs due to an extreme fear of gaining weight (APA, 2013).

Bulimia Nervosa: A disorder where an individual has periods of eating large quantities of food then taking measures to remove the food from the body (APA, 2013).

Compulsion: A reaction or belief that behavior must happen, and that there is little control over the action occurring (Carlson, 2007).

Emotion Dysregulation: A process where individuals do not regulate emotions effectively. For example, an individual using a purging behavior to compensate for feeling guilty about eating a large meal (Koerner, 2012; Linehan, 1987).

We are engaged: The experience of individuals accessing and using pro-eating disorder online media and having genuine conversations about eating-related behaviors and other life circumstances.

Pro-Eating Disorder Online Media: Webpages such as Tumblr, Instagram, Private or public online forums, that encourage participants to engage in disordered eating behaviors to reduce their normal diet and increase severe calorie reduction (Jett et al., 2010).

Social Media: Contact that occurs through the use of webpages and applications, such as Facebook, Reddit, Tumblr, and Instagram, that allow participants to upload content and participate in social networking, personal relationships, and social communication (Li & Du, 2014).

Support: Acceptance and encouragement participants may receive to continue with the direction or course they are following. For example, an individual seeking pro-eating disorder media to get encouragement to abstain from eating when he or she is hungry.

Organization of Remaining Chapters

The following chapters include a detailed and in-depth exploration of the literature in chapter 2. Chapter 3 includes details of the methodological approach that were utilized within this study. This section includes data collection and data analysis. Chapter 4 reports the findings of the current study and chapter 5 discusses the implications, limitations of the current study, recommendations for future research, and a conclusion of the study.

CHAPTER II: LITERATURE REVIEW

Within this chapter, I discussed literature related to the thin ideal, body image, body dissatisfaction, eating disorders, social media, and the development of pro-eating disorder online media. To fully understand the proposed construct, I described the natural development of eating disorders and the impact of the media on body image and body dissatisfaction. I will also describe social media and address research regarding pro-eating disorder online media.

The Influence of Media on Body Image, the Thin Ideal, and Body Dissatisfaction

Researchers have indicated only one out of every 40,000 women meets the criterion for the body type of professional models in Western civilization. The rise in media consumption and the media's endorsement of the *thin ideal* (i.e. a standard look or body type an individual may seek to attain with his or her body) is associated with the increased prevalence of body dissatisfaction in Western society (Buser, 2012; Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). Westernized media illustrates a thin and delicate stature for women, and a large muscular body for men is desirable (Brown, 2017; Fernandez & Pritchard, 2012). As a result, men and women may find themselves feeling pressured to attain the perfect body and look a certain way (Cash & Smolak, 2012). The standards of maintaining the thin ideal could be a guiding force for an individual to lose weight, and repeated exposure to the thin ideal through the media has the possibility of allowing individuals to internalize the thin ideal (Buser, 2012; Jett, 2008). The internalization of the thin ideal and Westernized society's overvaluation of body shape and size, appearance, and weight may induce body dissatisfaction and feelings of shame (Stice, Yokum, & Waters, 2015). Individuals may be compelled to engage in compensatory behaviors, such as fasting or purging, to uphold the thin idea. Individuals using compensatory behaviors are also a cause for concern because the ideal body type presented is not easily obtained, not possible to attain, or difficult to maintain (Moorman, 2013).

For example, an individual may see images of underweight models and become dissatisfied with his or her body because he or she does not have a significantly thin body. This dissatisfaction is perpetuated and maintained by the chronic exposure to these images because the thin ideal is presented as being equivalent with desirable, appealing, or beautiful (Jett, 2008). Researchers have suggested that many individuals are engaging in disordered eating patterns in order to reduce their body weight or change their body shape (Jett, 2008; Jett et al., 2010). Tiggemann and McGill (2004) indicated that societal standards emphasize the desirability of a thin stature which is often only attainable through significant and severe dietary changes. As a result, individuals may engage in harmful eating patterns (e.g., including bingeing, purging, fasting, and significant physical and nutritional regimens) to attain the thin ideal (Cash & Smolak, 2012; Cook-Cottone, 2016; Jett, 2008). In other words, when an individual views content based on the thin ideal, he or she may have an increased drive for thinness, greater negative feelings towards his or her body, an impacted social self-esteem, a low social competence, and a greater dissatisfaction with their body image (Wright & Pritchard, 2009).

Body image has been characterized as an internal perception of how individuals experience, feel, and view their bodies (Cash, 1990). Body image distortion can happen to all individuals, however; researchers have indicated women are most afflicted due to the significant representation of the thin ideal in the media (Aruguete, Debord, Yates, & Edman, 2005). The influence of body image and body image distortion can be developed early on in an individual's life. Children are taught about how they should take care of their bodies by eating a healthy diet and being active from an early age. Cash & Smolak (2017) indicated that individuals learn to seek the attention of people they deem as desirable and to do so; individuals need to be attractive. As development continues, women may learn that their worth, the ability to succeed, and capability of being appealing or likable is mostly based on physical appearance (Bordo, 1993).

Adults eventually may accept and live with the idea that they are judged based on their appearance and that imperfections, such as high body weight, are associated with being unsuccessful, lazy, out of control and inadequate (Bordo, 1993).

As eating disorder prevalence has increased, researchers have focused on the impact of body image on women within the literature (Brown, 2017; Cattarin & Thompson, 1994; Wilksch et al., 2006). Researchers have indicated the profound effect the media has on Western civilization, particularly regarding the influence of eating attitudes and behaviors (Lopez-Guimera, Levine, Sanchez-Carraudo, & Farquet, 2010; Strasburger, Jordan, & Donnerstein, 2010). The influence of the media is a significant concern when the media promotes unhealthy products (e.g., diuretics and laxatives) (Olafsdottir et al., 2014), harmful behaviors (e.g., severe caloric restriction and fasting) (Gentile, Coyne, & Walsh, 2011), and eating behavior and body image disturbance (Schooler & Trinh, 2011; McClean, 2016).

The influence of the media on eating behaviors and dieting has developed in unison with the evolution and change in Westernized society. The media has familiarized and generated interest for a multitude of diets (i.e. including fad diets which are diets that promise quick weight loss without substantial support from the scientific community) such as the Mediterranean and low carbohydrate diets in the early 1990s and the South Beach Diet in the early 2000s (Roberts, 2016; Wallach, 2014). Currently, the media endorses organic, non-GMO (i.e., genetically modified organisms), paleo, gluten-free, dairy-free, and ketogenic diets with adherence to discontinuing antibiotic additives to dairy and meat products as healthy and desirable ways to eat. The influence of the media on is perpetually changing in regards to what a healthy lifestyle is and what a healthy diet looks like (Williams, 2016). As a result, vulnerable individuals with low self-esteem and significant body dissatisfaction may develop significant disordered eating patterns or eating disorders (Rikani et al., 2013).

While body dissatisfaction does not solely afflict women, researchers have indicated women experience higher levels of body dissatisfaction than men, and this is likely because the media places a greater emphasis on women losing weight rather than men (Grover, Keel, & Mitchell, 2003). One study indicated the media influence on body dissatisfaction is the possible explanation for the increase prevalence rates of bulimia nervosa throughout Westernized society in the last century (Becker et al., 2002). Becker et al. (2012) performed a longitudinal study on a population of adolescent girls in Fiji. Researchers indicated adolescent girls developed body dissatisfaction and disordered eating patterns (i.e., purging, dieting, and clinically significant scores on the Eating Attitudes Test) when they were introduced to Western civilization through television (Becker et al., 2002). At present, there are mixed results regarding the relationship between media influence and body dissatisfaction (Ferguson et al., 2014). Regardless, the literature appears to document the impact that media could have on the development of body dissatisfaction (Buser, 2011; Ferguson et al., 2014; Weigel et al., 2015).

Researchers have also reported that individuals who exhibit diminished levels of self-compassion and increased levels of self-criticism are at risk to develop body dissatisfaction (Pinto-Gouveia, Ferreriria, & Duarte, 2012). These personality traits may induce the drive for thinness, and as a result, individuals may use this drive as a strategy to attain acceptance and approval from friends and family and as a way to maintain or develop social rank from others (Pinto-Gouveia et al., 2012). Regardless of whether clinically significant impairment occurs, limited self-compassion increased self-criticism, and the drive for thinness can negatively impact the social and emotional wellness of individuals who are affected (Pinto-Gouveria et al., 2012).

Body dissatisfaction can cause an individual to experience unremitting psychological, cognitive, and emotional impairment that can manifest through disordered eating behaviors (Cook-Cottone, 2016). Researchers indicate that body dissatisfaction is multifaceted and is

directly related to the relationship individuals have with their emotional, physical, and relational self (Cook-Cottone, 2016). High body dissatisfaction is also connected with negative self-image, the tendency to diet, and a high BMI (Moorman, 2013). Further, negative body image and consistent body dissatisfaction are critical components in the diagnosis of eating disorders (Moorman, 2013). As a result, it is pertinent to examine the complexities of eating disorders and the behaviors and consequences associated with them.

Eating Disorders

Eating disorders are complex mental health diagnoses that can lead to physical or psychological harm, which can then result in death if left untreated. Disordered eating behaviors can include extreme calorie restriction, bingeing on significant quantities of food and subsequently performing purging behaviors, such as vomiting or laxative misuse, to mitigate the over-consumption of food (APA, 2013). The etiology of eating disorders is widely disputed. However, eating disorders are generally thought to occur as a result of biological or genetic factors, psychological components (i.e. such as the personality traits of perfectionism, impulsivity, and stress reactivity), social and family interactions, body dissatisfaction, and environmental influences (Levinson & Rodebaugh, 2012; Rikani et al., 2013; Smink et al., 2012; Theis et al., 2012). Researchers indicate healthy eating behaviors can develop pathology (i.e., such as a relationship with food negatively impacts the psychological or physiological health of an individual) when the desire to maintain a particular body type becomes an obsession (Koven & Arby, 2015; VandenBos, 2007).

Researchers have associated bingeing and purging behaviors as a function of maladaptive coping skills (Polivy & Herman, 2002). Eating disorders have the potential to cause considerable and lasting harm to an individual's physical and mental health which can ultimately lead to death by way of medical or intentional consequence (APA, 2013; Mahan et al., 2012). Eating disorders

and disordered eating patterns are often comorbid with other severe disorders, such as obsessive-compulsive disorder, depression, anxiety, and suicidality (Allen, Byrne, Oddy, & Crosby, 2013). Researchers indicate the age of onset of eating disorders typically occurs in early adolescence throughout emerging adulthood (Bert et al., 2016; Hudson et al., 2007; Smink, van Hoeken, & Hoek, 2012). There are six recognized diagnosable eating disorders in the *DSM-5* though the two most commonly known disorders are anorexia nervosa and bulimia nervosa (APA, 2013).

Researchers indicate 30 million people (i.e., 20 million women and 10 million men) will experience disordered eating or a diagnosable eating disorder in their lifetimes (NEDA, 2018; Wade, Keski-Rahkonen, & Hudson, 2011). The National Association for Anorexia Nervosa and Related Disorders (2016) found that 13.2% of girls meet *DSM-5* diagnostic criteria for anorexia nervosa, bulimia nervosa, or binge eating disorder by the age of 20. These findings are further corroborated by researchers who reported that disordered eating commonly occurs during adolescence because puberty causes significant emotional and physical changes (Volpe et al., 2016). Volpe and colleagues emphasized that emerging adults deal with pressure related to societal norms, family expectations, relationship development, and academic and career advancement (2016). These stressors have the capability of leading vulnerable populations to develop clinically significant eating disturbances. Researchers suggest at least 3.6% of men in the United States meet diagnostic criteria for an eating disorder (Eisenberg et al., 2011). However, prevalence rates are underreported for men. Eating disorder measures and assessments are historically created to measure eating disorder symptoms and behaviors in women, creating a gender bias (Darcy et al., 2015).

Anorexia Nervosa

Anorexia nervosa is characterized by a severe reduction in caloric intake which results in malnutrition and has lifetime prevalence rates ranging from 0.6% and 4% (APA, 2013; Hudson

et al., 2007). Individuals diagnosed with anorexia nervosa may experience an “intense fear” of weight gain, perform behaviors to prevent weight gain, and have a misguided self-perception of body shape or weight (APA, 2013, p.338). Individuals with anorexia nervosa often exhibit clinically low body mass index (BMI). Clinically low BMI is recognized as lower than 18.5 kg/m² with severe malnutrition at 17.0 kg/m² (APA, 2013; Mahan, Escott-Stump, & Raymond, 2012). Beyond physical appearance, anorexia nervosa takes a toll on the internal systems of the body. Medical complications occur due to extreme malnutrition, which may include hypokalemia, other electrolyte imbalances, and iron deficiency anemia, frequently occur in individuals who experience severe calorie restriction and purging behaviors. amenorrhea delayed sexual development and delayed sexual maturation (Mahan et al., 2011; Rikani et al., 2013). Other significant complications include multiple organ system dysfunctions including cardiovascular disease and inevitable failure (Mahan et al., 2011; Rikani et al., 2013). Young men with anorexia nervosa may develop estrogen and testosterone deficiency, which ultimately could lead to a failure to thrive and delays in sexual development (Mahan et al., 2012). Other medical concerns associated with eating disorders and malnutrition include dehydration, the presence of lanugo (i.e., soft downy hair that covers the body), and brittle hair growth on the scalp (Mahan et al., 2012).

Additional complications which may from malnutrition include delayed gastric emptying, bloating, constipation, and bone density loss (Dickstein, Franco, Rome, & Auren, 2014). Re-feeding syndrome, a complication that arises due to shock when food is reintroduced to the body of an individual with anorexia nervosa too quickly, can also occur which can be a significant cause for concern regarding cardiac and pulmonary complications (Dickstein et al., 2014; Mahan et al., 2012). Along with cardiac and pulmonary complications, structural abnormalities of the brain have been documented in adolescents with anorexia nervosa (Nelms et al., 2011).

Bulimia Nervosa

Bulimia nervosa is a mental health diagnosis characterized by episodes of bingeing that lead to compensatory purging behaviors in an attempt to avoid the consequences of a binge eating episode (Dickstein et al., 2014; Heaner & Walsh, 2013). This exchange of behaviors can lead individuals with bulimia nervosa to become frustrated with a lack of weight loss since they are striving to lose weight even though they participate in bingeing behaviors (Nelms et al., 2011). The amount of calories consumed during a binge-eating episode varies from person to person. One study indicated individuals generally consumed around 1000 to 2000 calories are consumed in a single binge meal (e.g., which is a meal that is in addition to regularly consumed meals) over a short period (Nelms et al., 2011). Subsequently, an individual with bulimia nervosa will perform any number of various purging behaviors to counteract the binge that previously occurred. Purging includes vomiting, diuretic and laxative misuse, fasting, a significant reduction in caloric intake, or significant over exercise (Mahan et al., 2012).

Calorie reduction is the practice of reducing calories to achieve weight loss. Researchers have indicated individuals who are engaging in severe calorie restriction may deduct anywhere from 300 calories to 1000 calories, or they may completely fast (Jett et al., 2010; Mahan et al., 2012). These individuals then may or may not participate in over-exercising, which is defined as participating in intense physical activity for more than 90 minutes (Mahan et al., 2012). Additionally, the utilization of laxatives or diuretics (i.e., chemical compounds that stimulate the evacuation of fecal matter and urine respectively) are used as a way to purge a meal or ensure weight loss. Heaner and Walsh (2013) reported instances where individuals with bulimia nervosa engaged in patterns of overall overeating as well as under consuming calories during non-binge meals.

Psychological of Consequences of Eating Disorders

Individuals who have eating disorders often have comorbid disorders, such as anxiety, depressive disorders, and substance use disorders in addition to their physical health complications (Kaye, 2008). Individuals with eating disorders also experience a greater inability to regulate emotions, have increased rates of developing social phobias, and occurrences of obsessive-compulsive disorder (Kaye et al., 2004; Kaye, 2008; Lenz et al., 2014;). Kaye (2008) also reported that individuals with eating disorders could be characterized by neuroticism, perfectionism, with the inability to express emotions. Researchers have also indicated individuals with eating disorders struggle with feelings of ineffectiveness, inability to have flexible thought patterns, emotional mood dysregulation, and limited social activities (Kaye, 2008; Mahan et al., 2012). Further, individuals with anorexia nervosa may have body image distortion, which can cause irrational thoughts of being overweight or obese even when their bodies are emaciated (Mahan et al., 2012).

Researchers indicated dysregulation as a possible cause of bingeing and purging behaviors in individuals with bulimia nervosa (Heaner & Walsh, 2013). As a consequence of this dysregulation, researchers have discovered that individuals with bulimia nervosa are more likely to participate in self-injurious behaviors (Mahan et al., 2012). Also, eating disorders that are comorbid with mood dysregulation, emotion dysregulation, and depressive disorders are highly associated with non-suicidal self-injury and suicide attempts (Arcelus, Mitchell, Wales, & Nielsen, 2011; Klonsky & Muehlenkamp, 2007; Lenz et al., 2014). Researchers estimate between 4% and 8 % of individuals with anorexia nervosa, and 3.9 % of individuals with bulimia nervosa die not only due to medical complications, but also suicide completion. Unfortunately, mortality reports are varied because medical complications are more often reported as the cause of death rather than the eating disorder (Crow et al., 2009). Researchers indicate that out of every 100,000 individuals, 12 people with an eating disorder diagnosis attempts suicide (APA, 2013).

This risk is elevated in individuals with bulimia nervosa because bulimia nervosa has a roughly estimated mortality rate of 0.4% to 2% in the United States (APA, 2013; Mahan et al., 2012).

Treatment Interventions and Outcome Research for Eating Disorders

Eating disorders can create a financial burden (i.e., due to psychological treatment and medical care), and as a result of many individuals never achieve full recovery (Loth, Neumark-Sztainer, & Croll, 2009). These findings are corroborated by researchers who indicated only one-third of individuals with eating disorders or disordered eating patterns seek and receive treatment (Keski-Rahkohen, and Mustelin, 2016). As a result, many therapeutic interventions have been developed to determine the best practices for treating individuals with eating disorders and disordered eating patterns.

Previous literature suggests that mindfulness-based interventions are effective in decreasing the symptoms of eating disorders in clinically impaired populations (Atkinson & Wade, 2016; Bush, Rossy, Mintz, & Schopp, 2014). As a result, researchers have explored the efficacy of mindfulness-based eating programs and mindful meditation for symptoms of emotional eating, significant and unhealthy weight loss, and binge eating disorder. These studies have found decreased symptoms of binge eating disorder, reduced instances of eating concerns, decreased instances of emotion dysregulation, and enhanced attitudes towards eating when mindfulness-based interventions were provided to individuals with anorexia nervosa, bulimia nervosa, and binge eating disorder (Atkinson & Wade, 2016; Bush, Rossy, Mintz, & Schopp, 2014; Katterman, Kleinman, Hood, Nackers, & Corscia, 2014; Wanden-Berghe, Sanz-Valero, & Wanden-Berghe, 2016).

Researchers have found many interventions or therapeutic practices to treat individuals with eating disorders. Lock (2015) indicated that individual, group and family therapies have all proven to be beneficial for the treatment of disordered eating patterns and eating disorders.

Specifically, enhanced cognitive behavioral therapy (CBT-E), eating disorder-specific models of interpersonal psychotherapy, emotional skills training, and dialectical behavioral therapy (DBT) all provide avenues for symptom relief. All of these programs focused on eating disorder prevention by including educational material that helps individuals critically evaluate media influence and societal messages related to body weight, physical beauty, body weight and shape, physiological considerations (i.e. exercise and nutrition) and acceptance of self and others (Gonzalez, Mora, Penelo, Goddard, Treasures, & Raich, 2015; Gonzalez, Penelo, Gutierrez, & Raich, 2011).

There is a lack of practical recommendations in the extant literature based on providing useful suggestions for preventative care and treatment outcomes for clinicians, emerging adults, parents, and adolescents. Researchers are often focused on describing and measuring eating disorders and disordered eating patterns as a phenomenon (Gonzalez, Penelo, Gutierrez, & Raich, 2011; Weigel, Gumz, Uhlenbusch, Wegscheider, Romer, & Lowe, 2015). As a result, there is limited information on how the symptoms and behaviors related to eating disorders impact and affect the lived experiences of those affected. It is imperative to develop and perform research regarding the efficacy of preventative interventions (e.g., mindfulness-based interventions) while comparing or contrasting the efficacy of interventions based on the reduction of symptoms (e.g., CBT-E). The results of these studies can inform the best clinical practice when treating vulnerable populations with disordered eating patterns and symptoms of eating disorders.

The Internet and Social Media

In our current age of technological development, a multitude of media is available. Television, books, magazines, movies, and the internet provide an almost constant influx of information on how society should appear and behave (Moorman, 2013). Even if this influence is

not directly or specifically discussed, the content and information are still available. The internet is a customizable platform of communication that cannot be easily defined. However, it has been described as a transformable form of media that connects communities while molding to fit the needs of the user (Internet Society, 2015). Researchers have documented the rise and influence of the internet, and this growth is pronounced throughout online media (e.g., photos, videos, music) because the internet allows communities to interact globally by allowing individuals to connect, gain information, and learn.

The user-friendly format of the internet, including applications (i.e., Facebook, Instagram, Tumblr, Reddit), has allowed for the use of a media platform that allows individuals to learn and interact at an unprecedented rate (Li et al., 2015). The use of social networking has become progressively more prominent due to the ease of accessibility. Additionally, using social networking webpages have become a standard and normalized avenue for consistent communication (Li & Du, 2014). Social media use has increased significantly over the last ten years (Saffran et al., 2015). Researchers have indicated at least 71% of individuals in the United States utilize the social media webpage, Facebook, on an average of 100 minutes per day (Saffran et al., 2015). Researchers have described *social media* as webpages that were created for individuals to share and create information, construct new ideas, and provide information to be exchanged via the internet to enhance communication and socialization (Fleck & Johnson-Migalski, 2015). Social media is unique because it offers participants the ability to express their ideas, thoughts, and beliefs, in a manner that is unlike any other form of communication (Tsikerdekis & Zeadally, 2014). It also allows for unrestricted self-exploration while providing an open atmosphere for others to connect regardless of their location (Grossman, 2015). There are countless opportunities in which social media can benefit those who utilize this form of online communication. However, there are also significant negative consequences that can occur.

Social media has the potential to create a risky environment for users due to the impersonal and influential context of online communication (Grossman, 2015; Vitak, 2012). Social media often incorporates images and videos of individual users. As a result, these images are thought to increase body dissatisfaction because participants often choose to post images that represent their ideal selves (Saffran et al., 2015). Researchers have found content including the thin ideal has the capability of limiting improvement in disordered eating behaviors in adolescents (McLean, Paxton, & Wertheim, 2016). Social media has the capability to influence attitudes, perceptions, decision making, beliefs (McLean, Paxton, Wertheim, 2016; Strasburger, Jordan, & Donnerstein, 2010) by providing content that can have harmful consequences on eating behaviors (Olafsdottir et al., 2014), encourage the development of disordered eating patterns, and increase body dissatisfaction (Schooler & Trinh, 2011). Researchers have found that individuals who access and use appearance-based forms of social media have higher levels body dissatisfaction and higher instances of disordered eating patterns, beliefs, and attitudes (Ferguson, 2013; Grabe, Ward, & Hyde, 2008).

A specific form of social media termed a *micro blog*, can significantly influence users (Li & Du, 2014). Microblogs are online platforms utilized to maximize influence and convince others to share or take on an opinion (Li & Du, 2014). Microblogging provides a convenient, unique and spontaneous format of communication. Microblogs are unique because they often limit the amount of information that can be shared in an original post as well as responding posters (e.g., Twitter posts are limited to 140 characters). Microblogs allow users to communicate one-on-one or in large masses over specific topics of interest in a quick, easy, and mobile system (Li & Du, 2014). These characteristics allow individuals to share and receive personal feedback instantaneously and contribute to discussions over popular content (Li & Du, 2014). In other words, users do not need much time or the need to be at a desktop computer to

engage in microblogging. Instead, individuals can disseminate information in any place and at any time (Li & Du, 2014). As a result, it can be surmised that users of microblogs can encourage disordered eating patterns or eating disorders because this form of online communication has made it easier for messages of support to be delivered by way of mass communication with significant ease (Branley et al., 2017).

Pro-Eating Disorder Online Media

Pro-eating disorder online media can be defined as a collection of webpages and social media forums which disseminate a considerable amount of information regarding symptoms and behaviors of eating disorders (Borzekowski, Schenk, Wilson, & Peebles, 2010). Pro-eating disorder webpages can provide validation, encouragement, support, affirmation, and understanding for individuals who wish to restrict caloric intake or utilize other unhelpful eating behaviors (Borzekowski et al., 2010; Branley et al., 2017; Jett et al., 2010; Willaims & Reid, 2010). One study indicated individuals who accessed this form of social media did so to discuss their behaviors with other participants, and considered these behaviors as a solution to their problems (e.g., feeling safe and as a way to ignore negative emotions) regardless of the psychological or physiological consequences that co-occurred (Williams & Reid, 2010).

Users can share content, engage in discussion, and provide examples of how to perform and conceal behaviors related to eating disorders. Pro-eating disorder online media also instructs viewers on how to conceal disordered eating behaviors that can compromise their physical and mental health. The adaption of these behaviors offer a cause for concern as a recent study suggested a link between viewing pro-eating disorder content and performing disordered eating patterns in real life (Branley et al., 2017). Individuals may host or participate in pro-eating disorder content sharing by normalizing behaviors and construing eating disorders as a lifestyle choice instead of a serious mental health diagnosis (Branley et al., 2017; Jett et al., 2010; Tong et

al., 2013; Wilson et al., 2006). Pro-eating disorder communities also glorify disordered eating patterns and symptoms of eating disorders as desirable and evidence of strength and control (Arcelus et al., 2011; Borzekowski et al., 2010; Branley et al., 2017). Researchers have reported that individuals who utilize these webpages aim to maintain or supplement disordered eating patterns because they have a desire to attain a thin or emaciated body shape (Williams & Reid, 2010). This desire to gain and maintain disordered eating patterns is concerning due to the significant psychological and medical complications of chronic maladaptive eating behaviors (Arcelus et al., 2011; Crow et al., 2009).

Accessing and using pro-eating disorder online media is associated with purging, extreme calorie reduction, fasting, bingeing, and extreme exercise (Borzekowski et al., 2010). Use and practice of behaviors learned on these webpages can increase a young adult's chances of a decreased quality of life as well as psychological and medical consequences that could result in death (Borzekowski et al., 2010). Wilson et al.'s (2006) seminal research discovered individuals who have been diagnosed with eating disorders utilize pro-eating disorder online media in considerable amounts. Wilson et al. (2006) also found that these webpages impact the quality of life of adolescents, and may encourage adolescents to search for information about eating disorder behaviors and how to apply these behaviors to daily life. Researchers have found that over 90 % of pro-eating disorder online media formats include motivation materials (i.e., such as images of thin athletes, celebrities, and images of pronounced emaciation) and almost 70 % of these webpages include ideas and suggestions on how to lose weight (Harper et al., 2007). Jett et al. (2010) reported that when a group of physically and mentally healthy women were given as little as 2.5 hours of access to pro-eating disorder online media, their caloric intake decreased drastically for at least three weeks.

Researchers have indicated that harm can occur when these online communities provide motivation and glorification of eating disordered behavior to their participants (Jett et al., 2010). When an individual who already has an eating disorder finds support to continue his or her behaviors through pro-eating disorder online media, it can decrease the chance of the participant seeking treatment for his or her eating disorder (Wooldridge et al., 2013). This is further corroborated by a study that suggested individuals may access and use pro-eating disorder online media as a way to seek comfort, understanding, and support from other individuals who are experiencing similar circumstances (Williams & Reid, 2010). On the other hand, if an individual who does not have an eating disorder accesses these webpages, he or she may learn disordered eating behaviors, which can impact the mental of the individual (Nelms et al., 2011). Pro-eating disorder online media has the capability of causing depreciated self-esteem, body dissatisfaction, and increased depression due to the inability to attain the thin ideal. Bessenhoff (2006) elaborated that some women are more likely to experience a higher level of impact if they are already suffering from low self-esteem or other discrepancies of self. Also, some individuals may develop an identity associated with these communities.

The access and use of pro-eating disorder online media can lead to the development of a *pro-eating disorder identity* (Haas, Irr, Jennings, & Wagner, 2010). When individuals are members of pro-eating disorder online communities, they will often create an online profile to represent their media presence (Pratt, 2014). These media pages often include blogs that can be used as a discussion forum or confessional (i.e., a discussion forum that could be private or public where an individual can express an issue or topic that is causing distress). These confessionals allow members to communicate together about their experiences regarding their disordered eating patterns and life circumstances (Pratt, 2014). This process strengthens users' identities as individuals who have embraced a pro-eating disorder lifestyle. Pratt (2014) further

explains that dangerous viewpoints and discussions of harmful behaviors are not questioned and instead, these ideas are often normalized. As a result, these participants of pro-eating disorder online media may experience acceptance which can further encourage the development of their pro-eating disorder identities.

Conclusion

The purpose of this review was to explore the influence of media on eating disorders and pro-eating disorder online media. The evidence of various studies suggests that eating disorders and disordered eating patterns can be influenced by body dissatisfaction. Body dissatisfaction is often mitigated by the current portrayal of body types in the media. As a result, individuals may seek out pro-eating disorder online media to learn how to develop disordered eating patterns to meet the thin ideal. These webpages are also sought out as a means of support and encouragement when an individual is dealing with the emotional and psychological turmoil he or she may be experiencing due to his or her negative self-image. An individual can access pro-eating disorder online media and perform learned behaviors to achieve his or her desired results. It can be surmised that pro-eating disorder online media can cause significant harm to an individual who is engaging in this form of media with the intention of learning how to develop an eating disorder or gain disordered eating patterns. As such, there is a need for further research to continue to gain the more complete frameworks of therapeutic options for treating individuals that access, use, and seek support from pro-eating disorder online media.

