



# Social media and eating disorder recovery: An exploration of Instagram recovery community users and their reasons for engagement

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## ABSTRACT

**Objective:** Online recovery communities offer support for people with eating disorders who may not otherwise seek professional help. Instagram is a popular platform that is widely used for eating disorder recovery, but little is known about the population that uses it or its potential benefits.

**Method:** A mixed-methods study surveyed 163 users of the Instagram recovery community to identify their descriptive characteristics, their reasons for using the community, and what they perceived to be helpful or unhelpful about the platform.

**Results:** The community included users who were diverse in gender, ethnicity and eating disorder presentation and severity, with cases of potential anorexia nervosa, bulimia nervosa and binge eating disorder identified. Reasons for engaging in the community included to see representations of diverse individuals and as an alternative to professional treatment. Results indicate that the community may provide benefits for recovery such as social support and validation, but that its lack of moderation and potential for harmful content can also prevent recovery.

**Conclusions:** These findings highlight the need for better recognition of diverse eating disorder presentations and improved accessibility to professional treatment in the wider community. Moderated use of the platform should be considered in order to minimize risks and increase benefits.

## 1. Introduction

The influence of social media has often been recognized as a factor in the development of disordered eating (Holland & Tiggemann, 2016; Saunders & Eaton, 2018a; Wick & Keel, 2020). In particular, research has focused on the effects of pro-eating disorder (pro-ED) websites and online communities that portray eating disorders as positive and promote harmful weight-control practices (Borzekowski et al., 2010; Rouleau & von Ranson, 2011; Sharpe et al., 2011). Although users have reported positive benefits such as receiving social support, exposure to online pro-ED content appears harmful and may exacerbate distress or maintain disordered eating (Rouleau & von Ranson, 2011; Sharpe et al., 2011; Turja et al., 2017). Similarly, users posting thin-ideal content on social media reported receiving support, as well as receiving negative comments that can trigger ED behaviours (Cavazos-Rehg et al., 2020).

Less research has examined online communities for eating disorder recovery. Also referred to as “pro-recovery”, these communities are recovery-oriented, focusing on individuals wishing to recover from an ED (Yom-Tov et al., 2012). Online recovery communities are

increasingly present on social media platforms including Instagram, Facebook, TikTok, and Twitter (Bohrer et al., 2020; Branley & Covey, 2017; Herrick et al., 2021). Research has suggested that online recovery communities offer positive support for people with eating disorders as they provide safe spaces for discussion and peer support (Kendal et al., 2017; McCormack, 2010). These communities also appear helpful for individuals who are not yet willing to undergo treatment and can promote help-seeking and readiness to change (Keski-Rahkonen & Tozzi, 2005). Given that people with eating disorders often do not seek help or tend to delay help-seeking (National Eating Disorders Collaboration, 2010), the use of online recovery communities could be beneficial in reaching and supporting individuals with disordered eating symptoms (Yan et al., 2019). However, recovery communities may also be limited in their helpfulness and may impede later stages of the recovery process (Keski-Rahkonen & Tozzi, 2005), such as through promoting comparisons with others (Eikey & Booth, 2017).

Recent explorations of recovery communities have examined content to identify the types of communication exchanged between members (McCormack, 2010), and users' experiences of recovery (Lord et al.,

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2018). For example, one study identified the key types of content - images of food, images of bodies, quotes, self-disclosure - shared in a recovery community (LaMarre & Rice, 2017), while themes in recovery-related Instagram posts (e.g., recovery as a difficult process, self-validation and acceptance, motivation for recovery) have also been identified (Goh, Lo, Davis, & Chew, 2022). Similarly, content has been found to focus on the psychosocial factors related to recovery, eating in recovery, and transformations (Bohrer et al., 2020; Herrick et al., 2021). Research examining user perceptions of these communities is less common, but has found that users report empowerment from community use (Aardoom et al., 2014). An interview study suggested that a recovery-community helped women learn about the recovery process, and healthy foods and exercise, and also reduced stigma; but also that use had the potential to maintain or exacerbate symptoms (Eikey & Booth, 2017).

