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Abstract

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in Instagram Comment Sections

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In Partial Fulfillment
of the Requirements for the Degree
Master of Arts

by
Caitlin Roe
June 2023
Advisor: Dr. Lisa Brownstone

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Chapter One: Introduction and Literature Review

In recent years, social media sites such as Facebook, Instagram and TikTok have become popular for building community around the shared experience of eating disorders. Whether it be to seek other individuals who are posting pro-eating disorder (pro-ED) content (content that promotes or endorses disordered eating behaviors [Dias, 2003]) or to seek a community of individuals committed to recovering from their eating disorders, social media has a wealth of content that individuals can seek out. While there have been many studies that have examined these communities,, many of them have focused on online communities specific to anorexia nervosa (AN) and bulimia nervosa (BN) (Boero & Pascoe, 2012; Borzekowski et al., 2010; Branley & Covey, 2017; Delforterie et al., 2014; Ging & Garvey, 2018), or disordered eating communities in general (Chancellor et al., 2016; Custers, 2015; Fitzsimmons-Craft et al., 2020; McCormack, 2010; Sowles et al., 2018; Wang et al., 2017). Very little work has been done specifically with online and social media communities devoted to recovery from binge eating disorder (BED).

With the evidence that suggests that individuals with BED seek professional support less than other eating disorder diagnoses (Coffino et al., 2019; Hudson et al., 2007) and the associated feelings of shame and acts of secrecy often coinciding with BED (Duarte et al., 2014; Masheb et al., 1999; Vandereycken & Van Humbeeck, 2008),

it is important to examine if individuals who identify with the diagnosis of BED are seeking help, and, if so, where they are seeking it. Given the emotional and social impacts of the disorder, online support communities may be a good place to begin answering this question. With the literature on pro-recovery online communities focusing primarily on general eating disorder recovery (Au & Cosh, 2022; Branley & Covey, 2017; Herrick et al., 2021), it is difficult to parse out how BED recovery is being portrayed in these online spaces. If individuals are seeking support online, it is important to understand what content is being shared in these communities. Additionally, most of the research on pro-recovery online communities focuses on content in posts themselves (photos, videos), as opposed to examining how individuals in these communities connect with one another in more interactive spaces, such as comment sections (Au & Cosh, 2022; Branley & Covey, 2017; Goh et al., 2022; Herrick et al., 2021; LaMarre & Rice, 2017; Logrieco et al., 2021; Oksanen et al., 2015; Yom-Tov et al., 2012). Observing the social interactions between users will provide a new perspective on recovery communities such as the one examined in this thesis.

Binge Eating Disorder

BED is officially recognized by the American Psychiatric Association (APA) as a disorder in the Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (American Psychiatric Association, 2013). It is characterized by recurrent episodes of binge eating, or the consumption of high amounts of food within a discrete period of time. These episodes must also be accompanied by a sense of lack of control over one's eating. For the purposes of this thesis, other notable symptoms of BED are

eating alone due to feelings of embarrassment, feelings of shame or guilt associated with binge eating, and marked distress (American Psychiatric Association, 2013). The APA states that the 12-month prevalence rate of BED is 1.6% for females and 0.8% for males, higher than the cited prevalence rate for AN (0.4% for females) and comparable to bulimia nervosa BN (1% - 1.5%) (American Psychiatric Association, 2013). Other prevalence studies report a wide range of possible lifetime prevalence rates of BED, from 0.6% to 1.85% for females and 0.3% to 0.74% for males (Keski-Rahkonen, 2021).

Though the prevalence rates of BED are comparable to other eating disorder diagnoses, individuals with BED may seek treatment less often than individuals seeking treatment for AN or BN (Coffino et al., 2019; Hudson et al., 2007). Importantly, Black, Indigenous and people of color (BIPOC) individuals are much less likely to seek treatment for BED when compared to White individuals (Coffino et al., 2019). This begs the question: if these individuals are not seeking formal treatment for BED, how are they seeking support, if at all?

Beyond the diagnostic criteria, shame is an emotion that is often linked to experiences of disordered eating (Frank, 1991; Gee & Troop, 2003; Goss & Allan, 2009; Troop et al., 2008). BED has been associated with shame in the literature in that binge eating is correlated with body image shame (Duarte et al., 2014), and individuals with BED have higher internalized shame when compared to controls and comparison groups (Masheb et al., 1999). External shame, or feeling that others will negatively evaluate you as inferior or defective (Duarte et al., 2017), also has a relationship with BED. Research has shown that perceptions of external shame may have a positive correlation with binge

eating severity. For individuals who experience binge eating, it is possible that feelings of shame are related to lower help-seeking behavior (Ali et al., 2017). Additionally, individuals who experience binge eating behaviors may hide the existence or severity of their disorder from those close to them (Lydecker & Grilo, 2019; White & Grilo, 2011; Vandereycken & Van Humbeeck, 2008). The secrecy and shame associated with BED may suggest a need for a more anonymous form of support, such as an online community.

This desire to hide disordered eating may increase social isolation for people with BED, again giving context to why someone struggling with disordered eating might seek support outside of their immediate interpersonal circles. Experiences of loneliness have been linked with disordered eating symptoms (Levine, 2012; Pritchard & Yalch, 2009), and there is some evidence suggesting that loneliness explains the association between emotion dysregulation and BED symptomatology (Southward et al., 2014). Brownstone, Greene et al. (2022) explored how social isolation during the COVID-19 pandemic impacted individuals' experiences of their bodies and eating, providing an excellent example of this phenomenon. Findings suggested that the experience of isolation during the pandemic was related to individuals' body dissatisfaction and disordered eating. Notably, this was found to be experienced more saliently by BIPOC and large-bodied individuals in this small sample, qualitative study (Brownstone, Greene, et al., 2022). For individuals with binge eating behaviors, this may mean a feedback cycle of isolation, body distress and binge eating, which may be difficult to break without external support. For individuals with BED, the isolation and negative socio-emotional experiences that are

associated with their disorder may make seeking community online a more comfortable way to get support.

Understanding the experiences of individuals recovering from eating disorders is an important precursor to understanding how and why they may seek community online. In a qualitative study that explored individuals' experiences with BED treatment, Salvia et al. (2023) found that many who sought medical treatment for their eating disorder were faced with weight stigma and were left feeling embarrassed and disheartened in their recoveries. This provides an example of the ingrained weight stigma and shame that can often be intertwined with BED treatment and recovery. This qualitative analysis may provide some insight into why there is lower help-seeking behavior for individuals with BED, again providing the foundation for questioning where, if at all, such individuals seek support.

Social Comparison Theory and Eating Disorders

One of the perspectives on how individuals develop, maintain, and recover from eating disorders is social comparison theory (Fitzsimmons-Craft, 2011). Social comparison theory is defined by Festinger (1954) as the tendency for individuals to compare themselves to others in an effort to evaluate their social standing. One of the ways to categorize how one makes social comparisons is by the direction that an individual makes a comparison. An upward social comparison happens when one compares themselves to someone they believe to be "better off" than themselves; in contrast, downward social comparisons happen when one compares themselves to someone they believe to be "worse off" than themselves (Myers & Crowther, 2009). In

one study, college age women were found to commonly make upward eating and body related social comparisons with strangers (Fitzsimmons-Craft, 2017). Because interaction on the internet and on social media is often with strangers, a similar phenomenon around body comparisons in online spaces may be taking place. Additionally, social comparisons predicted disordered eating behavior at the 3-month mark better than body surveillance did (Fitzsimmons-Craft, 2017), suggesting that if an individual is making upward social comparisons, it may increase the likelihood of developing disordered eating behaviors.