CHAPTER III: RESEARCH DESIGN AND METHODOLOGY

Introduction

The purpose of this study was to explore the lived experiences of individuals who engage in pro-eating disorder online media. My focus with this research was to explore and understand the meaning and experiences of those who engage in pro-eating disorder online media. I also aimed to discover what sense of purpose is found through engaging in pro-eating disorder online media. As a result, I designed a hermeneutic phenomenological research study where I interviewed individuals who engage in pro-eating disorder online media. I performed document analysis on original content my participants posted in their online communities. The following sections contain information that describes the research design and methodology that was utilized to explore the phenomenon of engaging in pro-eating disorder online media.

Research Questions

The overarching research question directing this study was: What are the lived experiences of individuals who engage in pro-eating disorder online media? The secondary research questions are as follows: (a) What meaning(s) do individuals who access pro-eating disorder online media create from access and use? (b) What are the experiences that led participants to search for pro-eating disorder online media? and (c) What support(s) do participants gain from engaging in pro-eating disorder online media?

Qualitative Approach and Rationale

Qualitative studies allow researchers to explore the experiences of individuals living within a phenomenon. Hunt (2011) described this process of exploration and investigation as a way to find data that comes from the phenomenon instead of researchers predetermined ideas. Qualitative research allows researchers to explore a topic in more detail and uncover previously undiscovered data so further explanation can be provided (Hunt, 2011). Hunt (2011) also

indicated that qualitative research could expand upon areas of study which may require a higher level of understanding and depth. The depth qualitative research is able to provide is pertinent since there are circumstances which require further exploration and examination (Hunt, 2011; Patton, 2015). There are various ways in which a qualitative approach can contribute to the literature. Patton (2015) addresses the following seven ways in which a researcher can perform a qualitative inquiry: (a) uncovering and revealing meanings, (b) discovering how phenomena work, (c) amassing narratives as a way to describe peoples experiences and perspectives, (d) illuminating how people within a phenomenon function and how consequences impact their lives, (e) understanding the context of a phenomenon and how and why it matters, (f) recognizing unexpected consequences, (g) comparing cases as a means to uncover essential themes and patterns.

I performed a qualitative inquiry because there is insufficient information regarding the purpose and meaning of engaging in pro-eating disorder online media. There is information in extant literature about the consequences of pro-eating disorder online media use and how adapted behaviors of eating disorders can impact the health and well-being of those who participate (Jett et al., 2010). However, there is insufficient information about the experiences that have brought individuals to pro-eating disorder online media. In addition, there is a gap in the literature regarding what drives these individuals to continue observing, participating or engaging in pro-eating disorder online media. Utilizing a qualitative approach allowed me to find a greater depth when exploring the themes and meanings behind the access and use of pro-eating disorder online media.

Phenomenology

Phenomenology is a qualitative method that involves exploring the meaning of lived experiences within a specific phenomenon. More so, phenomenology aims to understand these

meanings and lived experiences (Van Manen, 1990). Van Manen (1990) indicated that phenomenological research should aim to find a way to discover the essence of the experiences people are living in. Thus, researchers who perform qualitative inquiries intend to explore how people view the world from the viewpoint they are living within. The gained awareness leads qualitative researchers to strive to know what it is like to be *fully immersed* within a specific phenomenon or experience. This approach allows the researcher to focus on the participants, as they are the experts of their lived experiences. Researchers who perform qualitative research focus on a single phenomenon at a time to recognize the underlying meaning of the experiences. Phenomenological researchers can explore topics and areas of focus which have previously been underexplored or under-investigated. These researchers have the intention to gain a deeper understanding of the identified and targeted phenomenon (Patton, 2015; Van Manen, 1990).

I utilized a phenomenological approach for this study as a way to explore the phenomenon of engaging in pro-eating disorder online media, and I was able to gain a deep understanding of the lived experiences of people who engage in this form of social media. I specifically utilized Van Manen's (1990, 2014) hermeneutic phenomenological design to examine the phenomenon of people engaging in pro-eating disorder online media as it is lived.

Hermeneutic Phenomenological Inquiry

Hermeneutic phenomenology began with the philosophers Husserl and Heidegger in the early 20th century (Reiners, 2012). Husserl believed phenomenology was based on the meaning of an individual's experiences and that phenomenology was related to consciousness (Reiners, 2012). As a result, Husserl believed an individuals' thoughts, perceptions, emotions, and memories directed his or her consciousness over an event or object (Reiners, 2012). Heidegger, Husserl's student, rejected the notions and ideas of Husserl and adopted ontology, or, the *science of being* (Reiners, 2012). With this change, Heidegger was able to develop interpretative

phenomenology by extending the philosophy of interpretation known as hermeneutics.

Essentially, the process and approach of hermeneutic phenomenology are to inquire and interpret the lived experiences of individuals within a phenomenon as it was lived and experienced.

Eventually, Van Manen continued to cultivate hermeneutic phenomenology with the ambition of reflecting on the basic structures of lived experiences throughout human existence (Van Manen, 1990). Van Manen (1990) emphasized the differences between understanding a phenomenological study theoretically and understating it from the “inside” (p.8). The difference lies within the lived experience. Van Manen (1990) indicated that individuals might be satisfied by learning the basic level of a phenomenon. However, truly understanding a phenomenon can only be gain by actively participating and “doing it” (p.8). According to Van Manen (1990), hermeneutic phenomenology is the: (a) scientific process of studying lived experiences, (b) study of retrospection as a phenomenon presents itself to the consciousness, (c) study of essences, (d) study of the description and experiences of meanings as they are lived within a particular phenomenon, (e) intersubjective study of an intrinsically human phenomenon, (f) intentional practice of thoughtfulness regarding the experiences being described and addressed, (g) aim of discovering what being a human truly means, (h) active process that insists on connection throughout the research process. This activity includes gathering and analyzing data, writing findings, and giving meaning to the analysis of the phenomenon as it was presented within the study.

Van Manen (1990) described six research methods researchers must utilize when performing hermeneutic phenomenology. Van Manen (1990) indicated these activities need to occur throughout the entire research process because these activities are characterized by intermittent or simultaneous change amongst each other. The first method of hermeneutic phenomenology Van Manen (1990) discussed is the idea of opening one’s self to the nature of a

phenomenon that interests an individual and describes the nature of lived experiences. Following this approach, a researcher must ensure a commitment to intentional thoughtfulness for discovery regarding the phenomenological inquiry. Van Manen (1990) emphasizes a need to remain open to discover the essence of the phenomenon through curiosity, and engagement with the world or experiences being described. The second method is experiencing the phenomenon as it is lived or experienced. The researcher is charged with immersing him or herself fully within the experience as it is being lived, experienced, and processed by participants.

The next method is the process of identifying and reflecting on the fundamental themes that characterize the phenomenon being researched (Van Manen, 1990). Researchers are called to reflect on the experience to identify the distinctive significance of the experience as it was lived. After themes are identified, it is the researcher's duty and obligation to reflect on the themes as thoroughly as possible. Reflection allows the researcher to interpret and determine the meaning or essence of the experience being explored instead of what the experience appears to be. The fourth method is the process of writing and rewriting the lived experiences of the phenomenon. Van Manen (1990) addressed the pertinence of this process as a means to thoughtfully present a phenomenon so it may present itself as precisely as it is seen. The focus should be to represent the language within the experience as it was expressed by the participants (Van Manen, 1990). This process allows the voice of the participants to be heard within the themes and meanings that are interpreted.

The fifth method Van Manen (1990) described is the process of maintaining a strong orientation to the question driving the research. In other words, the researchers' involvement within the phenomenon must remain grounded within the theoretical foundation as a means to decrease distraction and to limit any instances of mindlessly wandering through the research process. By remaining oriented, researchers limit instances of following an agenda or reflecting

false or superficial information regarding the phenomenon (Van Manen, 1990). Van Manen (1990) emphasized a strong relation to theoretical orientation and the question driving the research will disallow researchers to follow detached scientific processes. Finally, Van Manen (1990) indicated that researchers should maintain a level of balance within the research process by considering each part of the phenomenon and how it works as a whole. Researchers should aim to consider and evaluate all parts of the phenomenon while simultaneously considering the overarching aim or direction of the research (Van Manen, 1990). This method allows researchers to avoid overdeveloping a single part of the study by forgetting the whole. This method also encourages researchers to maintain their perspectives throughout data analysis to view the data from the participant's different perspectives.

Van Manen's (1990, 2014) approach to hermeneutic phenomenology was implemented in this study because it is in line with what I, as the primary investigator, see within the phenomenon in question. The first characteristic within Van Manen's (1990) approach notates a need to remain open, curious and intentional within the phenomenological inquiry. I aimed to maintain and discover the essence of each participants' phenomenon. I have the drive to understand the phenomenon in question, and I aimed to thoughtfully uncover the purpose and meanings participants experience when engaging in this form of social media. This curiosity and quest for understanding is the foundation for this study.

It was also imperative for me to utilize Van Manen's (1990) hermeneutic phenomenological perspective because of his emphasis on the necessity to live within the experience or phenomenon. This study was formed based on the idea that participants are accessing and using pro-eating disorder online media to fulfill a need that is not being met intrapersonally or interpersonally. By living within the experience with my participants, I can be immersed and subsequently find the meaning and understanding that my curiosity is seeking.

Hermeneutic Phenomenology and the Researcher's Role

Hunt (2011) discussed the importance of the researcher's role within the qualitative approach. Qualitative researchers are functioning pieces within the study they are following, and they should aim to remain deeply rooted within the phenomenon. This characteristic is especially true within hermeneutic phenomenology. The process of research, according to Van Manen (1990, 2014), occurs when a topic comes alive to a researcher. Within this methodology, an experience or phenomenon is intrinsically discovered by a researcher, and as a result, the phenomenon is experienced by the researcher and immersion has begun. This experience is further corroborated by Hunt (2011), who regarded the role of the researcher, within hermeneutic phenomenology, as an individual who is directly working within the phenomenon. These expectations exemplified my rationale for utilizing hermeneutic phenomenology. The process of participant solicitation and data collection will allow me to immerse myself within the phenomenon and experience of accessing and using pro-eating disorder online media.

Van Manen's (1990, 2014) hermeneutic phenomenology demands that the researcher must be grounded within his or her research questions throughout the research process. This allows the researcher to develop and maintain a strong relationship with the experience under investigation. By remaining grounded, the researcher can maintain or develop a deeper sense of curiosity, openness, and wonder regarding the phenomenon. To consistently maintain this close relationship with my research, I reflected and processed my thoughts and experiences through journaling. Additionally, I consistently and continuously discussed the process and development of my study with colleagues and faculty.

The final role of the researcher is to ensure openness within data collection, analysis, and when reporting findings. Van Manen (2014) emphasized how vital it is for researchers to express and acknowledge any expectations, biases, or assumptions within the research process. This

allows the researcher to minimize any influence on how themes and meanings are developed. It is not realistic to assume that researchers can simply eliminate or forget any biases or expectations they may have surrounding their study. For this reason, Van Manen (2014) insisted researchers must acknowledge these limitations within the research process to avoid any inconsistencies within data collection, the analysis process, and through the dissemination of results and findings. Van Manen (2014) has called researchers to identify any assumptions or expectations that are held regarding their study. This acknowledgment of biases allows the researcher to display the openness that is required when hermeneutic phenomenology is being utilized.

In order to succeed within this project, I limited instances of my judgment through journaling and by engaging in open communication and discussion throughout my research process. In regards to journaling, I focused on my experiences about the phenomenon and how I processed my thoughts. The discussions I engaged in with faculty and colleagues surrounded any concerns I had regarding judgment to a community that is dealing with a sensitive issue. Expressing myself in such a way allowed me to hear and analyze what the participants may have said instead of interpreting what I thought or experienced instead.

Hermeneutic Phenomenology and Trustworthiness

According to Hunt (2011), trustworthiness is a vital component researcher' must address when performing qualitative research. Trustworthiness, or rigor, speaks to the quality of the research that is performed. Therefore, researchers must be intentional in how they proceed throughout the projects' development to ensure trustworthiness. There are several ways in which a researcher can establish trustworthiness within a qualitative study. For this hermeneutic phenomenological study, I will aim to follow Van Manen's (2014) approach to trustworthiness.

According to Van Manen (1990, 2014) trustworthiness is met by following through with six specific actions. The first step is developing a relevant and appropriate phenomenological research question (Van Manen, 1990, 2014). Hermeneutic phenomenology requires the overarching research question to be a *what* or *how* to question, to inquire how the world is experienced in some way, identify a single experience or phenomenon, and to investigate the experience as it was or is lived (Van Manen, 1990, 2014). My research questions were developed over time to solidify the direction of the investigation.

The second process that Van Manen (1990, 2014) indicated as being pertinent is the utilization of primary and scholarly resources of phenomenological literature throughout the research process. Throughout the process of this study, I incorporated, identified, and utilized scholarly resources focused on qualitative research, qualitative data collection and analysis procedures, phenomenology, hermeneutic phenomenology, the construct of pro-eating disorder online media use and related research. This process allowed depth and rigor to be exposed within my research design and within the results of my study. The next process was the use and needed for continuous and consistent reflection throughout the research process. This part of trustworthiness emphasizes the process of maintaining openness and straying from thoughtlessness by being intentional and particular when performing data collection and analysis. As previously stated, I utilized the process of expressing my thoughts and reflections through journaling consistently while addressing any concerns with faculty and colleagues.

The fourth process regards the importance of remaining grounded to the experience being investigated and the research question that is leading the study (Van Manen, 1990, 2014). The process of self-reflection and open communication with my faculty and colleagues allowed me to stay focused and grounded within the experience. I also intended to remain grounded within the research question directing my study.

The next issue that impacts trustworthiness is the collection and analysis of rich data (Van Manen, 1990, 2014). Within Van Manen's (1990, 2014) hermeneutic phenomenology, data saturation is not the goal. Instead, a researcher should aim to achieve a greater understanding of the experience that was and is lived through descriptive and illustrative data. I created interview questions meant to elicit deep and meaningful data regarding the access and use of pro-eating disorder online media. To ensure that I was able to collect meaningful data, I followed a semi-structured interview process that allowed me to utilize follow-up questions as they were needed. These follow-up questions gave me the opportunity to address any specific situations or experiences and further inquire or receive clarification. Additionally, I performed document analysis on select commentary authored and publicly published through pro-eating disorder online media. I utilized document analysis to provide additional perspectives and further insight into the function that pro-eating disorder online media provides to individuals who access and use this form of media.

Finally, the sixth step includes the involvement of participants in the research process. The utilization of participant feedback provided any adjustments that were needed. This process is a valid source of data trustworthiness as the participants are given the opportunity to reflect on any themes that were developed throughout the data analysis process. The process of seeking participant feedback allowed for the participants to be involved within this research project in a meaningful, profound, and impactful manner.

Population and Setting

Participant Recruitment

I contacted the moderators of three pro-eating disorder online media webpages applications (www.eatingdisordercentral.com, www.mypancakeaddiction.com, and www.reddit.com/r/EDanonymous) to solicit a population who could consider responding to

interview questions. Thus, purposeful sampling procedures were required since I sought participants who were capable of speaking about the phenomenon guiding this study. As a result, I designed procedures for participant recruitment and inclusion criteria with the intention to target a specific population (e.g., individuals who engage in pro-eating disorder online media) to gather meaningful data as indicated as necessary by Van Manen (1990, 2014). The inclusion criteria for selection and recruitment included: (a) individuals over the age of 18, and (b) currently accessing and using pro-eating disorder online media. There were no additional requirements for recruitment. Participants were recruited through electronic communication via pro-eating disorder online media webpages. I contacted the moderators of the previously mentioned communities to ensure approval to disperse the invitation for participation from the webpage participants (See Appendix).

Description of Participants

My participants were recruited through electronic communication via pro-eating disorder media webpages. Van Manen's (1990, 2014) hermeneutic phenomenology demands qualitative researchers to discover meaning and fully understanding the phenomenon under exploration. In other words, qualitative researchers are required to focus on the research instead of saturating data within Van Manen's approach. As a result, the process of data collection allowed me to immerse myself with content with the intention to find meaning within the participant experiences. I anticipated that I would need 10 participants to gain a deep and meaningful understanding of the phenomenon as Van Manen (1990, 2014) suggested (see Table 1 and Table 2). Researchers indicate that pulling data from information-rich sources increases the level of understanding over the problem that is being investigated (Hunt, 2011; Patton, 2015). I chose to ask the participants what drew them to participate in the study to establish any additional meaning behind their purpose or direction for participation. I asked this question with the

intention to develop an understanding of the drive that motivates participants to utilize pro-eating disorder online media.

Within the scope of qualitative research, it is of most importance to provide a voice to the context that each participant is living in. However, the confidentiality of each participant is also of grave importance. The need to ensure confidentiality is debatably more important due to the sensitive research matter that pertains to the topic of exploration within this study. While the requirements for robust and rigorous research compelled my study, I considered the increased risk of breach of confidentiality (i.e. due to the technological advancements that allows for breach of electronic data), the need to protect my participants, primarily due to the sensitive nature of this study, and the information that these participants may willingly share with me. In order to protect my participants' confidentiality with the best of my abilities, I limited participant descriptions to the base data that has already been described.

Table 1

Demographic Description of Participants

Pseudonym	Age	Gender	Ethnicity / Race	Highest Level of Education	Location
Abby	31	Female	Caucasian	Master's	Domestic
Fluff	25	Female	British	Some College	Ireland
George	27	Male	Latino	Bachelor's	Domestic
Isa	29	Female	Caucasian	Some College	Germany
Jane	19	Female	Caucasian	High School	Australia
N	18	Female	Caucasian	High School	Domestic
Nichelle	20	Female	African American	Some College	Domestic
Skyler	18	Female	Biracial	Some High School	Domestic
Toby	24	Male	Caucasian	Some College	Domestic
Veggies	26	Female	Caucasian	Bachelor's	Canada

Table 2

Participant Characteristics

Pseudonym	Height (in feet and inches)	Current Weight (in pounds)	Highest Weight (excluding pregnancy)	Lowest Adult Weight	Ideal Weight
Abby	5'5.5"	123	131	100	100
Fluff	4'11"	114	132	92	104
George	5'10"	135	160	104	120
Isa	5'6"	126	130	99	115
Jane	5'3"	93.6	136	93.6	88
N	5'3"	92	99	89	80
Nichelle	5'3"	175	175	85	100
Skyler	5'0"	105	135	100	90
Toby	5'4"	120	135	102	106
Veggies	5'7"	124	160	117	114

Data Collection Process and Procedures**Informed Consent and Demographic Survey**

For this study, the first step to data collection was to distribute the informed consent and demographics survey. I provided a URL in the participant invitation letter that was dispersed in the pro-eating disorder online media community forums after moderator approval (See Appendix). This invitation included the demographics survey, informed consent, and EAT-26 questionnaire. The informed consent, demographics survey, and the administration of the EAT-26 was provided through website link by Qualtrics. At the end of the informed consent, demographics survey, and EAT-26, participants were encouraged to provide a pseudonym and contact information in the form of an email address so a phone interview could be set up at a later date. Finally, participants were informed of the incentives that accompanied participation. Ten participants received a \$25 Amazon gift card after the initial interview and an additional \$25 Amazon gift card once they completed the participation feedback process.

Only the participants who complete every part of the survey, including the informed consent, demographics survey, completed the EAT – 26 and the BAS – 2 (see Table 3), the BDS (see Table 4), and phone interviews were eligible for the first \$25 Amazon gift card. The participants were required to complete the participation feedback portion of this study to receive the second \$25 Amazon gift card. The initial part of this research process took approximately twenty minutes to complete.

Measurements of Construct

The Eating Attitudes Test (EAT-26; Garner, Olmsted, Bohr, & Garfinkel, 1982), the Body Appreciation Scale – 2 (BAS-2; Tylka & Wood-Barcalow, 2015), and the Body Dissatisfaction Scale (BDS; Mutale, Stiller, Dunn, & Larkin, 2016) were utilized within this study to provide comprehensive information related to the characteristics of the participants. The data gleaned from these measures allowed for an in-depth exploration of the themes that were found. This data is further explored in chapter five.

Eating Attitudes Test (EAT-26). The Eating Attitudes Test (EAT-26; Garner et al., 1982) was developed to measure symptoms and characteristics of eating disorders and disordered eating patterns. The EAT-40 (Garner & Garfinkel, 1979) was initially published to help with the diagnosis of anorexia nervosa and was later updated and reduced to the EAT-26 to incorporate a more concise version of this self-report measure. The EAT-40 was initially developed to increase early identification of anorexia-related symptoms. It has since been recognized to be useful in assessing “eating disorder risk” in adolescents, emerging adults, and special populations, such as athletes (Garner et al., 1982). The EAT-26 was based on the factor analysis performed for the EAT-40 with a high correlation between the EAT-40 and EAT-26 ($r = 0.98$). The EAT-26’s 26 items assess attitudes and behaviors related to eating patterns using a 6-point Likert-type scale with values ranging from 3 (*always*) to 1 (*often*) with 0 being used to score (*sometimes, rarely*,

and never). Higher scores on the EAT-26 indicate that there may be some concerns with how the individual thinks about their body weight and how they perceive their eating habits and behaviors. Garner et al. (1982) concluded the psychometric and clinical correlates of the EAT-26 are reliable and valid as an objective assessment for individuals with undiagnosed anorexia nervosa or symptoms of anorexia nervosa, weight-related issues, body dissatisfaction, and psychological symptoms. The EAT-26 has high reliability (Cronbach's $\alpha = 0.90$) with an acceptable validity in individuals with anorexia nervosa and shows promise in identifying individuals with disordered eating patterns unrelated to anorexia nervosa (Garner et al., 1982). Researchers have also indicated the EAT-26 has met the standards for internal consistency in four clinical and community client populations (Cronbach's alphas ranging from .78 to .91) (Lee et al., 2002).

Body Appreciation Scale – 2 (BAS-2). The Body Appreciation Scale – 2 (BAS-2; Tylka & Wood-Barcalow, 2015) is a 10-item self-report measure that was developed to assess individuals acceptance towards their bodies. The BAS-2 also assesses the opinions related to an individuals' body and the respect he or she may have for his or her body (Tylka & Wood-Barcalow, 2015). The Body Appreciation Scale – 2 is a revision based on the 13- item Body Appreciation Scale (BAS) (Avalos, Tylka, & Wood-Barcalow, 2005). The BAS was created to help researchers understand the potential features and outcomes of positive body image (Tylka & Wood-Barcalow, 2015). Researchers have indicated the BAS has consistently has internal consistency reliability for women and men in the United States and Australia (Cronbach's alphas at or about .90) (Tylka & Wood-Barcalow, 2015). The BAS was revised, regardless of its reliability, to decrease the limitations this assessment posed across ethnicities and internalizations of media ideals across genders (Tylka & Wood-Barcalow, 2015). The researchers found the use of the BAS-2 had Cronbach's alphas for .96 and .97 for men and

women respectively demonstrating internal consistency reliability similar to the BAS. The BAS-2 has significant construct validity related to body fat dissatisfaction ($r = -.65, p < .001$), height dissatisfaction ($r = -.15, p < .01$), and muscularity dissatisfaction ($r = -.31, p < .001$) (Tylka & Wood-Barcalow, 2015).

Body Dissatisfaction Scale (BDS). The Body Dissatisfaction Scale (BDS; Mutale et al., 2016) was created to provide a pictorial scale of computerized images of bodies to be used to measure body dissatisfaction. The researchers utilized a software program that artificially and systematically altered an original image of an average sized body (Mutale et al., 2016). The BDS includes nine images of females and nine images of males that increase in body weight differences from the first image to the last. Mutale and colleagues (2016) indicated that using computer generated bodies provided more realistic images and consistent measures for body shape and size instead of using real-life bodies for comparison. The alterations of the images created four bodies that were thinner than the original and four bodies that were larger than the original to create a body image range of extremely thin (*Body 1*) to obese (*Body 9*) (Mutale et al., 2016). The BDS scale is numbered from one to nine, in ascending order of size, so participants may choose which body is their ideal and which body they believe most closely represents their body size (Mutale et al., 2016). The difference between the numbers of the bodies represents the body dissatisfaction score. For example, if an individual chooses a number 1 as his or her ideal body and a 7 for his or her actual body, his or her body dissatisfaction score would be 6. Mutale et al. (2016) indicated higher numbers represents a more significant discrepancy in body dissatisfaction. The BDS has a significant construct validity based on a correlation between the BDS and the BAS ($r = -.60, p < .001$). Mutale et al. (2016) concluded that the BDS has significant reliability based on results for the perceived actual body ($r = .81, p < .001$); ideal body ($r = .89, p < .001$); and body dissatisfaction ($r = .82, p < .001$) in a sample of 190 college students.

Table 3

Scores of EAT – 26 and BAS-2

Pseudonym	Body Mass Index	EAT-26 Score	BAS-2 Score
Abby	20.2	42.0	11.0
Fluff	23.0	22.0	12.0
George	19.4	42.0	12.5
Isa	20.3	7.0	14.5
Jane	16.6	50.0	8.5
N	16.3	50.0	5.0
Nichelle	31.0	50.0	7.5
Skyler	20.5	38.0	9.5
Toby	20.6	46.0	8.0
Veggies	19.4	19.0	15.0

Table 4

Scores of BDS

Pseudonym	Ideal Body Type	Actual Body Type	BDS Score
Abby	1	5	4
Fluff	2	8	6
George	1	3	2
Isa	2	6	4
Jane	1	2	1
N	1	4	3
Nichelle	2	8	6
Skyler	2	4	2
Toby	2	4	2
Veggies	4	6	2

Note. Actual Body Type is Based on Participants Perception of Own Body.

Interviews

Once I received responses to the completed demographics surveys, I began contacting participants via email to schedule a date and time to conduct interviews. Semi-structured interviews were the primary component of data collection. Using a semi-structured interview format allowed me to provide questions to guide the interview process and create follow-up

questions as they are needed. Hermeneutic phenomenology requires specific questions (See Appendix) to explore the phenomenon as the participants are living in it, rather than focus on their reflection or perception of it after the fact (Van Manen, 1990, 2014). Additionally, it was imperative for me as the researcher to ensure that I was obtaining rich and rigorous data. The use of semi-structured interviews allowed me to gain depth I might not have received with a formally structured interview. Follow up questions allowed for the opportunity to direct participants to discuss the experiences and situations they express as they lived it (Van Manen, 1990, 2014). I conducted the phone interviews with my phone, and I recorded the telephone calls with a digital audio recorder and through the use of a telephone application called NoNotes. Each interview lasted approximately 90 minutes.

Document Analysis

Document analysis is a systematic process for the evaluation and review of documents (Bowen, 2009). Documents can include printed hardcopies as well as an electronic material. They can also contain text and images that have been produced without the researcher's prompting or intervention (Bowen, 2009). Materials that can be analyzed via document analysis can take many different forms, such as agendas, books, journals, manuals, letters, maps, program proposals, television scripts, survey data, photo albums and scrapbooks (Bowen, 2009). The analytic procedure of document analysis includes finding, selecting, making sense of, and synthesizing data that has been collected from the documents being examined (Bowen, 2009).

Van Manen's approach (1990, 2014) to document analysis emphasizes maintaining and developing trustworthiness within the content that I analyzed as it allowed me to understand the lived experiences of my participants further. In qualitative research, it is the researcher's task to evaluate the documents that are chosen and interpret meaning, find understanding, and develop knowledge. Within Van Manen's (1990, 2014) approach to hermeneutic phenomenology, I was

tasked, as the researcher, to gain depth within the content that I was evaluating and understanding from the experiences that my participants were sharing via their pro-eating disorder online media.

During the phone interview process, I asked each participant if he or she would allow me to analyze content they have posted to their online community. Their confidentiality was emphasized, and the discussion of using a pseudonym was clarified during this part of the conversation. After each participant gave their user names for their webpages, I accessed the content they published as an original poster (i.e., an individual that posts original content to a single thread or blog post) and the comments they provided to other original posters (see Table 5). I specified that I was only going to look through their last six months of postings and if there is something specific they want to be included, they were encouraged to direct me to those selections. Once I was allowed to view each participants post history, I decided to eliminate specific posts from the analysis. to the needs of this study, I chose not to analyze images (e.g. pictures of participants bodies or desired body type; slogans or sayings; memes, which can be described as funny images related to an individual's internet interests; welcome messages or greetings, which can be described as original posts where participants described who they were and had other webpage users provide additional feedback; food diaries, which can be described as a food log some participants chose to upload daily; and other post history not related to eating, eating behaviors, or pro-eating disorder media, which can include posts about favorite movies or places to purchase clothing).