To date, it remains unclear which individuals with eating disorders choose to engage in online recovery communities, what attracts users to these platforms and what they perceive to be useful (or not) for their recovery. This information could provide insight on what community users look for and find helpful in recovery communities and inform future online support to maximise helpfulness. The current study subsequently considers these questions in relation to the recovery community on Instagram – a widely used platform for recovery-communities (Gonzales, 2019; Higgins, 2016). Given the limited research, this study is exploratory in nature and aims to explore a) the characteristics of users (i.e., demographics, disordered eating symptoms, treatment experience and help-seeking), b) reasons for engaging and c) perceived helpful and unhelpful aspects of the community.

## 2. Materials and method

This study used an online mixed-methods survey. Qualitative online surveys are uniquely effective for encouraging disclosure with sensitive topics, and engaging with unknown or less accessible populations (Braun et al., 2020).

### 2.1. Participants

Users of the Instagram recovery community, defined as users who post or interact under eating disorder recovery related hashtags such as #EDRecovery and #EatingDisorderRecovery, aged 16 and above were eligible. Users aged over 16 were deemed eligible to provide informed consent and participate in the study as individuals over 16 have been considered capable to consent to health and medical services in Australia (Kang & Sanders, 2014). A total of 163 participants completed the survey. Of the 163 total participants, 146 were female (89.6 %). Participants ranged in age from 16 to 55 years ( $M = 26.12$ ,  $SD = 7.44$ ). Participants were from various countries worldwide, with most participants from USA, Australia, UK and Canada.

Forty-seven participants (<30 %) had some data missing. Little's MCAR test indicated that these data were missing completely at random ( $\chi^2(1) = 0.13$ ,  $p = 0.72$ ) and each case was also missing <10 % data, thus these cases were retained as they contributed valuable information about the population (e.g. demographics, diagnostic status, open-ended responses). Only cases with complete responses for a variable were retained in individual analyses using the given variables. Of participants, a total of 105 opted to complete the free-response qualitative section of the survey, which is above the previously identified median sample size of 75 for reaching saturation from such online survey designs (Weller et al., 2018). There were no significant differences on demographics, recovery community engagement or disordered eating variables between those who did and did not complete the open-ended questions.

## 2.2. Measures

Participants were asked to report age, gender, ethnicity, nationality, as well as height and weight, which was used to calculate body mass index ( $BMI = [kg / m^2]$ ). A question regarding use of the community ('Do you use the Instagram eating disorder recovery community?') was also presented to determine study eligibility.

### 2.2.1. Disordered eating symptoms

Disordered eating symptoms were measured by the 28-item Eating Disorder Examination Questionnaire (EDE-Q) (Fairburn & Beglin, 1994). Participants rate the frequency of disordered eating behaviours and thoughts on 7-point Likert scales. The EDE-Q consists of four subscales and the mean of these subscale scores provides a global score, with higher scores indicating greater symptomatology. The EDE-Q has demonstrated adequate test-retest reliability, internal consistency (Luce & Crowther, 1999) and high discriminant validity. Internal consistency in the current sample was 0.93. A cut off score of  $\geq 4.17$  has been proposed as indicating a likely eating disorder (Aardoom et al., 2012).

Eating-related questions from the Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD PHQ [PHQ] (Spitzer et al., 1999)) were used to assess whether participants were likely to meet diagnostic criteria for a current eating disorder. The PHQ is an efficient and diagnostically valid self-report measure for the screening and diagnosis of common mental disorders, with good agreement demonstrated between PHQ diagnoses and those of independent mental health professionals,  $\kappa = 0.65$  (Spitzer et al., 1999).

### 2.2.2. Treatment and help-seeking

Participants were asked to report if they had or were currently receiving professional treatment for an eating disorder, defined as engaging with health professionals, such as a general practitioner, psychiatrist, or other medical specialists. Participants selected out of five statements describing their engagement with treatment (never sought professional help, previously sought professional help, currently receiving treatment, started but discontinued treatment, or completed treatment).

### 2.2.3. Perceptions of the recovery community

A series of open-ended questions were asked to assess participants' reasons for using the platform, and what they perceived to be helpful and unhelpful about the community (e.g., "Please outline the reasons that you engage with the Instagram recovery community" and "What aspects of the Instagram recovery community do you find helpful for your recovery?").

