

Implications of social media use for the treatment of eating disorders

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Abstract

Social media consist of digital platforms on which users share values and opinions and are currently one of the most popular types of communications media. Exposure to social media has been associated with negative eating behavior outcomes. This study investigated the implications of social media use for the treatment of individuals diagnosed with an eating disorder. The sample consisted of ten patients (eight women) aged between 13 and 38 undergoing treatment in a public outpatient clinic, most of whom were diagnosed with Anorexia Nervosa. The data were collected using individual semi-structured interviews lasting on average one hour. The interviews were transcribed literally and in full and the data were analyzed using reflexive thematic analysis. The results were organized into two themes: "Feeling controlled by social media"; and "Learning to control social media use." The findings show that social media plays an ambiguous role in the lives of people in recovery from eating disorders. On one hand, these online environments are pervaded by social pressures and extreme exposure to idealized unhealthy beauty standards, contributing to worsening symptoms. In contrast, they provide an opportunity to create an environment in which it is possible to share experiences, challenges and vulnerabilities, promoting a sense of validation of feelings and attainment of social support. It is hoped that our findings will stimulate reflection on the need to consider the influence of the sociocultural environment in the treatment of eating disorders.

Keywords: feeding and eating disorders, online social networking, internet use, eating disorders, body image

IMPLICAÇÕES DO USO DAS REDES SOCIAIS VIRTUAIS NO TRATAMENTO DOS TRANSTORNOS ALIMENTARES

Resumo

Redes sociais virtuais são plataformas digitais onde valores e opiniões dos usuários são compartilhados, configurando-se como um dos principais meios de comunicação na atualidade. A exposição às redes tem sido associada a desfechos negativos no comportamento alimentar. Este estudo teve como objetivo analisar as implicações do uso das redes sociais virtuais no tratamento de pessoas com diagnóstico de transtorno alimentar. A amostra foi composta por dez pacientes de um serviço público ambulatorial, sendo oito mulheres, com idades entre 13 e 38 anos, a maioria com diagnóstico de Anorexia Nervosa. O instrumento utilizado foi um roteiro de entrevista semiestruturado. A coleta de dados ocorreu individualmente e durou, em média, uma hora. O material foi transcrito na íntegra e literalmente, sendo posteriormente submetido à Análise Temática Reflexiva. Os resultados foram organizados em dois temas: "Sentindo-se controlado pelas redes sociais virtuais" e "Aprendendo a controlar o uso das redes sociais virtuais". Constatou-se que as redes sociais virtuais adquirem uma característica ambígua para as pessoas em processo de recuperação de um transtorno alimentar. Por um lado, podem servir como cenários nos quais predominam pressões sociais e intensa exposição a padrões de beleza idealizados e prejudiciais à saúde, contribuindo para o agravamento dos sintomas. Por outro, proporcionam a oportunidade de se estabelecer um ambiente no qual é possível compartilhar experiências, desafios e vulnerabilidades, promovendo a sensação de validação de sentimentos e obtenção de apoio social. Espera-se que esses achados estimulem reflexões sobre a necessidade de considerar a influência do ambiente sociocultural no tratamento dos transtornos alimentares.

Palavras-chave: transtornos da alimentação e da ingestão de alimentos, redes sociais *online*, uso da internet, distúrbios do ato de comer, imagem corporal

IMPLICACIONES DEL USO DE LAS REDES SOCIALES VIRTUALES EN EL TRATAMIENTO DE LOS TRASTORNOS ALIMENTARIOS

Resumen

Las redes sociales virtuales son plataformas digitales donde se comparten los valores y opiniones de los usuarios, habiéndose configurado como uno de los principales medios de comunicación en la actualidad. La exposición a las redes ha sido asociada con desenlaces negativos en el comportamiento alimentario. Este estudio tuvo como objetivo analizar las implicaciones del uso de las redes virtuales en el tratamiento

de personas con diagnóstico de trastorno alimentario. La muestra consistió en diez pacientes de un servicio público de atención ambulatoria, ocho de los cuales eran mujeres, con edades entre 13 y 38 años, la mayoría con diagnóstico de Anorexia Nerviosa. El instrumento utilizado fue un guion de entrevista semiestructurada. La recolección de datos se realizó de manera individual y duró, en promedio, una hora. El material se transcribió íntegra y literalmente, y se sometió a un Análisis Temático Reflexivo. Los resultados se organizaron en dos temas: "Sintiendo que se está controlado por las redes sociales virtuales" y "Aprendiendo a controlar el uso de las redes sociales virtuales." Se constató que las redes sociales virtuales adquieren una característica ambigua para las personas en proceso de recuperación de un trastorno alimentario. Por un lado, pueden servir como escenarios donde predominan las presiones sociales y la intensa exposición a estándares de belleza idealizados y perjudiciales para la salud, contribuyendo al agravamiento de los síntomas. Por otro lado, proporcionan la oportunidad de establecer un entorno en el que es posible compartir experiencias, desafíos y vulnerabilidades, promoviendo la sensación de validación de sentimientos y obteniendo apoyo social. Se espera que estos hallazgos estimulen reflexiones sobre la necesidad de considerar la influencia del entorno sociocultural en el tratamiento de los trastornos alimentarios.