Social comparison theory may provide some rationale for why social media and other online communities are an ample source for investigating eating disorder recovery experiences. Furthermore, social comparison theory strongly justifies examining virtual spaces such as comment sections where users have the opportunity to freely interact with one another. Beyond the social comparison that may already be happening on a site like Instagram (Eikey & Booth, 2017), comment sections may provide even more opportunity to make social comparisons. Additionally, if user comments become shaming and hostile, there is even more opportunity for distress. Because external shame can make BED symptoms worse (Duarte et al., 2017), a user shaming others in a comment section could possibly cause distress for recovering individuals. Examining these comments and the social interactions within them may allow a better understanding of this phenomenon, as well as a deeper examination into a community that has not yet been studied in detail.

Eating Disorders and Social Media

There is evidence to suggest that increased use of social media may make it more likely for individuals to experience binge eating behaviors in general, suggesting that

special attention be paid to the social media use of individuals already experiencing binge eating behaviors (Kim & Mackert, 2022). Additionally, many of the social comparisons that women in recovery make are through social media, and using social media may actually encourage these social comparisons and allow for the maintenance of eating disorder symptoms (Eikey & Booth, 2017; Saunders & Eaton, 2018). This complex interaction of factors highlights the importance of focusing on social media-based BED recovery communities.

The impact of online support communities has been studied for a number of populations. For example, for those with chronic illness', online support groups may create opportunities to experience empowerment processes and outcomes and may have positive impacts on individuals' relationship with their healthcare providers (Bartlett & Coulson, 2011). This suggests that individuals who seek support online can see positive impacts in their treatment due to their membership of these online communities.

It is not just individuals who are active on online support communities that benefit from them. 'Lurkers', or users who do not actively post in the support group but instead log on to read what others have posted, may still experience some of the empowerment outcomes of online support communities, such as an increase in confidence in their relationship with their healthcare provider (van Uden-Kraan et al., 2008). *How* an individual interacts with an online support community may not be the most important deciding factor in whether or not someone benefits; if they are interacting with it at all, they may have positive impacts from such online spaces (van Uden-Kraan et al., 2008). This is important when considering the examination of comment sections. If a comment

section is publicly available, content that is being posted in it may have an impact on individuals who are not actively involved in it. If an individual is “lurking” in a comment section, they may have the opportunity to benefit from it.

With the growing popularity of social media in the last decade, many individuals have turned to social media to seek support around their experiences with disordered eating. There is a wide range of content on social media as it relates to eating disorders and eating disorder recovery, from “pro-anorexia” rhetoric to recovery tips and advice (Branley & Covey, 2017). This varied, sprawling set of communities provides support for many people, and the content that is being shared on them is nuanced and complex. Examining the landscapes of these communities and what messages they are communicating is an important step in understanding how eating disorder recovery looks in the age of the internet.

Pro-ED, Thinspo and Body Image

Research has generally divided eating disorder communities online into two categories: pro-ED and pro-recovery. Pro-ED online communities are defined as online spaces that promote or endorse disordered eating and provide informational support for how to maintain an eating disorder (Dias, 2003). In contrast, pro-recovery communities are online spaces that provide support and promote recovery from an eating disorder (Branley & Covey, 2017).

Research on pro-eating disorder communities online suggests that they may have serious negative impacts on users. Many of these spaces contain thinspiration, or thinspo: images that glorify and promote very thin bodies. Boero and Pascoe (2012) found

evidence to suggest that these images may be used on pro-anorexia websites to police bodies and gatekeep the community from “fake anorexics”, or those who are perceived to be faking their AN to be accepted into pro-eating disorder communities (Boero & Pascoe, 2012). This example of using visual content to gatekeep online communities provides rationale for further study of how individuals use content to define the boundaries and purposes of these virtual spaces.

Similar to thinspo is fitspiration, or fitspo: content promoting a “healthy” or “fit” lifestyle that centers diet and exercise (Boepple & Thompson, 2016). While the intent behind fitspo is fundamentally different from thinspo, the two types of content may have many similarities in how they promote thinness, disordered eating and unhealthy behaviors around exercise. Analyses of fitspo images on social media found that many of the images displayed thin and toned bodies, had more objectifying content (focus on specific body parts), and contained captions encouraging extreme behaviors around exercise and eating, including restriction (Alberga et al., 2018; Tiggemann & Zaccardo, 2018). Similarly, many of these sites promoted diet culture, an ideology stemming from thinspo and fitspo that idealizes a “right and healthy” way of eating with the goal of achieving thinness (Clodfelter-Mason, 2019). It is important to understand that while fitspo and diet culture may be less extreme than thinspo, they still reinforce many of the messages that thinspo is promoting. The similarities between thinspo, fitspo and diet culture could potentially be damaging, as individuals seeking information on how to live healthy lives through fitspo content may inadvertently be consuming content that promotes diet culture and disordered eating (Alberga et al., 2018). This could be

especially harmful for individuals recovering from eating disorders, as they may in fact be consuming content that could potentially have the same triggering impacts as thinspo.

Beyond visual content, written content can also be used to promote pro-eating disorder messaging. In a study that explored how individuals use social media to portray their eating disorders, Greene and Brownstone (2021) identified that individuals with pro-eating disorder accounts often used “quantified self-tracking” – sets of numbers (weights, time since last eating, etc.) that represent the progress of their eating disorder – in their account bios. This kind of calculable self-representation is an example of how individuals can use textual based content on social media to maintain and broadcast their eating disorders to others on the internet.

Pro-Recovery and Social Media

Possibly in response to the negative impact that social media (both explicitly pro-eating disorder communities and otherwise) have had on users, pro-recovery communities have emerged in many corners of the internet. Research on pro-recovery spaces online has, again, been mostly focused on AN, BN, or on eating disorder recovery in general (e.g., Boero & Pascoe, 2012; Borzekowski et al., 2010; Sowles et al., 2018; Wang et al., 2017). To get a better understanding of how these pro-recovery spaces function, it will be important to parse out how they impact the recovery of specific types of eating disorder symptomatology.

Social connection has been identified as one of the important themes for users of pro-recovery social media. Joining and creating a community, being supported, supporting others and sharing information are mechanisms that users have identified as

positive social experiences in their use of general pro-recovery online spaces (Eikey & Booth, 2017; Herrick et al., 2021). While of course social media is engineered to foster social interaction, users in pro-recovery spaces have modified this interaction to match their needs as a community. For example, posting videos or pictures that share recovery challenges and victories and making dark jokes that are meant only for those in the community (gallows humor) are ways that users have connected online through their general eating disorder recoveries (Herrick et al., 2021).

Another theme that has been identified in pro-recovery online spaces is viewing recovery as a process (e.g., Eikey & Booth, 2017). Users seem to use online pro-recovery spaces at different times in their recovery process (Keski-Rahkonen & Tozzi, 2005), and sharing that process with others has been identified as a way for users to support their own recovery (Eikey & Booth, 2017). However, depending on where an individual is at in their own recovery, these online spaces may impede the recovery process. Keski-Rahkonen and Tozi (2005) suggest that online discussion boards may hinder progress for those who are in later stages of their recovery as compared to those in the earlier stages. Continuing to identify the way that individuals use social media as a way to process their recovery is important in understanding how pro-recovery social media can impact them.

Other researchers suggest that the performance of eating disorder recovery on social media perpetuates classic stereotypes of eating disorders and eating disorder recovery, and can cause unnecessary harm. LaMarre and Rice (2017), in their thematic analysis of AN and BN pro-recovery posts on Instagram, found underlying themes of White, Western and middle/upper class representations of recovery, which may lead to a

gatekeeping of the community and may limit some user's interaction with the space.

Given the prevalence of BED for non-White individuals (Goode et al., 2020; Lee-Winn et al., 2014; Rodgers et al., 2018; Taylor et al., 2013), it is important to understand this discrepancy between experiences of BED and portrayal among online communities.

Examining what content is popular and being interacted with frequently could help paint a picture of who is gaining access to the potentially beneficial aspects of a social media based pro-recovery community, and who is not.