## 2.3. Procedure

Approval for the study was obtained from the University's Human Research Ethics committee. Recruitment involved online advertising on the Instagram platform and promotion from eating disorder services and initiatives. An Instagram account was created for advertising the study and managed by the first author. A promotional image including the survey link was regularly posted under commonly used community hashtags (#EDRecovery, #EatingDisorderRecovery, #AnorexiaRecovery, #BulimiaRecovery and #RecoveryWarrior) (Higgins, 2016). The study was also shared by eating disorder organizations and advocates through their social media platforms. Potential participants who accessed the survey link were provided with study information and asked to give informed consent before proceeding with the survey. Participants were also asked to respond to the eligibility questions regarding age and engagement with the community, with those meeting inclusion criteria then proceeding to the survey.

## 2.4. Data analysis

Descriptive statistics were used to explore user characteristics,

performed in SPSS v27. Due to the potential for erroneous self-reporting of weight, particularly in disordered eating populations (Conley & Boardman, 2007), extreme BMI outliers (i.e., those that fell well beyond 1.5 times outside of the interquartile range) were excluded in the calculation of mean BMI. The PHQ was used to identify potential cases of bulimia nervosa and binge eating disorder (BN = answers of yes to all items included in the first and third PHQ questions; BED = answers of yes to all items in the first PHQ question and answers of no or no response to third PHQ question) (Spitzer et al., 1999). Possible cases of anorexia nervosa (AN) were defined by a BMI  $\leq 17.5$  and an EDE-Q global score  $\geq 4.17$  (Aardoom et al., 2012).

Thematic analysis was conducted to examine open-ended responses (Braun et al., 2020; Braun & Clarke, 2013). This involved an iterative process of coding the data, collating codes into potential themes, and reviewing and refining themes. To ensure rigour and validity of themes and codes, a second rater then independently reviewed and coded the data, which was reviewed by both parties to ensure that there was overall agreement in thematic labelling. Themes were discussed and further refined to ensure coherence, and that they were distinct.

### 3. Results

The majority of participants were White (72.4 %,  $n = 118$ ), with Hispanic or Latino (8 %) and Asian (6.1 %) participants also represented (see Online supplement for detailed demographic results). BMI ranged from 11.29 to 49.87 ( $M = 25.54$ ,  $SD = 8.27$ ). The sample reported higher eating disorder symptomatology (Table 1) than general population norms but lower than clinical population norms (Carey et al., 2019; Conley & Boardman, 2007). In total, 48 participants scored above clinical cut-off on the EDE-Q and thus would likely meet criteria for a diagnosis of an eating disorder. More specifically, ten potential cases of AN, 16 potential cases of BED and 19 potential cases of BN were identified. Nearly half the sample (43.4 %) indicated that they were currently receiving treatment, while 27.9 % reported never having sought help.

#### 3.1. Perceptions of recovery community

Ten key reasons for using the recovery community were identified (Table 2), with finding similar others and to receive social support the most commonly reported. Specifically, users sought to find others with similar body types, experiences and struggles. They also looked for social support to acknowledge their experience, and to have a sense of community and feel that they were not alone. A number of users also reported engaging with the community as an alternative to professional help, especially where professional support was inaccessible.

A number of themes regarding user-perceived helpful and unhelpful aspects of the recovery community were also found (see Tables 3 and 4). The most frequently reported benefits were the sense of community, seeing counter-cultural representations and messages, and observing others who were in recovery. The most frequently reported unhelpful

**Table 1**  
Sample characteristics.

	N (%)	M (SD)	Range
Gender			
Female	146 (86.9)		
Male	6 (3.7)		
Neither male nor female	9 (5.5)		
Withheld	2 (1.2)		
EDE-Q Global		2.68 (1.89)	0.0–6.0
Experience with Treatment			
Currently receiving treatment	56 (34.8)		
Never sought professional help	36 (22.4)		
Previously sought professional help	32 (19.9)		
Received and completed treatment	21 (13.0)		
Started but discontinued treatment	16 (9.9)		

**Table 2**

Reasons for using Instagram recovery community.