Table 5

Document Analysis of Participants

Pseudonym	Original Threads	Total Posts	Total Duration
Abby	13	1,397	1 week, 2 days, 8 hours
Fluff	13	522	Time Hidden
George	3	321	Time Hidden
Isa	13	2,221	2 weeks, 4 days, 3 hours
Jane	34	539	6 days, 23 hours
N	10	286	2 days, 4 hours
Nichelle	1	5	6 hours, 29 minutes
Skyler	13	98	5 days, 20 hours
Toby	10	381	2 days, 16 hours
Veggies	39	1,693	Time Hidden

Note. Total posts include Original Threads and Comments

Participant Feedback

Transcript feedback. I used transcript feedback in addition to interviews and document analysis. Transcript feedback was used to check the accuracy of the transcriptions and to invite the participants to be part of the research process. It is for these reasons that I chose to add transcript feedback to my study. Transcript feedback provided significant support for trustworthiness within this research, specifically since hermeneutic phenomenology emphasizes rich data and involvement of participants (Van Manen, 1990, 2014). This process was not a requirement of participation within this research, and as a result, I provided an email with an invitation for each participant to review their attached transcript after the interview process was concluded. Within the invitation, I asked the participants to make any corrections or comments as they believed was needed. I also invited participants to add any additional sentiments or include any modifications needed. I asked participants to reply within two weeks from the date they received the email. The participants were instructed to respond within a Word document that contained their comments and any additional feedback that they believed to be appropriate.

To receive the full incentive, the participants were tasked with completing all portions of data collection.

Initial findings feedback. The last form of data collection that was included in this study was the use of initial findings feedback. Initial findings feedback was the process of presenting initial findings to the participants of this study. The significance of this form of feedback was to continue involving participants within the research process and to ensure the accuracy of the themes I identified. Conducting initial findings feedback is important from the hermeneutic phenomenological perspective that emphasizes continued participant involvement. Using initial findings feedback is especially crucial during the process of finding themes so they may be an accurate depiction of what has occurred during the experience or the phenomenon (Van Manen, 1990, 2014).

Similarly, to transcript feedback, this part of the research process was voluntary for the participants. An additional email was sent to my participants to ask if any were willing to participate in reflection on initial findings. If the participants agreed, I provided them with a Word document containing the collected themes so they could review the themes and provide commentary. This reflection allowed the participants to discover if any found themes were accurate representations of the experiences they lived. Additionally, this process allowed my participants to discuss in what ways the identified themes were inaccurate to their experiences. After their reflection, the participants were asked to respond in a Word document and to include their thoughts over the themes that were described. I requested their feedback within two weeks of receipt of my initial email. I incorporated participant thoughts and suggestions on the initial themes when I reviewed, added, altered, and solidified the themes presented.

Data Recording and Management

Informed Consent, Demographic Survey, EAT-26, BAS-2, and the BDS

After data collection was completed, I transferred all of the data from the demographics survey, the informed consent and the results of the EAT-26, BAS-2, and the BDS into a Microsoft Excel file. The data will be maintained within the Excel file, along with the data from the interview transcriptions and document analysis on an encrypted file on my password protected personal computer for a minimum of three years.

Interviews

The interview process for this study occurred via phone call through the use of an application called NoNotes, and it was additionally recorded on a digital recorder. After each phone interview, NoNotes directly emailed the transcript to my email account. The phone that was used was my phone, and it is password protected and at no time accessible to another person. Once available in my email, I downloaded the file and saved it to my personal computer in an encrypted folder. The pseudonym that the participants request to be used was the only name used during interviews. Additionally, I transcribed the file from NoNotes to Microsoft Word and, I saved it to the encrypted folder on my personal computer. The transcript included the transcription of the interview and the pseudonym that the participant selected. After the participants verify the accuracy of the recordings, I deleted the audio files from NoNotes.

Digital recordings from NoNotes were downloaded to my personal computer and will be saved in an encrypted folder with the corresponding participant's interview transcript from NoNotes. After saving the audio file, the recording was deleted from my digital recorder. The audio file from the digital recorder was used to verify the transcription and as soon as participants verified the accuracy of the transcripts and after adjustments were made, the audio files were deleted from the encrypted folder. These files were then be subsequently deleted from the trash function on my laptop. Electronic data will be maintained within an encrypted folder on my personal password protected computer for a minimum of three years. Any hard copy data

will be kept within a locked filing cabinet at my residence for a minimum of three years. After three years, I will dispose of the electronic files and hardcopy data appropriately. The electronic files will be deleted from the encrypted folder and then deleted from the trash function from my personal computer. The hard copy data will be destroyed appropriately.

Document Analysis

The analyzed content or post history was moved into a Microsoft Word document directly from the webpage the participants led me to. These files will be maintained just as the previously mentioned electronic files. The Word documents were saved into an encrypted folder on my password protected the personal laptop. The pseudonym that each participant requested to be used was the only name used during interviews and was subsequently tied to the document analysis Word document created. After the participants verified the accuracy of the files and after any adjustments were made, the document was stored into the encrypted folder where it would be maintained for at least three years. After three years, I will delete the file from the encrypted folder and then once more from the trash function on my personal computer.

Participant Commentary and Feedback

The feedback I received from my participants will be saved as a Microsoft Word document for a minimum of three years. After this period, I will destroy these files appropriately. I will delete the files from the encrypted folder from my laptop and then once more from the trash function on my laptop.

Data Analysis Process and Procedures

Data Analysis Process

I used NoNotes to record and transcribe the phone interviews as they happened. Also, I recorded the interviews with a digital recorder to ensure the transcription was accurate as soon as each interview was completed. Afterward, I emailed the transcribed interview to the

corresponding participant. The participants were requested to review the transcribed interviews and provide any revisions or commentary that was needed within two weeks of the email date. Participant responses allowed me to make any adjustments or deletions as needed. I left the transcript as it was if I did not receive an email response.

Additionally, I requested username information from my participants during the phone interview and verified I was allowed to observe their electronic documents for analysis. As soon as my participants agreed, I began the process of document analysis immediately after transcription of their interviews. During the analysis process, I utilized two peer reviewers who are doctoral students who have experience as counselors, have completed qualitative research coursework, and who have found value in the explored topic. Our review process focused on accurately interpreting the interviews and electronic documents after I initially analyzed the transcripts and electronic documents. My peer reviewers were given access to the finalized transcripts so they could help determine the accuracy of my interpretation and authenticity of the themes I found.

Data analysis began after any adjustments were made at the request of the participants to their transcripts. I analyzed each transcript by using a detailed reading approach and by using a holistic reading approach. Using both of these methods allowed me to analyze the data in parts and then again as a whole. I focused on exploring the thematic aspects that I uncovered when analyzing the data. After the interviews, I explored the documents in the same format. I perceived each component as a piece and then again as a whole. Following these methods of analysis allowed me to gain perspectives I may not have found by solely reviewing the electronic documents as a whole.

After completing the analytic part of the interviews and document analysis, I collected the corresponding interpretations into what was then established as potential themes. After

establishing my potential themes, I reviewed them while considering and examining for the need of subthemes. After establishing each theme and any subthemes, my peer reviewers and I began the process of naming each theme and subtheme. Additionally, my peer reviewers and I began the work of establishing meanings of each theme and subtheme. After reviewing each theme and subtheme, I created a document that named and described each theme and subtheme. This document was sent to my participants so they could provide any additional feedback. Once their feedback was received, I implemented their suggestions and made final adjustments.

Coding Procedures

Selective/highlighting reading approach to analysis. The selective/highlighting reading approach required the use of the following steps: reading through the entire transcript, observing any impactful statements, and interpreting each statement with a concise summary that captured the meaning of what was expressed in the highlighted material about what it means to use pro-eating disorder online media (Van Manen, 1990, 2014).

Wholistic reading approach to analysis. The holistic reading approach required the use of the following steps: reading the whole transcript to discover the meaning that was communicated and to develop a concise statement that represented the meaning that was discovered within the transcription.

Data Organization

At the beginning of the research process, I intended to organize data through a series of color coordination per participant and theme. However, data collection was lengthy and laborious. As a result, I chose to use Nvivo, a data organization and analyzation software. First, I uploaded the Word documents for each participant into Nvivo and assigned the documents as either interview transcripts or document analysis transcripts. Each participant had a folder within Nvivo titled with his or her chosen pseudonym. I analyzed each participant's interview responses

after they were uploaded and coded them into themes within the parameters of the software. After I analyzed the interview transcripts, I analyzed and themed the document analysis transcripts. Each transcript was analyzed from the selective/highlighting reading approach and the holistic reading approach previously described. After I finished finding the initial themes, my peer reviewers reviewed the interview and document analysis transcripts and the themes for each participant. Once their feedback was received, I created a theme list based on each participant's interview or document analysis data and emailed these documents to the participants for their feedback and review. Once I received feedback from each participant, I completed the analysis process.

Summary

Within this chapter, I included a discussion covering pertinent information regarding the research design for the current study. This examination included the methods in which I conducted this study, a detailed description of the qualitative approach and how phenomenology and hermeneutic phenomenology led my approach, and a subsequent rationale and discussion of implementation. I reported on the role of the researcher and how trustworthiness was met in the section where hermeneutic phenomenology was discussed. Additionally, I covered content related to participant characteristics, procedures of data collection and data analysis, the processes I followed in managing and storing all of my data and recordings, and data organization. The following chapter discusses the findings of this study in which I present in the form of themes and subthemes.

CHAPTER IV: FINDINGS

The purpose of this hermeneutic phenomenological study was to explore the lived experiences of people who engage in pro-eating disorder online media. Van Manen's (1990, 2014) hermeneutic phenomenological approach indicates the need for staying true to the phenomenon as it is experienced. As a result, I chose not to reduce, omit, or deconstruct the themes any further than they are presented. To do so would weaken the understanding of the meaning of the phenomenon and the participants' experiences as they were lived (Van Manen 1990, 2014). Also, combining themes thoughtlessly or intentionally forcing themes together would discredit the voices and perceptions of the participants' experiences. I also have participants from several countries. As a result, British English was utilized by some participants. I limited instances of changing the vernacular used by each participant. Relatedly, the participants utilized culture-specific terminology within their responses. I have included a definition of culture-specific terminology at the end of this chapter.

Data analysis included participant demographics (see Table 1), participant characteristics (see Table 2), scores for the EAT-26 and the BAS-2 (see Table 3), and scores for the BDS (see Table 4). I collected a wide variety of data to describe participant characteristics. The current study included two male and eight female participants between the ages of 18 and 31 ($M = 23.7$, $SD = 4.7$, median age = 24.5). The majority of the participants identified as Caucasian ($n = 6$) and four participants were international (e.g., Germany, Ireland, Australia, and Canada). Participants scores on the BDS ranged from 1 to 6 ($M = 3.2$, $SD = 1.75$). Four participants had scores of four or higher. According to Mutale et al. (2016), higher scores indicate a higher level of body dissatisfaction. Participants scores on the EAT-26 ranged from 7 to 50 with only two participants had an EAT-26 lower than 20. A score higher than 20 indicates a high level of concern about body weight and eating behaviors (Garner et al., 1982). Six participants had a

score over 40 on the EAT – 26 with three participants scoring a 50 ($M = 36.6$, $SD = 15.2$, median score = 42). Participants score on the BAS-2 ranged from 5 to 14.5. According to Tylka & Wood-Barcalow (2015), higher BAS scores indicate a high level of body appreciation. Five out of ten participants had a score of 10 or above ($M = 10.4$, $SD = 3.2$, median score = 10.25). During the document analysis process and at the time of data collection, I collected data related to the participants total time engaging in the community, the number of original threads posted by each, and total posts created by each participant. Original threads ranged from 1 to 39 ($M = 14.9$, $SD = 12.2$, median threads = 13) and the participants original posts (which includes original threads and comments posted in response to other community members) ranged from 5 to 2,221 ($M = 746$, $SD = 751.6$, median posts = 452). Additionally, participants spent between two days and two weeks actively on the webpage (three participants chose to hide this information).

Data analysis of interviews and document analysis led to the discovery of 12 themes and 16 subthemes that elucidate the lived experiences of individuals who engage in pro-eating disorder online media. The themes and subthemes discovered are as follows (see Table 6): curiosity, spiraling down, increased knowledge, unfulfilled needs (subthemes – (a) acceptance, (b) belonging, (c) connection, (d) control, and (e) understanding), support, safety (subtheme – (a) harm reduction), community (subthemes – (a) genuine relationships, and (b) loneliness), duality, lack of understanding from professionals (subtheme – (a) misconceptions and perceived judgment), harmful aspects (subthemes – (a) risk of predators, and (b) triggering content), motivation for eating disorders (subthemes – (a) competitive aspects, (b) never sick enough, (c) intentional harmful behavior, and (d) tips and tricks), Recovery (subthemes – (a) hope related to recovery, and (b) struggles with recovery).

Table 6

Description of Themes and Subthemes

Themes	
Curiosity	Lack of Understanding
Spiraling Down	from Professionals
Increased Knowledge	<i>Misconceptions</i>
Unfulfilled Needs	<i>and Perceived Judgment</i>
<i>Acceptance</i>	Harmful Aspects
<i>Belonging</i>	<i>Risk of Predators</i>
<i>Connection</i>	<i>Triggering Content</i>
<i>Control</i>	Motivation for
<i>Understanding</i>	Eating Disorders
Support	<i>Competitive Aspects</i>
Safety	<i>Never Sick Enough</i>
Community	<i>Intentional Harmful Behavior</i>
<i>Genuine Relationships</i>	<i>Tips and Tricks</i>
<i>Loneliness</i>	Recovery
Duality	<i>Hope Related to Recovery</i>
	<i>Struggles with Recovery</i>

Curiosity

The theme curiosity reflects participants' intrigue with pro-eating disorder online media after they learned about it through media coverage or self-exploration and discovery. Ultimately, participants' interests peaked as they continued to discover new information about this form of social media. Several participants reported they were unaware of the existence of these communities until they learned about them in the news, media, documentaries, and various web searches. For instance, Fluff stated that "there was a documentary on BBC or Channel 4 about [pro-eating disorder online media] which sort of caught my eye." She elaborated, saying "... it was probably not designed to encourage people to use or find those sites out, but it did." Similarly, Abby stated she was "... just interested and [she] didn't intend to join ... [she] was just intrigued." George stated that he "... didn't even know what [pro-eating disorder online

media] was . . . I had no idea . . . I just wanted to see if anybody else was talking about [eating disorders] on the Internet.”

Isa discussed that since she has had an eating disorder for 16 years, she felt the need to discover things on the Internet. She stated she searched for “. . . Anything related to [eating disorders]. So when I heard the term ‘pro-ana,’ I was always curious what that is, so I looked into [pro-ana media].” Toby said “. . . It was mostly like, ‘what the [expletive] is this? Why is this dangerous?’ Isa also mentioned she search explicitly for “pro-ana media because of the [news media] and how they have said ‘it is so evil,’ so I wanted to know what it [was].” Like Isa, Jane had similar curiosities that led to a deeper exploration of the communities. Her experiences with curiosity related to pro-eating disorder online media were largely related to finding different resources once she recognized her disordered eating behaviors. She discussed how she sought pro-eating disorder communities “. . . Out of curiosity” once she learned of the existences of these webpages. Jane’s curiosity was cultivated by the desire to know what these webpages were about. She stated that she “. . . Kind of slowly . . . I sort of started off sort of lurking, just reading posts and not really having an account. Just sort of reading posts and seeing what the community was like. And eventually, I made an account on [a webpage] and became more active.” Jane also explained how she assumed eating disorder webpages were malicious. She noted:

I didn’t really know much prior [to discovering pro-eating disorder media] because before I had an eating disorder, I just assumed that all eating disorder sites were just like evil. They were really bad, and they were full of really sick people who were trying to make themselves worse . . . and obviously, because pro-ED communities are always talked about in the media as dark and scary places, it kind of always makes you want to check them out more. Because it is like, ‘oh, I wonder what is going on there!’

This theme is reflective of how participant's curiosity was peaked, their assumptions over what they would find, and what exactly they were searching for. These similar, though still wholly unique, experiences are the catalyst for the rest of the following themes and subthemes. Curiosity appears to be the spark most of the participants of this study experienced prior to capitulating to the process of *spiraling down*.

Spiraling Down

This theme is about the experience of plunging deeper into pro-eating disorder media and how it can exacerbate an individual's eating behaviors and symptoms. *Spiraling down* appears to be a universal experience by all who became intrigued by this form of social media. This theme also appears to be a continuous cycle while participants are actively involved with pro-eating disorder online media. Jane chronicled this experience when she stated:

I think I sort of vaguely remember seeing pro-eating disorder stuff. Just sort of news articles and in the media, stuff like that. Obviously it gets very sensationalized and I think when I first started developing an eating disorder, I very much realized that the behaviors I was doing were eating disorder behaviors. And I realized I was very much falling down a rabbit hole . . .

The participants who experienced this phenomenon discussed how impactful and endless the shared information was. This theme includes the process of becoming overwhelmed with surface discussions about eating disorders and eating disorder behaviors. Eventually, some participants noticed their behaviors changed or that they accessed more content and participated in these communities more frequently – thus they spiraled further into disordered eating patterns. Nichelle stated:

It just kind of popped up when I was looking for other weight loss things. And it kind of . . . just spiraled from there . . . it snowballed from there. I became obsessive . . . I wanted

so badly to get the body I thought I deserve[d] to have . . . thought it would fix my life.

[I] looked through some tags on some different blogs and found a small community of people who felt the same way. If my body was what I wanted it to be, then my life would be better. It wouldn't be as miserable.

Participants who engaged in these communities found the opportunity to sate their curiosity became harmful. Nichelle's words demonstrate her desire to be different and to physically look different through her extensive exploration of these communities. N had a similar, though unique, experience within these webpages. She stated:

When I was new to these communities . . . the communities definitely worsened my illness . . . I see that as kind of the catalyst. Because I obviously already had my own issues like with self-esteem . . . I really noticed that seeing the communities when I was so young, really like opened my eyes that eating disorders were even a thing and that people felt the same way as me. And they engaged in certain behaviors that like I started already sort of figuring out on my own . . . And then I saw that people counted their calories and that people would try to not eat more than 500 calories a day, I guess. So in the beginning these communities definitely negatively impacted my health and my eating disorder.

Skyler also experienced curiosity that was catalyzed into the process of spiraling down. She mentioned “. . . before I started the search . . . I was just feeling discontent with myself. And I just wondered, ‘oh, I wonder how I can lose weight.’ And it just kind of like spiraled down into looking at the forums and stuff like that.”

This theme reiterates the connection and the process of theme overlap in this study. Curiosity and the process of being curious can spark an interest that peaks and grows with

forwarding momentum. Subsequently, some individuals who choose to engage with these webpages may have the experience of spiraling down.

Increased Knowledge

The theme of *increased knowledge* was experienced by seven of the participants in this study. During the study participants communicated an increased level of awareness related to their bodies or eating behaviors as a result of participating in pro-eating disorder online media communities. Participants also discussed providing information to other community members. Jane's experiences epitomize this theme:

I have gained – I have got a much greater understanding of how I developed this eating disorder and why I developed it. And what it's doing to my body . . . I had really no idea how dangerous eating disorders could be. I didn't know that you didn't have to be under weight to have an eating disorder. I didn't know that you could be obese and have an eating disorder . . . All of the things that I didn't really know about eating disorders, I've discovered through these communities. I think I have learned more about anorexia and eating disorders through pro-eating disorder sites than through, you know, recovery organizations, or therapy, or blogs, or social media, activism, that sort of thing.

Jane's comments reflect a holistic experience of gaining greater insight into eating disorders and eating disorder behavior as well as a personal reflection as a direct result of participating in these communities. Nichelle indicated a similar experience when she said:

I have learned so much about the human body and what we can naturally take as far as how far we can pushing ourselves physically. It's insane, the weird science stuff that I know about my own body and how my own body works . . . Yeah, I've learned a ton about myself and about people around me.

Skyler also addressed the value of having an almost constant source of information through all of the community members. She stated:

. . . It's kind of like if you have a question about something that is going on . . . like for instance, one of the posts had, 'oh I wonder how many calories are in this thing at a restaurant,' . . . And [they] put a picture or whatever. So people will sometimes kind of semi guess the calories of the dish as a response. So it's kind of more like that, like trying to gain information on some things.

While Jane and Nichelle experienced more meaningful instances regarding their change in perspectives, Skyler emphasized the usefulness of the information she was gaining. Jane also indicated the usefulness of these communities:

. . . I had looked at threads about hospitalization and inpatient programs. I was trying to gather as much information so I could make an informed decision about going into inpatient, which I think is kind of another benefit to pro-ED communities. There's a lot of great [discussions] there's like, 'what's it like to be in inpatient,' and 'the differences between inpatient and residential day patient outpatient, etcetera.' And explaining how it works in different countries.

Fluff had a similar, though wholly unique, experience of learning about recovery and the circumstances that may occur due to recovery. She stated:

There's a lot of people on [pro-eating disorder media] who share a lot of knowledge they've gained over the years because a lot of people there have been dealing with it for so long. It's become, you know, second nature to them. There was a lady when I needed someone to talk to, she was 54 and she had been dealing with it for so, so long. But she knew nearly every trick in the book to try and get to the point where you were not suffering from but living with the condition. If you were willing to take the full punch

and recover. Just getting to the point where you're able to live with it and manage it. It's such a big difference.

Fluff's story discussed the concern she had for her future prior to reaching out to community members who have explored "living with the condition." Pro-eating disorder communities gave her the opportunity to discover and learn about the path to recovery and what it may entail from someone who was experienced.

Veggies spoke about the process of becoming aware of her behaviors, and how the constant communication between community members provides her with diverse opinions over an array of topics. These opinions have allowed her to develop a great insight. She stated:

I think it's been one that has allowed me to reflect really. On my behaviors, on others' behaviors, on how much things . . . every once in a while, I run across something and it is something that really hits home. It's something that I have been missing. And I just have that awareness. And it just kind of clicks in when you have so many different opinions coming in and you can see so many different personality types coming in and find the person that is more logical brained and more like you.

Beyond personal insight, the theme increased knowledge also encompasses providing knowledge to the communities. For example, Isa wrote a post regarding the differences between the psychological and physiological aspects of eating disorders. She wrote:

I think that's a bit simplistic to reduce it to physiology alone but there is some truth to it. Restricting your intake long-term really messes you up big time - and not only the body, also psychologically. That's something I only really noticed through recovery . . . I do think a lot of ED symptoms can be reduced to consequences of starvation but what this theory doesn't account for is why you reduce your intake in the first place . . . And that, I

think, is highly psychological . . . EDs are mental illnesses but we might underestimate the physiological consequences to our mentality.

Many participants gain knowledge, insight, and awareness in some capacity when participating in these communities. The knowledge gained typically involves eating behaviors, physiology behind eating disorders, and the awareness and insight as a direct response to engaging with others who have learned, or who are currently learning, about the symptoms and behaviors they are experiencing.

Unfulfilled Needs

Participants in this study experienced having unfulfilled needs to varying degrees. These experiences are described within the following subthemes: (a) acceptance, (b) belonging, (c) connection, (d) control, and (e) understanding. In a general sense, participants had unmet or unfulfilled needs in their personal lives that were either fulfilled by the relationships established within pro-eating disorder online media or via the alteration of eating behaviors. For example, George stated, “. . . I didn’t have anyone to talk to . . . I didn’t even know what was going on. So that is why I was going to the hospital and the doctor, things like that. It was really just looking for someone to talk to.” George did not understand that he was initially experiencing changes to his eating behaviors, and he felt he was disconnected from others. This unfulfilled need resulted in George seeking out pro-eating disorder online media. Similarly, Jane sought out people who could help fulfill her unmet needs. She stated, “. . . it has provided me with the comfort of at least there are other people who are going through this so we can all go through this together.”

Acceptance

This subtheme describes participants’ desire to be accepted in their personal lives. Because they did not feel accepted outside of online communities, participants met this need by

engaging with pro-eating disorder communities. Fluff wanted someone to listen to what she was going through, and accept her behaviors and thoughts instead of judging her actions. She noted:

I went through a period, where I was probably less disordered, and I was going along with things and then things got bad again. I relapsed and I was really attracted to losing weight again and that was sort of when I started looking for the Pro-Ana side of things because I wanted someone who was in the same boat that I could talk to. So if I said, you know, 'I'm feeling proud of myself because I haven't eaten,' I wanted someone who wasn't going to go, 'oh well that is terrible,' because to me that wasn't.

In a similar vein, Isa described being able to be herself, and stated: “. . . they are all-inclusive. You don't have to hide where you want to go with your eating disorder, so to say . . . If you want to stop it, if you want to engage in it, you can just be there . . .” Nichelle's comments support the idea of being heard and accepted. She acknowledged she finds it easier to feel and be accepted by the individuals in these communities because they welcome and understand what she has experienced while others in her life may not have the same perspective. She indicated:

The communities are a lot more welcoming because I don't have to like stress about that part of my life. It is what it is. If I had a bad day with eating, I could just say that. And it's not uncomfortable. The people . . . that I have in my real life, I would say that they get very uncomfortable. Or they can quickly jump to, 'you need help.' . . . It's not that I'm doing bad right now. I just don't feel good about the choices that I'm making. So, one, I'm more open with myself about it and the other I just, I really don't tell people at all. So hardly anyone knows.

Toby described the experience of having people in his personal life be aware of his disordered eating and how he becomes frustrated with their commentary, while online, he is allowed to be true to his current situation. He mentioned:

. . . I have only really talked to a couple of friends about this. Like I don't look disordered so most people don't guess . . . if I mention it to people who I know, they are going to try and push me to eat more or push me to do things that I don't want. And then they are going to ask . . . questions that I don't want to answer and then they will get annoyed when I don't want to answer. Like, 'why did you tell us if you don't want us to help you?'

Jane also talked about wanting to find a place where she could express herself without judgment. She stated:

It is a great place to have somewhere to rant and let out my feelings . . . I've had some experiences feeling very out of place. And obviously feeling a little bit mental. And I think I was just looking for a place where I could just talk about that.

Belonging

Participants not only experienced acceptance but also belonging within these online communities. N's experience illustrated the significant impact these communities had the members. N stated:

I made a lot of friendships over the last 5, 6, 7 years of being on these webpages. None of them have really lasted too long but at the time they meant like a lot to me . . . It helped me feel like a part of a community, like a sense of belonging, that there are other people like me out there and that I wasn't alone.

Veggies' stated "that's a positive . . . It's really the social aspect . . . having belonging . . . the care." Veggies further described how community members would end their original posts with "take care," or "I hope you are doing okay," and how the level of fondness allowed for relationships to develop. She continued by saying:

And it's still genuine and it's kind of, then you see the ones that have actually had a bad day and you actually like click on those threads and you engage with them . . . it provides care. And it also, not affection but a fondness. You start to identify people and their personality traits and you start to like them.

Jane spoke of her predilection for her community members by stating:

So even though it's worsened my disorder, both physically and mentally, and the way I think, it has provided me with the comfort of at least there are other people who are going through this so we can all go through this together.

Abby described the process of belonging as well as connection and understanding. She mentioned:

. . . these people that I have met through [pro-eating disorder online media], one of them in particular . . . We now talk on skype and we write letters back and forth and we have sent each other packages . . . I think that though we have never met in person, she lives in another country, I think of her as a good friend of mine. We talk all of the time. And so it has made me less lonely because I have people to talk to and some of them I have become very fond of. These are people that can understand me. So I've gained from that.

Abby also noted, in an original post within a specific pro-eating disorder webpage, about her experience of retiring from pro-eating disorder communities and how she found her way back and how it related to the relationships she had built. She stated:

I am so glad I'm back on [pro-eating disorder media] and posting. I left . . . with the idea I was going to go off and recover and make friends in real life and date and do all the things I've missed out on over the last decade. That was optimistic of me. I still want to do all of those things. But I'm very lonely, and it's nice to be here on [webpage] surrounded by you lovely folks. I'm grateful for all of you.

Abby illustrated how meaningful the connections and associations she, and the other participants, made with one another. The experiences of these participants, and their inability to feel or experience belonging in their personal lives encouraged their engagement pro-eating disorder online media.

Connection

The third subtheme, *connection*, overlaps with acceptance and belonging as well as the fifth subtheme, *understanding*. Connection is also a need the participants have met through the relationships and experiences of engaging in pro-eating disorder media. George mentioned that he was looking for:

. . . just anyone to talk to . . . but you start to know a bit of their story . . . and then you do get comfortable. And then it really gets to the point, if you are new at first . . . you might be a little bit quiet. Then after that you start to share a bit more. So once you know someone like that . . . they will talk about everything.

For George, becoming comfortable with one another begins the process of connection between community members. Jane posted a similar sentiment, “. . . things are shit right now and I'm feeling kinda lonely, so if you wanna chat private message me your details and I'll ramble down the phone to you about calories and we can bitch about food . . .” This illustrates how acceptance, belonging, and connection are needs that are unfulfilled in the participants’ personal lives.

N’s original post requested the perspectives and experiences of other community members. She wrote:

How do you react to other people’s ED’s [in real life]? . . . How do you react/feel when you find out that other people [in real life] have an ED? Do you reach out to them, tell them about your own ED, not care?”

N's experience eludes to what could happen to the lives of individuals who engage in pro-eating disorder media. She has developed connections with others who use pro-eating disorder media and sought out their perspectives when she was dealing with a burdensome situation. The relationships she has within pro-eating disorder media are different and separate from her life offline. Even though she may have a close friend who is dealing with the same situations, she has not been able to develop a connection in a way that would afford the difficult conversations she engages in online. N noted:

I found out one of my best friends is struggling with an ED (she didn't tell me but I definitely found out for certain), and I was compelled to tell her about mine to be like 'I know what you're going through I'm here for you' kinda thing, but I haven't said or done anything yet because I'm scared it'll turn into something competitive or toxic. I know I can be competitive with my ED and I don't want it to hurt my relationship with my friend.

Similarly, Abby was able to develop acceptance and connection in such a way that she was able to consider seeking help and a rehabilitative program. She stated:

I think as I said, making me less lonely and connection . . . I actually think, I am about to begin partial hospitalization program and I am not sure that I would have agreed to that or even thought of doing it without the support of the site.