Much of the research on pro-recovery spaces online are focused on recovery from AN and BN, and due to that, much of the focus on recovery is about gaining weight and eating more than one had previously (Boero & Pascoe, 2012; Borzekowski et al., 2010; Branley & Covey, 2017; Delforterie et al., 2014; Eikey & Booth, 2017; Ging & Garvey, 2018). For example, one common way that individuals track their recovery on social media is by posting "full day of eating" (FDOE) content, or posts documenting the food that they have eaten throughout their day to work on their recovery (Greene et al., under review). This type of pro-recovery content highlights the focus on increasing food intake, suggesting that these posts primarily speak to the process of recovering from a restrictive eating disorder. When considering that individuals who are recovering from BED may be experiencing very different messages about what recovery looks like, such as that they should be losing weight and eating less (Salvia et al., 2023), it is important to consider if there is any separation between content that is meant for BED recovery and content that is meant for other types of ED recovery. Grouping BED recovery content in with general

ED recovery content could potentially cause harm to those seeking community around BED specifically.

Much of this literature has focused primarily on the content of social media posts themselves, such as photos or videos posted by users who are within the community. However, there is some research that has evaluated other, more textual types of social media content, such as message boards. Haas et al. (2011), in their examination of communication strategies used on a pro-anorexia website, found that individuals in the community encourage harmful behaviors and allow for the presence of negative messages about the self and others without being corrected or criticized. Chang and Bazarova (2016) found that certain types of textual content used in an initial post on a pro-anorexia message board may be associated with responses from others that reinforce pro-eating disorder behaviors. This exploration into how individuals are communicating using written language within these communities starts to get to the core of how these spaces function for their members. This could potentially be extended to understanding pro-recovery communities as well, especially within the context of BED recovery. Because there is a focus of weight loss and diet culture within BED recovery online communities, (Greene et al., under review; Greene and Norling, in preparation), it may be important to explore what kind of informational and emotional support is being communicated in them. If certain types of messaging go without criticism in BED pro-recovery spaces, it is possible that members of these communities are promoting potentially harmful behaviors in the name of ‘recovery’. What may seem like an

innocuous comment on an Instagram post about binge-eating recovery may actually carry a more impactful, and possibly damaging, message.

BED Recovery Online

As compared to research that has been done online for general eating disorder recovery and for recovery from AN and BN, very little has been done to examine BED recovery communities online specifically. Lord et al. (2018) explored message board posts related to BED recovery and found that individuals were using the message board to assist them in admitting that they have a disorder, in recognizing their unhealthy coping behaviors, and in visualizing their own recovery. This examination of a message board-based BED recovery community highlighted how individuals may use textual based interaction online to positively impact their own recovery.

In a qualitative analysis of eating disorder recovery on TikTok, it was identified that one of the largest differences between diagnostic identifications in portrayal of recovery was that individuals recovering from BED utilized significantly more diet culture in their posts when compared to other diagnoses (Greene et al., under review; Greene and Norling, in preparation). This stark difference in portrayal of recovery between BED and other diagnoses in this example creates a foundation for further examination of how individuals are using online spaces to seek community. Additionally, if the discourse within these communities is ingrained with potentially harmful rhetoric, such as diet culture or fitspo, these communities may be doing harm without knowing it.

While there has been some exploration into online BED recovery communities, none have explored how BED recovery specifically is being portrayed on Instagram.

More specifically, there has been very little exploration into how individuals communicate about eating disorder recovery in social media post comment sections. By evaluating the posts and comments within this community on a site like Instagram, we may be able to paint a fuller picture of *what* is being communicated in BED pro-recovery spaces as well as *how* it is being communicated. Based on the evidence linking eating disorder symptomology and social comparison, it will be important to reflect on whether social comparisons are taking place within these comment sections. Additionally, exploring how emotional processes like shame are being expressed in the comments and how they connect to the processes of disclosure and social comparison may provide a deeper look into how these comment sections are being used by those seeking a recovery community.

Present Study

The current study will specifically examine the BED pro-recovery community within Instagram comment sections. By exploring how individuals are communicating within the comment sections of popular BED recovery posts, this study will hopefully lay the groundwork for future work on methods for qualitative analysis of social media content as well as work on BED recovery online communities specifically. The research questions that will be guiding this work are as follows:

1. How are individuals interacting with viral BED recovery posts within the comment sections of these posts?
2. What is the presence of diet culture, if any, in the BED recovery community on Instagram?

3. How do those comments and interactions portray (or not portray) BED recovery?

Gaining insight into the answers to these questions will shed light on one of the less explored pro-recovery communities on the internet. The research that has been done on pro-recovery social media communities has been broadly focused on general themes of recovery in these spaces, both in terms of the content that is being analyzed as well as with the diagnostic classification that is being examined. Given the prevalence of BED and the lack of research on BED recovery in general, along with the preliminary work that suggests that online communities focused on BED may generate and promote diet culture and shame, it is important to examine how individuals in these spaces are sharing support around their recovery. Evaluating these questions using comments on popular social media posts about BED could shed light on how these support communities function and support, or potentially hinder, recovery.

Chapter Two: Methods

Methodological and Theoretical Orientation

This study used a team abductive codebook thematic analysis approach to code Instagram comment section data (Clarke & Braun, 2018, Saldaña, 2021). In addition, there was a focus on researcher reflexivity throughout the analysis. Due to the development and use of a codebook, this method departs from reflexive thematic analysis (Terry & Hayfield, 2021). However, reflexivity and the researchers' experiences with the data was an important aspect of the analytic process, as is the defining feature of all qualitative research (Creswell & Poth, 2018).

Data Collection and Organization

The data collection process began with identifying Instagram accounts and posts associated with BED recovery. To do this, the social media research application CrowdTangle was used to identify the seventy-four most followed accounts on Instagram associated with BED recovery. CrowdTangle was also used to pull posts from these accounts, from which the final data set was compiled. Upon initial inspection of the accounts and the posts, it was identified that almost all of the accounts (with the exception of two) were represented as accounts created by providers (e.g., dieticians, therapists, doctors, etc.) for the purpose of sharing advice and information on eating disorder recovery. This sample represented the most interacted with posts in the BED

recovery community on Instagram and thus provided the most purposive data set for the research questions. Due to this, all posts in the final data set were from accounts that were run by providers or professionals as determined by their account bios.

A total of 2,852 posts were compiled in a spreadsheet organized in descending order of amount of likes and comments that each post had (public interaction). Ten posts and their associated captions and comment sections were collected for analysis. Starting with the most interacted with post, links found in the spreadsheet generated by CrowdTangle were used to find the posts directly on the Instagram platform. Posts were screenshotted, captions were copied into documents, and comments were copied into spreadsheets in their original order and dimensions. The following criteria were used to identify these ten posts:

1. The post itself, beyond just the caption and hashtags, had to have content related to BED, binge eating, or BED recovery to ensure that the comment section was in response to content of interest to the study.
2. The post had to have less than 150 comments.
3. The post, caption and majority of comments were in English.
4. Only one post per account was included in the final data set to ensure that data came from a variety of accounts.
5. Posts had to be from accounts that claimed to be providers or professionals (dietitians, therapists, doctors) of some kind to stay consistent and represent the most interacted with content within the community. Once it was determined that the most engaged with posts were primarily those claiming to be providers of

some kind, the decision was made to only include such posts to create a homogenous data set.

The following criteria were used to determine which comments to include in analyses:

1. Comments that were not in English were not included in analyses.
2. Comments that just contained a “tag” of another user to alert them of the content of the post with no other content within the comment were not included in analyses.

This set of criteria identified our ten post/caption/comment section data packages, with 497 total comments across the ten posts being included for analysis. While posts and captions were also included in the data collection, the focus of analysis was on the comment sections themselves. This decision was made to thoroughly examine how users were interacting with each other in the comment sections of these posts, something that could not be done by examining the posts themselves. Broad, descriptive examination of the posts and captions was completed by the first author to provide context for the analysis of the comment sections, and these descriptions can be found within this methods section. Additionally, the posts and captions can be found in their entirety in appendix B.