Theme	Description	Examples
1. To find others like me	To know that there are others with similar body types, experiences and struggles. For validation and normalizing of own experiences.	"...I wanted to find people who looked like me and had the same experiences as I did."
2. Motivation to recover	For motivation and inspiration to recover, or to continue recovery. For messages of reassurance, positivity, hope, encouragement, empowerment.	"To feel inspired and to convince myself that recovery is the best option."
3. Counter-narratives	For counter-cultural messages (e.g., anti-diet culture, fat positivity) and representations of diverse body types, genders, and ethnicities.	"I primarily feel like Instagram is the platform which shows that people of all body types can have eating disorders the most..."
4. Alternative to professional help	As a substitute for or as an adjunct to professional treatment. May be preferable to professional help (e.g., free/financially available), or due to lack of access to professional help.	"I can't afford specialised counselling. I don't trust my doctor or an average counsellor not to do any damage after being told in the past 'well just lose weight if you don't like your body'..." "I tried to get help for poor body image/restrictive eating patterns from my therapist, but unfortunately because of my body type I was not taken seriously."
5. Lack of outside support	There is a lack of support in real life or in-person.	"...when I would reach out to people for help, they would tell me I wasn't sick because I didn't fit the stereotype of a what someone with an eating disorder 'looked like'"
6. Accountability and documentation	To summarize and track recovery. To provide accountability to self and to others.	"To keep myself accountable, summarizing what the day was like..."
7. Space for sharing	Provides a space to share thoughts, reflections, struggles and experiences. To discuss things that cannot be shared in real life.	"A way of writing down my thoughts and feelings to get them out instead of unhelpful coping mechanisms."
8. Observing others	To observe others' recovery and progress, to see stories of recovery. May be for curiosity and voyeurism.	"To be honest, I think it's just quite addictive to be part of, a lot of it is voyeurism and following people I've followed for the better part of a decade." [sic]
9. Community and social support	To feel a sense of community and belonging and to feel less alone. To find friends, interact with others and receive and provide social support.	"I relate to these people. It helps me feel less alone."
10. Information and help-seeking	For information, resources, practical help and advice from professionals and peers.	"Good resources to understand typical cultural norms about health and weight! Myth busting about diets and clean eating."

aspect was triggering content, including body progress pictures, before and after pictures, pictures of food, and content alluding to hospital inpatient admissions. Participants also commonly reported comparing themselves with others in terms of eating disorder severity, food eaten, and progress in recovery as being unhelpful.

### 4. Discussion

The current study investigated users of the Instagram recovery community and found users had diverse BMIs, and varied eating

**Table 3**  
Helpful aspects of the Instagram recovery community.

Theme	Description	Examples
1. Community and social support	Feeling less alone, being part of a community, connecting with others, and receiving and providing social support.	<i>"I like the feeling of being in the community, and all the support I also receive back from it."</i>
2. Others' lived experiences	Seeing others' recovery journeys, success stories and testimonials. Realistic depictions of recovery and real-life content and examples.	<i>"How open they are with their recovery, very detailed/realistic and shows the ups and downs, makes me feel assured that I'm doing the right choice"</i>
3. Information and education	Informational and factual content, access to education and professional accounts.	<i>"...I like when there's actual psychologists posting information about disorders."</i>
4. Shared experiences	Validation of own experiences and struggles. Relating to others and feeling understood by others with similar experiences.	<i>"Being able to see that other people experience the same thoughts and things that I do"</i>
5. Inspiration and motivation	Receiving inspiration, motivation, reassurance and encouragement, hope for recovery.	<i>"I... love the motivational posts some users make"</i>
6. Counter-cultural movements	Reducing stigma and shame through counter-cultural messages (e.g. body positivity and diversity, intuitive eating, anti-diet culture). Acceptance and normalizing of mental health issues.	<i>"Creators that place focus on the intersectionality of eating disorders helps to frame my struggles through the lens of people with similar backgrounds as me rather than the mainstream, cis white female I grew up seeking answers and guidance from."</i>
7. Resources for recovery	Learning about recovery, advice and coping strategies. Practical use of the platform for recovery (e.g. for tracking and documentation).	<i>"Having access to therapists and people who have experienced binge eating to learn and understand strategies to help me."</i>

disorder presentations and help-seeking history. Key reasons for using the community were to seek validation and support, and as an alternative to professional treatment and external support. Social support and making alternative bodies and experience visible were reportedly helpful aspects of the community, but some content was also considered unhelpful.