Control

In this study, the *control* subtheme is related to the participants' desire to experience control over their bodies, thoughts, and feelings. When speaking of the communities and her relationships with the members, Veggies stated, ". . . I choose whom I communicate with . . . I do. I choose." Veggies emphasized the control she has over her choices when engaging with

community members because control in her personal life was something she lacked. When telling a story of her experiences with her diagnoses, she noted:

I had just gotten my PTSD diagnosis and my bipolar diagnosis, and I was going hypo. And it was honestly all a little too much. That's really what it was . . . I didn't see at the beginning how much of a problem it was and I think it was largely the hypomania . . . I'm thinking about if I had an eating disorder before I went into treatment because I developed my eating disorder while I was in treatment, I don't think I would have gone into treatment . . . It is a coping mechanism and it is a 'good one'. . . it provides me control over my own body which is something I have been denied.

Jane's past experiences with control are different from Veggies and Fluff, though the impact of experiencing control is comparable. For instance, when Jane discussed her viewpoint of pro-eating disorder communities, she expressed “. . . I can definitely say they have made me feel more in control of my eating disorder. But they have also made me sicker. They have also made me a lot sicker. I don't think I would have gotten to the weight I am now and have the problems I have now if I hadn't found these communities.” To further emphasize her experience, Jane frequently posted comments within original threads regarding her perspectives of her eating behaviors. On one occasion, she posted “just the feeling of starving makes me feel so in control. I can't wait to be underweight, it's my biggest dream . . . ”

Abby also had a similar original post within these communities. In a thread about her experience with seeking recovery she stated, “there is such a huge part of me that hates to leave the ED, and [seeking treatment] is scary because all of the control will be taken away from me, and that is pretty frightening . . .” Her experience of speaking about this loss of control is something N also engaged in. N created an original thread regarding the experience of losing control as a college freshman. She shared:

Anyone else unable to control themselves at [university]? I'm 8 weeks into my freshman year of college, and it's like I can't stop eating. I've spent so much money on food since I started school . . . I can't keep my mouth shut now. I don't even [want to] know how much I've gained. Does/Did anyone else experience this?

Understanding

This subtheme described the desire to be understood and finding understanding within the pro-eating disorder online media communities. Additionally, some participants recognized they have discovered an understanding of who they are, of other people and personal dilemmas they may be experiencing, why they perform behaviors they do, and what disordered eating does to their physical bodies as a direct result of engaging within these communities. George expressed that he did not have anyone to talk to and the sense of being understood by community members. He shared:

. . . I didn't have anybody to talk to, so what I received was just uh, open ears. Just so you could have people to talk to. And you know, because these people experienced the exact same thing, they would know or they would understand like what's going on and stuff like that . . . It was just a community thing. Only a few would know. People don't know what it is like in real life, like, 'oh, I am not eating.' . . . It was just like, 'man, I am having a tough time,' or something. Or someone else would be like, 'you know, I went through the same thing.' So it was just like a way to share. We were just talking to other people that could understand what was going on . . . When you go onto the websites, it's just someone who can understand you. I know I said that earlier, but it's true. It's just someone, it is just people to talk to.

Abby also emphasized this point when she mentioned very simply, "These are people that can understand me . . ."

Skyler shared, “In terms of impact, in an involuntary way, it’s just like seeing and reconciling with the fact that there people like that as well, who kind of understand.” Toby experienced a feeling of frustration when people in his personal life found out about his disordered eating and how the people within these communities were able to be supportive and understanding of his behaviors. He stated:

. . . It is mostly just helpful because I can complain to people who are just not going to tell me to get a therapist. Because, yeah – yeah. You know I need it. You know I live in America right? I can’t afford a f***ing therapist . . . The pro-eating disorder community members] are going to understand what I am doing and why I’m doing it and they are not going to tell me that they behavior is wrong.

Fluff reflected on being understood in the community and also of growing in her ability to understand other people through the time she spent engaging with these communities. She mentioned:

I think I am a lot more understanding because I think through things and people have supported me. And that helped me. So it’s only fair for me to help other people as well. If somebody comes to me with an issue or something that I can give somebody advice on, it doesn’t feel right not to. I think it has made me a lot more understanding and a lot more patient with people.

Jane, while having friends in her personal life who experienced EDs, found she could say things in the community she could not say elsewhere. She said:

. . . I had friends that had eating disorders . . . neither of them were particularly open about their experiences and everyone experiences their eating disorders differently . . . their experiences were a lot different to mine . . . I kind of felt uncomfortable [broaching] the subject with them. So when I found these pro-eating disorder sites I was kind of like,

‘oh, they obviously know what I am going through.’ They know what it is like to feel like that sort of intrusive thoughts. They know how much of a mind f*** it is. They have all of these eating disorder patterns and they can understand and joke about and have deep and meaningful conversations. These sort of things that I wouldn’t be able to discuss, you know, outside of these communities . . . Talking about it openly is very difficult.

Jane also noted:

Probably the most important [thing] that I have gained – I have got a much greater understanding of how I developed this eating disorder and why I developed it . . . And what it’s doing to my body.

Isa also had a similar experience with developing an understanding of herself and her disordered eating behaviors. She noted:

Everyone understands what you are going through and helps you understand *you* a bit better because you see how an ED looks in another person and you learn a lot about that. And you learn that you are not weird or crazy. Yeah it is an issue that you have but a lot of people have it too. So yeah, there is a lot of understanding.

Isa was able to experience and acknowledge what it is to be understood when one is dealing with significant impairment related to her eating behavior. Isa continued discussing what it meant to be part of these communities as it relates to this subtheme. She stated:

. . . It means to me that there are people who understand me on a very different level than real life friends . . . I do have friends that are very good and supportive but they just, I can talk to them about my ED and they aren’t judgmental but they don’t know what it is like of course. But [pro-eating disorder community] friends . . . they just understand. Which helps a lot because you can talk about anything and you don’t have to explain everything

because they just know how it is . . . But there is also, I think the main part is being with others to help yourself understand yourself.

Community

The fifth theme is about the experience of being part of a community. Each participant experiences a level of community, or the perceived notion of being part of a community, at a different level. The *community* theme often overlaps with *unfulfilled needs* because a sense of community is also a commonly unmet need within the sampled participants. This theme includes subthemes of: (a) genuine relationships, and (b) loneliness.

Genuine Relationships

The participants in this study believed they have developed genuine friendships and companionship. For example, Skyler stated, “. . . I’ve gained . . . not only factual knowledge about . . . calories deficits and stuff like that but I have also gained a friendship out of it as well.” For Skyler, developing friendship was just as meaningful as learning about disordered eating patterns. Isa mentioned:

Yeah it is a sense of community. I have met several people that I would consider online friends. It is just very supportive I think . . . yeah it was like friendships I’ve built with some people. And not even only close friendships. There are many people who I sometimes interact with but I – I like them and they like me . . . It makes me feel less isolated . . . I’m appreciated and valued.

Isa’s experiences with these webpages have allowed her the opportunity to develop community, regardless of her perception of her relationships. Relatedly, Jane emphasized that having something in common with other members, namely having eating disorders and disordered eating patterns, is the precipice for gaining community and connection. To Jane, the relationships

she had developed were meaningful and deep because of the common area of interest, as well as, the ability to provide safety to those experiencing similar thoughts and behaviors. Jane stated:

I've also found really good relationships on there. I've met a lot of people, you know, around the world that I have connected with purely the fact we both have an eating disorder. And who've been truly fantastic and really supportive and great to talk to. So I kind of feel like I've made friends on there. I've gained friends. There's a sense of community, there's a place that feels sort of safe.

Veggies expressed a similar, though unique, experience when she stated:

. . . I would say in a weird way, some of my closest friends are probably people I will never meet. People that actually know the most about me than anyone else. I'm sure they feel the same way, with the same sort of affection . . . I think [a specific pro-eating disorder webpage] is definitely . . . more tight-knit and welcoming . . . every once in a while you will have people flake off and when they come back, you see their picture and it is exciting . . . And you can chat a bit and catch up and it is like you are seeing old friends. And it is. You always have something to relate about. You're always guaranteed to have something to talk about when you all have a common denominator.

Abby had a similar experience. To Abby, these pages allowed her to socialize when her disordered eating behaviors and thoughts prevented interaction. She stated these webpages were impactful because of the:

. . . socialization and then for the connection to other people . . . I am having human interaction with people. And again, just having had an eating disorder for a decade is really isolating and you lose a lot of friendships and you don't realize that it is happening at the time. Or I didn't. I didn't realize what I was missing out on . . . Now I have these people that I can relate to and we can understand each other . . .

The aspect of community and the ability to be understood has had a marked impact on how Abby, and other participants, have developed close friendships. As an example, Abby emphasized how meaningful one of her friendships had become. She shared:

I have, who I consider my closest friend through the site, the person that I mention that we skype and that we send each other letters, and she did a partial hospitalization program. And she really encouraged me. I was doing outpatient and I wasn't making any progress. And she encouraged me to look into the same. And yeah, without knowing her, I don't think I would be looking at the level of care that I am now. And it will hopefully, hopefully, help and get this recovery thing going. Uhm, so yeah. That is a pretty big impact I guess.

Abby's experience with developing a meaningful connection with one of the community members has allowed her the support and to gain realization of a different form of treatment that may be helpful for her success in recovery. Abby attributed her decrease in eating disorder symptoms to the connections and relationships she has built within these communities. She stated that she has received:

. . . comfort and friendship . . . You just get a sense of community you get a sense that they really are your friends. Since I've been more involved with the site, my behaviors have got a lot better. I will still purge occasionally, but I haven't actually gone out and binged and purged in a couple of years. Generally things, like, things have got a lot better from talking to people . . .

She continued discussing the relationships she has developed with her community members and what they have done and experienced together.

Yeah, and the community on [a specific pro-eating disorder webpage] was fantastic. We did meet-ups, we did secret Santa's, we did gift boxes where we would send each other foods that weren't around . . .

Fluff also developed a significantly meaningful relationship as a direct result of participating in these communities. She mentioned:

In 2012, I met [my fiancé on a different pro-eating disorder webpage] and I moved over from England. I moved over to Northern Ireland three years ago to move in with him . . . You can make some really good, really, really good friends there. And some of them have got better and some of them have got worse.

In addition, Fluff posted a response to a forum post that requested information about how significant others experience their partners eating behaviors and the impact eating disorders have on each partner. Fluff wrote:

Me and [my fiancé] met on [a specific pro-eating disorder webpage]. We've been living together for 3 years and are getting married next year. Our EDs were the opposite. I was heavily bulimic if I wasn't abusing stimulants, he was crazy restrictive. Over time our behaviours rubbed off on each other and our disorders sort of met in the middle.

Loneliness

The subtheme, *loneliness*, is experienced when a participant becomes lonely as a consequence of the participants' disordered eating patterns. Additionally, this subtheme addressed how participants' experiences with loneliness after decreasing or ceasing to utilize pro-eating disorder webpages for support and community. N discussed throughout her interview the process of experiencing loneliness and what she was seeking by engaging in pro-eating disorder online media. She noted:

. . . For me in my personal life, I am very introverted and I am sort of a loner and part of that is definitely from me isolating myself due to my eating disorder . . . It just gets to be like feeling I don't have any friends or feeling like nobody understands. Or feeling like I am trapped, I guess is what it means when I am feeling alone . . . I was just very lonely, and just going through a hard time with my own mental health. Even though I was quite young. I was just really sad and I did engage in self-harm at the time. And I was hoping, I was just really looking for people who understood.

N desired some form of connection and she sought people who could understand her and the life experiences she was dealing with. Similarly, in an original post Abby shared with her community members, she wrote:

. . . Emotionally, I am *such* a wreck. I'm so tired of being tired . . . so tired of crying and sleeping . . . I also feel lonelier than I ever have. I feel totally and utterly alone . . . Like, when I was exercising 2+ hours per day and restricting food, I was too busy with all of that to recognize that I was lonely. Now that I'm trying to recover, I realize that I have no connections with people because of spending a decade alone with my ED . . . I do hope that the connections with others help with the loneliness . . .

In her post, she wrote about how alone and lonely she feels as a result of “spending a decade alone with [her] ED.” She also reiterated this idea during her interview, when she stated:

When you have an eating disorder, you live kind of in a bubble. You live kind of isolated from the world . . . I am actually seeking recovery right now through treatment, but it really limited my life experiences throughout my 20s . . . I am having human interaction with people. And again, just having had an eating disorder for a decade is really isolating and you lose a lot of friendships and you don't realize that it is happening at the time . . . I always tell people I haven't dated in a decade. 21 to 31, I didn't go on a date. I didn't

make friends. I was just living in this eating disorder bubble . . . Now I have these people that I can relate to and we can understand each other and of course I am trying to get out there as well. But they are my friends and I consider talking to them online a form of friendship. So I am less lonely because I have some friends.

N and Jane also had different experiences related to this subtheme. For example, N discussed how she knew what it was like to create a post and to not having anyone comment on it and how lonely that experience was for her. N mentioned:

. . . A lot of times when people are posting things talking about how they had a bad and something happened and they are not really feeling very great. And it's really like sad when you post something and then you get like no response. It's really lonely sometimes. So whenever I see something like that, I try to comment just to let them know that I saw that they posted and that they are not alone. And I will say stuff like, 'oh, today was a rough day but it will be better tomorrow,' or 'don't be too hard on yourself.' Or something just so that person isn't feeling ignored or alone on the website.

On the other hand, Jane described how she believes she would experience loneliness whenever she chooses to decrease or fully leave pro-eating disorder online media because she uses this form of media in the same way others use social media. She described:

I think when I first try to either cut down or leave entirely, I think it will definitely be a big sense of loneliness. The first couple of weeks or the first little while because . . . I check these eating disorder sites like...most people check Facebook . . . Instead of scrolling through Instagram, you're scrolling through [a specific pro-eating disorder webpage].

Support

This theme is about the experience of receiving support and encouragement from individuals who are also engaging in pro-eating disorder online communities. Support, in the context of this study, is related to the support each member feels, support each member perceives they share with other community members, the act of learning how to provide and accept supportive care with people who are not in your immediate personal life and how participants received and provided encouragement to their fellow community members. For example, Toby's experiences within the communities were nourished primarily due to the instances he received or observed support within the members. He stated:

. . . The way that the whole community tends to be set up . . . It's the same way that you will see harm reduction on drug forums. It is all support without judgement. It is, 'whatever the [expletive] you are trying to do, we support it.'

Regardless of the behaviors or the level of involvement members shared with one another, Toby believed the community provided support to the members. He clarified this idea further when he mentioned:

There is also the fact that being supportive of whatever you are trying to accomplish means that if somebody decides that they want to stop and that they want to be a lot healthier, [pro-eating disorder community members] support that too. They support that a lot harder because that is what they should be doing.

Similarly, when a community member was struggling with seeking help, Isa provided support when she wrote:

I'm glad my words could help you. Realizing you have a problem is the first and definitely not an easy step. But your struggles are valid, and you deserve help. And I will repeat myself as often as you need to hear it in case you start doubting yourself again in the unfortunate long waiting time for your appointment.

In this instance, Isa provided support to community members who were struggling with eating disorders or disordered eating patterns. George had a similar perspective of what support looked like within these communities. He shared, “For everybody else, the name [of pro-eating disorder online communities] would imply that the whole website is like that but really, to me it seems that it is a support community.”

Fluff’s perception of support was had an underlying emphasis on encouragement. She mentioned:

. . . People would have different tips on how to deal with things like if you were feeling certain ways. People have been there before or they’ve been in worse places. Some people have been . . . able to have therapy or counseling. Which [has] been really helpful [for other community members] to share that knowledge to people who can’t access it. [In Ireland] the waiting list for group CBT is 11 months. But [CBT skills] have been something I’ve been able to learn and people encouraged me to keep waiting and keep waiting. And then when my turn came up, it was the people – because I was thinking ‘I don’t need this – I don’t need this anymore.’ But the people encouraged me to go and do it anyway. And it turns out that I did need it. And it was really beneficial. It’s just such a wealth of information of people who have been there before you and who’ve tried different things and that’s what worked. They can give you advice on what worked for them and what didn’t work for them. Even to the point where you’ve got people on different medications who are able to say, ‘this is my experience.’

Regardless of the circumstances, Fluff was experiencing, she received support and encouragement, and decided to continue pursuing treatment. Fluff’s experiences also allowed her to provide support to other community members. One such instance was after a community member created an original post that described a binge episode. Fluff commented:

One bad day doesn't offset the last 30lbs. Take today to boost metabolism, maybe do some light exercise, drink plenty of water to offset retention, and focus on tomorrow. Remember how bad you feel and use that as motivation to not do it again.

When describing the nature of these webpages, Skyler stated:

For [webpage] definitely 'we're all in this together' and pro-recovery . . . No one wants anyone to be in pain or suffering . . . If you look through the comments, you'll see, 'please eat more,' or 'oh my god, that's so little!' And there's just like, a genuine type of care. But if you are not recovering, they are not going to shame you either. And it's just like, 'oh we get it. We are in the same boat.' But if someone posts, 'I'm going to try recovery,' people will be like, 'oh congratulations!' . . . Like 'good luck' and 'sending good vibes,' you know, that kind of thing . . .

Abby also discussed the impact of what being encouraged through hard times has done for her.

She noted:

. . . These are people who can understand things . . . I managed to reduce the amount of exercising or increase what I'm eating . . . it sounds like such little things or just stupid things to a non-disordered person. But other people with eating disorders get it. They get that this is a big deal and something that I am working very hard for in a way that the rest of the world wouldn't necessarily. So really encouragement and support and for myself that is encouragement and support towards recovery.

N also described her experiences in providing support to others. When discussing her participation in the communities, she mentioned:

. . . It was never really like promoting it for others or teaching people how to eat less. I never did anything like that. But it was more [like] everyone being together and just being like, 'oh I only want to try to eat 300 calories today.' And everyone is just like,

‘Wow! Awesome!’ So that was more of what I was like in to . . . I would support I guess.

But not like to teach people how to have an eating disorder . . .

Similarly, Nichelle discussed how these communities will provide her lasting support because there will undoubtedly always be someone to speak to, forums to explore, or her old posts to view whenever she feels the need to seek support. When discussing the longevity of her participation within these communities she expressed:

. . . I guess they will always be part of my life. Because I know I have like a steady support system that I can go back on and like an information bank. So if I have any more questions or something I’m curious about, I’ll just go back and search through it or I’ll search through the posts that I’ve made or posts that other people have made and find my way.

Safety

Participants reported feeling safe within the communities on a personal level and feeling unsafe within their personal lives. They also voiced a need for security in online communities and discussed recommendations for maintaining safety when community members are performing possibly harmful behaviors. Safety’s overlapping subtheme, *harm reduction*, is related to encouraging supplemental behaviors that may decrease instances of harm.

Community members have participated in numerous similar threads in hopes of reducing physical harm that can occur when engaging in disordered eating behaviors. For example, Veggies sought advice on how to handle symptoms related to involuntary vomiting. In an original post she wrote:

. . . I don't know how you guys (those who purge) handle these type of things! . . . So basically I have been involuntarily puking up just stomach acid in the morning. I think it relates to my night eating problems . . . It's probably been 2 months since my last

involuntary puking session and right after all the acid is out I feel instantly better . . .

Thus far, I've puked 3-4 times and it doesn't seem to be stopping and I've tried tea and a protein bar to settle my stomach but it's not helping. Any advice? I'm starting to feel really shaky. Anyone else suffer from a similar problem?

Jane's perspective differs from Veggies'. She described how pro-eating disorder communities have similarities to pill testing centers (i.e. specified areas, sometimes at music festivals, where people may have their illicit pills tested without penalty to ensure safety when taking them). In her mind, pill testing centers are provided to ensure the safety of those who choose to use an illicit substance and to reduce drug interactions. Pro-eating disorder media is comparable because the members are doing what they can to provide safer options for maintaining disordered eating behaviors. She stated:

I guess you can kind of think of eating disorder sites as similar [to pill testing at music festivals] . . . You know you're engaging in harmful behavior . . . but because of these [pro-eating disorder] communities, I know ways of almost . . . not doing it safely . . . but like avoiding major health problems . . . I know that if I am experiencing any sort of chest pains . . . then I need to go to the hospital. I know how long my body can go without food and I know how long I can go without food and water. I've learned about electrolytes and that, like how behaviors like purging can affect your electrolyte levels. You know things like that just make it safer I guess . . . I know that if I'm feeling sick . . . say if I'm fasting, and I'm feeling really sick two days into my fast, I know an appropriate way to break that fast thanks to pro-eating disorder sites. It's a bit like pill testing.

Jane continued discussing her experiences with safety within pro-eating disorder media when she expressed:

You're finding a sort of safe way to do something that would usually be considered dangerous . . . And that is kind of what it's like. I am just doing my eating disorder in a way that is less obvious and maybe might delay some of the health problems until later. But yeah, it probably hasn't had a great impact on me.

Fluff has also worked to keep community members safe by reducing the frequency of *Ana Coaches*. Ana Coaches, as described by community members, are individuals who are typically middle-aged men who solicit young (sometimes underage) community members to "coach" them to continue their engagement in disordered eating behaviors. Fluff has been a moderator, someone who helps run and maintain webpages, for pro-eating disorder webpages for several years. As a moderator, she has tried to limit the presence of Ana Coaches within the sites, though there have times when she (and other moderators) have not been successful. She stated:

We were banning members for [Ana Coaching] and something was going wrong with the database and they were able to talk to people again and they weren't banned anymore. Even though the warnings were all there to say they were. So a lot of [Ana Coaches] were just able to come in and post things like that and we weren't able to do anything about it . . . Those people are around but [members] aren't encouraged to talk to them. Any person that would see someone offering to be an Ana Coach . . . that post would then be reported by [members]. And they would be called out in the thread. And that would usually be enough to stop people from contacting them and they would be banned.

On the other hand, Jane's perspective on community safety is that there could be more. She mentioned:

. . . I think it probably does need . . . some more secure privacy on [the webpage] . . . I mean it is up to you what you decide to post there. I mean there are pictures from my graduation on there. And there are pictures of me, of my body, posting body checks . . .

it's not like I am doing much to preserve my anonymity. You know, people can probably find my [social media account] . . . So I do kind of would like to see better safety on those sites...

Since the webpage Jane is referring to is an open-access webpage, anyone can view the content that is available to view.

Harm Reduction

Many participants discussed *harm reduction*, which occurs when individuals who engage with pro-eating disorder media provide alternative options for performing disordered eating behaviors in hopes of reducing the deleterious physical consequences. Fluff experienced harm reduction in different ways within the communities. In one instance, Fluff wrote:

You really shouldn't be purging using cutlery. It's much easier to hurt yourself with tools than it is with your hands/handsfree. Cold drinks might help it, or sucking on ice cubes.

The only thing that will definitely help is not purging for a few days if you can.

Fluff experiences were further emphasized when she expressed:

Some of the things . . . the [pro-eating disorder] tips and tricks and things like that, they are generally harm reduction that people would share . . . Those have been really helpful as well. Things like, after purging not brushing your teeth because you would brush the stomach acid around your mouth and you'd rot your teeth faster. Things like that have been really helpful and probably why I still have all of my teeth.

She then described a major shift in how pro-eating disorder media webpages and how tips and tricks are provided and what the context of them are. She stated:

. . . The old school tips and tricks you might find, like swallowing cotton balls, like those are really really old. And nobody would suggest that anymore and if somebody comes along is like 'I'm going to try and do this,' [the community members] would be like,

‘Why? You know, that is really really dangerous.’ These people wouldn’t encourage and provide tips that are harmful. They’ll [say] things like, ‘drink more water,’ because you’re not as hungry and not as likely to binge. Tips that aren’t going to hurt you or minimize the damage that you do. Like rinsing, which people would do quite often with purging. Where you purge, and then you drink water then you try to purge that up but that rinses your electrolytes out and that’s something that you know, I would spot through those sites.

N’s noticed the shift towards safety and harm reduction within pro-eating disorder media and believes it has provided a positive impact on the communities. She said:

. . . I think it is more positive since the community has shifted and now it’s about more damage control . . . So if there is anything that is like concerning about like my health, due to my eating disorder, a lot of people could give assistance. Not health advice but like for example, I don’t participate in laxative abuse but a lot of people do. So like people will be addicted to laxatives so people will post about like, ‘I need help getting off laxatives.’ [Community members] will give advice on how to safely reduce their laxative abuse . . . I guess it has helped me not damage my body quite so much.

Toby gave the example of speaking to a hypothetical community member when he stated:

‘If you want to get down to 87 [pounds] then you go ahead and do it. Here’s a few things you can do for harm reduction. Here is how you can be a little bit safer about that.’

Similarly, Nichelle has had the experience of providing safety and harm reduction to new community members when stopping harmful behaviors is not their priority. She stated:

I mean, at this point, if they’ve already found the community, they’re already like not okay with their relationship with food. So anything I would say with go straight out the window. But for them to just find healthier ways to do it . . . if that’s not their goal, I’m

not going to hold information back and risk them hurting themselves or do anything extreme-extreme.

Duality

Participants consistently discussed the experiences of externalizing eating disorders, disordered eating patterns, and eating behaviors as independent parts of an individual's personality, beyond *who* the individual participant *is*. For example, Jane created a thread to update other community members about how she has been doing. Within that thread she discussed being dissatisfied with comments, from her peers, she received regarding her weight loss. She stated:

Although my ED enjoyed it as an encouragement thing, it also pissed me off. People told me how 'well' and 'healthy' and 'gorgeous' I looked, and it's like, yeah cool, anorexia is killing me but glad I look hot.

In this excerpt, Jane has externalized her eating disorder as an independent part of who she is and has emphasized that her eating disorder can feel encouragement.

A similar thought process happened with another community member. In an original thread, a community member discussed concerns related to the behaviors and thoughts he or she was experiencing. As a response, Fluff replied, "You're right though about the thoughts being the disorder." In this response, Fluff was acknowledging the self-doubt the member was experiencing "being the disorder."

Isa responded to an original thread that addressed a video where the information shared described eating disorders as physiological disorders. She provided a personal anecdote in response:

My 24/7 food obsession . . . came from 'starving' myself . . . That's something I didn't notice while I was deep in because of 'ED ambition' - I don't restrict low, I have phases

with no restriction at all . . . I ‘fail’ ED-wise and I’m so not starving myself so the starvation approach can’t describe me. Instead I ascribed it to my personality - Well, I’m just inherently greedy and that’s why . . . I was so certain of this that I thought there’s no chance I could ever get to a state of not being totally obsessed with food and would always eat way too much if I don’t fight it with impossible levels of will power . . .

Isa’s anecdote explains the perspective of eating disorders, specifically her eating disorder, having its own ambition to maintain and further disordered eating symptoms. In another original thread, several participants discussed the difficulties related to recovery and symptoms that happen in response. One participant specifically addressed how his or her body and “recovery – mind” will think about eating and force him or her to eat if his or her “eating disorder – mind” will think about restricting. Isa responded to this comment by saying:

Oh yes, same. Whenever I’m stupid enough to attempt restriction again, my body is like, ‘Oh no, fuck you, we’re not going down that route again’ and I end up eating more and more chaotically. And I just don’t want this, so eating properly becomes easier when you know you’ll pay the bill for not eating (enough).

In this response, Isa is externalizing her body as making the choices, opposed to her eating disorder, to eat when she begins thinking about moving back into disordered eating patterns. In a separate experience, another community member created an original post where he or she was dealing with the thoughts and beliefs that he or she isn’t really “ill” regardless of the symptoms, thoughts, and behaviors he or she was experiencing. In response to the post, Isa stated:

Your ED is robbing you of the possibility to have a job which means you cannot fend for yourself. I’d assume you’ll have other parts of your life affected, your social life, hobbies, making something out of your spare time.

Once again, Isa was externalizing eating behaviors, this time the behaviors of a community member, as an external extension to who the individual was.

Abby also has experienced duality related to her eating disorder. On one of Abby's original posts, a community member provided support and validation. She replied, "There's such a huge part of me that hates to leave the ED . . ." Abby also had another experience with a community member when he or she provided support, encouragement, and personal anecdotes related to his or her recovery in regards to "letting things go." In this thread, Abby expressed there were some "things" she couldn't "let go of" related to how other people (including her therapist and health care providers) have commented about her eating disorder or eating behaviors. Abby's response to the community member is as follows:

You could certainly be right that it's the ED telling me to screw them because they said XYZ -- because you are 100% correct that the ED wants any reason at all for me to run back to it. You are also right about 'ED tinted glasses.' It changes our perception of everything, for sure. Even within recovery, it's hard for me to see the positives. I kept complaining to my treatment team over and over that I'm not making any progress, and they obviously disagreed . . .

In this excerpt, Abby's experience with duality is related to how she has externalized her eating disorder and how she has almost given her eating disorder a voice as well as an identity.

Lack of Understanding from Professionals

The theme, *lack of understanding from professionals*, is related to participants' perceptions of not being heard or understood by professionals. This theme is also characterized by participants of pro-eating disorder online media believing they are being categorized as "not sick enough" due to their weights regardless of their eating behaviors and eating history. This

theme includes the subtheme, (a) misconceptions and perceived judgment. For example, Abby created two original posts personify lack of understanding from professionals. She wrote:

I'm so tired of everyone's thoughts of a person with an ED -- EVEN TREATMENT PROFESSIONALS - being based around weight. No one takes me fucking seriously because I'm at a healthy weight. I'm sorry, were the 5 past years underweight not enough for you? Would you like me to lose a shitload of weight and come back? I will, you know, if that's what you need from me.