Palabras clave: trastornos de alimentación y de la ingestión de alimentos, redes sociales en línea, uso de internet, trastornos de la ingestión de alimentos, imagen corporal

For the purposes of this study, social media is defined as digital platforms on which people and/or organizations share values, opinions, aspirations and goals, forming groups according to different common interests. Today, these digital environments have become one of the main communication media, boasting a considerable number of users who interact within an increasingly hyperconnected society (Mincey & Hollenbaugh, 2022; Padín, González-Rodríguez, Verde-Diego, & Vázquez-Pérez, 2021). Applications have been developed to facilitate and accelerate communication, becoming dynamic virtual environments for information dissemination and entertainment (Lucena, Seixas, & Ferreira, 2020; Moraes, Santos, & Leonidas, 2021).

Prolonged exposure to social media has been associated with major habit changes. These changes can have a negative impact on eating behavior due to, among other factors, the dissemination of unrealistic body standards, which can lead to disordered eating and the internalization of unhealthy ideals of thinness (Lucena, Seixas, & Ferreira, 2020, 2020; Santos et al., 2019; Silva, Japur, & Penaforte, 2020; Simões & Santos, 2024). Contemporary discourses and practices related to body and health focus on aspects of the body, creating a link between body aesthetics and well-being (Moraes et al., 2021; Simões, Gil, & Santos, 2023).

The tangled web of discourse propagated by social media and monitored by the major corporations that dominate the technology sector (big tech) gives precedence to a concept of health that is inextricably linked to the consumer market. Social media's "healthy lifestyle discourse" conjures up a variety of low carb, ketogenic and vegan diets, a bounty of diet/light and sugar free foods, weight-loss meal plans and intermittent fasting, contributing to the social construction of a standard that crowns the slim, lean and "ripped" body type as the emerging ideal in a techno-capitalist Western society (Santos et al., 2019). In the wake of this contemporary obsession with fitness, a lucrative market is expanding at an increasingly rapid pace, accompanied by the demonization of fatness as moral weakness and the growth of fatphobia. Symptomatically, the same consumer society that advocates the fitness culture is also driving an epidemic of obesity (Santos et al., 2019).

The contemporary aesthetic ideal situates the body as a moldable object to be sculptured and nurtured by means of restrictive diets and extravagant eating habits such as intermittent fasting (Souza et al., 2019). The aim is a docile body to be modeled by frantic workouts and the use of anabolic steroids, enhanced and reshaped by endless cosmetic plastic surgery and regulated and disciplined by sociocultural standards that seek to fulfill the desire for immortality, fulfilling the contemporary promise of eternal youth (De Stefani, Azevedo, Souza, Santos, & Pessa, 2023; Silva, Japur, & Penaforte, 2020).

A body of national and international research including systematic reviews shows that there is a positive association between access to and time spent on social media and the development and/or maintenance of eating disorder (ED) symptoms (Feuston, Taylor, & Piper, 2020; Lucena, Seixas, & Ferreira, 2020; Marks, Foe, & Collet, 2020; Mincey & Hollenbaugh, 2022; Moraes et al., 2021; Padín et al., 2021; Santos et al., 2019; Silva et al., 2020). Evidence reveals that increased usage of social media platforms is directly related to increased body dissatisfaction,

continual body surveillance, obsessive-compulsive relationships with food, and anorexic and bulimic behaviors.

From a psychopathological perspective, EDs are defined by the International Classification of Diseases 11th Revision – ICD-11 (World Health Organization [WHO], 2018) and Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition – DSM-5-TR (American Psychiatric Association [APA], 2022) as a group of disorders characterized by disturbances in eating behavior not attributable to comorbidities, developmental disorders or cultural practices. These disordered eating patterns are the result of warped concerns about body weight, image and shape (Valdanha-Ornelas et al., 2023). Since we live in a society that encourages excesses of all kinds, it is no coincidence that binge-eating disorder (BED) is the most common type of ED, followed by anorexia nervosa (AN) and bulimia nervosa (BN) (Santos et al., 2019).