Consistent with considerable levels of eating psychopathology previously identified in online recovery communities (Aardoom et al., 2014), mean global EDE-Q scores for the community were much higher than general population norms in the UK, Europe and the US (Aardoom et al., 2012; Carey et al., 2019; Quick & Byrd-Bredbenner, 2013), but not as high as norms reported for clinical populations (Aardoom et al., 2012; Jennings & Phillips, 2017), suggesting that community users have higher levels of eating disorder symptomatology than the general population, but less symptom severity than that of clinical populations. Diagnostic screening also flagged several potential cases of AN, BN and BED in the sample, similar to self-reported eating disorder cases and diagnoses in previous studies of online recovery communities (Aardoom et al., 2014; Keski-Rahkonen & Tozzi, 2005). The Instagram recovery community therefore appears to include and largely consist of a sub-clinical population with varying presentations, including individuals who would meet diagnostic criteria for an eating disorder and those who would remain subthreshold. Current findings suggest that the community offers access to a potentially at-risk group that may have less engagement with or access to treatment, where symptoms remain subthreshold. It is also possible that this subthreshold population includes users who are currently in recovery and no longer meet diagnostic criteria for an eating disorder. Future longitudinal studies may usefully examine the symptom trajectories of users of recovery communities. These findings reinforce that online communities might be a vehicle through which to identify those in need of support for an ED (Yan et al., 2019) and those seeking support to maintain recovery from an ED

**Table 4**  
Unhelpful aspects of the Instagram recovery community.

Themes	Description	Examples
1. Underrepresentation	Underrepresentation of different bodies, genders and ethnicities that creates stigma and reinforces stereotypes.	<i>"I think it creates stigma, most of the people in this community are Caucasian and underweight."</i>
2. Misinformation and Ambiguity	Misinformation and promotion of incorrect or harmful recovery methods and behaviours. Ambiguity in messages and generalizing statements.	<i>"People doing all the wrong things to recover. Dieting, restricting, fasting. Blaming willpower."</i> [sic]
3. Diet culture content	Content and comments about diet culture, thinness and dieting. Includes incorrectly tagged and promoted diet culture content.	<i>"People wrongly tagging things that then are about thinness, dieting, supplementary products, etc"</i>
4. Performative recovery	Recovery accounts that remain immersed in diet culture (i.e. users that "perform recovery" while remaining ill).	<i>"Picture of people claiming to be recovered who are still stick thin, pictures of food that people have eaten that are clearly not enough..."</i>
5. Thin line between recovery and anti-recovery	Lack of distinction between helpful and unhelpful content. Easy access to harmful anti-recovery content (e.g. Thinspiration).	<i>"Easy access to fake contents... There's a thin line that distinguishes useful contents from toxic contents"</i>
6. Triggering content	Sensitive content that is perceived as triggering and unhelpful (e.g. weights, BMI, calories, pictures of bodies, hospital admissions etc.)	<i>"Anyone who shares before and after photos or anything relating to 'sick' photos is really unhelpful and triggering to me."</i>
7. Harmful comments	Unmoderated harmful comments such as judgments on food and weight, shaming of relapses, comments on body weight and shape.	<i>"When people comment on posts attacking people for being fat"</i>
8. Focus on appearance	Overemphasis on bodies, food and appearance.	<i>"I also feel that too much emphasis is still put on appearance."</i> [sic]
9. Comparisons	Content induces competition and comparisons (e.g. in recovery, progress, food, changes in appearances)	<i>"I find I make harmful comparisons between what I eat and what others are eating and whether I should be eating what they are. I also feel that if I'm not experiencing a drastic transformation in my appearance then my experience is invalid."</i>
10. Need to self-curate	There is a need to self-curate one's own experience and ignore unhelpful posts.	<i>"You have to be careful who to follow."</i>

(Gulec et al., 2011).

Notably, members of the Instagram recovery community largely reported that they were receiving eating disorder treatment, although 27.9 % indicated that they had never sought professional help. These results appear somewhat positive in light of previous research suggesting that most individuals with eating disorders do not seek or receive treatment (Griffiths et al., 2018; Hart et al., 2011), with our results suggesting that treatment was being accessed by a large proportion of users. The Instagram recovery community appears to be a population that engages in help-seeking behaviour or has some willingness to access help, with engagement in online recovery communities being a recovery-oriented behaviour and thus the current sample by its nature represents individuals who already engage in a form of help-seeking (McCormack, 2010). While a sizeable proportion of users were or had previously been engaged in treatment, nearly one-third of the

community had not previously accessed help; suggesting that these communities might also be an initial way to source help for some individuals before being ready to seek professional treatment. It is worth future research considering whether use of the community actively promotes help-seeking and provides benefits additional to treatment for those already accessing professional help.