Coding Team, Positionality and Reflexivity

The coding team consisted of four counseling psychology master’s students. The coding team consulted with two counseling psychology faculty members and a public health research specialist throughout the coding process. All members of the graduate

student coding team reported having consistently used Instagram as a personal social media platform at one point in time or currently.

Description of Data

While the literature has examples of how to qualitatively analyze message boards and forums online (Boero & Pascoe, 2012; Bohrer et al., 2020; Branley & Covey, 2017; Chang & Bazarova, 2016; Sowles et al., 2018), and other disciplines have utilized quantitative and machine learning approaches to analyze social media comments (Hille & Bakker, 2014; K uchler et al., 2022; Moessner et al., 2018; Poecze et al., 2018; Toepfl & Piwoni, 2015), there is very little methodological precedent for the qualitative analysis of comment sections on social media. One of the notable challenges in coding this data was the two dimensions within many of the comment sections: the initial comments that responded to the post itself, and the reply chains replying to those initial comments. Ultimately, the decision was made to treat the whole comment section as its own piece of data, as opposed to coding individual comments or comment dimensions separately.

Emojis

Another methodological consideration with this data set was the use of emojis in the comment sections. Emojis, or “pictographic unicode characters” (Fadhil et al., 2018, p. 2), are used to supplement traditional communication in text messages and on social media. Emojis encompass many types of individual pictographs, from smiley faces to pictures of food to national flags. In the human computer interaction literature, emoji use has been broken down into five different categories: decorative use, stand in use, emotional use, reaction use, and standalone use (Pohl et al., 2017). In consumer research

literature, there has been an exploration of how individuals use emojis on social media to express emotion related to food and eating. Findings suggest that emojis and emoticons are ways that individuals can express emotion around food and eating on a social media site like Twitter (Vidal et al., 2016). Additionally, emojis have been explored in healthcare settings as aids in text message-based health interventions (Willoughby & Liu, 2018), in self-help mental health mobile phone applications for youth (Van Dam et al., 2019), and as a way to make individuals more comfortable using chatbots in healthcare related contexts (Fadhil et al., 2018). The precedent that emojis can be used both on social media and in healthcare contexts as markers of emotional expression provides justification for analyzing the emojis in this data set and using them to deepen the understanding of how individuals are communicating about recovery on Instagram.

Posts and Captions

The ten original posts and captions had many similarities to one another (see Appendix B for the posts and captions in their entirety). All of the posts were set up in an infographic style, with advice and tips pertaining to BED recovery or binge eating. The posts ranged from one to ten pictures that users could potentially swipe through. The content in the posts ranged from information on binge eating to tips for individuals with ADHD on how to prioritize meals to posts validating the experience of binge eating. Other posts prioritized weight loss and healthy eating plans. The wide range of content in these posts provided a well-rounded data set, representing many different corners of this recovery community.

Analytic Plan

The analysis of this data followed Braun and Clarke's (2006) phases of thematic analysis: (1) data familiarization, (2) initial generation of codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes and (6) producing the report. Data familiarization was completed in the codebook formation process, and the memoing that took place in these phases aided with later theming. Steps three and four happened throughout the coding process as the coding team discussed and documented their experiences with the data in their memos. The final two steps were completed in the final theming meeting with the whole coding team and in the writing of the results section of this paper (Braun & Clarke, 2006, p. 87).

Data Familiarization and Codebook Formation

Everyone in the graduate student coding team and one the director of this thesis all completed bracketing sheets as precursors to discussions about the coding process. The coding team also met and discussed bracketing and the impact of individual identities and experiences on qualitative work. Everyone on the team was encouraged to utilize memoing to reflect on how the data and coding process was impacting them, a practice that is commonly used in qualitative research (Saldaña, 2021). Additionally, during every coding meeting, the coding team discussed emotional reactions to the data. The coding team often discussed how their own personal use of Instagram influenced their work with this data. Additionally, there were many coding meetings where the team members shared frustration, sadness, happiness, and confusion about the data that was being analyzed. It was through this process that the coding team decided that it was most

beneficial to read through the comment section first without looking at the post and document initial impressions of the comments without the context of the post. Then, the post and caption were examined to give context to the content in the comments before officially documenting the presence of codes. This decision was made to attempt to code the data in a naturalistic way that reflects what a user on Instagram would see while still focusing on the comment section data specifically.

Analysis began with familiarization during data organization (Terry & Hayfield, 2021). Then, to begin prompting ideas for the codebook, one of the posts and comment sections was familiarized in a small group of students and researchers, with the post being used to provide context for the comments. Data familiarization continued with the four-person coding team. All members of the team read through a comment section and post on their own, memoing initial impressions. Then, the coding team met and discussed initial impressions and coding ideas. After this familiarization meeting and process, the coding team developed an initial codebook that contained three main code groups with 33 total subcodes. Following this, the initial codebook was used to individually code another one of the comment sections. The coding team met again, discussed, and edited the codebook down to 28 codes. The 28-item codebook was then used on two comment sections to further synthesize the codes. Another coding meeting was used to discuss this codebook, and using this discussion and the memos that were written by the coding team throughout the codebook formation process, the first author revised the codebook and shared it with the team. The final codebook was finalized with 23 subcodes within three main code groups.

Coding

After the formation of the codebook, the ten comment sections were divided approximately evenly between the three coding team members (excluding the first author) by number of individual comments. Each team member met with the first author to do paired coding and discussion of each of the comment sections. The goal of these paired coding sessions was not to reach consensus or interrater reliability per se; but to deeply discuss the use of the codebook and the content that was present in the comment section per suggestions from Saldaña (2021). After paired coding was completed, the whole coding team met to discuss the content, the process, and preliminary theming. Throughout the coding process, the coding team and first author met with the director of this thesis and a bioethics research analyst to consult on coding methods in an effort to introduce other perspectives on this analysis process.

While the coding team was completing the coding process, the first author used the qualitative coding software MAXQDA (VERBI Software, 2021) and the developed codebook to explore the comment sections in more detail. Every comment in every comment section was coded using the codebook, and this allowed for a deeper understanding of how these data were represented by this codebook. This addition to the reflexive process became a useful tool in the following theme development.

Theme Development

During the last round of coding, all coding team members completed memos about the final coding round and brainstormed possible overall themes that represent the data based on the codebook, presence of codes in the data, and the overall analytic

process. Then, the four-person coding team met and discussed the final round of coding and possible themes. Visual tools created using MAXQDA (word cloud, code cloud, code relations matrix) (VERBI Software, 2021) were also used to prompt discussion around themes, and preliminary themes were developed using this combination of resources and reflexive team discussion.

Chapter Three: Results

Themes

Four themes were developed during analysis: *detailed self-disclosure, sharing experiences and feeling seen, gratitude for account owner's expertise, and diet culture and weight stigma as both ingrained and intentional.*

Detailed Self-Disclosure

Users often commented detailed self-disclosure of their experiences and emotions around binge eating, BED recovery, and relationships with food and eating. Many of the detailed self-disclosures posted in the comment sections also contained content related to relationships with their bodies, food and eating. The following example includes disclosure about weight loss and the user's relationship with their body:

“I did lose 30 lbs and keep it off for 10+ years. I've had a baby and struggling to lose the baby weight. I'm totally for healthy behaviors, but yes, I did feel better with less weight on my body. I could move and exercise with less pain.

Sometimes it really is about getting the weight off.”

Another user disclosed experiencing a binge episode, providing detailed context leading up to it and reflections on why they believe it happened:

“I realised I had brunch as I woke up too late for breakfast which lead me to binge at 1am as brunch and dinner wasn't enough, I still feel bad about it though. This seems to always happen when my routine goes out the window”.