BED is characterized by the intake of unusually large amounts of food in a short period of time. Binge eating episodes are marked by the sensation of loss of control and inability to stop eating excessive amounts of food. Common behaviors include sneak eating and hiding symptoms, with individuals frequently feeling ashamed of the amount of food eaten and isolating themselves during episodes. Diagnostic criteria include accompanying symptoms of physical discomfort, feelings of guilt and shame, and intense suffering at least once a week over a period of three months (APA, 2022). The precise definition of binge eating includes eating large amounts of food without being hungry very rapidly and in an uncontrolled way, followed by self-loathing, depressed mood and an exaggerated feeling of guilt. Unlike BN, BED is not associated with compensatory behaviors such as self-induced vomiting and misuse of laxatives or other medications to accelerate weight loss (APA, 2022).

BN is characterized by repeated episodes of bingeing, followed by excessive concern with weight control. After episodes of loss of control and bingeing, the person adopts inappropriate compensatory strategies to avoid weight gain. These behaviors provide temporary relief but have harmful long-term effects on physical and mental health (APA, 2022). As with BED, episodes of bingeing in BN include the sensation of lack of control and/or inability to stop eating, occurring at least once a week over a period of three months. Severity is measured by the frequency of episodes, and distorted body image or weight perception is a crucial element of diagnosis, manifested in recurrent body dissatisfaction and a stubborn desire to lose weight (APA, 2022).

DSM-5 defines AN as the persistent intentional reluctance to maintain body weight at a minimally normal level, accompanied by dysfunctional behaviors often related to excessive fear of weight gain. There are two AN subtypes: *restricting type*, characterized by loss of weight through dietary restriction and excessive exercise, and *binge-eating/purging type*, where the individual engages in recurrent episodes of binge eating or purging behavior (APA, 2022).

The causes of EDs are multifactorial, meaning that they cannot be attributed to a single cause or origin, being influenced by the sociocultural environment, family dynamics and personality functioning (Santos et al., 2023a). Combined approaches and coordinated actions developed by health professionals from different areas are therefore essential and should address

emotional, physical, family and social aspects (Maia, Oliveira-Cardoso, & Santos, 2023; Souza & Santos, 2013a, 2013b). International guidelines note that nutritional rehabilitation, psychosocial interventions, psychopharmacological treatment, counselling and family-based interventions are central components of treatment (Siqueira, Santos, & Leonidas, 2020; Souza & Santos, 2014, 2015).

The contemporary world is constantly changing, especially due to globalization and technological advances, generating a need for innovation in therapy management for illnesses and psychopathologies that severely jeopardize psychosocial development, as is the case of EDs. This need arises not only from patients and family members who are suffering (Gil, Oliveira-Cardoso, & Santos, 2023), but also from health professionals, who often feel frustrated with treatment outcomes and unprepared due to the lack of scientific knowledge to guide clinical care for EDs (Maia et al., 2023a, 2023c).

National and international studies have yet to provide sufficient elements to support modifications to the treatment models proposed for EDs related to the excessive use of social media and its consequences for mental health. It is therefore vital to develop studies that address the possibilities of including the topic of social media in outpatient ED treatment, providing insights to enhance therapeutic effects and indicate directions of change. This interventional study investigates the use of social media by patients diagnosed with an ED in order to understand the role digital social networks play in the illnesses and recovery process and discover how to best use these platforms.

Within this challenging and enormously complex context, we formulated the following research question: “What are the implications of the habitual use of social media for the treatment of EDs from the perspective of those living with the clinical diagnosis of anorexia/bulimia?” The aim of this study was to investigate the implications of the use of social media for the treatment of people diagnosed with an ED and the meanings assigned to the content viewed on digital platforms.

Method

We conducted a clinical-qualitative cross-sectional study using an exploratory and descriptive research design. The clinical-qualitative method was chosen because it enables the researcher to describe and interpret the meanings assigned to experiences related to health (Turato, 2013). Qualitative methods have been increasingly employed in research in psychology. Although they generally use a smaller number of participants than quantitative methods, they provide a detailed description of each data source, valuing open-ended discovery rather than verification of hypotheses to emphasize specific histories where results are not generalizable (Levit et al., 2018).

Participants and study context

The study was conducted in a specialized service in the southeast of Brazil with a long tradition of care provision in this area. The focus of the service is the provision of care for people with EDs and their families. The facility develops a multi/interdisciplinary out-patient program providing comprehensive care for people with symptoms of EDs. Weekly activities are coordinated by a team consisting of professional volunteers from the fields of psychology, nutrition and nutrology and employed professionals from the areas of psychiatry and occupational therapy.

Since the service is part of a teaching hospital, the facility also has interns, resident doctors and post-graduate students from various areas. The outpatient program runs counseling groups for patients and family members that meet on a weekly basis and provides individual patient counseling, individual and group consultations with nutritionists, and individual assessments with psychiatrists and nutrologists. The team tailors treatment plans to the specific needs of each patient and their immediate family (Lima-Santos, Santos, & Oliveira-Cardoso, 2023).