Abby created a follow-up post where she continued discussing how she has experienced a lack of understanding. She posted:

One of the things I keep running into that annoys me is ED professionals themselves acting like full recovery is not possible . . . At my intake assessment for the PHP, I asked about their long term recovery results, and the woman doing the intake had no idea but told me that people do come back sometimes because you can always relapse due to life circumstances. Thanks for sharing that at the intake . . . [My therapist] has shared a few times things like: (a) EDs are like alcoholism; the alcoholics she works with may be fully recovered but they still think about drinking sometimes and wish they could drink again; (b) She told me this isn't something I'll get rid of entirely; I'll just learn to manage it better (this is a quote) - My ED therapist, who had an ED herself as a child, said that she is fully recovered, but she still gets restrictive thoughts; she just doesn't act on them. The thing is . . . I have a bigger dream than all of this??????

Abby expressed great anguish over not having her needs met and having a treatment team that may not fully understand her treatment goals.

One of Veggies' posts described her frustration over the lack of *DSM-5* classification regarding her eating behaviors. In her mind, the lack of understanding she received may be due

to the lack of research done over her perceived diagnosis of orthorexia nervosa. She wrote, “one day you’ll be in the [DSM-5] and we will all recognize you as a ‘real’ eating disorder. Until then, I’m just ‘almost vegan.’”

In response to a few community members support and one member's confusion, Veggies continued when she stated:

. . . I'm not picky with ED subtypes. It's mostly clinical jargon anyways but at the same time because I eat a ‘healthy’ diet with lots of fruits and veggies my symptoms do get overlooked. Recently, I was rejected by the eating disorder clinic in my city and I can't help but wonder if Orthorexia was more respected and studied within the medical field if I would have gotten in. Either way, I didn't really want to be there. Not now. But it's interesting.

To Veggies, the lack of understanding she has perceived from healthcare and mental healthcare professionals has been detrimental to her treatment.

George has also had unhelpful experiences with seeking treatment for his disordered eating patterns. At one point, George sought support from a local psychologist and he discussed her lack of ability to provide help to him because of his age and his gender. He noted:

[The] psychologist told me . . . ‘you know what, most of the people I speak with that are going through an eating disorder . . . they are younger girls . . . because they are going through puberty.’ And I was in my 20s and I am obviously not a woman so I was sitting there and she was like, ‘I have no experience.’ . . . She couldn’t begin to help me . . .

Then she started throwing out guesses like, ‘are you confused about your sexuality?’ I was like, ‘you’re totally off base here.’ When I saw her I was like, ‘I’m eating and then I’m not eating.’ . . . It was a trip because then I was thinking like, ‘what am I supposed to do?’

Due to this experience, George started questioning his own thoughts and beliefs. He continued:

. . . There's nothing even wrong because I can go to a psychologist and they will tell me like, 'you know what nothing is going on.' So then maybe it just becomes that I am just over exaggerating. So it is probably all my fault.

Misconceptions and Perceived Judgment

Participants frequently discussed the misconceptions others have about eating disorders and disordered eating behaviors. They also felt judged by others and believed research and the media portray pro-eating disorder online media in an unfavorable light.

During her interview, Abby spoke about how people who do not participate with online eating disorder communities have misconceptions of what they are really like. She stated:

I think it's not what people imagine it is. I think people imagine that it is like . . . 15-year-old girls trying to convince each other to starve. And I'm 31 and I am trying to recover and I am getting encouragement from other people who are around my own age or older. So I think the main thing would be that there are misconceptions about it that you wouldn't even realize unless you took part in the community for an extended period of time...For the most part, I don't think anyone is encouraging each other to do harmful behavior. If someone posts that they are thinking of doing x,y,z, and it is obviously harmful and not safe to do, the response will be, 'No, don't do that. That is not safe. Have you considered this or that?' Yeah, no one is encouraging anyone else to hurt themselves or to do anything, that I have seen. Not openly. There is of course, the intrinsic like thought process of an eating disorder, it can be competitive, not on purpose. It is just, that is how it is to have an eating disorder. But I don't think anyone is purposely telling anyone else to starve or to do this or that. And it would be nice if people understood that.

Isa had a similar sentiment. She noted, “. . . there is always the hype that there is this bad evil thing, and when you look into it, it is not like that.” This was the perception Jane had prior to developing an eating disorder and prior to her engaging within these communities. Jane stated:

. . . Before I had an eating disorder, I just assumed that all eating disorder sites were just like evil. They were really bad and they were full of really sick people who were trying to make themselves worse. Which in some cases is true . . .

Jane and Isa had similar experiences that led them to believe that pro-eating disorder webpages, regardless of their reputation, are not places where there is purposeful harm occurring. Skyler also iterated this idea. Skyler expressed:

. . . Most of the time, especially on pro-ana sites . . . it’s very positive surprisingly. And it’s not what people try to make it out to be. It’s not like some monster thing where everyone wants to be the thinnest there. It’s more about people helping each other. And there’s really no shame about what people are doing to themselves either . . . It’s like, ‘make sure you drink water today.’ . . . So it’s very positive in that sense and also the community will be there . . . to help and guide you. To not only just reach your goal in that sense but to also be healthy because that is what everyone wants in the end.

Fluff emphasized her belief that the context the media has taken as harmful and dangerous were posts made out of satire and not out of malice to others. Fluff further clarified this idea when she mentioned:

I think generally, it’s hard for people to look at from the outside and go, ‘Oh that’s fine,’ because there’s a lot. There’s a lot of people just venting out to the universe and from an outsiders view, it can seem quite . . . a negative place. And even from an insider’s view, sometimes you look at it and go, ‘Oh my god!’ Because everybody is miserable. And that is their only outlet. So they let it all out there. And you’re just sort of saying, ‘did none of

you have a happy day?’ I think it’s been portrayed badly through lots of different film and lots of different documentaries that have all aimed to show like the ‘true side’ of ED websites or whatever . . . That’s why I say it’s not portrayed right. But it wouldn’t be as exciting and it wouldn’t be make good TV if it was just little girls sitting around saying, ‘I feel so fat today.’

Fluff, along with the other previously mentioned participants, believe there is a great misconception regarding how the media has sensationalized pro-eating disorder webpages.

Nichelle’s perspective is related to the misconceptions and the perceived judgement many participants experience after the media has covered pro-eating disorder webpages. Nichelle stated:

. . . A lot of people think that people with eating disorders are rather stuck up . . . That’s not true at all. We all come from different backgrounds, different walks of life. You know, coming at somebody the same way you would talk to someone who is stuck up about it and is unwilling to change can make that same pass at someone else. You know you never know what they are going through.

In Nichelle’s mind, there is a perception that people with eating disorders believe they are better than others. Her experiences have allowed her to see that all people who participate within these webpages are not experiencing the same lived situations. However, she has also seen people with eating disorders and disordered eating patterns being addressed in the same way. She shared:

If people would just talk to them, people would change the world. But to come at every eating disorder with the same kind of cynical attitude and the idea that ‘we’re going to fix you or you have to get better,’ it’s just not going to work with everyone. To further elaborate, people need to disassociate movies, and television from real people with eating disorders. Everyone is different. People develop eating disorders for entirely different

reasons. If you want to ask a friend or a love one about their eating disorder, do not judge them or convince them that they're wrong or sick. They most likely already know that, or need to come to terms with it themselves or with a professional. Additionally, do not force them to make drastic changes in their life for the 'better'. I've seen people in my life as well online try to 'help' someone with an eating disorder by pushing them to change who they are. Please refrain from doing that.

Veggies wrote a post that discussed how healthcare researchers also further corroborate the misconceptions and judgments of the media by the research they have participated in. She wrote:

I have also seen a few papers that were a little more open to the 'support' of eating disorder communities but not many. A few that I had read had very extreme examples of meanspo/proana/butterfly shaming which clearly happened and is quite accurate . . . Still support ED-sites clearly . . . It's interesting seeing your own behaviour reflected . . .

Within this excerpt, Veggies described her perceived judgment from researchers who wrote of the "extreme examples" of those who participated within these communities. Veggies acknowledged these posts and pages have existed. However, the participants have indicated the misconception that these are the norm of these communities.

Harmful Aspects

Community members acknowledged that there are parts of these webpages that are not helpful and that they can present or cause harm. This theme includes the following subthemes:

(a) triggering content, and (b) risk of predators. For example, Jane mentioned:

. . . Looking back at my own personal experiences, as much as pro-ED sites have helped me, they have also made me sicker . . . They taught me lots more ways to hide my eating disorder and they gave me lots more ways to lose weight quickly. And you know I'm not

sure, even know I am not sure what kind of damage I have done to my body because of that . . . I've heart problems at the moment and I've still haven't gotten my period back. I don't know what that is going to do to my bones . . . I have to take folate tablets because I am bordering on being anemic . . . I can definitely say, they have made me feel more in control of my eating disorder. But they have also made me sicker. They have also made me a lot sicker. I don't think I would have gotten to the weight I am now and have the problems I have now if I hadn't found these communities.

Fluff also has acknowledged this theme. She stated:

I think it would be naïve and really ignorant to say that these sites are wholly positive because clearly they are not. Because there are people that join them who get worse or engage in more and more harmful behaviors.

Toby also described this process when he said, “. . . I think the sites are doing a lot more good than they are doing harm, but they are still doing harm.” Toby's words indicate the realization that harmful aspects exist regardless of the good that can be experienced. Similarly, Veggies shared, “It is a little ironic, but at the same time, there are potential dangers all of the time of course. But I think that the positives, not that they outweigh . . . but they are still positive.”

Toby, Fluff, and Veggies have all had unique experiences. Regardless, they concluded that even with all the positive aspects they have experienced, they have also experienced harmful aspects. Skyler described an experience different from the other participants. She discussed the toxicity of specific pro-eating disorder webpages that emphasize the utilization of harmful behaviors. She stated:

. . . Some websites would be more toxic than others . . . There are definitely different categories and some categories are like those eating disorder forums and some are definitely toxic. For instance, there's like a whole side of [pro-eating disorder media]

that's toxic . . . just flat out mean . . . People would like post pictures of themselves and be like, 'be mean to me' and 'say some mean comments so it can trigger me to not eat,' and it's just like, 'what are people doing?'

Skyler's explanation offered insight into the psychological harm can occur in these communities.

Triggering Content

Triggering content describes the collection of material (including original posts, pictures, responses, and forums) that may include information community members may perceive as triggering. In other words, some of the information that is shared between community members that may result in community members being triggered to engage in disordered eating behaviors. Fluff simply stated, “. . . [pro-eating disorder webpages] are never going to be perfect and they are going to potentially cause more harm to some people than others.” Her words provide context to deeper situations some community members experienced. Jane spoke of how impactful some of the content that is shared is for her to experience. She discussed:

I guess the websites are still very much triggering, as much as I hate that term, in a sense that there are still going to be lots of posts on there about people posting body checks, people posting . . . emaciated bodies . . . People talking about how many calories they eat or you know, or what's the best way to exercise . . . It's obviously going to trigger the distorted thoughts in my mind.

Abby also mentioned her experience with triggers within these webpages:

I understand that there is a downside to it. Because it is not moderated for triggers per say. People talk about how much they weigh and how much they eat. And in particular, if it is a person that I consider myself to be friends with, that I am kind of close to on the site, like if I see them behaving in particularly unhealthy ways, that is hard for me

because it is kind of triggering for me . . . When it is the people that I am closer to or . . . people who are significantly underweight, ‘cause I am not underweight anymore, and if they are around my low weight or whatever because when I was underweight. Then it is kind of triggering . . .

Isa’s experiences, on the other hand, with this theme were directly related to how she perceived certain forums and how it influenced her behaviors. She stated:

. . . They post how much they have eaten and how much they want to restrict and all that. And I am pretty sure that did influence me a little bit. I never went to what is considered low restriction, eating just 200 calories. But I always had that in the back of my mind as a possibility and ‘I am a loser because I can’t do it,’ or something like that . . . It did have an influence a bit on that . . . There are certain forums that I avoid because I know they are not good for me. That’s something like the thinspo section where they post pictures of thin models and all of that . . . It just triggers the wish to restrict more and to lose weight . . . I found that as a recovering bulimic, I am triggered by going into the bulimia section because it is all about bingeing and purging. And yes, they have that in the [general] ED section too but it is not the sole focus. It is so much more. so it gets a bit watered down so then I can handle it . . . But I can’t deny that they are triggering places and that there are people who use it to actively to engage in eating disorder behavior. And it can be used to make yourself worse if you want to and I don’t think that is a rare form of use.

Risk of Predators

Many participants discussed encountering or observing individuals who may have malicious intent for younger participants within pro-eating disorder webpages. The participants who spoke of this theme described instances of Ana Coaches, who are older individuals soliciting younger community members for images of their bodies without clothing. Each of the

participants who addressed this theme had a different perspective on the severity and risks involved. For example, Veggies stated: “. . . Now on that [specific pro-eating disorder webpage], it is very obvious that there are predators on that site. It is just obvious that there are just sexual predators looking for people . . .” Her experience was derived from observing situations that were (and still currently are) occurring on a large membership eating disorder webpage. On the other hand, Fluff’s experiences with this theme were not as severe. When discussing the harmful aspects of pro-eating disorder media, she mentioned:

. . . They’ve got things like ‘Ana Coaches’ trying to teach people or coach people to lose weight. And that’s not really tolerated on any good site. It wouldn’t be tolerated to be having somebody say that they are going to ‘coach’ somebody into losing weight.

Because that’s not normal and that’s not okay to be talking to people like that.

To Fluff, these individuals who classified themselves as Ana Coaches were harmful but not in the way Veggies had experienced their contact with other members. However, Toby’s experience was more closely related to Veggies’. He described:

I honestly just think that a lot of content should just be more locked until you’ve been there for a while. I think that pro-ana content specifically should be locked until you’ve been on the website long enough so they know that you are not going to show up with bad intentions. Because I know that there is a problem with older men using it to troll for pictures of younger girls . . . If you go to specifically the pro-ana and body check areas there are a lot of people claiming to be Ana coaches who are really just looking for younger girls who they can, who will do what they tell them.

Toby experiences with utilizing pro-eating disorder online media have mostly been worthwhile. However, when describing the security of the webpages and the lack of safety measures, he

emphasized how harmful people who suggest they are Ana Coaches can be. N further supported this notion:

One thing I feel like that people forget about when it comes to these communities is the crazy amount of predators that are on these communities . . . Eating disorder communities attract a lot of old men basically. And that is something that is very concerning and it is something that needs to be talked about more because there are a lot of young, vulnerable girls on these websites. And a lot of times they fall victim to these predators who are out there who sexualize the disorder and they will be like, 'I'll be your coach and I'll help you lose weight.' And then they require these young, under aged girls to send them pictures in their underwear and stuff.

N continued to describe a personal experience she had encountered several years ago. She stated:

. . . Right after I had turned 15. There was a man who had approached me and I was very uncomfortable from the start and he was saying that he was an 'Ana Coach' and he was like trying to be like, 'I'll help you lose weight. You'll just have to do this and this and this.' I obviously was uncomfortable and I was like, 'no, leave me alone,' and I blocked him. And he was like continuing to make new accounts to contact me that was in 2015. And it went on for probably 6 months.

N also described an experience in which she discovered how another community member had been kidnapped because she was solicited and found through pro-eating disorder communities.

She shared:

. . . I remember . . . over the summer of this year . . . there was a girl who got kidnapped . . . from a predator who was on [a pro-eating disorder webpage] . . . And it was like a big news story and it kind of exposed the dangers on these websites. Not just because people promote eating disorders but from these predators who fetishize it and who're looking for

these young girls who are vulnerable and who don't know any better . . . [She] was kidnapped and she was gone for 394 days.

Motivation for Eating Disorders

Individuals reported receiving motivation and encouragement from participating in the communities. *Motivation for Eating Disorders* has four subthemes including (a) competitive aspects, (b) never sick enough, (c) intentional harmful behavior, and (d) tips and tricks. Jane's community discussions within several threads and the experiences she has had with her eating behaviors illustrate this theme. Jane wrote:

Every time I hit a goal weight it reminds me how much I love this . . . I feel like God when I'm restricting/fasting. It's so weird, but when I exercise while on a fast I feel lightheaded and slightly manic. I remember restricting to 390 calories the other day and going for a 3 hour walk. By about the half way point of the walk I genuinely thought I could walk into traffic and not get hit by a car. I started skipping in public and giving people weird looks. Totally convinced I was some weird mystical being . . .

Jane also participated in another community forum where she described her clear desire to maintain her eating behaviors. When discussing her desire to be thin, she mentioned that she aspired to feel:

. . . inhuman, like this ethereal creature that doesn't need food. I always find that the best motivation to keep losing weight for me is because I want to be able to see my bones and feel like the skinniest person in the room at all times. I won't feel beautiful until I'm tiny like a pixie.

During her interview, Fluff discussed how people can become compelled to participate in disordered eating patterns. She mentioned:

I think, certainly in the beginning, it was very easy to . . . look at other people and compare yourself to them. So it does distort your view of yourself. There's, if you look at the accountability, you will see that there are girls that are a lot skinnier are the ones that have all of the views. So that can be a driver. Cause of course everybody's interested. They are basically thinspo. And they are posting they're basically saying what they do to stay that weight. So people that want to lose weight would be drawn to that . . .

People who engage with these webpages may feel motivated to engage in disordered eating patterns so they can compare, or surpass, to other community members. A reflection of this idea was presented by an original post Veggies made to her community webpage. She wrote:

Lately I've been thinking about positive aspects of my eating disorder/weight loss I came up with a few that I want to share . . . I feel more confident in my movements and physical abilities! Going for hikes and climbing things used to be so hard for me at my highest weight but now I can skip from rock to rock across a stream with more ease. I'm enjoying shopping more (because it shows me progress). I can't see it but trying on clothing helps me feel the weight loss. My cardio is so much better and I feel less winded when exercising . . .

For Veggies, all the described aspects are motivation for her eating disorder to continue.

Competitive Aspects

Participants reported experiencing competition between them and those around them (either in their social life or through pro-eating disorder media) regarding eating behaviors, weight loss, or body appearance. For example, in response to a couple of thread posts about behaviors and thoughts that contribute to their eating patterns, Jane wrote:

I always try and convince my friends to get unhealthy food. They're my friends and I love them, but it feels so good to be both in control of what I eat AND what others eat. I'm

half-thinking: ‘a-HA, now I’ll seem even thinner in comparison to them when they gain weight.’

In another post, she also wrote:

. . . my best friends are really skinny and delicate looking, they’re so gorgeous. Funnily enough, all three of them have had anorexia (though they are all recovered now). Seeing them at school triggers me so much cause’ I feel I need to be better than them, skinnier.

While Jane’s words do not specifically mention that she is in competition with her friends, the underlying meaning resonates with the idea that she believes she is in an internal competition to be “better” at having an eating disorder. Veggies had a similar response when she created a thread about the current benefits of her weight loss. She wrote, “. . . Also I feel validated when I’m skinnier than others (and not great when I’m not . . . but . . . hey, that’s okay too).” Her words, though unique to what she has been experiencing, are similar in context to the drive to be “better” than others that Jane experienced.

Toby also discussed how he has observed these competitive aspects within the pro-eating disorder communities:

I have seen a lot of people who are like . . . this is a very competitive thing. It is common among people who are competitive and spiteful. Which sounds mean but I mean they just work together very well. People who are naturally inclined to be competitive and spiteful, and especially teenagers who are more likely to be under a situation where their family is controlling a lot of aspects of their lives, are not going to want to turn to family and authority figures for help when they want to improve their situation.

Nichelle provided a personal anecdote of what competition was like for her and a friend she had encountered within these communities. She mentioned:

For a while, I had this friend that I would talk to . . . it was a very toxic friendship. What we were doing was probably not the healthiest. So basically, we had . . . well essentially, we were friends and we did care about each other. But we did compete in very odd ways. About like who could lose the most and other like demented things . . . Essentially we would set up these crash diets and see who could go the longest and keep up, fall back, or quit. And I think that's what would really . . . mess me up . . . The competition aspect of it 'cause for the most part, I'm not very competitive in other aspects of my life. But for some reason when it came to like weight loss, I'm very competitive. And if I can't like see any physical changes then it just keeps going until I do . . . In addition to the crash diets, we also did a fair share of insulting each other about weight gain. But we were still friends, we checked up on each other, talked about common interest, and similar healthy friendship stuff.

Abby had a different perspective regarding competitive aspects during her interview. She expressed:

I wouldn't say we are purposely in competition. Like I would never say that personally. . . If I see their BMI is like 16, I would never write, 'oh, I want to get there too,' or 'oh, I am jealous of you.' Because that is stupid and I know that. And if I saw that they were doing four hours of exercise, I wouldn't really get up and try to do four hours of exercise. But there is a part of you that wants to or wants to get sicker when you see someone sicker than you. I wouldn't say that it is an open competition . . . It is not that I am actually interacting with them competitively intentionally in any way.

Never Sick Enough

Never Sick Enough is largely about how participants have the perception, belief, or experiences that they will never be sick enough to need or deserve treatment for their disordered

eating. These instances are either an internal experience or a result of advice from healthcare professionals. As an example, Jane wrote in an original post:

. . . Even though I'm diagnosed with Anorexia Nervosa some days I just feel like I'm not even close to being a proper anorexic - I get all the shitty symptoms like low heart rate, dizziness, blue nails, black spots, I've fainted like once, etc. But my period is still here (and I'm at 11.7% body fat so it's doing a great job) and when I plateau or gain weight from a binge or even just water weight, I feel like the most disgusting person ever. Like I'll never reach my goal weight cause I'm not a real anorexic . . . I feel like I can't be anorexic if I still have my period - at least according to the old DSM. Bastards. Anyone else know this feeling?

Jane's experiences are similar to others within this study. Fluff wrote in response to someone questioning if they were sick enough to seek help and recovery:

Feeling like you're not really sick is part of the illness, and you absolutely deserve help if you want it. Whether it's disordered eating or an eating disorder doesn't matter, if it's impacting your life you can work to change it.

Abby also provided insight on how her experiences within these communities caused her to question if she is actually sick enough to receive treatment. She mentioned:

It makes me think, I mean there is something about having an eating disorder that you think that you are never sick enough for your disorder. You are never sick enough for you to deserve help or to deserve treatment. Anytime I see someone 'sicker' than me, whether, particularly by being thinner than me by being more underweight than me, but also by, perhaps, more exercise or less food or an increased intensity of behaviors . . . It kind of reinforces the eating disorder thoughts and it makes me think, in a disordered way that I know is not reality, I should eat less or lose weight, or exercise more. That I should

be doing what these people are doing because they are doing a better ‘job’ of having an eating disorder . . .

Isa also discussed her perceptions related to never being sick enough:

And I am pretty sure, that did influence me a little bit. I never went to what is considered low restriction, eating just 200 calories. But I always had that in the back of my mind as a possibility and ‘I am a loser because I can’t do it,’ or something like that . . .

In her mind, Isa had believed that she was not good enough at her eating disorder because she was not able to perform low restriction. Isa believed she was not able to do what others could, so she was not sick enough. Jane provided a similar anecdote:

A lot of people, I mean I do it as well, I post up my stats up there. However, I find that it’s not helpful and it sort of provokes a lot of comparisons. I think this kind of idea that, ‘oh this person is skinnier than me so she’s sicker than me’ and you can automatically tell that based on their stats. It’s just not helpful like in the slightest . . .

Intentional Harmful Behaviors

Participants discussed engaging in behaviors with the intention of punishing themselves. For example, Skyler created a thread where she discussed that she had binged and as a result she wanted to attain ipecac syrup to provoke vomiting regardless of the harmful side effects. She wrote, “. . . Binged. About to buy ipecac syrup. Please tell me what to expect. I know what it does and that it’s bad. But I’m horrible at purging . . .” Veggies created a post where she asked community members about the self-punishment they participate in. Veggies wrote, “anyone else make exercise rules/punishments? For example: I always take the stairs, two at a time. If I’m going to the grocery store than I have to take a long route . . .” On one occasion, Jane wrote, “I wanna exercise until I pass out when I eat something outside my meal plan,” when speaking to other community members about disordered eating thoughts and behaviors. On another occasion,

she wrote: “Just the feeling of starving makes me feel so in control. I can’t wait to be underweight, it’s my biggest dream. I love punishing myself so much because it makes me feel.” Additionally, Jane also wrote another passage about consuming a large quantity of diuretics laxatives as a result of a binge. Jane wrote:

After three days binge free, I had a mild binge today so I'm probably sitting around 3000-4000 calories all up ugh. My weight keeps shooting up by a kilo a day at the moment cause my body can't handle the water weight which sucks, so I'm hoping to take control of myself and get back into restricting tomorrow. A new day, a fresh start I suppose. I took 5 Dulcolax and 4 fluid away tablets, and I'm challenging myself to burn at least 2000 calories tonight so that should help . . .

During her interview, Jane expressed the reasoning behind her eating behaviors and intentional harmful behavior. She noted:

And so it was like, you know, in my head it was kind of justified. I have all of these self-destructive behaviors. My relationship with alcohol isn’t great and I struggle with depression and that takes a major toll on my life. So you know, why not go down this pro-ED route. It can’t be more harmful than anything else going on in my life.

Tips and Tricks

Many participants discussed seeking or providing tips on how to engage in eating behaviors and tricks to engage in disordered eating behaviors. Veggies stated “ . . . It [pro-eating disorder webpages] taught me how to have an eating disorder,” and this idea was also corroborated by Toby: “. . . It wasn’t serious until I found the tips and tricks pages and then I was like, ‘Hey! I can do it extreme version of that.’” Veggies and Toby indicated that these webpages taught them particular behaviors that influenced the development or encouraged the progression of their disordered eating.

During her interview, Fluff expressed how she was chronically bingeing and purging large volumes of food weekly, and that community suggestions helped her to overcome this pattern and provided safer ways to purge whenever it did occur. She mentioned:

I went from [bingeing and purging large quantities of food] and then I ended up taking the newest ephedrine which was suggested by one of [the community members] . . . maybe not the most helpful thing, but it got me out of that deep hole . . .

Jane's experiences are different from those of Fluff's. She stated:

. . . I have to admit, and I think this is true for a lot of people that use these sites . . . it is fairly obvious that you are looking to serve your disorder . . . It's tips and tricks as much as everyone tries to say 'no, we are not a *tips and tricks* site.' You know, if you are going to a website for eating disorders, chances are you're looking to make yourself worse or for ideas on how to lose weight quicker . . . They taught me lots more ways to hide my eating disorder, and they gave me lots more ways to lose weight quickly . . .

The experiences and perceptions of participants are further emphasized by their online communication with other community members. For example, Jane created a thread that stated, "Motivation not to eat? Need some help motivating myself to resist all the junk food at this drama rehearsal. Any ideas?" In another post, she aimed to offer suggestions related to harm reduction. She posted:

. . . I have always been really hesitant to post in the bulimia forum because I don't physically purge via vomiting, however since I've been stuck in a binge-restrict cycle recently and been purging via lax, diuretics and exercise, I thought I'd create a safe space to talk about it. Lax abuse sucks especially, and as a chronic abuser I'd warn against it, but if you need safety advice just ask!

Similarly, Veggies, Skyler, and Toby posted threads or comments related to seeking tips and advice. Veggies wrote, “Night binging. How do you deal with it?” While Skyler requested information about purging behaviors when she posted:

Ways to induce vomiting. No gag reflex. No ipecac. Anything common in households that I can take to induce vomiting? Nonpoisonous and won't kill me [please]. Binged and I have no luck with purging through 'putting my fingers down my throat.'

Toby also requested information about a specific issue when he wrote:

Crave that mineral. So my hair is thinning more than I'm comfortable with and I'm really not liking the Consequences of my Actions and rather than launching right into full recovery right now immediately, I'm gonna take a vitamin and see if that helps. What vitamins y'all taking? Does it help?

Nichelle and Fluff had experiences with supporting other community members by suggesting different tips and tricks. In a thread where a member requested to hear each member's preference and way they purged, Nichelle responded:

I kneel when opting for a quieter purge session, I stand when [I don't give a f***]. I prefer standing because I feel like I comes up easier. Cos like gravity [is] my guy, if my heads pointed down and food is trying to come up . . . it's just uncomfortable . . .

In this instance, Nichelle is providing a personal anecdote on how purging works for her and what the most comfortable ways for her to purge are. In a different thread, Fluff provided feedback regarding how a community member could spark restriction again. The community member was having trouble getting back into caloric restriction without binging and purging. Fluff stated, “This sounds cringe as heck but would any of the ‘ana films’ give you that click? They usually work for me to some extent.”

Recovery

This theme is about the ongoing experience of recovery and related emotions, thoughts, and behaviors. Participants discussed recovery as a continuous cycle that encompassed the relapses of bingeing, purging, and restrictive behaviors. The theme has two subthemes including (a) hope related to recovery, and (b) struggles with recovery. Several of the participants within this study believed they were in recovery while a few participants were working towards recovery.

Abby, Isa, and Fluff each experienced some form of recovery as a result of establishing relationships with community members. In a personal thread, Abby discussed her current progress with recovery when she mentioned:

One thing I was thinking that I'm doing better with is not 'compensating' (with the ED behaviors) when I 'overeat.' I used to exercise more and more if I ate more. That quickly got totally out of control, so with the help of therapy, I reduced the exercise to a standard 60 minutes per day, no matter the circumstances. . . There are sometimes signs that I am indeed making progress!