This user disclosed their personal experience with disordered eating and their time in treatment:

“this hurt a lot to read... I'm in recovery rn for an eating disorder and the first few weeks I told them that I didn't have a problem and that I'm fat so I shouldn't be eating until I look thinner. I know my problem is in my mind but it doesn't make it anymore difficult than if it was a person telling me these things. Don't downgrade someone's hardship with comparison to another please”.

With these few examples of detailed self-disclosure in the comment sections, it is clear that some individuals feel comfortable sharing these intimate details with strangers.

Shared Experience and Feeling Seen

Another prominent social interaction that was observed in the comment sections was the expression of shared experience. The prevalence of these types of comments suggests that these spaces function as places for individuals to feel validated and seen in their experiences.

One of the ways that users expressed shared experiences was through relating with the initial post. One user, in response to the initial Instagram post, commented “👉 Finally! It's not just me!!”. Shared experience also included users replying to one another. For example, in response to another user discussing their relationship with takeout dining, one user posted: “I put things off like this alllllll the time for the exact same reason! Then

I'll be mad when whatever I got for takeout is unsatisfying.” This shows that shared experience also had an interactive function in these comment sections, allowing users to connect to one another over their shared experiences.

Some expressions of shared experience were simple replies, such as one user replying to another saying: “This is 100 percent me”. Other times, expression of shared experiences became a format in which users took space to self-disclose and provide extended details about their own journey:

“I absolutely relate to this. I haven't had a huge amounts of food binge in months but there are moments when my behavior and mindset feel like a binge and that makes me uncomfortable. I am glad to see the progress for sure. But my eating sometimes feels really messy.”

Shared experience also manifested in the comment sections as users expressing that they felt seen and validated. One user commented: “I feel so seen” in response to an account owner's post, while another user commented “yes you nailed it” on the same post. Both of these comments involved users utilizing the comment section to express how the information being posted by account owners captures their experiences with binge eating and recovery. One user alluded to feeling seen and feeling some relief or realization based on the information in the post: “I didn't know anyone else did this stuff. I just thought I was weird. No idea there was such a large community of ADHD people like me”. Feeling seen comments were also often shaded in humor, such as one user commenting “Why is this the LOUDEST POST I HAVE EVER SEEN”, and another user commenting “Where did you hide the cameras?! The accuracy is frightening”. These two

examples again show users expressing how the content that is being posted is reflective of their experiences.

Gratitude for Account Owners Expertise

Commonly, account owners and users would interact in the comment sections. In many of these interactions, the account owner was often treated as an expert in the topic being discussed and were often given gratitude for sharing the information that they posted.

Table 7 shows examples of users expressing gratitude to account owners. One user commented, “Wow this post wins IG (Instagram) today. Thank you for this”. Another user comments a more personal thank you: “you have been so helpful in this process that I’m in and i just want to thank you for everything. What you are doing really matters 🙏”. Other users go so far as to say that the account owner “may have changed (their) life” or “has completely changed (their) view”, alluding to how much this information impacted them. Another user comments: “I love everything you share. Resonates so much with my journey ✨ thank you!!!!”, thanking an account owner for sharing content that validates their experiences with recovery.

One of the other ways that users communicated gratitude to account owners was within comment reply to chains, or strings of comments starting with an initial user's comment and continuing on with replies from other users or the account owner. In these reply chains, users often converse with the account owners briefly, and then express their gratitude for their expertise. Tables 6 and 11 provide examples of this, in which a user commented asking for some advice. The account owner then replied to these users,

giving detailed advice in response to their questions, to which the users then thanked the account owners for sharing this information. Whether in reply chains or not, these expressions of gratitude were very common.

Diet Culture and Weight Stigma as Both Ingrained and Intentional

Diet culture and weight stigma were present in the common sections in both overt and covert ways. Very often, the comment sections were positive and prosocial. However, even in the pro-social comments and reply chains, there were often ingrained messages of weight stigma and diet culture. Additionally, in the few cases of shaming and attacking between users that were present, they almost all represent very apparent weight stigma and glorification of restrictive dieting approaches as responses to binge eating.

Subtle examples of diet culture were common in these data. One user, on a post about the challenges of eating while living with attention deficit hyperactivity disorder (ADHD) commented “I just started pretending I'm intermittent fasting 😊🙄”, subtly humorizing the experience of not eating. Other comments allude to explicit restriction of certain types of foods. One user commented “Wow!! Interesting tips that perked up my Chronie (Crohn’s disease) radar. NO veg? I’ve done really well cutting it down to only a few veggie types. But this is interesting”. On the same post another user commented the following: “I have chronic constipation and lower abdominal bloat/discomfort. I actually felt best when I cut carbs”. These comments suggesting different types of restriction as ways to help one avoid and recover from bingeing are examples of the promotion of diet culture within this community. However, all of these examples show seemingly well-

meaning and pro-social behavior. Nonetheless, these comments in the form of jokes, self-disclosures or advice have an ingrained message that glorifies restriction as a way to recover from BED.

Another way that diet culture was subtly displayed in the comment sections was through the moralization of food. Commenters referring to foods as “bullshit with too much sugar or seasoning” or “snacky crap” or “healthy” were common in comment sections, inherently moralizing discussions about food. This possibly contributes to the subtle promotion of diet culture within these recovery spaces, communicating that there is a correct way to use food to recover.

Weight stigma was also subtly ingrained into the discussion in the comment sections. One user celebrated weight loss, commenting “Interesting! My husband just went on a diet like this— he lost 30 pounds and is completely off insulin. Obviously it works!” Another commented “Most of the benefits actually come from losing fat. Of course your body will feel better because of the other things too, but the fat lost is the main reason.” Even with these subtle examples, it is clear that many of these comments prioritize losing weight as a part of BED recovery, and do not communicate a celebration of body diversity.

While all of these above examples show the subtle, ingrained, and pro-social examples of diet culture and weight stigma in these comments, users also communicated intentional and hostile messages as well. In an example of explicit diet culture, one user replies the following to another user asking support: “Quit bingeing and fast once in awhile”. Similarly, another user comments “or how about just have some self restraint” in

response to a user asking for advice to stop binges. Another example shows a user moralizing food and stigmatizing another user in a comment section: “No just be real with yourself, don't eat bullshit with too much sugar or seasoning, which make you crave for another and never make you actually satisfied... Eat healthy, move somehow and be glad, that you don't live in 3rd world country and can have "problems" like this one”. These examples differ from the more subtle ones above in that these are overtly stigmatizing and possibly communicate diet culture intentionally for the sake of shaming others.

Users also communicated weight stigma in a more hostile way, with one user commenting: “Just don't be fat (it's) that simple”. Similarly, as shown in table 6, another user stated, “no undertaker wants to take care of a body that weighs as much as livestock” as a part of a reply chain. These examples, again, differ from the seemingly pro-social ones in that they explicitly communicate stigma and shame.

The existence of both ingrained and intentional diet culture and weight stigma creates a complex social culture within these comment sections. Some users may be well-meaning and trying to help others recover, even if their advice is ingrained with some harmful messaging. Others are openly attacking and shaming others for their experiences. This dichotomy of interaction communicates a wide range of conflicting and potentially confusing messages that may have harmful impacts on users who are a part of these communities.

Chapter Four: Discussion

This study examined the comment sections of BED pro-recovery Instagram comment sections. The ten comment sections that were examined provided a glimpse into how these online spaces function for those who seek community in them. From these data, five themes were developed: *detailed self-disclosure, sharing experiences and feeling seen, gratitude for account owner's expertise, and diet culture and weight stigma as both ingrained and intentional*. While the Instagram posts and accounts themselves communicate many different messages about recovery, the comment sections provide information about how viewers of the posts make meaning of and build community and dialog in response to the posts.