We invited patients diagnosed with AN, BN or BED receiving regular counseling and with an active social media account. Patients up to 12 years old and under and those who had severe comprehension and communication difficulties that prevented the assimilation of instructions making it impossible to conduct the interview were excluded. All eligible patients were invited to participate in the study. There were two refusals, resulting in a final sample of 10 patients.

Instruments

The following data collection instruments were used: a) *Sociodemographic data form* to collect sociodemographic and clinical data used to characterize participant sociodemographic and clinical profile; b) *Semi-structured interview guide* prepared especially for the study consisting of open-ended questions exploring the frequency of social media use, content accessed, and the meanings assigned to the lived experiences on these platforms. We also investigated the participants' perceptions of the potential positive and negative implications of using social media for the treatment of EDs. At the end of the interview, interviewees were asked to provide an imaginary description of their own ideal Instagram profile, including the photos and features they would show. Interviews conducted using a semi-structured interview guide use questions that prompt the researcher and enable the interviewer to explore other themes or responses to give meaning to that which is being said (Turato, 2013).

Procedures

The participants were invited in-person during follow-up appointments at the out-patient clinic, by telephone or by a WhatsApp text message containing introductory information about the study and directing the patient to the informed consent page. Patients aged under 18 were asked to sign an informed consent form after their parents or guardians signed a parent/guardian informed consent form. The interviews were scheduled online using Google Meet at a

mutually convenient time for the participant and researcher or held in-person when the participant was visiting the clinic for a follow-up appointment.

The sociodemographic data form was filled out first, followed by the interview. The interviews were conducted by a researcher with expertise in using the instrument and counseling patients with EDs. Each interview lasted an average of 60 minutes and was recorded with the permission of the interviewees.

The interviews were transcribed literally and in full, and the data were analyzed using reflexive thematic analysis, a technique for identifying, analyzing and describing patterns or themes within qualitative data (Braun & Clarke, 2019). The themes were organized and described in detail. We performed an inductive and semantic analysis of the data, whereby themes were identified based on the data rather than a priori categories. The aim of the analysis was to elucidate how the participants experienced and comprehended issues related to the implications of the habitual use of social media for the treatment of EDs. For data analysis and interpretation, we used a theoretical framework based on the results of a systemic review of recent literature on EDs conducted by the research team. The review focused on issues related to the use of social media by people who are susceptible to problematic eating behaviors.

The study protocol was approved by the research ethics committee at the institution that the team of researchers is affiliated to (CAAE N° 59414722.8.3001.5440, reference code 5.679.168). The study was conducted in accordance with the norms and standards set out in Resolution 466/12 on research involving human subjects (Ministério da Saúde, 2012), Resolution 510 on human and social sciences research (Ministério da Saúde, 2016) and Resolution 016/2000 (Conselho Federal de Psicologia, 2000).

Results and Discussion

The sample consisted of 10 participants diagnosed with AN aged between 13 and 38, most of whom were students. Body Mass Index (BMI) ranged from 15.4 (below ideal body weight) to 30.9 (class 1 obesity). Length of time in treatment varied from three months to 13 years, including patients who experienced a recurrence of the ED and needed to go back to treatment.

Table 1*Characteristics of the study participants in ascending order of age (n =10)*

Fictitious name	Age	BMI	Diagnosis	Length of time in treatment (months)
Luke	13	19.7	AN	14
Mia	13	15.43	AN-R	3
Mary*	13	28.6	UED**	15
Marina	16	18.5	AN-R	63
Vanessa	20	30.8	BN	81
Cecília	21	19.5	AN-R	12
Luna	21	17.8	AN-R	72
Sakura	28	28.8	BN	58
Antônio	28	16.46	AN-R	156***
Frida	38	20.59	BN	87

* In addition to AN, the patient has Turner syndrome, a genetic disorder that affects development in females.

** UED: Unspecified Eating Disorder.

*** Patient has been undergoing irregular treatment since 2011. After interrupting treatment, the patient visited another specialty treatment center, returning to the service in 2023.

To meet the research objective, we defined the following themes: “Feeling controlled by social media”; and “Learning to control social media use”. These themes are discussed below, comparing the findings with the literature in the area.

Feeling controlled by social media

This theme brings together accounts of immersive experiences with social media that express ambiguous or unpleasant feelings aroused by daily engagement in online environments.

I spent pretty much all day on Twitter. Because I wanted to forget that I was hungry. So I'd lie in bed all day on Twitter [...] seeing people post pictures of thin people, seeing people doing body checking, stuff like that... I'd look at them and look at myself in the mirror and think: “My body is not the same”. And that made me feel really bad (Sakura, 26).