Abby's anecdote details the tribulations she has overcome to recognize when there has been improvement within her eating behaviors and disordered thought processes. Similarly, Isa mentioned:

Well, I won't say it's easy because it's not, but I guess it might sound harder than it is. You don't do this all at once and it's a learning progress over time . . . I'm also not fully recovered, I still have a way to go, but it got so so much easier. There's not much fighting anymore, it's not a struggle anymore. Apart from a few fear foods, eating actually became easy . . . The whole food obsession - completely gone. Calories (nearly) don't matter anymore. Walking/exercising - mostly just when I feel like it. I'm so much more free. Not completely, that would be a lie. I still weigh myself too often (several times per

week), I still sometimes try to restrict, I still sometimes make elongated bike tours not just for fun but for burning calories . . . After 16 years of bulimia (with some sprinkles of anorexia), I wouldn't have thought to get so much better in such a 'short' time . . .

In these excerpts, Abby and Isa do not directly credit pro-eating disorder communities as part of the reason they have been succeeding with recovery. On the other hand, Fluff does acknowledge the impact pro-eating disorder webpages have had on her level of recovery. During her interview, Fluff discussed:

Since I've been more involved with the site . . . my behaviors have got a lot better. I will still purge occasionally, but I haven't actually gone out and binged and purged in a couple of years.

Fluff directly attributed the reduction of her eating behaviors to pro-eating disorder communities. She continued this sentiment when she stated:

I think [pro-eating disorder webpages] have made me a better person than I probably would have been. I think they have improved my quality of life considerably. Because I don't think if I hadn't . . . I found them so young it's hard to know what would have been if I hadn't found them. But I was already self-harming before I found the sites. I was already trying to restrict my intake but not doing it very well before I found the site. It's hard to know because I've been on them for so long. But I feel like it has had a positive impact on me. There may have been some bad things that I've picked up along the way. But I think they are outweighed by the positives that have come from it . . .

Hope Related to Recovery

Many participants expressed feelings of hope related to their recovery. Specifically, participants experienced positive change and felt hope for the future and a life without an eating disorder. For example, Abby created a thread in which she wrote, "It's been a positive day! A

really nice one, honestly. Today's a day that I feel like: YES, LET'S GO RECOVER!!!! LIFE IS WAITING!" In another thread, Abby discussed her hope for a life that she experienced prior to developing an eating disorder. She mentioned:

Anyway, I'm hoping the 12-week hospitalization program will help a ton and I'll be back to who I was before the ED?? The ED onset was when I was 21, so I do have a few memories of very young adulthood before the ED, when I was truly happy and spontaneous, and I didn't care what I ate and thought my body was just fine . . . those were good days!! I hope to get them back!

Fluff also indicated she has experienced hope by interacting with individuals whom she had connected with on pro-eating disorder media. Fluff shared:

I have definitely become a lot more comfortable in myself. People are talking to people there and everybody is going through the same things. It does normalize some behaviors but it also makes you look back at the things that you were doing and the things that you weren't doing now and you realize how off track you were. Like when I was bingeing and purging hundreds of pounds, that was so normal to me. It didn't even occur to me that things could be completely different. And that didn't have to be how I spent my life. I mean, I was working 60-70 odd hours a week just to be able to fund the money I was throwing up. After talking to people there, it made me aware was an alternative and that didn't have to be my life. In ways like that, it really has helped. And now, I'm getting married next year. We've bought our first house together with two dogs. You know, that's not a life I would've ever imagined I would have been able to have. And it's not something I probably would have had if I wouldn't have been on those sites.

Fluff's and Abby's experiences related to hope were different than Jane experiences. Jane believed that she would have to discontinue using the webpages once she recovered. When speaking of her hope related to recovery, Jane stated:

. . . It will definitely be a very weird switch. But I think, once I transition out of it, it will be like more transition back into you know the way I was before my eating disorder. At least I hope that it is . . . And what I think once I've left these eating disorder sites behind, I might come out into the real world a little bit . . . So I'm hoping that once I stop using these pro-ana sites, I'll actually move back into the real world a bit more and sort of start to see my friends in the real world more. and that will kind of sort of make up for what I've lost in the sense of the friendships that I've made on the eating disorder sites.

Struggles with Recovery

Finally, participants discussed struggles related to seeking recovery. The participants indicated these struggles include internal and external adversity, guilt, disappointment, confusion, and distress. Abby chronicled her experiences with recovery in an original thread. She wrote:

There are days I want to run back to my ED and get back to my [lowest weight] and I wish I weren't trying to recover at all. There are other days -- like today -- that I am SO FUCKING SICK OF HAVING AN ED!!!! Like, I am just OVER IT! I spent the morning and lunch restricting, eating as little as I could get by with, and I went on a 6 mile run. By 3 PM this had caught up with me, and I was starving, and restricting also seemed dumb. I went to McDonald's and ate a hamburger and kid's fry, 3 chicken nuggets, and half of a hot fudge sundae. I was still hungry. When I got home, I ate 2 plums, grapes, a glass of almond milk, and a piece of bread with a slice of cheese on it. I'm finally satiated . . .

Abby also discussed an experience she had with not being able to see the progress she has made related to her recovery. She mentioned:

Even within recovery, it's hard for me to see the positives. I kept complaining to my treatment team over and over that I'm not making any progress, and they obviously disagreed. I finally sat down and wrote a list of all the things I've done toward recovery . . . and it filled a page and a half. Why is it so hard to see the positives?

Jane's experiences with recovery were not easy. She requested feedback from the community members when she decided to seek recovery. She wrote that she is:

. . . living with diagnosed anorexia that has got to the point where it's totally wrecked my life. I've been seeing a psychiatrist for a little while but lying about gaining weight and eating because I wasn't ready to let anorexia go. But now I've finally got it through my thick head that I am dying and I need help. I'm seeing my psychiatrist tomorrow, and I'm not sure how to ask him to refer me to inpatient or at least day treatment. He's mentioned it as an option before when I first started seeing him and he used to run the only inpatient centre in the state so I think it'd be ok, I'm just nervous. What should I do? I really want my life back and being home alone all the time just triggers me to restrict.

After she had received feedback from community members, Jane spoke to her psychiatrist and created a treatment plan. However, she recognized how difficult recovery was going to be once she left. She continued by stating:

I was completely honest with him about the complete s*** show that's been my life recently, and he referred me to hospital which is great news - expect there's at least a 2-6 week wait before I get a bed . . . I know it's wrong, but at the moment I'm sort of back to my old tricks with restricting and avoiding food. However I'll now be weighed every

week at the doctors so they will know if I'm losing weight. I guess recovery will be a long process since I'm still obsessed with losing . . .

N has a different perspective of recovery than the previously discussed participants. One community member created a discussion forum in which participants were encouraged to discuss what they believe their futures will look like with an eating disorder in the next ten years. N responded with:

I'm 18 . . . I've been disordered since I was 10 or 11 . . . When I'm 28, I hope I'm still thin. I hope I'm still underweight enough that I look skinny, but not sick. I've been underweight for my whole life, I don't want that to change. I can't imagine being not underweight. I can be underweight and not starve myself. I guess I'd hope I'd be recovered by then, as long as I'm like a 17 BMI LOL. This is coming off really sad. I just want to stay skinny. I don't see myself ever fully recovering if I'm being honest. Hopefully I'll be doing ok, maybe skipping meals every once in a while or having mild relapses, but doing okay for the most part. That would be nice, to just be okay . . .

During her interview, Isa also discussed her experience engaging in recovery communities. In Isa's mind, recovery communities are too strict about discussing what is going on with each in a free format, and therefore she continues to engage in pro-eating disorder communities.

She stated:

I have only had a brief look into some of them. But they felt, I'm in recovery myself, so I thought that could be something for me. But from what I have seen, they are very very restrictive in their guidelines. Sometimes you can't even mention a food because it could trigger someone and they are so preoccupied with making it a trigger free zone that you basically can't talk about anything . . .

Other Interesting Findings

Interesting findings within the context of this study included emerging experiences that were uncovered. However, they were not strong enough to be solidified as solitary themes. The other interesting findings that were discovered were as follows: (a) acquaintances, (b) concerns for member wellbeing, (c) feelings of grief and loss related to recovery, (d) identity, and (e) validation.

Acquaintances

Some participants did not have (sometimes by choice) established relationships with other community members. George's experiences were solely about seeking and finding understanding instead of developing connection. He noted he participated in these communities:

Just so [I] could have people to talk to. And you know, because these people experienced the exact same thing, they would know or they would understand like what's going on and stuff like that . . . I just go there to talk to people about stuff. Impacted might sound maybe a little too serious about it . . . Not so much a real relationship. Just people that you could say that you like them more but not like a serious thing or anything . . . So there's other people that you could talk to and you would recognize them. And yeah, you like talking to them and stuff like that but that is like a computer acquaintance.

N had similar experience to George. She shared:

I never really posted. I would just read the content that other people would put out . . . But I never really put out original content out there. Every once in a while I guess I would post, how I was feeling that day or what I ate and stuff like that. But for the most part I was just quiet . . . I still mostly don't post, I just lurk. But I don't post more than I used to . . . For me, it is mostly very shallow. So I have been on EDC since July . . . And I haven't formed any deep connections with anybody and that is purposeful because I just

don't have time . . . I will occasionally post like words of support for someone who is going through a hard time but it is always sort of surface level.

Concerns for Member Wellbeing

Concern for member wellbeing was an underlying experience for some participants. For example, Skyler created an original thread to remind all the community members who viewed it to utilize self-care activities. She shared:

. . . self-care. Have you taken your medications ? Have you drank some water today? Eaten something? Even if its small. Don't forget to occasionally treat yourself, because you deserve it.

Fluff described how community members would respond when they communicate they want to try something that may cause physical harm. She noted:

. . . If somebody comes along [and] is like, 'I'm going to try and do this,' everybody would be like, 'why? You know, that is really really dangerous.' These people wouldn't encourage and provide tips that are harmful. They'll do things like, 'drink more water,' because you're not as hungry and not as likely to binge.

Additionally, Isa posted a comment on an original poster's thread who was struggling with binge eating while working through recovery. Isa provided a personal anecdote when she mentioned:

. . . I can only speak from my own experience, and from my experience it seemed it was really actually my body demanding all that food. Or maybe there was a mental component in the sense of, 'Now that I'm finally allowed to eat unrestricted, I want it all' . . . Either way, it evened out all by itself and I would really advise to restrain from any counter measurements for a while to give it time to settle. If it's persistent, yes, then you should do something about it, but please under professional surveillance . . .

Feelings of Grief and Loss Related to Recovery

Several of the participants shared feelings of grief and loss related to recovery. Jane and Abby's experiences, though unique, described this finding in a similar context. Jane stated:

. . . I have noticed . . . I have less contact with my friends. I don't get out as much I used to . . . I talk to people less, you know online or through text . . . I'd rather just talk to people on [a webpage]. So I'm hoping that once I stop using these pro-ana sites, I'll actually move back into the real world a bit more and sort of start to see my friends in the real world more. And that will kind of sort of make up for what I've lost in the sense of the friendships that I've made on the eating disorder sites . . . It's difficult because I want to give pro-ED communities the sort of recognition they deserve for helping people with eating disorder to find a safe place online but I guess you have to think about it from a clinical point of view . . . So, ultimately I will have to leave the sites if I want a full recovery that means that I need to move away from things that will trigger. Which is hard because I love these websites and I love the people and the connections I have made. But I guess ultimately you have to move on for you to get better.

Abby also wrote about the process of grief and loss related to the act of seeking recovery. Abby wrote:

. . . I'm realizing everything I lost between the onset of my ED . . . and today . . . I'm realizing the life I could have developed and didn't . . . Now that I'm trying to recover, I realize that I have no connections with people because of spending a decade alone with my ED . . . I also think I'm fully realizing how much I've lost in that decade. I am so disconnected from the world and other people, and it's really very, very sad and lonely. When totally stuck in the ED, you don't realize how isolated you are. Now that I'm getting a bit better, it's like I have the capacity for life, but I don't have the life to fill it with? Or something? . . .

Identity

Within the context of this study, identity was related to the experiences of participants coming to their sense of self and the process of continuity in personality over time. For example, Toby stated:

. . . There is a surprising amount of overlap, it is not surprising if you really think about it, but there is a surprising amount of overlap, between people with eating disorders and transgender people. It sounds weird until you realize that when it is a control and body based disorder. Like you are going to get a lot of it among people who people are putting them in the other genders clothing. So . . . I don't think I would have ever figured that out without transgender spaces and ironically that is the best thing I have ever done for my mental health. So . . . it has helped me figure out other things that aren't even related.

Toby's experiences with identity, or finding himself, through community participation is an experience he believes is more common than people think. In his mind, the overlap between the eating disorder community and the transgender community is significant.

Validation

Validation was an underlying experience that co-occurred within the other themes and subthemes. George described an experience regarding validation within these communities. He mentioned:

I think I pretty much [was] on the computer looking for something like [I've experienced] and talk about it. But then you find these people and they know what you are talking about . . . so it becomes just conversation . . . Like, 'man, I feel awful. I didn't eat anything.' Or you know what, 'I feel like this' or 'my hair is falling out.'

Isa responded to a community member who was questioning if he or she really had an issue with eating behaviors. Isa wrote:

If you are worried and struggle (which you clearly do), you should take it seriously because it is. And it doesn't matter if you're under, normal or overweight. It's a mental illness after all . . . And one of the symptoms is doubting yourself if you're 'sick enough' to get help . . . You are sick. You don't need to be the sickest in the world to get treated.

Similarly, when a community member discussed how her general practitioner dismissed her concerns over her weight and eating behaviors. Fluff wrote:

You are definitely entitled to feel dismissed. He should have taken your concerns into consideration and known to subtract clothing weight. It probably worth requesting to see a different doctor the next time you need to go.

Finally, Veggies also provided validation and support to a community member who described the stress he or she was experiencing due to the recovery process. Veggies commented, "I don't think it sounds dumb . . . I think it's very reason[able] to feel overwhelmed when asked to give up a coping mechanism . . . ”

Discussion of Themes and Subthemes

Figure 1 depicts the themes and subthemes of this study. The themes and subthemes are designed and reported in the way they were presented to me. The experiences of the participants are not clean nor are they cohesively lived. All of these themes and subthemes overlap and overlap at different times within different contexts. Each participant experienced a different lived experience related to each theme and they also lived each theme at a different level or intensity. Regardless, this image the experiences that are currently being lived by my sample.

Description of Themes and Subthemes

The outer rectangle of the figure depicts the social and physical environment of the participants while the interior of the rectangle depicts the experience of accessing and using pro-

eating disorder online media. The theme, Lack of Understanding from Professionals with the subthemes Misconceptions and Perceived Judgement, are indicative of the external world or viewpoint that many participants encountered and believed existed. This theme and these subthemes are experiences that participants may believe they do not have control over, while the interior themes and subthemes are experiences they may believe they have do have control over.

On the left-hand side of the interior of the rectangle is the theme of Curiosity. This theme is the catalyst and the driving force that initially engaged participants into these communities while Spiraling Down is the experience of being pulled further into the depths of pro-eating disorder online media. Spiraling Down is depicted as a moving cycle because it appears to be continuous throughout the engagement within the communities. There appears to be a centripetal force that rotates the internal themes and subthemes in a circular or repetitive motion due to the catalyzation of Curiosity. The central force, for several participants, appears to the externalization of eating behaviors classified as Duality within this study. Unfulfilled Needs, Support, Increased Body of Knowledge, Community, and Safety, along with their respective subthemes, are on the left-hand side of the circle. These subthemes represent the experiences or aspects participants are receiving or gaining from pro-eating disorder online media. In other words, the left-hand side of the circle indicates how participants are benefitting from using this form of social media.

Harmful Aspects and Motivation for Eating Disorders, and their respective subthemes, are on the right-hand side of the circle. These themes and subthemes are experiences, and ultimately consequences, that result from using pro-eating disorder online media. However, because there is the centripetal force, the participants still receive benefits throughout their time spent engaging in these webpages. Participants still willingly choose to access these webpages regardless of any negative impact the participants may encounter as a direct result. *Recovery* and

the two subthemes associated with recovery are externally located from the circle though still internal to the rectangle. Recovery is a reactive agent and while many participants actively choose to experience recovery, they can quickly be drawn back into the cycle because of the continuous, active communication and participation that occurs.

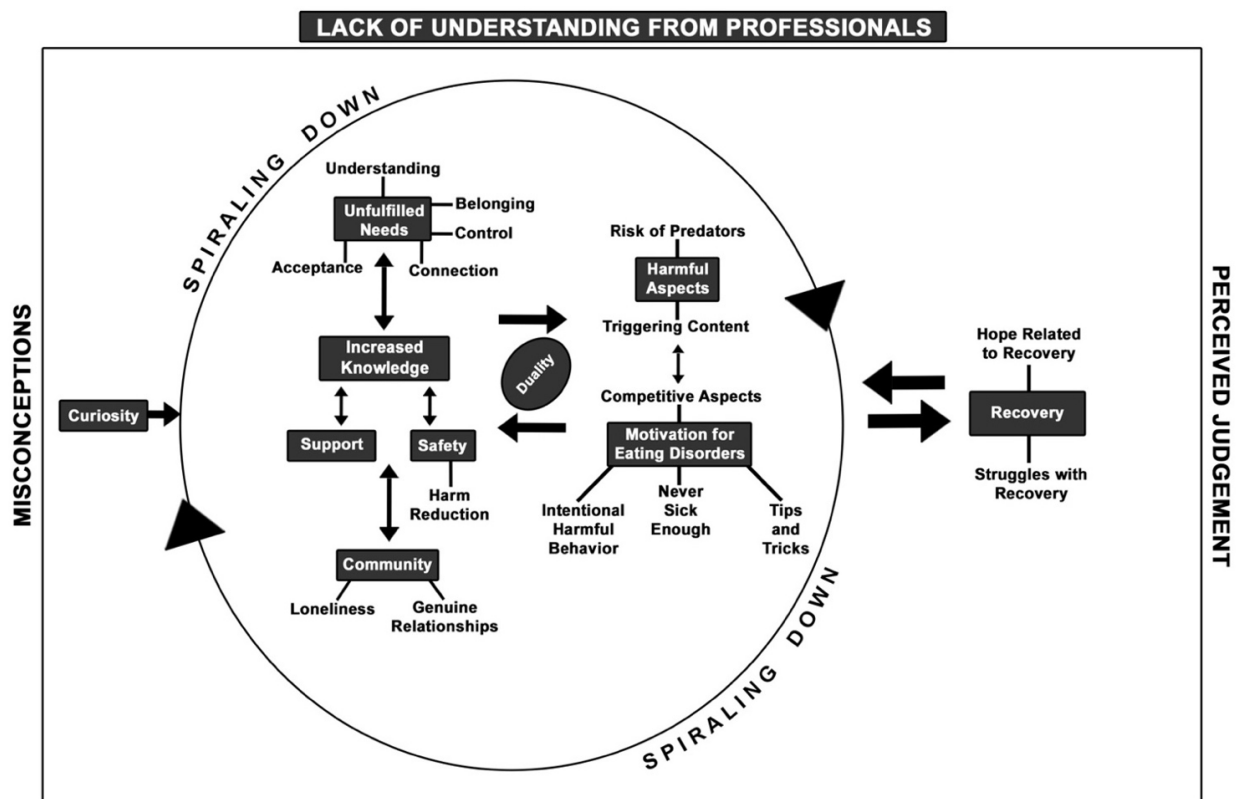


Figure 1: Visual representation of themes and subthemes. Each theme is depicted within a black rectangular figure while subthemes extend away from the themes or show movement.

Summary

In this chapter, I chronicled and elucidated the themes and subthemes that emerged from interviews and document analysis with participants about their experiences of engaging with pro-

eating disorder online media. I found 12 themes and 16 subthemes through the analysis of participant interviews and by analyzing each participants' post history on their pro-eating disorder media webpage. Themes and subthemes were also analyzed by utilizing participant feedback over the interview transcripts of the interviews as well as through initial findings feedback. I ensured my themes and subthemes were accurate through the use of two peer reviewers. The findings of this study illustrated various components and aspects of the participants' lived experiences of engaging with pro-eating disorder online media. The themes of this study included: (a) curiosity, (b) spiraling down, (c) increased knowledge, (d) unfulfilled needs, (e) support, (f) safety, (g) community, (h) duality, (i) lack of understanding from professionals, (j) harmful aspects, (k) motivation for eating disorders, (l) recovery. The next chapter presents a discussion of the relationship between these findings and the literature, as well as implications for the counseling profession and recommendations for future research.

Definitions of Culture-Specific Terminology

The participants within this study utilized culture-specific terms related to the access and use of pro-eating disorder online media and the participants' experiences. Explanations of these terms are as follows:

Ana Coaches: individuals who provide 'coaching' services to people with eating disorders, to facilitate their ability to engage in disordered eating and maintain low body weight. In this study, Ana coaches were described frequently as older males who sought to 'coach' adolescent females, and whose intentions were actually to control and sexually manipulate young girls. For example, Ana Coaches often request images of their nude bodies as part of their services.

Butterflies: individuals who are perceived as new members to pro-eating disorder media because they are seeking eating disorder behaviors as a crash diet or they are seeking to learn disordered eating behavior.

Butterfly shaming: the process of shaming individuals/community members who are actively using pro-eating disorder media and seeking disordered eating behaviors.

Meanspiration/meanspo: a subcategory of pro-eating disorder media where a member asks other community members to provide hurtful comments about his/her body, after he/she has shared a picture of him/herself, as a way to find encouragement to not eat.

Pro-Recovery Webpages/Support ED sites: webpages for individuals with eating disorders that are focused on recovery from disordered eating behaviors.

Thinspiration/thinspo: a subcategory of pro-eating disorder media where members post, share, and discuss images of bodies that are often emaciated or underweight for inspiration.

CHAPTER V: DISCUSSION

In this study, I explored the lived experienced people who engage with pro-eating disorder online media. The overarching research question that directed this study was created to explore the lived experiences of people who engage with pro-eating disorder online media and the secondary research questions were cultivated to explore how people experience pro-eating disorder online media. I implemented a hermeneutic phenomenological approach because it aligned with the research questions developed. I collected data through semi-structured interviews and the collection of post history from each participant. The findings from this study may provide opportunities to explicate the use of this form of social media further as well as provide a foundation for additional treatment modalities to be established as they relate to eating disorders and disordered eating behaviors. Within this chapter, I have discussed the current study's findings in relation to previous literature. I have also discussed limitations, implications, and future directions are also addressed within this chapter.

Findings and Their Relationship to Current Literature

The demographic information provided an interesting perspective on the participants of this study. First, there were two male participants involved in this study. This finding is novel because most research regarding eating disorders and pro-eating disorder online media has been solely from the female's perspective. While the results from this study are limited, it does suggest that there is a male presence within these communities. These novel findings may indicate the indicate the need for further exploration into who is impacted by eating disorders since research and treatment currently examines how eating disorder impact female adolescents and emerging adults. Additionally, the participants from this study were between the ages of 18 and 31 ($M = 23.7$, $SD = 4.7$, median age = 24.5). Previous research has indicated that the age of onset of eating disorders is typically between the ages of 19 and 25 (Le Grange et al., 2015).

However, two of my participants (aged 18 years-old) indicated they had begun their disordered eating between the ages of 10 and 12. On the other hand, five of my participants (aged between 24 and 31) indicated that they had had disordered eating patterns for at least a decade, and this aligns with previous findings regarding the age of onset of eating disorders (Le Grange et al., 2015). The findings of this study suggest the age of onset of eating disorders may occur earlier than data has indicated in previous literature. This may be due to the increased use of social media and pro-eating disorder online media, and the influence of the thin ideal. This is concerning because the physical and psychological consequences of eating disorders can adversely impact the wellbeing of adolescents as they are developing into adulthood. The consequences of eating disorders are severe and can lead to mortality (Mahan et al., 2012). However, when an individual develops eating related behaviors during early adolescence, he or she may have experience more severe consequences related to an earlier introduction to behaviors during adolescent development.

This study also included a cross-cultural perspective. Six participants reported they were from a different region in the United States while four participants were international (i.e. Australia, Canada, Germany, Ireland). A majority of the participants identified as Caucasian ($n = 6$), one identified as British ($n = 1$), one identified as Latino ($n = 1$), one identified as African American ($n = 1$), and one identified as biracial ($n = 1$). These findings indicate the need for an examination of the cultural biases that have been normalized within the genre of eating disorder research. The voices of the participants expressed how minority populations are underserved and that treatment is insufficiently provided when an individual does not fit the ideal of what an individual with an eating disorder looks like (i.e. female Caucasian).

The results of the formalized assessments (EAT-26, BAS-2, BDS) were also enlightening. For example, the severity of the EAT – 26 scores were largely unexpected.

According to Garner et al. (1982) a score above 20 indicates a high level of concern related to eating behaviors and eating attitudes. Eight of the participants scored above a 20 (score range from 22 to 50) with six participants scoring between 42 and 50. These results indicate that over half of the participants scored twice as high as the threshold for concern regarding disordered eating. However, the results of the BAS – 2 and the BDS conflicted with the EAT-26 scores to an extent. According to Tylka & Wood-Barcalow (2015), higher scores on the BAS – 2 indicate a higher level of body appreciation. Five of the participant's scores ranged between 11 and 15 (highest score on the BAS – 2 is a 25) and the other five participants ranges scored between 5 and 9.5. As the results of the EAT – 26 indicated high severity, it might be expected that BAS – 2 scores would be significantly lower than they were. However, participants with the severely concerning scores on the EAT – 26 (participants with scores of 50) did have lower scores on the BAS – 2 (below a score of 9). These results appear to be more congruent with eating issues and related body dissatisfaction. Interestingly, two of the participants with a score of 42 on the EAT – 26 scored an 11 and 12.5 respectively on the BAS – 2. These findings were surprising since these scores reflect severely concerning eating attitudes and behaviors (EAT – 26) and a moderate level of body appreciation (BAS – 2). Participants scores on the BDS ranged from 1 to 6 ($M = 3.2$, $SD = 1.75$). Four participants had scores of four or higher. According to Mutale et al. (2016), higher scores indicate a higher level of body dissatisfaction. Interestingly, six participants had a lower level of body dissatisfaction even though their EAT – 26 and BAS – 2 scores were concerning. Analysis of post history was the last form of data that was collected for participant characteristics. Original threads ranged from 1 to 39 ($M = 14.9$, $SD = 12.2$, median threads = 13) and the participants original posts (which includes original threads and comments posted in response to other community members) ranged from 5 to 2,221 ($M = 746$, $SD = 751.6$,

median posts = 452). Those who spent more time within this community appear to have more concerning results related to the EAT – 26, BAS – 2, and the BDS.

Community

The theme *community* included the following subthemes: (a) genuine relationships, (b) loneliness, and (c) relatability. Participants in this study discussed the relationships they gained and the feeling of community they experienced by taking part in these webpages. These results align with other research findings. For example, in another study, community appreciation was discussed within a sample of participants who engaged in pro-eating disorder media webpages, either directly or indirectly (Wooldridge et al., 2014). Participants in this study reported searching for community members who were “like-minded.” Similarly, participants in this study reported the desire to seek out individuals who shared similar experiences, and they felt encouraged to express themselves without judgment freely.

Unfortunately, when individuals who struggle with disordered eating establish communities within these forums, it can be harmful. Other studies have found that the accessibility of online social networks has normalized constant communication and has the potential to create a dangerous environment for users (Li & Du, 2014; Grossman, 2015). For example, participants who are “like-minded” on pro-eating disorder websites may choose to post images of emaciated bodies to represent their ideal selves (Woodridge et al., 2014; Saffran et al., 2015). Posting these images can increase participants’ body dissatisfaction, and researchers have found a high correlation between body dissatisfaction and disordered eating patterns, beliefs, and attitudes (Ferguson, 2013; Grabe, Ward, & Hyde, 2008). Further, social media use can influence attitudes, perceptions, decision making, and beliefs (McLean, Paxton, Wertheim, 2016). By interacting with each other in this format, participants may limit their ability to recover from their disordered eating (McLean, Paxton, & Wertheim, 2016).

Further, researchers have surmised that pro-eating disorder online media can provide validation, affirmation, and encouragement (Borzekowski et al., 2010; Jett et al., 2010; Williams & Reid, 2010). For example, Wilson et al. (2006) found that pro-eating disorder webpages may impact the quality of life for adolescents and encourage adolescents to search for information related to disordered eating patterns. Vulnerable populations, such as adolescents or individuals with issues with body distortion, may seek information related to eating disorders. This process is significant since researchers have also linked internet overuse and internet dependence with poor emotional health and physical health issues (McNamara, 2018). Studies have indicated that participants who identified themselves as dependent on the internet reported high levels of depressive affect and symptoms (Ho et al., 2014; Morrison & Gore, 2010). Allen et al. (2013) indicated that those with eating disorders and disordered eating patterns often experience a comorbid diagnosis with depression, anxiety, and substance use issues. Additionally, Morrison and Gore (2010) found that participants who are dependent on the internet are more likely to engage with internet-based communities for socialization. Once these individuals have found pro-eating disorder media, they become dependent upon the communities to develop relationships and mitigate loneliness, and as a result, may continue to struggle with harmful eating behaviors.