Additionally, while many users appeared to engage with the recovery community as an adjunct to professional help, users also reported using the community as an alternative to professional help when professional help was unavailable and when they felt a lack of outside support. Results suggest that online recovery communities provide an accessible means of support that may be available to a broader population, including those with subthreshold symptoms who might not have access to traditional services, as well as those less willing or ready to seek professional help. Difficulties accessing specialist services, financial costs and a lack of trust towards treatment providers may prevent individuals from seeking treatment (Ali et al., 2017), while a lack of knowledge often prevents health professionals from recognizing eating disorders and providing effective referrals or treatment (Hart et al., 2011); all of which were reported by users as reasons for engaging in the recovery community. Individuals with eating disorders have reported poor experiences and perceptions of health care professionals, who may lack understanding of eating disorders or provide unhelpful advice (Bullivant et al., 2020). Professionals have also demonstrated biases in their provision of treatment, with ethnic minorities, males and those that were overweight less likely to be referred to or receive treatment (MacCaughelty et al., 2016; Sinha & Warfa, 2013). Negative attitudes towards overweight patients and poorer perceived treatment outcomes have also been observed among specialist eating disorder professionals (Puhl et al., 2014). As such, there appear to be practical and systemic barriers to receiving eating disorder treatment for some individuals, and these individuals may then turn to online platforms such as the Instagram recovery community. Interestingly, the users came from a large variety of countries and reported a similar range of issues, suggesting that such barriers may exist across healthcare contexts and countries. Our findings of using online communities as an alternative to professional help underscore the potential benefit of and need for accessible internet-based applications and treatment programs for disordered eating (Gulec et al., 2011; Tregarthen et al., 2015).

Participants identified a variety of additional reasons for using the community, many of which were also perceived as helpful aspects for their recovery. Being part of a community, receiving social support, seeing and interacting with similar others and observing others' progress were predominant themes. These reflect previously recognized themes of peer support, friendships and community within online recovery groups (Kendal et al., 2017; McCormack, 2010). Validation, recognition from others and sharing information and experiences appears to aid recovery and increase empowerment in individuals (Aardoom et al., 2014; Lord et al., 2018), while observing others' progress and self-disclosure has been found to be helpful in increasing motivation for recovery (Lord et al., 2018; Wasil et al., 2019).

Furthermore, participants reported that the Instagram recovery community provided them with counter-narratives or counter-cultural representations of body diversity and eating disorders. Users specified wanting to find others with similar gender, ethnicity or body type to validate their own experiences and feel less alone in their experience. In particular, users sought representations of larger and overweight bodies, diverse gender identities, different ethnicities and of those who struggled with bingeing and restricting while not being underweight or fitting typical diagnoses (e.g., OSFED); which may partly reflect that many users did not appear to meet criteria for AN, BN or BED and may have had symptoms that fit with OSFED rather than other diagnoses. This desire for diversity may also be a reaction to the perception of eating disorders as a problem specific to White women and individuals with thinner bodies (Hesse-Biber et al., 2006; Saguy & Gruys, 2010). Research and prevention efforts have been disproportionately focused

on females (Cohn et al., 2016) and disordered eating symptoms are less likely to be recognized in people of colour (Gordon et al., 2002). Further, research on heterogeneous, less well-defined ED cases and their treatment has also been limited (Riesco et al., 2018), despite a substantial proportion of individuals with disordered eating presenting with atypical ED symptoms or OSFED (Mancuso et al., 2015). OSFED and atypical ED presentations are less commonly understood or shared in the media; rather stereotypes about eating disorder presentations tend to be reinforced by the media (Saguy & Gruys, 2010). Additionally, stigmatizing attitudes towards people with eating disorders and weight-related conditions have been found in the general public, with individuals with BED or obesity most blamed for their conditions (Ebner & Latner, 2013). These stigmatizing public attitudes, along with difficulties accessing treatment, especially for overweight patients and ethnic and gender minorities (Cohn et al., 2016; MacCaughelty et al., 2016; Sinha & Warfa, 2013), may further impact help-seeking. As such, individuals may turn to the Instagram recovery community to find representations of and support for their own eating disorder experiences that are not as present or visible in mainstream society. More recognition of diverse eating disorder presentations in the media, public health education, research and clinical practice may be useful to better support these individuals. Future research may also consider examining different user profiles and ED presentations and how they engage in the community in order to identify the specific types of support these individuals may seek and ways in which the recovery community might help or hinder their recovery. Understanding these differences may subsequently help inform more effective and targeted support services for these individuals.