Body checking consists of repeatedly looking at your body in the mirror to check the size of your stomach, thighs and other parts of the body. The accounts show that interviewees were resigned to feeling “adrift”, realizing that they were alienated and controlled by uncontrollable external forces related to compulsive behavior to fill a void in their life. The relationship between ED symptoms and exposure to social media is circular, with patterns similar to those observed in compulsive behaviors and addiction (Greville-Harris et al., 2020). The onset of symptoms is generally associated with increased dependence on social media, leading to the development of a servile relationship with content. This vicious circle can trigger, maintain or exacerbate the

symptoms of underlying psychopathological conditions (Greville-Harris et al., 2020; Hilton, 2018).

Multiple interactive factors confer vulnerability to the messages conveyed by social media, including past experiences that triggered extreme distress, difficulties dealing with emotional pain, limited ability to interpret body signals, poor coping skills and lack of psychological resources for problem solving (Greville-Harris et al., 2020; Hilton, 2018).

According to Hilton (2018), the compulsive cycle emerges in a context of preexisting vulnerability and suffering for which the patient appears to have found a fantasied and temporary solution in weight control and eating behavior. As time goes by, these magical solutions found to deal with conflicts and regulate distress crystallize into eating habits, eventually becoming more frequent and consistent with the symptoms of anorexia/bulimia. The relief provided by fantasied control is fleeting and has harmful effects for physical and emotional health. The adverse and painful nature of the symptoms soon manifests itself in feelings of being trapped, captive and controlled by one's own defensive behaviors.

I think: "Ah, I'm not going to eat!" If I eat, I'll never have the body I saw on that page. And that creates anxiety and more anxiety, and I ended up having a compulsion and thought: "I'll only be happy if I have that body, I can't be happy any other way" (Frida, 38).

When browsing social media, people with EDs find information and suggestions that appear to help them meet their goals of losing weight and attaining the ideal body, creating a false sensation of control and distancing themselves from their conflicts. However, the illusion of control ultimately falls apart, intensifying the challenge of understanding the signals the body sends to tell us something is wrong. This process leads to an increase in stress associated with feelings of guilt and shame of not feeling able to manage the symptoms, which feeds back into low self-efficacy, starting a new cycle (Hilton, 2018).

It affects me in the sense that I feel [...] guilty. For example, I see a nutritionist saying that eating sugar makes you fat [...] and so sometimes I eat sugar and feel guilty, because if I was really like... healthy, [if I was] focused on not putting on weight, I wouldn't be eating that kind of food (Luna, 21).

The more young people become dependent on controlling their eating as a general response to life's challenges, the more they seek strategies and "solutions" on social media to overcome dilemmas or strengthen self-determination and motivation to maintain at all costs extreme control over eating (Hilton, 2018), as illustrated by the following account.

These nutritionists I follow on the internet, it's all about weight loss, you know? They are people who want to lose weight. Sometimes I feel like eating something [...] And then they post something [...] four candies

are equivalent to two slices of bread. These things they post comparing a bit of chocolate truffle or something with a quantity of another food really bothers me (Antônio, 28).

When talking about the content produced by digital influencers, Antônio reveals that he often feels confused about the advice he hears on social media. The literature highlights several intense paradoxical emotions triggered by social media use among people with EDs (Mincey & Hollenbaugh, 2022; Smethurst & Kuss, 2016), including: feelings of lack of acceptance and social support alternating with positive feelings of being understood within the digital environment; a sense of lack of self-control and control in personal life alternating with an omnipotent sensation of being able to command the symptoms; fear of being influenced by potential triggers alternating with a feeling of jubilation when receiving encouragement to maintain restrictive eating or other harmful behaviors; discomfort with constant comparison with others alternating with the excitement experienced when “diving headfirst” into a competition to see who can adopt the most intentional harmful behaviors. Patients with ED appear to follow the mottos “less is more” and “the worse, the better”. The problem therefore goes far beyond an unhealthy relationship with food, extending to other spheres of life.

I'd go on TikTok and there'd be this girl who made a video with the words: “Ah, I want to see who can go the longest without eating.” So I'd enter the competition to see who could go the longest without eating (Marina, 16).

Widely discussed in the literature on EDs, these phenomena reveal distorted and polarized ideas suggesting that weight loss is good and healthy and putting on/regaining weight is harmful and indicative of illness. These inverted signs result in the psychic confusion that often invades these patients' cognitive processes. Initial health benefits often encourage individuals to maintain restrictive eating behaviors, culminating in an aggravation of the symptoms (Greville-Harris et al., 2020; Hockin-Boyers et al., 2020a, 2020b; Smethurst & Kuss, 2016).