Duality

In this study, participants discussed the externalization of eating behaviors as a separate part of their self. This finding is corroborated by previous studies, during which participants who struggled with anorexia discussed their disorders as external forces that provoked or promoted disordered eating-related behaviors (Higbed & Fox, 2010; Tierney & Fox, 2010; Williams & Reid, 2012). Additional internal voices, outside of an individual's consciousness, also led participants to fulfill eating-related behaviors that were deleterious to an individual's physical

health (i.e., an internal voice suggesting an individual not to eat, purge, or perform other compensatory behaviors). In the current study, participants used language that externalized their disorders, beliefs, and thought processes regarding eating behaviors. Tierney & Fox (2010) indicated that individuals who were living with an externalized eating disorder voice had experiences of associating these voices with friendship, protection, support, and comfort. This finding was corroborated by another study that explored the voices experiences by individuals with anorexia nervosa. Williams and Reid (2012) found that some participants discussed their eating disorders as *her* or directly as *ana*, which is a condensed version of anorexia nervosa that is commonly used within pro-eating disorder communities. These voices can lead individuals to believe they have a companion or a friend within their eating disorder (Tierney & Fox 2010; Williams & Reid, 2012). Subsequently, as their disorders eating patterns and eating disorders progress, individuals may begin to believe they are controlled by their behaviors (and their externalized voices) (Tierney & Fox, 2010; Williams & Reid, 2010). Ultimately, individuals may perceive these voices to be split from their authentic selves; thus, the externalized eating disorder voice may begin to battle with an individual's authentic self. In other words, externalized voices may begin as comforting. However, as disordered eating behaviors progress (or as they are encouraged to progress through pro-eating disorder media) the voices may become more critical and harmful (Williams & Reid, 2012). This may encourage the cycle of seeking support and validation from pro-eating disorder communities (Borzekowski et al., 2010) and increase body dissatisfaction and encourage more severe eating disorder behaviors (Schooler & Trinh, 2011).

Motivation for Eating Disorders

This theme and the subthemes include participants' experiences and subsequent consequences due to their engagement in pro-eating disorder online media. Regardless of the consequences, participants sought out these communities because of the perceived benefits they

received. Another study compared two media microblogs (Twitter and Tumblr) about communication of disordered eating patterns (Branley et al., 2017). Branley et al. (2017) discovered, through thematic analysis, that participants with disordered eating patterns believed their behaviors were not harmful but preferable. These findings are similar to the findings of the current study. In this study, some participants expressed that they use pro-eating disorder media as a resource to discover the most helpful (and less harmful) avenues to perform useful disordered eating patterns.

Branley et al. (2017) also found that the participants believed their progress was based on their symptom severity (i.e., how few calories had been consumed or how long they performed the extreme exercise, and time frame of fasting periods). The researchers discussed how frequently participants sought new eating disorder behaviors so they could increase the progression of their weight loss, or example by requested tips and advice. Similarly, participants in this study sought out support and tricks for weight loss. These findings show that participants are actively seeking support to fulfill their behaviors, regardless of symptom severity. Williams & Reid (2010) indicated that individuals utilized these webpages to attain or maintain a thin or emaciated body shape. It is apparent that individuals who use pro-eating disorder media can share, and discuss how to perform and hide behaviors related to eating disorders regardless of the adverse effects that may occur. Participants who use pro-eating disorder communities may glorify disordered eating patterns and symptoms of eating disorders as desirable, and see them as evidence of strength and control (Arcelus et al., 2011; Borzekowski et al., 2010; Branley et al., 2017). Individuals having this perspective is concerning, as participants of the current study also shared they believed they were never sick enough to seek treatment actively. In other words, the community that is provided within pro-eating disorder media provides a platform for individuals to become further immersed with their disordered eating patterns.

Regardless of the harmful consequences that occur, participants continue to engage in disordered eating because they believe they are not sick enough to seek help. For example, Jane's body weight at the time of data collection was 93.6 pounds (with an ideal body weight of 88 pounds). While she was seeking inpatient treatment, she discussed not believing that she was not truly an individual with anorexia because she still experienced her menstrual cycle. N also had a low body weight of 92 pounds (with an ideal body weight of 80 pounds). She reported that she would never see herself as being a fully recovered individual because she desires to remain thin regardless of the consequences. If these participants continue to believe they are not truly sick or they are not sick enough, they may continue more harmful behaviors or experience comorbid symptoms or diagnoses (i.e. depression, anxiety, substance use, suicidality) that can lead to death.

Support

Many of the participants in this study reported seeking, providing, and receiving support and encouragement from community members about disordered eating patterns (such as support when weight loss goals are not attained) and recovery (such as encouragement for seeking help). Comparably, Wooldridge et al. (2014) indicated that participants of these webpages experienced support and encouragement, and found that when participants were most actively engaged, they were providing support to others who believed they had failed related to their dieting efforts. Wooldridge et al. (2014) also found that participants experienced support regardless of their cultural background or intentions for using pro-eating disorder media (i.e., support for weight loss, gain, or recovery). Participants in the current study also sought support when they began engagement within these communities, and then eventually moved towards providing support and encouragement to community members.

Williams & Reid's (2010, 2012) studies directly corroborate these findings. They found that their participants accessed and used these communities as a way to seek comfort, support, and understanding from individuals who were experiencing similar life circumstances. Since support was being provided by community members, participants were less likely to seek mental health services (Wooldridge et al., 2013). Furthermore, if members access these webpages because they are seeking support and understanding from online communities, as a result of loneliness or inability to relate, they may inadvertently learn about and implement disordered eating patterns. This may affect members physical, emotional, psychological and social health (Nelms et al., 2011). While participants may view the support received as favorable, researchers indicated that the use of pro-eating disorder media webpages negatively influences the likelihood of individuals seeking treatment for their disordered eating patterns (Wooldridge et al., 2013).

Recovery

Many participants in this study discussed the process of recovery. This idea has also been presented by participants in previous studies, where researchers discussed instances of "pro-recovery." These studies found that participants encouraged other members to share their experiences and offered support and other help-seeking opportunities (Teufal et al., 2013; Branley et al., 2017). Results from this and other studies suggest that individuals who use pro-eating disorder media experience more support regarding recovery (and support in general) than from professional resources (e.g., health organizations, charities, healthcare, and mental healthcare professionals). As a result, individuals may be more likely to seek support from online communities as opposed to mental health professionals. When support is provided in an unhelpful manner, it can be surmised that individuals may continue performing harmful behaviors or try to adapt the behaviors of others that may be unhelpful. In another study, participants expressed their need for support within the recovery process (Phillips, 2013). This

finding reiterates the significance that support has for individuals with eating disorders who engage in pro-eating disorder communities. It is apparent that social media can provide solace and support to those seeking pro-recovery content. However, there are deleterious connotations to individuals seeking recovery support and support from these communities, as they are simultaneously being exposed to pro-eating disorder content.

Novel Findings

There were several themes in this study that have not been discussed in previous studies. This could be due to the emerging nature of research related to pro-eating disorder online media. *Lack of understanding from professionals* and the subtheme *misconceptions and perceived judgment* are essential themes related to the experiences of the participants within this study. Many of the participants who had sought help felt misunderstood or judged due to their disordered eating patterns. This experience inhibited or contributed to them not seeking out further help outside of pro-eating disorder communities. For example, eating disorders are treated as physiological illnesses by some medical and mental healthcare professionals. However, the results of the current study contradict treating eating disorders solely as physiological ailments. One study found similar results. In this study, the participants ($N = 50$) indicated their disordered eating patterns or eating disorders were a result of biological, environmental, and social influences simultaneously over time (Easter, 2012). In other words, the participants did not perceive their disordered eating patterns where a result of one particular factor, including physiological symptoms. Additionally, Easter (2010) found that participants vocalized their eating disorders as complications within their lives. However, the participants were unable to identify whether these complications were due to psychological issues, mental illness, physical illness, or choices (Easter, 2010). These findings suggest that despite treatment approaches that focus on physiological symptoms, treatments that address psychological

symptoms as well may decrease recidivism and increase positive treatment outcomes (Easter, 2010, 2012). Eating disorder treatments often only meet the physical needs of an individuals with disordered eating (e.g., providing medical nutrition therapy or nutrients to stabilize an individual's body). As result, the individuals psychological, emotional, and social needs are often neglected. There are several reasons treating physical needs are important, including the need for those with eating disorders to regain their weight to reduce mortality (Mahan et al., 2012). However, in this study, participants indicated that only using a physiological form of treatment was not helpful for their success and progress while seeking treatment. This evidence indicates the need for healthcare and mental healthcare providers to individualize treatment, even within rehabilitative facilities, because individuals with eating disorders appear to be affected by different factors related to their diagnoses.

Participants also indicated that these webpages are not at they seem. As a result, they feel judged by professionals and by society because of their use of pro-eating disorder online media. In the minds of the participants, these communities are not harmful places to be even though recent literature has described them to be. According to the participants of the current study, these webpages allow participants to experience community, support, and understanding. As a result, their perception allows the belief that these webpages are a helpful resource. Unfortunately, these webpages provide community and support related to the use of disordered eating patterns. Even though participants feel understood and unjudged, they are encouraged and supported to continue with their eating behaviors which can be harmful.

The themes *curiosity*, *spiraling down*, and *increased knowledge* are innate within pro-eating disorder online media. These themes are important to the context of this study because they suggest how participants become engaged with this form of social media and how they remain engaged (i.e., participating regularly, solely observing) within these communities. These

findings revealed an ongoing cycle once a community member becomes immersed within pro-eating disorder media. Curiosity is the catalyst for how engagement begins for the participants of this study while spiraling down depicts the experience of receiving an influx of information and falling further into these communities. Finally, increased knowledge (e.g., about an individual's body, eating disorders, the impact of eating disorders on the body) is one of the factors that encourages participants to remain engaged within these communities. These novel findings provide context to the access and use of pro-eating disorder media that has been previously discussed in the literature (Jett et al., 2010; Mincey & Hollenbaugh, 2018; Sowles et al., 2018).

Another significant theme with several subthemes was *unfulfilled needs* (subthemes – (a) acceptance, (b) belonging, (c) connection, (d) control, and (e) understanding. In this study, community members were able to meet these previously unfulfilled needs by engaging with these communities. Previous research has indicated the significance of support and community within pro-eating disorder online media (Branley et al., 2017; Wooldridge et al., 2014). However, the findings of this study showed that participants were not receiving relational components in their personal lives, and as a result they fulfilled this through online communities. Unfortunately, significant consequences may occur as a direct result of community engagement.

Harmful aspects and the subthemes *risk of predators* and *triggering content* were essential findings in this study, because even though participants are aware of the consequences (such as physiological, psychological, and emotional harm) that may occur, the participants still choose to participate because of all of the benefits they perceive that they receive from their community members. For example, Isa elective chose to stay away from one forum that was triggering for her because it was related to the behaviors she was trying to overcome. However, one of the forums she elective chose to frequently access still provided triggering information related to the behaviors she was trying to overcome. However, she decided to continue

participating in that forum. Risk of predators is a constant concern for those who chose to participate in these communities. For instance, N recounted her personal experiences of being harassed by an internet predator as well as expanding on a story of a community member being kidnapped by an online predator. Alexander (2015) indicated that a lack of social support and a search to have needs met are factors that play a role in engagement with online predators. These factors are directly related to the themes of the current study since community members are seeking to meet their needs and find support and understanding.

Implications for the Counseling Profession

The findings of this study support the need for intentional implementation of interventions for eating disorders. Results show that there are psychological aspects of these disorders as well, despite the fact many treatment approaches focus solely on physiological symptoms. Participants indicated the current level of care is inadequate because eating disorders are treated as physiological disorders instead of psychological disorders. In other words, treatment may be provided to meet the physical needs of individuals. For example, medical nutrition therapy and cognitive behavioral therapy may be provided to meet the physiological needs of an individual with anorexia nervosa (Mahan et al., 2012). However, high rates of recidivism and relapse are prominent with individuals with eating disorders (Berends et al., 2016). When care is provided from this perspective, an individual may regain his or her lost body weight while the function that disordered eating provided is not addressed. In other words, while treatment is largely aimed at ensuring the physiological health of an individual, mental health and medical professionals may be surpassing or missing factors that could improve clinical outcomes for individuals with eating disorders. Instead, counselors should remain open to the needs of the client while still providing safety and structure. Research has indicated the usefulness of behavioral based approaches and relational approaches. For example, instead of a

counselor being concerned with only regaining his or her clients weight, he or she should assess and consistently evaluate what objectives and treatment strategies are working for his or her client.

Participants in this study also indicated they found inpatient, partial hospitalization, and outpatient treatment to be insufficient due to the misinformation, misconceptions, and judgments regarding eating disorders. Counselors should aim to bracket biases or judgements based regarding individuals with eating disorders so appropriate treatment and care can be provided. For instance, many participants felt judged when receiving services from treatment facilities. Counselors could use person centered core conditions and provide their clients with a place to express their thoughts, experiences, and behaviors related to eating (Rogers, 1951). Counselors can then develop rapport and discover how to best meet the needs of each individual client. Further, counselors should education as it relates to eating disorders. Specifically, media, data, and other information related to current eating disorder trends can be helpful in dispelling myths and bias.

Other neglected symptoms and diagnoses may include traumatic responses, mood, substance use, anxiety, and personality disorders; social and relational environment concerns, and biological factors (Levinson & Rodebaugh, 2012; Rikani et al., 2013; Smink et al., 2012; Theis et al., 2012). These comorbid diagnoses and symptoms may not be addressed in traditional physiological approaches to eating disorders. For example, an individual dealing with a traumatic past will still be dealing with the issues related to the trauma regardless of his or her body weight is increased. As a result, an individual may experience a relapse in harmful eating behaviors or have the perception of being misunderstood. This can directly encourage an individual to seek support from online communities with participants who have similar life circumstances. Behavioral, cognitive-behavioral, and relational treatment modalities can be helpful for some of

these etiological factors. However, strictly working from a physiological perspective may not provide the most effective care for all individuals.

With improved treatment approaches, professional counselors may be able to reach a population that is currently underserved. For example, researchers have found cognitive behavioral therapy – enhanced (CBT-E) and dialectical behavioral therapy (DBT) are effective modalities for reducing symptom severity in individuals with disordered eating patterns or eating disorders (Lock, 2015). Researchers have indicated that CBT-E, eating disorder-specific models of interpersonal psychotherapy (IPT) (Miller & McManus, 2016; Rieger et al., 2010), emotional skills training, and DBT focus on eating disorder prevention. According to Gonzalez et al. (2015), eating disorder prevention is accomplished through psychoeducation about media influence and societal messages that may impact messages related to body weight, acceptance of self, physical beauty, and physiological considerations (i.e. exercise and nutrition). The focus on psychoeducation within these modalities can provide additional perspective regarding the messages that are delivered through Westernized media coverage. Counselors can incorporate the innate behavioral aspects of CBT-E or DBT, the characteristics of eating disorder specific models of IPT, and by providing intentional opportunities to develop or reestablish social relationships. For example, family reunification groups can incorporate psychoeducational components as well as social or relational development activities to unify or reunify connection, acceptance, understanding, and support that may not have been previously experienced.

The voices shared within this study contradict traditional ideas and approaches to treating eating disorders (e.g., behavioral therapy, forced shared mealtimes within rehabilitative facilities, perceptions, and misconceptions that only Caucasian females in Westernized cultures have eating disorders). Counselors should advocate for and pursue effective treatment strategies for eating disorders. Specifically, advocacy training can help misconceptions and judgements

counselors and medical professionals may have about those who have eating disorders. For example, educating mental health and healthcare providers that individuals with BMI above 18.5, who report disordered eating behaviors and negative body distortion, are still in need of appropriate care and treatment is critical. According to the participants, treatment for eating-related issues (including inpatient or partial inpatient treatment) is only provided to those who are under a specific BMI (18.5). This is unhelpful for those who are seeking help who do not meet this specific criterion. For example, only two participants in this current study were significantly below a BMI of 18.5 through the individuals with higher BMIs had just as severe eating-related behaviors and body perceptions. The participants who had sought help (above a BMI of 18.5), reported they have been told they are not sick enough to receive inpatient treatment. When an individual chooses to seek recovery, clinicians should individualize and provide care as appropriate to the needs of the client.

Counselors should receive continuing education regarding misconceptions regarding eating disorders, as this can help them provide individualized and appropriate care to those in need. This form of advocacy could ultimately help individuals who may not meet *DSM-5* diagnostic criteria receive help. Ultimately, treatment approaches can be broadened and individualized to meet the needs of those who are experiencing disordered eating patterns. Doing so may allow for better treatment outcomes and lower instances of relapse. For example, if an individual with anorexia nervosa is provided with integrative care that incorporates a behavioral foundation (i.e. CBT-E or DBT), psychoeducation based on societal messages (i.e. eating disorder-specific IPT), and physiological care (i.e. medical nutrition therapy), he or she may have a greater likelihood of recovery than an individual without an integrative approach. Additionally, counselors providing this form of care should aim to remain flexible within their approach as to meet the contextual or social needs of each client (i.e. comorbid diagnoses,

trauma, poor social or familial relationships). The findings of this study also support the need for treatment approaches for those who also utilize pro-eating disorder online media. The participants of this study indicated that pro-eating disorder online media webpages provided them the opportunity to experience support and safety. However, the participants also indicated significant harmful aspects related to emotional, psychological, and physiological health. Training opportunities for counselors-in-training (CITs) could open up dialogue, lessen the stigma from professionals, and increase adequate and appropriate care within rehabilitative treatment.

Researchers have also indicated that mindfulness-based interventions may alleviate disordered eating patterns in impaired populations (Atkinson & Wade, 2016). Researchers have found that mindfulness-based interventions are effective for symptoms of binge eating disorder, unhealthy weight loss, and binging behaviors (Katterman et al., 2014). When participants received mindfulness-based interventions, they reported decreased instances of binging behaviors, and emotion dysregulation. Participants also had improved attitudes towards healthful eating (Katterman et al., 2014). By incorporating mindfulness-based interventions, clinicians can help individuals who have disordered eating patterns and who use pro-eating disorder media to identify unmet needs and explore how to fulfill those needs helpfully. For example, in a recovery support group, individuals may discover how to utilize mindfulness to become present and aware of what is occurring within their minds and bodies within the present moment. Ideally, this could allow individuals who use pro-eating disorder media to discover what function access and use are providing and allow them to change the cycle.

Additionally, clinicians should evaluate clients' available social support as it appears to be essential to the recovery process (Phillips, 2013). These findings suggest the need for providing more opportunities for individuals to receive social support services (such as recovery

support groups, and family unification groups) from healthcare and mental health care professionals. Ideally, this could help mitigate the process of seeking social support through communities that may promote harmful eating behaviors and unhelpful encouragement and support.

Future Research

Though this study provided preliminary information regarding pro-eating disorder online media, more research is needed. Previous research has found that there are deleterious consequences when individuals access and use pro-eating disorder media. However, there are limited studies that indicate the lived experiences of those who engage with this form of media as well as limited information regarding the reason(s), meaning(s), or voice(s) of those who are participating in these communities. Van Manen (1990, 2014) emphasized that hermeneutic phenomenological studies are not created to discover and describe all that there is to know about a particular phenomenon. For this reason, I suggest future researchers should replicate this study to continue exploring this phenomenon and to discover further information that is left to be explored.

Many of the interesting findings, such as validation, identity, feelings of grief and loss related to recovery, and concern for member wellbeing should be further researched. For example, Toby discussed how he furthered his understanding of his identity within these communities and Abby readily wrote about her struggles with grief and loss within recovery throughout her post history. Studies that further explore these findings could illuminate how these factors are related to disordered eating. For example, researchers could perform a grounded study to explore the process in which engagement is established. Studies are also needed to determine the most effective treatment approaches for those with eating disorders who access and use pro-eating disorder media. As a result, it is imperative to perform research that

explores and delineates the efficacy of preventative approaches (e.g., mindfulness-based interventions) while contrasting interventions that have been created to reduce symptoms related to eating disorders (e.g., IPT, CBT-E). The results of these studies have the opportunity to inform clinical practices of clinicians, supervisors, and supervisee when treating vulnerable populations.

Additionally, there is a significant gap in research related to eating disorders across genders and different ethnicities. The current study included two male participants as well as participants in five countries and within six different regions in the United States between the ages of 18 and 31. This data indicates the cross-cultural impact pro-eating disorder online media may have when eating disorders have been historically assumed to only impact Caucasian females in Westernized countries during adolescence and emerging adulthood. As a result, further studies are suggested to explore the individuals who may be affected and who choose to utilize these online communities.

Summary and Conclusions

I executed this hermeneutic phenomenological study to explore and gain a meaningful understanding of the lived experiences of individuals who engage with pro-eating disorder online media. Ideally, this study may provide some clarity to professional counselors and those who facilitate the care and rehabilitation of those suffering from eating disorders. The themes that emerged, and the number of findings, were unsurprising due to the quantity and depth of interviews as well as the addition of document analysis. Previous research discussed the significant detrimental impact pro-eating disorder online media can have on individuals who access, use, and participate in these communities. However, the voices and perceptions of those who engage in this form of social media have not been previously explored. Engaging in pro-eating disorder online media provides comfort, support, encouragement, and harm reduction to participants. While some of the themes in this study were corroborated by previous research,

many of these themes appeared to be novel to the current study design and elicitation. Future research should aim to replicate and expand upon this current study, as doing so will allow the experience of engaging in this form of media to be fully understood.

REFERENCES

- Allen, K., Byrne, S., Oddy, W., & Crosby, R. (2013). DSM-IV-TR and DSM-5 eating disorders in adolescents: Prevalence, stability, and psychosocial correlates in a population-based sample of male and female adolescents. *Journal of Abnormal Psychology, 122*, 720-723. doi: 10.1037/a0034004
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Arcelus, J., Mitchell, A. J., Wales, J., & Nielsen, S. (2011). Mortality rates in patients with anorexia nervosa and other eating disorders: A meta-analysis of 36 studies. *Archives of General Psychiatry, 68*, 724-731. doi: 10.1001/archgenpsychiatry.2011.74
- Aruguete, M.S., DeBord, K.A., Yates, A., & Edman, J. (2005). Ethnic and gender differences in eating attitudes among black and white college students. *Eating Behaviors, 6*, 328-336. doi: 10.1016/j.eatbeh.2004.01.014
- Atkinson, M.J., & Wade, T.D. (2016). Does mindfulness have potential in eating disorder prevention? A preliminary controlled trial with young adult women. *Early Intervention in Psychiatry, 10*, 234-245. doi: 10.1111/eip.12160
- Becker, A.E., Burwell, R.A., Herzog, D.B., Hamburg, P., & Gilman, S.E. (2002). Eating behaviors and attitudes following prolonged exposure to television among ethnic Fijian adolescent girls. *British Journal of Psychiatry, 180*, 509-514. doi: 10.1192/bjp.180.6.509
- Bert, F., Gualano, M. R., Camussi, E., & Siliquini, R. (2016). Risks and threats of social media websites: Twitter and the proana movement. *Cyberpsychology, Behavior, and Social Networking, 19*, 233-238. doi:10.1089/cyber.2015.0553

- Bessenoff, G. (2006). Can the media affect us? Social comparison, self-discrepancy, and the thin ideal. *Psychology of Women Quarterly*, 30, 239-251. doi: 10.1111/j/1471-6402.2006.00292.x
- Bordo, S. (1993). *Unbearable weight: Feminism, Western culture and the body*. Berkeley: University of California Press.
- Borzekowski, D.L.G., Schenk, S., Wilson, J.L., Peebles, R. (2010). e-ana and e-mia: A content analysis of pro-eating disorder web sites. *American Journal of Public Health*. 100, 1526-1534. doi: 10.2105/AJPH.2009.172700
- Bowen, G. A. (2009). Document analysis as a qualitative research method. *Qualitative Research Journal*, 9, 27-40. doi:10.3316/qrij0902027
- Branley, D. B., & Covey, J. (2017). Pro-ana versus pro-recovery: A content analytic comparison of social media users' communication about eating disorders on twitter and tumblr. *Frontiers in Psychology*, 8. doi:10.3389/fpsyg.2017.01356
- Buser, J.K. (2012). The media, body dissatisfaction, and the thin ideal: A group model for college women. *Group work and outreach plans for college counselors*. 1st ed., pg. 143-149. Alexandria, Virginia: American Counseling Association.
- Bush, H.E., Rossy, L., Mintz, L.B., & Schopp, L. (2014). Eat for life: A work site feasibility study of a novel mindfulness-based intuitive eating intervention. *American Journal of Health Promotion*, 28, 381-388. doi: 10.4278/ajhp.120404-QUAN-186
- Brown, T. (2017). Examining the influence of social media on body image: Miss perfection, a misperception (Doctoral dissertation, Colorado State University, Fort Collins, Colorado).
- Carlson, A.A. (2007). The role of impulsivity and compulsivity in disordered eating, self-harm, and obligatory exercise in a nonclinical sample (Doctoral dissertation, University of North Dakota).

- Cash, T.F. (1990). The psychology of physical appearance: Aesthetics, attributes, and images. In T.F. Cash & T. Pruzinsky (Eds), *Body Images: Development, Deviance, and Change*. New York: Guilford
- Cash, T.F., & Smolak, L. (2012). *Body Image: A Handbook of Sciences, Practice, and Prevention*. New York, NY: Guildford Press.
- Cattarin, J.A., & Thompson, J.K. (1994). A three-year longitudinal study of body image, eating disturbance, and general psychological functioning in adolescent females. *Eating Disorders: The Journal of Treatment & Prevention*, 2, 114-125. doi: 10.1080/10640269408249107
- Cook-Cottone, C. (2015). Embodied self-regulation and mindful self-care in the prevention of eating disorders. *Eating Disorders*, 24, 98-105. doi:10.1080/10640266.2015.1118954
- Crow, S.J., Peterson, C.B., Swanson, S.A., Raymond, N.C., Specker, S., Eckert, E.D., & Mitchell, J.E. (2009). Increased mortality in bulimia nervosa and other eating disorders. *American Journal of Psychiatry*, 166, 1342-1346. doi: 10.1176/appi.aip.2009.09020247
- Darcy, A.M., Fitzpatrick, K.K., Manasee, S.M., Datta, N., Klabunde, M., Colborn, D., ... & Lock, J. (2015). Central coherence in adolescents with bulimia nervosa spectrum eating disorders. *International Journal of Eating Disorders*, 48, 487-493. doi: 10.1002/eat.22340
- Dickstein, L., Franco, K., Rome, E., & Auer, M. (2014). Recognizing, managing medical consequences of eating disorders in primary care. *Cleveland Clinic Journal of Medicine*, 181, 255-263. doi: 10.3949/ccjm.81a.12132.
- Eisenberg, D., Nicklett, E.J., Roeder, K., & Kirz, N.E. (2011). Eating disorder symptoms among college students: Prevalence, persistence, correlates, and treatment seeking. *Journal of American College Health*, 59, 700-707. doi: 10.1080/07448481.2010.546461

- Ferguson, C.J., (2013). In the eye of the beholder: Thin-ideal media affects some, but not most, viewers in a meta-analytic review of body dissatisfaction in women and men. *Psychology of Popular Media Culture*, 2, 20-37. doi: 10.1037/a00230766
- Ferguson, C. J., Muñoz, M. E., Garza, A., & Galindo, M. (2013). Concurrent and prospective analyses of peer, television and social media influences on body dissatisfaction, eating disorder symptoms and life satisfaction in adolescent girls. *Journal of Youth and Adolescence*, 43, 1-14. doi:10.1007/s10964-012-9898-9
- Fernandez, S., & Pritchard, M. (2012). Relationships between self-esteem, media influence and drive for thinness. *Eating Behaviors*, 13, 321-325. doi:10.1016/j.eatbeh.2012.05.004
- Fleck, J. & Johnson-Migalski, L. (2015). The impact of social media on personal and professional lives: An Adlerian perspective. *The Journal of Individual Psychology*, 71, 135-142. doi: 10.1353/jip.2015.0013
- Garner, D. M. and Garfinkel, P. E. (1979). The Eating Attitudes Test: An index of the symptoms of anorexia nervosa. *Psychological Medicine*, 10, 273–279.
- Garner, D.M., Olmsted, M.P., Bohr, Y., & Garfinkel, P.E. (1982). The Eating Attitudes Test: Psychometric features and clinical correlates. *Psychological Medicine*, 12, 871-878.
- Gentile, D.A., Coyne, S., & Walsh, D.A. (2011). Media violence, physical aggression, and relational aggression in school age children: A short-term longitudinal study. *Aggressive Behavior*, 37, 193-206. doi:10.1002/ab.20380
- Gonzalez, M.L., Mora, M., Penelo, E., Goddard, E., Treasures, J., & Raich, R.M. (2012). Qualitative findings in a long-term eating disorder prevention programme follow-up with school-going girls. *Journal of Health Psychology*, 18, 587-598. doi: 10.1177/1359105312437433

- Gonzalez, M.L., Penelo, E., Gutierrez, T., & Raich, R.M. (2011). Disordered eating prevention programme in schools: A 30-month follow-up. *European Eating Disorders Review*, 19, 349-356. doi: 10.1002/erv.1102.
- Grossman, M. (2015). Study of social media users: The relationship between online deception, Machiavellian personality, self-esteem, and social desirability (Doctoral dissertation, Alliant International University, San Diego, California).
- Grabe, S., Ward, L.M., & Hyde, J.S. (2008). The role of the media in body image concerns among women: A meta-analysis of experimental and correlational studies. *Psychological Bulletin*, 134, 460-476. doi:10.1037/0033-2909.134.
- Grover, V.P., Keel, P.K., & Mitchell, J.P. (2003). Gender differences in implicit weight identity. *International Journal of Eating Disorders*, 34, 125-135. doi: 10.1002/eat.10167
- Haas, S.M., Irr, M.E., Jennings, N.A., & Wagner, L.M. (2010). Communicating thin: A grounded model of Online Negative Enabling Support Groups in the pro-anorexia movement. *New Media & Society*, 13, 40-57. doi:10.1177/1461444810363910
- Hammond, M.D. (2013). The pro-eating disorder internet movement: A qualitative study (Doctoral dissertation, Wheaton College, Wheaton, Illinois).
- Harper, K., Sperry, S., & Thompson, J.K. (2007). Viewership of pro-eating disorder websites: Association with body image and eating disturbances. *International Journal of Eating Disorders*, 41, 92-95. doi: 10.1002/eat
- Heaner, M.K., & Walsh, B.T. (2013). A history of the identification of the characteristic eating disturbances of bulimia nervosa, binge eating disorder, and anorexia nervosa. *Appetite*, 65, 185-188. doi: 10.1016/j.appet.2013.01.005