Portraying BED Recovery

One goal of this study was to examine how these comment sections portray BED recovery. The comment sections did not display one singular portrayal of these experiences, they displayed many. While the posts themselves may have, in some ways, painted recovery in broad strokes, the comments sections and interactions between users in the comments introduced a level of nuance that may not have been reached by the posts themselves. The extension of that recovery into a public online space creates layers of even more nuance, and as long as social media continues to evolve faster than we can work to understand it, there will not be a shortage of questions to ask of this community and communities similar to it.

Shared Experience, Self-Disclosure and Social Interaction

The theme of expressing shared experiences and feeling seen was very common in this data set. In many ways this theme is not surprising, as this finding is consistent with other thematic analyses of pro-recovery spaces online (Au and Cosh, 2022; Greene et al., in preparation; Herrick et al., 2021, Lord et al., 2018). For BED recovery specifically, this phenomenon may be happening for a few reasons. Shame is an emotion often associated with BED (Ali et al., 2017; Duarte et al., 2014, 2017; Masheb et al., 1999), and individuals with BED have been shown to often conceal their disordered eating behaviors from those around them (Lydecker & Grilo, 2019; White & Grilo, 2011). It is possible that because of these experiences associated with BED, individuals are seeking community in a more anonymous format to avoid the associated shame that may come from disclosure in face-to-face relationships. Additionally, because there are profound gaps in care for individuals with BED compared to those with other eating disorders, perhaps feeling seen on social media is a response to the need to those barriers to care. There are probably many different reasons why individuals choose to comment on posts such as these, some of which are beyond the scope of this study. However, the sheer number of comments alluding to feeling seen suggests that there is some need by this community to be seen in their experiences.

The other commenting behavior that could possibly be reflective of the experiences of shame, guilt and low levels of treatment seeking is the very detailed self-disclosure that some users included in their comments. Often associated with users expressing that they feel seen, detailed self-disclosure included many intimate details

about one's experience with recovery, their relationship with their body and food, and even detailed accounts of physical challenges related to food and eating. On the surface, this is surprising, given that this detailed, personal information is being shared with strangers in a public virtual space. This could reflect a need for individuals who struggle with binge eating to feel heard *as well* as seen. This kind of vulnerability being displayed by users may simply demonstrate an aspect of social media culture in which sharing many details about oneself online is not out of the norm. However, given the shame that is often associated with experiencing binge eating, the semi-anonymous and fairly impersonal nature of social media may act as a way for these individuals to seek validation while still protecting themselves.

Notably, social comparison was one of the themes that did not get identified in the comment sections. It is possible that because these posts were so informational in nature, the social interaction was less about self-comparison and more about relating to the content that was being posted. This of course does not mean that social comparison was not happening in response to these posts and comment sections, just that it was not communicated in the comments. If the posted content was more personal, perhaps the comments would have portrayed more social comparison.

Expressing Gratitude to Account Owners

It is possible that because binge eating and BED recovery are not given as much attention in social media spaces as other disorder classifications, users feel compelled to communicate their "thanks" to account owners who take the time to post and discuss information related to these experiences. This could also potentially be connected to the

reasons why self-disclosure and expressions of feeling seen were so common in these comment sections. Because of the shame and barriers to care that is associated with BED (Ali et al., 2017; Coffino et al., 2019; Duarte et al., 2014, Hudson et al., 2007; 2017; Masheb et al., 1999), it's possible that users are grateful for the information that the account owners were sharing because it normalized experiencing binge eating in a way that these individuals are maybe not seeing in other communities, social media or otherwise. These expressions of gratitude are very important in understanding not just how these comment sections function within the pro-recovery BED Instagram community, but also in understanding why having a community like this is so important in the first place. Because the topic of BED and BED recovery is so often stigmatized, the gratitude that users expressed may exemplify the need for more of this supportive and informational content within the greater BED pro-recovery online community, and possibly even within BED recovery in general.

Diet Culture and Weight Stigma

Diet culture and weight stigma appear to be interwoven into the rhetoric around BED recovery as it is portrayed online (Greene et al., under review; Greene and Norling, in preparation; Salvia et al., 2023). In the current study, diet culture and weight stigma were carried by both hostile and supportive comments. The subtle, well-meaning examples, such as a focus on losing weight, advice subtly suggesting restriction as a recovery method, moralizing food, and anti-fat bias were all ways that diet culture and weight stigma were ingrained in the interactions in the comment sections. The presence of diet culture within this recovery community reflects other work suggesting that diet

culture is a part of this online discourse (Greene et al., under review; Greene and Norling, in preparation), and the subtle weight stigma being communicated reflects what individuals may be experiencing in treatment (Salvia et al., 2023). For individuals who are seeking a recovery community online, this subtle messaging could possibly reinforce disordered eating and dangerous behaviors, leading to more distress (Patton et al., 1999; Stice et al., 2017).

The more overt and hostile comments could also potentially be damaging. As has been mentioned, BED is often associated with experiences of shame and guilt. An individual who goes searching for support on social media and is met with more shame and hostility about their experiences could possibly lead them to feelings of external shame, an emotional experience that is associated with more severe binge eating behavior (Duarte et al., 2017). Comments that communicate weight stigma may have especially negative consequences. Experiences of weight stigma have been linked to many negative consequences, such as elevated cortisol levels, increases in depression and anxiety, and even binge eating behaviors (Ashmore et al., 2008; Hayward et al., 2018; Himmelstein et al., 2015). The presence of both ingrained and intentional diet culture and weight stigma within these comment sections peels back another layer of nuance to the social environment in these microcosms of the BED recovery community.

One of the concerns of pro-recovery social media is how the platform structure blurs the lines between pro-recovery and pro-ED. Being a part of a pro-recovery online community may inadvertently expose individuals to harmful content due to the structure of the Instagram platform, as the site may show users content related to recovery but with

potentially different messaging (Au & Cosh, 2022). This nuance is reflected in studies done on other platforms, such as TikTok (Herrick et al., 2021). This line between pro-recovery content and content which could potentially harm the recovery process becomes increasingly blurred on social media where individuals have less and less control over the content that they consume (Greene et al., under review; Harriger et al., 2022). This is especially concerning for BED recovery communities in which the line between pro-ED and pro-recovery is already blurry due to the ingrained presence of diet culture and weight stigma. If comments and content on Instagram both walk this blurry line, it may become even more complex to find the “recovery” in this pro-recovery community.

The diet culture that is present in these comment sections ranges from overt and hostile to subtle and seemingly well meaning. Both are likely damaging, with the subtle cases exemplifying the ingrained diet culture and weight stigma present in BED recovery as a whole. The observation of weight stigma in these comment sections is especially concerning, considering that experiences of weight stigma may be linked to binge eating behaviors (Ashmore et al., 2008). This further reinforces the danger that comes with pro-recovery online public forums such as Instagram, in that content within them can be both supportive and destructive to those seeking community around their recovery.

Future Research

Future research should continue to examine the BED pro-recovery community on Instagram. Specifically, examining accounts and posts along with comment sections may provide a more well- rounded picture of this community. Additionally, future research should compare BED recovery Instagram to other pro-recovery communities on the same

platform to better understand the differences and similarities between them. The overwhelming presence of infographic style posts within this online community provides precedent for a deeper examination of the posts themselves, in which a content analysis approach may be beneficial. From a methodological standpoint, future work might consider a more structured method for thematically analyzing social media comment sections along multiple dimensions and the use of emojis in psychological research.

Another future direction is examining the individual impacts of being a part of a social media recovery communities. The use of interviews or surveys to understand the lived experiences of individuals who seek pro-recovery communities online and how they make meaning of those experiences could provide valuable information on how these communities actually serve those who use them.

Examining the differences in how commenters and lurkers experience these online communities is another future research direction. Because lurkers may experience benefits in similar ways to active commenters (van Uden-Kraan et al., 2008), this comparison could provide an even more in depth understanding of how these spaces function for individuals seeking support.

Clinical Implications

The results of this study suggest that clinicians working with clients experiencing BED symptoms should address the topic of social media use and discuss it in treatment. If clients are a part of pro-recovery social media communities, working with them to critically consume the content that is present within these communities and evaluate how

it is affecting them and their recovery is important as social media becomes a more integrated part of everyday life.