The widespread promotion of healthy eating and regular exercise contributes to the stigmatization of obesity and social condemnation of weight gain on bodies that do not meet culturally imposed body standards. This perpetuates a social environment marked by discrimination and prejudice against people with excess weight (Hockin-Boyers et al., 2020a, 2020b), who are frequently judged for allegedly resorting to eating as a form of personal reward or punishment.

It can't be comfortable being obese, because the person can't fit on a chair. They might sit down and the chair might break. I think people need to really love themselves. Unfortunately, it's a disease, obesity is a disease, you can't get away from it (Sakura, 28).

Being close to bodies regarded as overweight and that do not fit the ideal body size or shape triggers anxiety and a desire to avoid relationships so as not to be exposed to the risk of “catching” excess body weight. In contrast, being close to extremely thin bodies arouses envy and other negative feelings, such as frustration, guilt, personal inadequacy and emotional incompetence, because the individual is not able to attain or maintain the desired low weight.

[I feel] bad when I see [...] thin women with the body I want to have, and I feel bad because I can't attain that, or [when I] see loads of people exercising and I feel guilty for not always exercising... It's a feeling of guilt and sadness (Luna, 21).

Perceived gains are not always maintained over time, leading to persistent restrictive eating behaviors in pursuit of a solution to “these problems”. The participants highlighted that the adoption of unhealthy habits such as restrictive diets and self-induced vomiting had a significant influence on their initial choices, adversely affecting their mental health (Greville-Harris et al., 2020).

And these fitness bloggers who sometimes publish a post: “Ah, I did intermittent fasting for two days and I'm feeling really good.” Women go two days without eating and then someone like me, who has an eating disorder, hears about it, you know? If it worked for her [...] then I'll get thin too (Frida, 38).

Many participants highlighted that widespread dissemination of health-related misinformation and repeated social comparison, especially through social media, are factors that contribute to eating problems.

Someone posted a diet [...] Korean diets are in fashion at the moment. There's one from Yoo. She eats an apple in the morning, a sweet potato in the afternoon and a protein shake in the evening. I tried this diet and lost eight kilos in a week, if I'm not mistaken. So it clearly affects [my] eating habits and my body too, because it's a diet that glamorizes a body that not everyone has but that people say is the right one. So when I see that, and that's what people tell me is right, I look in the mirror and see that my body's not like that, so it affects me in that way (Sakura, 28).

The situation can be exacerbated by a common confusion among people close to patients regarding the diagnosis of EDs and lack of social awareness, which hampers early detection of the symptoms. Various participants highlighted how the internet, social and other media mediated by technology normalize concepts such as how to detox – “detox diets” – which essentially involves restricting and eliminating certain foods, helping strengthen and worsen symptoms in individuals at risk of developing disorders (Greville-Harris et al., 2020; Hockin-Boyers et al., 2020a, 2020b). Mia, aged 13, provides a compelling account of how these issues affect her everyday life.

[I look at] what they eat, what they avoid eating, whether their diet is healthy or not, so that affects me a lot. [...] maybe someone who hasn't got an eating problem wouldn't be so affected, but someone who has a disorder is affected a lot, because, whether you like it or not, we also care about what people think, so we think: "Ah, am I eating well? Should I cut down? Should I eat more healthily?"

The interviewees also mentioned that their eating habits gradually transformed into an established set of symptoms, fueling a punitive impulse in a relentless pursuit of perfection and control and triggering a compulsive cycle of fear and avoidance that perpetuates and further aggravates the symptoms. Some participants manifested the need to attain "perfection" and maintain control at all costs, making them redouble their scrupulous and methodical efforts in an attempt to achieve increasingly rigorous and unrealistic standards. They showed themselves to be relentless in adopting extreme dietary restrictions or engaging in strenuous exercise. The price they pay for these excesses and uncompromising conduct is endless emotional suffering aggravated by social isolation, which translates into a feeling of being closed off to the outside world (Greville-Harris et al., 2020; Hockin-Boyers et al., 2020a; Santos et al., 2023b).

Because when I lost a lot of weight, I developed anorexia. I was a sad, anemic, horrible person. I looked like a skeleton. I couldn't laugh at anything. Someone would tell me something funny [and] I wouldn't laugh, because for me it wasn't funny. I couldn't laugh, you know? I was a very sad person (Vanessa, 20).

Research shows that individuals with EDs adhere to a strict eating and exercise regime, using it as a coping mechanism in an effort to obtain a false sense of security, especially when areas of life appear to be out of their control (Greville-Harris et al., 2020; Hockin-Boyers et al., 2020a; Santos et al., 2023c).

I didn't like food. I felt disgusted by it. Every time I ate, I thought I was going to get fat. [My relationship with] exercise changed because I began overdoing it. I started doing excessive heavy exercise. If you do a lot [of exercise] and eat little, you lose weight (Luke, 13).