An unhelpful aspect of the Instagram community included comparisons. The perceived benefits of observing others, while comparisons with others also being reported as unhelpful, further highlights that social comparison in ED recovery is nuanced but can support recovery (Saunders & Eaton, 2018b). Additional unhelpful aspects included misinformation, triggering content, harmful comments and a continued underrepresentation of diverse eating disorder presentations and body types. The risks of misleading information and hostile comments have previously been observed in the use of social media for mental health peer support (Naslund et al., 2016) and posting thin-ideal/body-image related content (Cavazos-Rehg et al., 2020). These concerns highlight the lack of moderation in the Instagram recovery community, requiring users to self-curate their own experiences. The need for moderation in recovery communities has been raised (McCormack, 2010), with it argued that online support groups without moderation can continue to perpetuate disordered eating through the exchange of diet tips or the facilitation of competition. Therefore, as an unmoderated public platform, the Instagram recovery community is free for individuals to join, and may provide supportive benefits, but also carries the risk of exposure to harmful content and misinformation. Practitioners with clients that use the recovery community may wish to consider its risks and benefits, and how use of the platform may impact their clients' treatment and recovery. Future research on the platform should consider ways in which the community may be better curated or utilized to promote recovery and minimize the risk of harm. For example, the use of private and moderated groups on the platform or supervised use of the community in combination with professional support may be avenues to explore as sources of support and/or adjuncts to traditional therapy.

#### 4.1. Limitations

Limitations of the current study should be considered. Self-reported weight and height figures are often subject to error and unreliable (Rowland, 1990), while weight overestimation appears common among disordered eating populations (Conley & Boardman, 2007). As such, the BMI figures and AN screening results in the current study should be interpreted with caution. Secondly, while the study screened for whether users were likely to meet diagnostic criteria for a current ED, it did not ask for past diagnostic status. As such, the study did not account

for participants that have previously been diagnosed with an ED but are in recovery and no longer meet diagnostic criteria. Similarly, while identifying a range of heterogeneous and subthreshold symptoms within the sample population, the study did not identify potential cases of OSFED or disorders other than AN, BN and BED, and diagnostic screening results may not fully represent the clinical severity of the sample. ED screening measures rather than clinical interview were used, which have limitations. Future studies may more specifically screen for OSFED and atypical ED presentations and/or use diagnostic interviews in order to further understand the recovery community population.

Furthermore, the study was conducted in English and promoted to English-speaking Instagram users, thus limiting its reach to users that speak other languages. It is possible that there are linguistically diverse recovery communities present on the platform that use different language hashtags. Similarly, while efforts were made to reach diverse users through advertising via multiple sites and advocates, the sample may be biased towards the audiences of those who advertised the study and may not demonstrate the full range of genders, ethnicities and eating disorder presentations within the broader community. Finally, the current study provides a snapshot of the Instagram recovery community, but whether usage of the platform is related to recovery, improvements or worsening of eating disorder symptoms, remains unknown and future longitudinal studies would be beneficial.

## 5. Conclusion

The results of this study suggest that the Instagram recovery community includes individuals of multiple genders, ethnicities, body types and eating disorder presentations. These individuals may use the platform for a range of reasons, including to seek validation of their own experiences and as an alternative for professional treatment. This study reinforces the need for recognition of diverse eating disorder presentations in mainstream culture, research and clinical practice. It also suggests that where there are limitations to the accessibility and provision of professional treatment for individuals with eating disorders, individuals may turn to online communities for seeking help or additional support beyond traditional therapy. While the Instagram community may aid users in their recovery through means of social support, validation, and shared experiences, its lack of moderation may also perpetuate disordered behaviours and impact recovery.

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The data are available from the corresponding author upon request.

## CRediT authorship contribution statement

EA was responsible for data collection, data analysis and drafting the manuscript. SC oversaw study design, reviewed data analysis and contributed to drafting the manuscript.

## Declaration of competing interest

The authors have no conflicts of interest to declare.

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