Strengths and Limitations

The novel examination of social media comment sections and reply chains was a strength of this study. Analyzing these comment sections gave a new perspective on pro-recovery social media and provides a foundation for future work with this type of data. Another strength of this study was using the most popular accounts and posts in the BED recovery community on Instagram. This provided a purposive data set that allowed for analysis of the most interacted with content in this community and reflects what a user would likely see first upon logging on to Instagram.

While the use of the most popular social media accounts and posts was a strength of this study, it is also a limitation. While this did provide a purposive data sample to answer the research questions, it does not necessarily represent the community as a whole. Additionally, non-English posts and comments were excluded from analysis, meaning that the data that was analyzed only represents a Western, English-speaking depiction of BED recovery.

It is also important to consider how often these comment sections are being curated to communicate a specific message. Account owners on Instagram have control over their comment sections and can delete comments and reply chains that they do not want to be associated with their posts. With that in mind, it is possible that this data set was influenced by the account owners to appear mostly positive and supportive. However, even if this was the case, the data still provides a valuable examination of the

information that is being presented in the comment sections as publicly available to anyone who wants to see it, regardless of if they have been curated by account owners.

Conclusions

This codebook thematic analysis of ten BED pro-recovery Instagram comment sections painted a nuanced picture of how pro-recovery social media sites function and portray BED recovery. Users took part in many different complex social interactions to build community and seek support around recovery. While the interactions were overwhelmingly positive, the few cases of overt hostility and stigmatization within the comment sections represented a less supportive aspect of these subcommunities. Additionally, the subtle communication of diet culture and weight stigma within the advice and support that was exchanged between users may reflect broader challenges within BED recovery rhetoric. Nonetheless this more subtle messaging still communicates specific, and possibly damaging, messages about recovery for this population. The gratitude expressed for account owner's expertise within the comment sections provides another addition to the function of these comment sections, suggesting that there is a need for \supportive pro-recovery content in the BED online community. Overall, the results of this study suggest that the comment sections of BED pro-recovery posts function as microcosmic examples of BED pro-recovery communities online, and BED recovery in general. Special attention should be paid to the existence of these complex interactions by practicing clinicians and researchers alike, as the wealth of information hidden under the "see comments" button has implications for the mental health field as well as for further examination of online pro-recovery communities.

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Appendix A



Figure 1: Word Cloud of Comment Sections



Figure 2: Code Cloud of Comment Sections

Table 1: Detailed self-disclosure Theme Comment Examples

Comment Example
I did lose 30 lbs and keep it off for 10+ years. I've had a baby and struggling to lose the baby weight. I'm totally for healthy behaviors, but yes, I did feel better with less weight on my body. I could move and exercise with less pain. Sometimes it really is about getting the weight off.
I realised I had brunch as I woke up too late for breakfast which lead me to binge at 1am as brunch and dinner wasn't enough, I still feel bad about it though. This seems to always happen when my routine goes out the window :(
this hurt a lot to read... I'm in recovery rn for an eating disorder and the first few weeks I told them that I didn't have a problem and that I'm fat so I shouldn't be eating until I look thinner. I know my problem is in my mind but it doesn't make it anymore difficult than if it was a person telling me these things. Don't downgrade someone's hardship with comparison to another please

Table 2: Shared Experience and Feeling Seen Theme Comment Examples

Comment Example
👏 Finally! It's not just me!!
I put things off like this alllllll the time for the exact same reason! Then I'll be mad when whatever I got for takeout is unsatisfying
This is 100 percent me
I absolutely relate to this. I haven't had a huge amounts of food binge in months but there are moment when my behavior and mindset feel like a binge and that makes me uncomfortable. I am glad to see the progress for sure. But my eating sometimes feels really messy
i promise it'll become easier (& i know exactly how hard it is) & you'll feel better & you'll be able to live your life more & more in the way you want to. just go on, you can do this
Came here to say this lmaooo , lost 20 pounds in 1 month

I feel so seen
yes you nailed it
I didn't know anyone else did this stuff. I just thought I was weird. No idea there was such a large community of ADHD people like me
Why is this the LOUDEST POST I HAVE EVER SEEN
Where did you hide the cameras?! The accuracy is frightening

Table 3: Comment Chain Example 1

Original Comment
Yesterday I felt like I ate a lot - beef & heavy on the cheese enchiladas, sour cream, guac, chips, etc. It was really, really good! Then I thought about it: I didn't eat the whole pan of Enchiladas, just reasonable a portion. It was satisfying, And I really enjoyed it. So no guilt! No restricting, no fasting. Business as usual!
Replies
[account owner] ah YAY! This made me so happy to read 😊
That's a great victory!
🙌👏❤️ love this! We are allowed to eat for enjoyment, too (sounds delicious btw 😋)

Table 4: Support Comment Chain Example 2

Original Comment
but like.... if i binged then why do i deserve to eat? i already ate a lot
Replies

you dont need to earn food if you re hungry/want to eat then you can. Plus you'll be stuck in a binge restrick cycle. I know its hard I struggle with food . But dm me if u need anyone to talk to
because if you go back to undereating, you will create a loop. Trust me I have been there where I ate too little then an enormous amount the other day. Your urges to binge increase with restriction
you never have to earn food. food is our right! you are always deserving of it. i hope you eat something delicious today because you deserve it
Its usually best to just continue eating as usual after a binge, then things can continue on smoothly, instead of creating a binge restrict cycle.

Table 5: Comment Chain Example 3

Original Comment
Is it really the weight loss or do you just feel better because you get more validation from society
Replies
well for me, when I was overweight I would get heartburn so badly I would wake up projectile vomiting. Was a time my boobs were so heavy my back would hurt so badly I couldn't fall asleep all night. I wasn't eating enough fiber, so I would get so freaking constipated to the point my stomach hurt and i would have to force myself to throw up. Ugh 😊 but that's chocked up to better eating habits mostly.
okay well this page is anti diet so maybe don't comment these things on peoples posts.
eating healthy doesn't always equal diet ...but ok
the person was talking about how bad their health was when overweight, there's nothing wrong with commenting that.
Did you read what I wrote? Jesus. Shut up.
you said it's an anti diet page so don't comment. being healthier or weight loss isn't always through toxic dieting. and besides, whatever happened to freedom of speech? do personal experiences not matter anymore?
shut up

I have a fcking eating disorder
i have an ed too honey you're not special 🤪 your hatefulness will ruin you
wait till you learn about binge eating disorders
actually, your insistence on hammering this out for no goddamn reason is the issue here.

Table 6: Comment Chain Example 4

Original Comment
I over eat so what do I dooo 😞
Replies
not eat so much
oh wow what a smart idea who would have thought
all I can say is go for it man I mean what else can you do it's not like someone will do it for you
no there are tricks.. stop giving up at that one solution "just do it" cause if we could, we would.. make ur plate smaller so u feel like u eating more, drink things that fill u up more, with energy so u dont feel like eating junk as much.. try going one at a time.. instead of saying i will eat less (healthy amount, not anor3xic amount) for a month, maybe try a week.. you need to be proud and love how far u have come even if its just a week.. otherwise u wont find the motivation to go furthur.. ditch the all or nothing mentality
u can talk to me anytime if u feel like it.. u got this!!<3
or how about just have some self restraint
dude if it were that easy, you think people would adore having thighs that bleed, knees that hurt constantly, headaches.. you think people actually think its fucking lovely or want it by complete choice?.. i am not saying its okay. i am not glorifying saying obesity is fine and accpectable.. but you aint gonna make much of a difference by saying just control cause i assure u nobody and i mean no fucking body in their right mental state wants to die of it. its just like being addicted to not eating, its just like being addicted to smoking. its not easy. and its not gonna get better by just not eating.