The interviewees comments suggest that the target of control may vary, resulting in dietary rules that, despite apparently being selected arbitrarily, remain consistent, serving the same purpose of conferring an overall sense of control in various areas of life (Greville-Harris et al., 2020).

Learning to control social media use

The study participants mentioned that, at first, they began to view social media use as a commitment to themselves, encompassing both personal concerns and political stances. While going through a turbulent period in their lives, the interviewees recognized the pride they initially felt in using social media as healthy digital environments and as a way of staying interconnected

and socially aware. They highlighted that their engagement in online environments was initially characterized by experimentation and continuous learning.

I'd ask myself: "Do they have Photoshop?" Or does the person have to suffer a lot to get a body like that? Or are they laughing on the outside and crying on the inside, like what has happened so many times with me? (Frida, 38).

It appears that participants needed at least one experience of exposure to negative sentiment on digital platforms before they decided to protect themselves from harmful influences. It is also worth noting that some participants framed "digital pruning" as a skill (Hockin-Boyers et al., 2020b) that can be acquired as they obtain a more critical view of reality.

The nutritionists I follow [...] it's not this more [...] toxic way of talking: "You can't eat sugar because it makes you fat" or "you can't eat that". It's a more liberal way [of presenting information], for example: It won't harm you if you eat a certain food". [...] I follow a lot of nutritionists who have had eating disorders, so I really like their content. [...] I avoid content where nutritionists perform nutritional terrorism: "Oh, because you shouldn't eat bread, bread is carbohydrate, and you shouldn't eat it at all". Because I know I'll get worse if I eat it (Luna, 21).

Changes over time in the meanings assigned to social media use were evident in the interviews. During the initial phase of ED treatment, participants admitted that they were faintly aware of the harmful effects of exposure to social media content. Later, their perception of the situation changed, becoming mature enough to use their discernment to decide whether or not the content could trigger negative reactions and often opting to protect themselves from certain content. This highlights that therapeutic support can help people learn social and emotional skills that enable them to make decisions with autonomy and discernment, identifying pathways and making choices that promote mental health and lead to the adoption of behaviors conducive to personal growth (Firkins et al., 2019; Nikolova & LaMarre, 2023). While social media use can exacerbate symptoms, the influencing power of these platforms can also help people recover from EDs (Nikolova & LaMarre, 2023), especially when content highlights the negative side of these disorders or reinforces that recovery is possible.

Some girls on TikTok are doing recovery, posting images of themselves eating. I think that's really lovely. They even cry. It's really nice. I think that helps me. I haven't had anorexia for a long time, but I still think it's something that helps. Before, I used to look for pictures of thin people, people making fun of fat people. Despite knowing it's very wrong, not agreeing with it, I consumed this content, you know? Which doesn't make any sense (Sakura, 28).

As Smethurst and Kuss (2016) highlight, the process of improvement in the patient's clinical condition is intrinsically linked to the realization that recovery from an ED is a conscious choice that individuals must make to regain control over their actions. Throughout the recovery process, patients develop a sense of empowerment in relation to their behaviors, recognizing that the responsibility for their mental well-being is entirely their own. It is crucial that they realize that to regain control they need to abandon harmful behaviors and replace them with choices that prioritize improving their relationship with eating and the body. The authors conclude that realizing their ability to let go of the control their ED has over them allows patients to regain a sense of control and decide how they want to live their lives (Smethurst & Kuss, 2016).

Only now do I manage to filter things more [...] reflect... reflect, you know? Sometimes it comes back, especially at carnival time: "Ah, so-and-so turned up to the samba parade with a stunning body." [...] Then a woman with a stunningly slim body comes along. Before, I'd look at her and think: "What do I need to do to look like that, right. Ah, I wish I was like that." But now I look, [...] and think: "Imagine what she goes through to get a body like that, right?" [...] Sometimes I look at that and start to reflect, and so it doesn't cause me any suffering; quite the opposite, sometimes I even think: "Yeah"... Maybe not, right? Maybe she's fine with a body like that, but really? So now I'm able to reflect more, after seven years at the [name of the ED service], I'm able to reflect when I see news like that (Frida, 38).

Developing the ability to critically reflect on what happens to you and others requires emotional maturity and the cultivation of empathy to disconnect from your problems and "put on someone else's shoes". Encouraging the development of reflective capacity and the ability to listen to oneself and helping patients to think about how they use social media may be more effective from a psychotherapeutic perspective than attributing causality to a phenomenon over which they have little control (Hilton, 2018). In addition, treatment should provide patients the opportunity to develop tools that facilitate interventions geared towards caring for other psychological vulnerabilities that also impact how this population interprets social media content (Smethurst & Kuss, 2016).