- Higbed, L., & Fox, R.E. (2010). Illness perceptions in anorexia nervosa: A qualitative investigation. *British Journal of Clinical Psychology, 49*, 307-325. doi: 10.1348/014466509X45498
- Hudson, J., Hiripi, E., Pope, H., & Kessler, R. (2007). The Prevalence and correlates of eating disorders in the national comorbidity survey replication. *Biological Psychiatry, 61*, 348-358. doi: 10.1016/j.biopsych.2006.03.040
- Hunt, B. (2011). Publishing qualitative research in counseling journals. *Journal of Counseling and Development, 89*, 296-300. doi:10.1002/j.1556-6678.2011.tb00092.x
- Jett, S. (2008). Impact of exposure to pro-eating disorder websites on body dissatisfaction and eating behavior in college women (Doctoral dissertation, Indiana University of Pennsylvania, Pennsylvania).
- Jett, S., LaPorte, D., & Wanchisn, J. (2010). Impact of exposure to pro-eating disorder websites on eating behaviour in college women. *European Eating Disorders Review, 18*, 410-416. doi:10.1002/erv.1009
- Junco, R. (2012). The relationship between frequency of Facebook use, participation in Facebook activities, and student engagement. *Computer Education, 58*, 162-171. doi: 10.1016/j.compedu.2011.08.004
- Katterman, S.N., Kleinman, B.M., Hood, M., Nackers, L.M., & Corsica, J.A. (2014). Mindfulness meditation as an intervention for binge eating, emotional eating, and weight loss: A systemic review. *Eating Behaviors, 15*, 197-204. doi: 10.1016/j.eatbeh.2014.01.005
- Kaye, W. H., Bulik, C. M., Thornton, L., Barbarich, N., Masters, K., & Price Foundation Collaborative Group. (2004). Comorbidity of anxiety disorders with anorexia and bulimia nervosa. *American Journal of Psychiatry, 161*, 2215–2221. doi:

10.1176/appi.ajp.161.12.2215

- Kaye, W. (2008). Neurobiology of anorexia and bulimia nervosa Purdue ingestive behavior research center symposium influences on eating and body weight over the lifespan: Children and adolescents. *Physiology Behavior*, 94, 121–135. doi: 10.1016/j.physbeh.2007.11.037
- Keski-Rahkonen, A., & Mustelin, L. (2016). Epidemiology of eating disorders in Europe: Prevalence, incidence, comorbidity, course, consequences, and risk factors. *Current Opinion in Psychiatry*, 29, 340-345. doi: 10.1097/YCO.0000000000000278
- Klonsky, E. D., & Muehlenkamp, J. J. (2007). Self-injury: A research review for the practitioner. *Journal of Clinical Psychology*, 63, 1045–1056. doi:10.1002/iclp.20412.
- Koerner, K. (2012). *Doing dialectical behavior therapy: A practical guide*. New York: Guilford Press.
- Koutek, J., Dudova, I., & Kocourkova, J. (2016). Suicidal behavior and self-harm in girls with eating disorders. *Neuropsychiatric Disease and Treatment*, 787-792. doi: 10.2147/ndt.s103015
- Koven, N.S., & Abry, A.W. (2015). The clinical basis of orthorexia nervosa: Emerging perspectives. *Neuropsychiatric Disease and Treatment*, 11, 385-394. doi: 10.2147/NDT.S61665
- Le Grange, D., Swanson, S. A., Crow, S. J., & Merikangas, K. R. (2012). Eating disorder not otherwise specified presentation in the US population. *International Journal of Eating Disorders*, 45, 711-718. doi: 10.1002/eat.22006
- Lenz, A. S., Taylor, R., Fleming, M., & Serman, N. (2014). Effectiveness of dialectical behavior therapy for treating eating disorders. *Journal of Counseling & Development*, 92, 26-35. doi: 10.1002/j.1556-6676.2014.00127.x

- Levinson, C.A., & Rodebaugh, T.L. (2012). Social anxiety and eating disorder comorbidity: The role of negative social evaluation fears. *Eating Behaviors, 13*, 27-35. doi: 10.1016/j.eatbeh.2011.11.006
- Lewis, S.P. & Arbuthnott, A.E. (2012). Searching for thinspiration: The nature of Internet searches for pro-eating disorder websites. *Cyberpsychology, Behavior and Social Networking, 15*, 200-204. doi: 10.1089/cyber.2011.0453
- Li, F., & Du, T. C. (2014). Listen to me — Evaluating the influence of micro-blogs. *Decision Support Systems, 62*, 119-130. doi:10.1016/j.dss.2014.03.008
- Li, W., O'Brien, J.E., Snyder, S.M., & Howard, M.O. (2015) Characteristics of internet addiction/pathological internet use in U.S. university students: A qualitative-method investigation. *Public Library of Science One 10*. doi:10.1371/journal.pone.0117372
- Linehan, M.M. (1987). Dialectical behavioral therapy: A cognitive behavioral approach to parasuicide. *Journal of Personality Disorders, 1*, 328-333. doi:10.1521/pedi.1987.1.4.328
- Lock, J. (2015). An update on evidence-based psychosocial treatments for eating disorders in children and adolescents. *Journal of Clinical Child and Adolescent Psychology, 4*, 707-721. doi: 10.1080/15374416.2014.971458
- Lopez-Guimera, G., Levine, M.P., Sancez-Carraudo, D., & Farquet, J. (2010). Influence of mass media on body image and eating disordered attitudes and behaviors in females: A review of effects and processes. *Media Psychology, 13*, 387-416. doi: 10.1080/15213268.2010.525737
- Loth, K.A., Neumark-Sztainer, D., & Croll, J.K. (2009). Informing family approaches to eating disorder prevention: Perspectives of those who have been there. *International Journal of*

- Eating Disorders*, 42,146-152. doi: 10.1002/eat.20586
- Mahan, L., Escott-Stump, S., & Raymond, J. (2012). Nutrition in eating disorders. In *Krause's Food and the Nutrition Care Process* (13th ed.). St. Louis, Mo.: Elsevier/Saunders.
- McLean, S. A., Paxton, S. J., & Wertheim, E. H. (2016). The role of media literacy in body dissatisfaction and disordered eating: A systematic review. *Body Image*, 19, 9-23. doi:10.1016/j.bodyim.2016.08.002
- Mincey, K. & Hunnicutt Hollenbaugh, K.M. (2018). An exploratory study on pro-eating disorder online media use: Implications for professional counselors. *Journal of Counselor Practice*, 9, 81-103. doi: 10.22229/mhd593801
- Moorman, T. E. (2013). *Female, hatha yoga student's lived experience of body image: A phenomenological study* (Unpublished doctoral dissertation). Capella University.
- National Eating Disorders Association (NEDA). (2018). Media, body image, and eating disorders. Retrieved from <http://www.nationaleatingdisorders.org/media-body-image-and-eating-disorders>
- Nelms, M., Sucher, K., Lacey, K., & Long Roth, S., (2011). Energy balance and body weight. In *Nutrition therapy and pathophysiology* (2nd ed.). Belmont, CA: Wadsworth.
- Olafsdottir, S., Berg, C., Eiben, G., Lanfer, A., Reisch, L., Ahrens, W., & Lissner, L. (2014). Young children's screen activities, sweet drink consumption and anthropometry: Results from a prospective European study. *European Journal of Clinical Nutrition*, 68, 223-228. doi: 10.1038/ejcn.2013.234
- Patton, M. Q. (2015). *Qualitative research and evaluation methods* (4th ed.). Thousand Oaks, CA: Sage.
- Pratt, S.M. (2014). *Eating disorder voices: A qualitative content analysis* (Doctoral dissertation, John F. Kennedy University, Pleasant Hill).

- Pinto-Gouveia, J., Ferrerira, C., & Duarte, C. (2012). Thinness in the pursuit of social safeness: An integrative model of social rank mentality to explain eating psychopathology. *Clinical Psychology & Psychotherapy*, 21, 154-165.
- Polivy, J., & Herman, P. (2002). Causes of eating disorders. *Annual Review of Psychology*, 53, 187-213. doi:10.1146/annurev.psych.53.100901.135103
- Rasmussen Hall, L. (2006). Distress intolerance, experiential avoidance, and alexithymia: Assessing aspects of emotion dysregulation in undergraduate women with and without histories of deliberate self-harm and binge/purge behavior (Doctoral dissertation, University of Nevada, Reno).
- Reiners, G.M. (2012). Understanding the differences between Husserl's (descriptive) and Heidegger's (interpretive) phenomenological research. *Journal of Nursing Case*, 1, 1-3. doi: 10.4172/2167-1168.1000119
- Rikani, A.A., Choudhry, Z., Choudhry, A.M., Ikram, H., Asgar, M.W., Kajal, D.,... Mobassarah, N.J. (2013). A Critique of the literature on etiology of eating disorders. *Annals of Neurosciences*, 20. doi: 10.5214/ans.0972.7531.200409
- Roberts, W.C. (2016). Facts and ideas from anywhere. *Proceedings from Baylor University Medical Center*, 29, 354.
- Rogers, C.R. (1951). *Client-centered therapy: It's current practice, implications, and theory*. Boston: Houghton Mifflin.
- Rouleau, C.R., von Ranson, K.M. (2011). Potential risks of pro-eating disorder websites. *Clinical Psychology Review*, 31, 525-531. doi: 10.1016/j.cpr.2010.12.005
- Saffran, K., Fitzsimmons-Craft, E. E., Kass, A. E., Wilfley, D. E., Taylor, C. B., & Trockel, M. (2016). Facebook usage among those who have received treatment for an eating disorder

- in a group setting. *International Journal of Eating Disorders*, 49, 764-777.
doi:10.1002/eat.22567
- Schooler, D., & Trinh, S. (2011). Longitudinal associations between television viewing patterns and adolescent body satisfaction. *Body Image*, 8, 34-42.
doi:10.1016/j.bodyim.2010.09.001
- Smink, F. E., van Hoeken, D., & Hoek, H. W. (2012). Epidemiology of eating disorders: Incidence, prevalence and mortality rates. *Current Psychiatry Reports*, 14, 406-414. doi: 10.1007/s11920-012-0282-y
- Strasburger, V.C., Jordan, A.B., & Donnerstein, E. (2010). Health effects of media on children and adolescents. *Pediatrics*, 125, 756-767. doi: 10.1542/peds.2009-2563
- Stice, E., Yokum, S., & Waters, A. (2015). Dissonance-based eating disorder prevention program reduces reward region response to thin models: How actions shape valuation. *PLoS ONE*, 10, 1-16. doi: 10.1371/journal.pone.0144530
- Tagay, S., Schlegl, S., & Senf, W. (2010). Traumatic events, posttraumatic stress symptomatology and somatoform symptoms in eating disorder patients. *European Eating Disorders Review*, 18, 124-132. doi: 10.1002/erv.972
- Theis, F., Wolf, M., Fiedler, P., Backenstrass, M., & Kordy, H. (2012). Eating disorders on the internet: An experimental study on the effects of pro-eating disorders websites and self-help websites. *US National Library of Medicine National Institutes of Health*, 62, 58-65. doi: 10.1055/s-0031-1301336
- Thompson, J.K., Heinberg, L.J., Altabe, M., & Tantleff-Dunn, S. (1999). *Exacting beauty: Theory, assessment, and treatment of body image disturbance*. Washington, DC: American Psychological Association.

- Tiggemann, M., & McGill, B. (2004). The role of social comparison in the effect of magazine advertisements on women's mood and body dissatisfaction. *Journal of Social and Clinical Psychology, 23*, 23-44. <https://doi.org/10.1521/jscp.23.1.23.26991>
- Tong, S.T., Heinemann-Lafave, D., Jeon, J., Kolodziej-Smith, R., & Warshay, N. (2013). The use of pro-ana blogs for online social support. *Eating Disorders, 21*, 408-422. doi: 10.1080/10640266.2013.827538
- Tracy, S. (2010). Qualitative quality: Eight "big-tent" criteria for excellent qualitative research. *Qualitative Inquiry, 16*, 837-851. doi:10.1177/1077800410383121
- Tsikerdekis, M. & Zeadally, S. (2014). Online deception in social media. *Communications of the ACM, 53*, 72-90. doi: [dx.doi.org/10.1145/2629612](https://doi.org/10.1145/2629612)
- Tylka, T. L., & Wood-Barcalow, N. L. (2015). The body appreciation scale-2: Item refinement and psychometric evaluation. *Body Image, 12*, 53-67
- VandenBos, G.R. (2007). *APA dictionary of psychology*. Washington, DC: American Psychological Association.
- Van Manen, M. (1990). *Researching the lived experience: human science for an action sensitive pedagogy*. Albany, N. Y.: State University of New York Press.
- Van Manen, M. (2014). *Phenomenology of practice: meaning-giving methods in phenomenological research and writing*. Walnut Creek, CA: Left Coast Press, Inc.
- Wallach, J.J. (2014). *How America eats: A social history of U.S. food and culture*. Lanham, MD: Rowman & Littlefield.
- Wanden-Berghe, R.G., Sanz-Valero, J., & Wanden-Berghe, C. (2011). The application of mindfulness to eating disorders treatment: A systemic review. *Eating Disorders, 19*, 34-48. doi: 10.1080/10640266.2011.533604.

- Weigel, A., Gumz, A., Uhlenbusch, N., Wegscheider, K., Romer, G., & Löwe, B. (2015). Preventing eating disorders with an interactive gender-adapted intervention program in schools: Study protocol of a randomized controlled trial. *BMC Psychiatry*, 15, 1-9. doi:10.1186/s12888-015-0405-1
- Williams, C. (2016). Contradictions of a sick system of food, climate, and capitalism. In P. Godfrey & D. Torres (Eds.) *Systemic crises of global climate change: Intersections of race, class and gender*. (pp.146-158). New York, NY: Routledge.
- Williams, S., & Reid, M. (2010). Understanding the experience of ambivalence in anorexia nervosa: The maintainer's perspective. *Psychology and Health*, 25, 551–567. doi: 10.1080/08870440802617629
- Williams, S., & Reid, M. (2012). 'It's like there are two people in my head': A phenomenological exploration of anorexia nervosa and its relationship to the self. *Psychology and Health*, 25, 551-567. doi: 10.1080/08870446.2011.595488
- Wilksch, S. M., Tiggemann, M., & Wade, T. D. (2006). Impact of interactive school-based media literacy lessons for reducing internalization of media ideals in young adolescent girls and boys. *International Journal of Eating Disorders*, 39, 385-393. doi:10.1002/eat.20237
- Wooldridge, T., Mok, C., & Chiu, S. (2013). Content analysis of male participation in pro-eating disorder web sites. *Eating Disorders: The Journal of Treatment & Prevention*, 22, 97-110. doi:10.1080/10640266.2013.864891.
- Wright, A., & Pritchard, M.E. (2009). An examination of the relation of gender, mass media influences, and loneliness to disordered eating among college students. *Eating and Weight Disorders*, 14, 144-147.

Vitak, J. (2012). The impact of context collapse and privacy on social network disclosures.

Journal of Broadcasting and Electronic Media, 56, 451-470.

doi:10.1080/08838151.2012.732140

Volpe, U., Tortorella, A., Manchia, M., Monteleone, A.M., Albert, U., & Monteleone, P. (2016).

Eating disorder: What age at onset? *Psychiatry Research*, 238, 225-227. doi:

10.1016/j.psychres.2016.02.048

LIST OF APPENDICES

APPENDIX	PAGE
Appendix A:.....	161
Appendix B:.....	162
Appendix C:.....	164
Appendix D:.....	166
Appendix E:.....	167
Appendix F:.....	168
Appendix G:.....	169

Appendix A: Moderator Participation Request

Greetings Moderators,

My name is Kimberlee Mincey and I am a doctoral candidate at Texas A&M University – Corpus Christi in the counselor education program. I am currently working under the supervision of my faculty mentor, Dr. K. Michelle Hunnicutt Hollenbaugh. This letter is to request permission to provide your community members with a participation invitation for a research study I am currently completing as a requirement of my doctoral dissertation.

This study will explore the lived experiences of people who are engaging in pro-eating disorder online media. The requirements for participation in this study are as follows: participants must be 18 years of age and older, and be active participants in the eating disorder forum you are moderating.

This study will include an online survey that will take approximately 20 minutes to complete and a phone interview that will take approximately 90 minutes to conduct. Additionally, those who volunteer to participate in this study will also provide feedback on the data collected throughout the research process. You are also welcome to participate in this study since you also are an active member in the forum you are moderating. All answers and interview responses will remain confidential through the use of pseudonyms and by being stored on encrypted and password protected folders. Participants will be eligible to receive up to \$50 in Amazon gift cards.

Participation in this study is completely voluntary and participants may withdraw from the study at any time without penalty.

This research study has been reviewed by the Research Compliance Office and/or the Institutional Review Board (IRB# 126-18) at Texas A&M University-Corpus Christi. For research-related problems or questions regarding your rights as a research participant, you can contact the Office of Research Compliance/Institutional Review Board at TAMUCC at IRB@tamucc.edu.

If you have any questions or concerns regarding this study, please do not hesitate to contact Kimberlee Mincey at (361) 265-8067 or kmincey@islander.tamucc.edu or Dr. K. Michelle Hunnicutt Hollenbaugh at (361) 825-2451 or Michelle.Hollenbaugh@tamucc.edu.

Thank you for your time, your consideration, and for any help you may be able to provide.

Respectfully,

Kimberlee Mincey, M.S., LPC Intern
Doctoral Candidate | Counselor Education
Department of Counseling and Educational Psychology
Texas A&M University - Corpus Christi

Appendix B: Community Members Request to Participate

Greetings Community Members,

My name is Kimberlee Mincey and I am a doctoral candidate at Texas A&M University – Corpus Christi in the counselor education program. I am currently working under the supervision of my faculty mentor, Dr. K. Michelle Hunnicutt Hollenbaugh. This letter is to invite you to participate in a study I am currently completing as a requirement of my doctoral dissertation.

This study will explore the lived experiences of people who engage with pro-eating disorder online media. The requirements for participation in this study are as follows: participants must be 18 years of age and older, and be active participants in the eating disorder forum you are receiving this invitation from.

This study will include an online survey that will take approximately 20 minutes to complete and a phone interview that will take approximately 90 minutes to conduct. Additionally, participants will be providing their feedback on the data collected throughout the research process. All answers and interview responses will remain confidential through the use of pseudonyms and by being stored on encrypted and password protected folders. Participants of this study will be eligible to receive up to \$50 in Amazon gift cards.

Participation in this study is completely voluntary and the participants may withdraw from the study at any time without penalty.

The following link will take you to the online portion of this study which includes an informed consent. The informed consent will provide further information regarding the study, contain my contact information, information regarding the incentives previously described, and it will provide you information regarding your rights as a research participant.

https://tamucc.col.qualtrics.com/jfe/form/SV_ac2RBiUcdIEB8qN

This research study has been reviewed by the Research Compliance Office and/or the Institutional Review Board (IRB# 126-18) at Texas A&M University-Corpus Christi. For research related problems or questions regarding your rights as a research participant, you can contact the Office of Research Compliance/Institutional Review Board at TAMUCC at IRB@tamucc.edu.

If you have any questions or concerns regarding this study, please do not hesitate to contact Kimberlee Mincey at (361) 265-8067 or kmincey@islander.tamucc.edu or Dr. K. Michelle Hunnicutt Hollenbaugh at (361) 825-2451 or Michelle.Hollenbaugh@tamucc.edu.

Thank you for your time, your consideration, and for any help you may be able to provide.

Respectfully,

Kimberlee Mincey, M.S., LPC Intern
Doctoral Candidate | Counselor Education
Department of Counseling and Educational Psychology
Texas A&M University - Corpus Christi

Appendix C: Informed Consent

CONSENT FORM

An Exploratory Qualitative Inquiry on the Lived Experiences of People who Engage with Pro-Eating Disorder Online Media

Introduction

The purpose of this form is to provide you information that may affect your decision as to whether or not to participate in this research study. If you decide to participate in this study, this form will also be used to record your consent. You have been asked to participate in a research project exploring the lived experiences of individuals who engage with pro-eating disorder online media. The purpose of this study is to investigate the potential influence pro-eating disorder online media may have on individuals who use this form of social media. The objective of this study is to discover the voiced perceptions of those who access and use pro-eating disorder online media, and their voiced purpose(s) of engaging in pro-eating disorder online media. You were selected to be a possible participant because you are at least 18 years of age or older and you are currently participating in pro-eating disorder online media.

What will I be asked to do?

If you agree to participate in this study, you will be asked to answer a demographics survey, two short surveys about your eating behaviors and your beliefs regarding your body appreciation and you will be asked to identify your ideal body type and your actual body type. This part of this study will take approximately 20 minutes. Additionally, you will be asked to provide an email address so the primary investigator may contact you to hold an audio recorded phone interview at a later date. You will also be asked to provide your public post history as a way to gain additional data for the primary investigator to analyze. The phone interview should take approximately 90 minutes and it will be audio recorded. Finally, you will be asked to review the primary investigators findings to ensure accuracy. At the conclusion of all parts of this study up to 10 participants may receive incentives that are described below.

What are the risks involved in this study?

There may be a risk for individuals in recovery from an eating disorder to be triggered by the survey, the phone interviews, or by allowing an observer to see your online post history on pro-eating disorder webpages. Individuals who are in recovery are encouraged to consider the potential impact of participation on their well-being and make their decisions about participation accordingly.

The risks associated with this study are minimal and no more than what is encountered in daily life. This is due the participants email addresses being requested and because the primary investigator is requesting your user name to view your post history. Your email addresses and user names will be kept secure. Providing an email address or user name is not mandatory but it is required if the participant wants to be in the study and received the incentives that are described below.

If you do experience any distress, you are encouraged to contact the National Eating Disorder Association Helpline (phone number: 1-800-931-2237), The National Suicide Prevention Helpline (phone number: 1-800-273-8255), and The National Association of Anorexia Nervosa

and Related Disorders Helpline (phone number: 1-630-577-1330).

What are the possible benefits of this study?

You will receive no direct benefit from participating in this study; however, the empowerment may occur due to the participants filling out a participating within this study by providing pertinent research to this study.

Do I have to participate?

No. Your participation is voluntary. You may decide not to participate or to withdraw at any time and you will have no penalty or loss of benefits. However, if you decide to withdraw without completing all of the steps in this study, you will not receive all of the incentive funding.

What are the alternatives to being in this study?

Instead of being in this study, you may choose not to be in the research study.

Who will know about my participation in this research study?

This study is Confidential and all data collected will be stored through encrypted software. No identifiers linking you to this study will be included in any sort of report that might be published. You will be asked to provide a pseudonym (a fake name) so the data collected can be assigned to your pseudonym. Research records will be stored securely and only Kimberlee Mincey will have access to the records.

Is there anything else I should consider?

Upon participation you may be eligible to receive up to \$50 in Amazon gift cards. You will be eligible to receive a \$25 Amazon gift card after this the completion of this survey and after the completion of the initial phone interview. You will be eligible to receive an additional \$25 Amazon gift card after providing participant feedback (which is the process of reviewing the primary investigators findings to ensure accuracy) on the data collected.

Whom do I contact with questions about the research?

If you have questions regarding this study, you may contact Kimberlee Mincey on at 361-265-8067 or by email: kimberleemincey@gmail.com. You may also contact Dr. K. Michelle Hunnicutt Hollenbaugh at 361-825-2451 or by email: Michelle.Hollenbaugh@tamucc.edu

Whom do I contact about my rights as a research participant?

This research study has been reviewed by the Research Compliance Office and/or the Institutional Review Board at Texas A&M University-Corpus Christi. For research-related problems or questions regarding your rights as a research participant, you can contact the Office of Research Compliance/Institutional Review Board at Texas A&M University-Corpus Christi at IRB@tamucc.edu

Agreement to Participate

You agree to participate in the study by completing the following survey. Participants must be 18 years of age or older. Please do not complete the survey if you do not wish to participate in this study.

Do you consent to participate in this study?

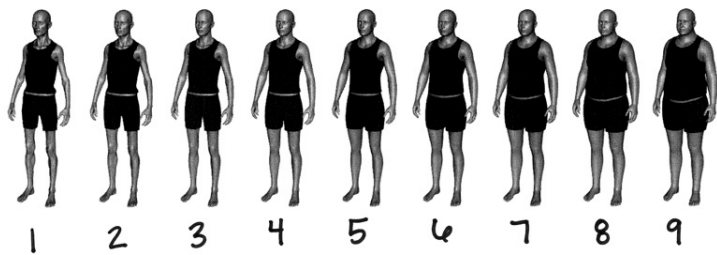
Appendix D: Interview Questions

1. How did you learn about pro-eating disorder online media?
2. What experience(s) led to the search of this form of media?
3. Tell me about any ways you may have gained from visiting pro-eating disorder online media?
4. What were you seeking from the pro-eating disorder online media webpages?
5. Tell me about the experience(s) of participating in these webpages.
6. Tell me about your experience engaging with these communities.
7. In what ways do you think these webpages have impacted you?

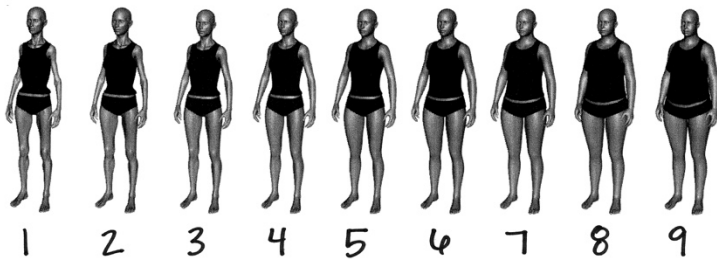
Appendix E: Body Appreciation Scale – 2 (BAS-2)

Unable to provide the Body Appreciate Scale – 2 (BAS – 2) due to copyright agreements.

Appendix F: Body Dissatisfaction Scale (BDS)



All Rights Reserved
Nottingham Trent University 2016 ©



All Rights Reserved
Nottingham Trent University 2016 ©

Appendix G: Eating Attitudes Test (EAT-26)

Eating Attitudes Test (EAT-26)[©]

Instructions: This is a screening measure to help you determine whether you might have an eating disorder that needs professional attention. This screening measure is not designed to make a diagnosis of an eating disorder or take the place of a professional consultation. Please fill out the below form as accurately, honestly and completely as possible. There are no right or wrong answers. All of your responses are confidential.						
Part A: Complete the following questions:						
1) Birth Date		Month: <input style="width: 40px;" type="text"/>	Day: <input style="width: 40px;" type="text"/>	Year: <input style="width: 60px;" type="text"/>	2) Gender: Male Female	
3) Height		Feet : <input style="width: 40px;" type="text"/>	Inches: <input style="width: 40px;" type="text"/>	<input type="checkbox"/> <input type="checkbox"/>		
4) Current Weight (lbs.): <input style="width: 100px;" type="text"/>			5) Highest Weight (excluding pregnancy): <input style="width: 100px;" type="text"/>			
6) Lowest Adult Weight: <input style="width: 100px;" type="text"/>			7) Ideal Weight: <input style="width: 100px;" type="text"/>			
Part B: Check a response for each of the following statements:				Always	Usually	Often
				Some times	Rarely	Never
1.	Am terrified about being overweight.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Avoid eating when I am hungry.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Find myself preoccupied with food.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have gone on eating binges where I feel that I may not be able to stop.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Cut my food into small pieces.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Aware of the calorie content of foods that I eat.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Particularly avoid food with a high carbohydrate content (i.e. bread, rice, potatoes, etc.)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Feel that others would prefer if I ate more.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Vomit after I have eaten.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Feel extremely guilty after eating.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Am preoccupied with a desire to be thinner.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Think about burning up calories when I exercise.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Other people think that I am too thin.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Am preoccupied with the thought of having fat on my body.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Take longer than others to eat my meals.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Avoid foods with sugar in them.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Eat diet foods.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Feel that food controls my life.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Display self-control around food.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Feel that others pressure me to eat.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Give too much time and thought to food.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Feel uncomfortable after eating sweets.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Engage in dieting behavior.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Like my stomach to be empty.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Have the impulse to vomit after meals.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	Enjoy trying new rich foods.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part C: Behavioral Questions:				Never	Once a month or less	2-3 times a month
In the past 6 months have you:				Once a week	2-6 times a week	Once a day or more
A	Gone on eating binges where you feel that you may not be able to stop? *			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Ever made yourself sick (vomited) to control your weight or shape?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Ever used laxatives, diet pills or diuretics (water pills) to control your weight or shape?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Exercised more than 60 minutes a day to lose or to control your weight?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Lost 20 pounds or more in the past 6 months			Yes <input type="checkbox"/>	No <input type="checkbox"/>	

* Defined as eating much more than most people would under the same circumstances and feeling that eating is out of control

[©] Copyright: EAT-26: (Garner et al. 1982, *Psychological Medicine*, 12, 871-878); adapted by D. Garner with permission.

The EAT-26 has been reproduced with permission. Garner et al. (1982). The Eating Attitudes

Test: Psychometric features and clinical correlates. *Psychological Medicine*, 12, 871-878