I search a lot for nutrition issues, I follow a lot of nutritionists. I search a lot for psychology content too, which I like. Lots of "inspirations" to keep comparing myself to, [to see] if it's a body I would like to have and try to attain. But I also use social media to relax, watch funny stuff, funny videos. Makeup too, which I really like (Luna, 21).

Nikolova and LaMarre (2023) highlight the importance of refining the reflective stance of patients in recovery. This approach sees participants as active users of Instagram and seeks to make them aware of possible triggering content on social media. Users need to be selective when choosing the profile pages they visit, recognizing that the responsibility is theirs, so that they

can create a content environment aligned with their needs during recovery, as the following account shows: “People very often have a made-up life, a life that people would like to watch. I don’t think that’s healthy. I don’t think it’s pretty, and I don’t follow any kind of celebrity” (Sakura, 28).

Social media platforms can help create an environment conducive to social comparison and reliving experiences of relapse associated with a painful past. It is therefore essential that users strengthen their capacity for critical analysis and self-position themselves as active, savvy consumers of media: “It helps you to think, doesn’t it? Thinness isn’t such a big thing, and we don’t have to think just about that” (Vanessa, 20). Instead of simply consuming content without scrutiny, participants should be aware of the potential pitfalls of some content for their recovery journey, considering the possible suffering of the people they previously admired as role models (Nikolova & LaMarre, 2023; Saunders, Eaton & Aguilar, 2020):

Ah, that’s one thing... what they show may not be what they feel. Maybe a person who exercises a lot isn’t [actually] happy with their body. Like when that influencer took a photo and her self-esteem was really low but she only posted photos of herself looking beautiful. I think influencers underestimate themselves a lot. I think they compare themselves. A lot of influencers compare themselves a lot [to others] to keep up with standards. They have a load of plastic surgery to keep themselves “perfect” (Mary, 13).

Interventions to address shame, enhance emotional management and refine the recognition and interpretation of body signs, as well as the development of socio-emotional skills for resolving difficult situations and interpersonal issues can help reduce dependence on media content (Smethurst & Kuss, 2016). Studies also show the benefits of helping people to process and critically interpret messages about the ideal of thinness, assisting them to address vulnerabilities and feelings of helplessness (Hilton, 2018; Saunders, Eaton, & Aguilar, 2020; Smethurst & Kuss, 2016). This movement is made easier when people have contact with other points of view. This alternative path is illustrated by the following remarks.

I learnt that... It’s just like I said, there’s no way of knowing, right? But not everyone is happy all the time. Life isn’t perfect. Everyone has got problems. We wish we lived someone else’s life but don’t know what their life is like. For example, maybe the person even has an eating problem [...] you don’t know (Marina, 16).

The findings show that social media plays an ambiguous role in the lives of people in recovery from EDs. This duality results from the fact that some social media platforms provide an opportunity to create an environment in which it is also possible to share challenges and moments of uncertainty and vulnerability, promoting a sensation of validation of feelings and attainment of consistent support. However, these online environments can also be settings pervaded by social pressure and extreme exposure to exacting beauty standards that require

people to always be the most successful version of themselves, which can exacerbate symptoms among patients with EDs.

The two themes addressed by this study highlight the influence social media has on individuals who are vulnerable to a type of psychic suffering linked to concerns with control of body weight and shape. However, it is evident that the impact of social media use is mediated by users' psychological resources, which need to be developed and strengthened through interdisciplinary treatment. The effects of excessive exposure to social media are actually influenced by the way in which messages are absorbed, signified, interpreted and managed by users, showing the importance of investing in socio-educational practices that promote self-care among young people and adolescents (Costa et al., 2024).

Final Considerations

Our findings show that the meanings assigned to social media use by people with EDs may vary over time according to life context, symptom severity, the stage of the disorder and motivation to change. The use of digital environments should not be viewed in a Manichaeian manner, limited to extremes of harm or benefit. It is important to avoid linear and biased interpretations of the impact of social media use on individuals with EDs.

One of the limitations of this study is the fact that the sample was limited to patients from a single specialty center, most of whom had been undergoing treatment for some time and were therefore likely to be more in control of their disorder. Future studies should therefore be conducted with patients in different phases of treatment, from the beginning to discharge.

Implications for clinical practice include the need for health professionals to recognize the importance of adopting a welcoming attitude and focus on the development of emotional skills to help patients take a reflective stance to the responsible use of digital platforms. This means creating opportunities to allow patients to feel comfortable in actively examining their attitudes and include new browsing habits in their psychotherapeutic process. It is important to promote broad discussion on social media use by people with EDs and provide openings so that patients can address this issue with the help of professionals during treatment.

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