you dont always lose weight by just eating less. But it just takes effort which most people aren't even willing to give. I give effort, I think about what I eat, how much or how little, but there is no reason someone needs to eat such large amounts. We all have a choice
you just missed my entire fucking point 🤡
are u wanting to lose weight or just eat less? i'm down 45 lbs & i have a few little things i changed abt my habits that helped me drop it
it's not necessarily just a restraint thing, food addiction is a real thing esp w the chemicals pumped in fast food and shit. i'm js have some grace bc eating junk can literally be an addiction. not to mention the emotional factors of binge eating disorder too
more like I want to stop eating entirely. When I eat... I get bad feelings. I just want to stop. But I can't. I just eat and eat and eat and eat. I don't want to anymore. When I eat I feel sad, like a failure then I keep going. Before you know it, I've eaten everything in site and out of money because I've bought lots of food with it.
so it's like a binge/restrict cycle? i'm not a professional but i used to struggle w binging & restricting (i still struggle w the latter sometimes)
Eat less. If you don't want to do that, exercise more. If you don't want to do that, eat less. Energy in, energy out. Simple as. If you don't accept that, you're going to be fat and uncomfortable on the day you die. And no undertaker wants to take care of a body that weighs as much as livestock.

Table 7: Gratitude for Account Owner's Expertise Comment Examples

Comment Example
Wow this post wins IG today. Thank you for this.
Omg, I think you may have just changed my life. Restriction equals the promise of perfection and all that I associate with it. And that's so true, sometimes the most hopeful moments are when I'm coming off a binge and planning my workouts/restrictive diet to "get back on track".

👉 You are an inspiration 🙌
you have been so helpful in this process that I'm in and i just want to thank you for everything. What you are doing really matters 🙌👉
I love everything you share. Resonates so much with my journey 🌟 thank you!!!!
This has completely changed my view if I'm being honest, thank you ❤️
👉 now i wont feel so guilty ordering groceries & paying the delivery fee! Thank you!! ❤️
Really Admire and Appreciate your Content 🌟 Love and Support ❤️
Thank you for sharing this!!! It has taken me the last few years to actually understand this fully. But to feel it and recognize the habits you form are so crucial.
thanks alot it really helps to hear this,
These tips were really helpful! Thanks for sharing! 🙌

Table 8: Account Owner Interaction Comment Chain Example 1

Original Comment
How do you deal with putting on weight when you stop dieting please?
Replies
[account owner] That's a great question! It depends so much on the person. But when working with my clients, our main focus is overcoming the obstacles that keep them from being able to work with their bodies and honor what they truly want. Sometimes

<p>this includes body image work AND becoming more attuned to hunger and fullness cues.</p>
<p>[Original Commentor] thank you</p>

Table 9: Account Owner Interaction as Expert Comment Chain Example 6

<p>Replies</p>
<p>Periodize nutrition? What does that mean?</p>
<p>Original Comment</p>
<p>[account owner] Nutritional Periodization is defined as “the planned, purposeful, and strategic use of different eating cycles (like muscle building phases, calorie deficits when you’re ready to diet and maintenance phases) to enhance training, health, &/or your physique. It’s basically fueling your body appropriately for whatever your goal.</p>
<p>[Original Commentor] thanks. I’ll have to do some research. Really appreciate all of your information.</p>
<p>[account owner] absolutely my pleasure!</p>

Table 10: Gratitude to Account Owner Comment Chain Example 1

<p>Original Comment</p>
<p>You’ve explained this so well, such an important topic as I know many can relate to this feeling! 🙌❤️</p>
<p>Reply</p>
<p>[account owner] thanks so much [Original Commentor]! Such an important topic for people to understand. It can be hard to wrap your head around but it’s so eye opening once you get it ❤️</p>

Table 11: Gratitude to Account Owner Comment Chain Example 2

Original Comment
Omg, I think you may have just changed my life. Restriction equals the promise of perfection and all that I associate with it. And that's so true, sometimes the most hopeful moments are when I'm coming off a binge and planning my workouts/restrictive diet to "get back on track".
Reply
[account owner] I'm so so glad this was eye opening for you! It's so great when you see something and it just clicks. It absolutely is the promise of perfection and that feels so good in the moment, but it's unattainable. I hope you can start to look at things differently to move you forward in your healing journey ❤️

Table 12: Diet Culture and Weight Stigma Comment Examples

Comment Example
No. Quit binging and fast once in awhile
I just started pretending I'm intermittent fasting 😊👉
Wow!! Interesting tips that perked up my Chronic radar. NO veg? I've done really well cutting it down to only a few veggie types. But this is interesting
I have chronic constipation and lower abdominal bloat/discomfort. I actually felt best when I cut carbs
Interesting! My husband just went on a diet like this— he lost 30 pounds and is completely off insulin. Obviously it works!
Just don't be fat is that simple
Most of the benefits actually come from losing fat. Of course your body will feel better because of the other things too, but the fat lost is the main reason

No just be real with yourself, don't eat bullshit with too much sugar or seasoning, which make you crave for another and never make you actually satisfied... Eat healthy, move somehow and be glad, that you don't live in 3rd world country and can have "problems" like this one

I have started eating a LOT of frozen dinners... it may not be the healthiest but is a lot healthier and more affordable than takeout or starving and just eating snacky crap.


Some people just want to lose weight my guy! Eating healthy, exercising, drinking more water are all steps to a healthy lifestyle, & weight loss is typically a part of achieving that healthy lifestyle! I really hate accounts that discourage not just predatory diets, but also NORMAL diets. People can want to lose weight. Weight loss can be a lifesaver. Dieting is ok.

Nothing worse than having adhd time blindness about food/not able to decide/always wants sugar/extremely fussy so eats crap or nothing 😞


Appendix B

Was it really the **weight loss** OR was it...


That you were drinking more water daily?




OR eating more fruits & veggies?



OR actually prioritizing sleep?




OR moving your body regularly?




The reason weight loss makes you "feel better" is partially due to the meaning behind it.

You are doing "good" and working towards being "better" in society's eyes, therefore you FEEL better.




But ALSO, the behaviors you implement when trying to lose weight like **drinking more water** and **sleeping more** play a huge role in you feeling better.



Ultimately, the weight loss itself may have made you feel emotionally better.


But the health promoting behaviors you were implementing play a huge role as well.



So was it the weight loss or was it the behaviors?

If it was the weight loss, was it sustainable?

Did the health promoting behaviors become disordered? Did you think about food all the time?



Want to learn more?

3-Month
Small Group Coaching Program

PRE enroll for our waitlist!
Link in bio to apply

Did you feel better when pursuing weight loss?? 😊

When pursuing weight loss you do start implementing behaviors that actually make us feel good. However, it's the extreme plans and focus on weight loss as the measure of success that ultimately lead to unhealthy and unsustainable outcomes.

The truth is you can control your weight without side effects (food obsession, overeating, bingeing, etc) and nutrition is actually pretty complex. There isn't one perfect diet or way to eat. This is why these "healthy behaviors" feel good for a moment but then backfires.

Instead of focusing on losing weight, health is about focusing on energy levels, sleep, digestion, stress, coping mechanisms, etc. Essentially building habits & behaviors that last a lifetime.


This is exactly what we accomplish in my [name of program] program.

If you want to build sustainable habits last a lifetime, click the link in bio to apply.

**YOU STILL
DESERVE
TO EAT
EVEN IF...**

REMEMBER!


You still need to eat even if ...
you don't feel like you deserve it.



I ATE SO MUCH
YESTERDAY,
I DON'T DESERVE
TO EAT TODAY


REMEMBER!

You still need to eat even if ...
you binged.




REMEMBER!

You still need to eat even if ...
you didn't exercise.




REMEMBER!

You still need to eat even if ...
you are feeling upset.




REMEMBER!

You still need to eat even if ...
you ate 'a lot' yesterday.



**Struggling with your
body image?**



**Reach out to me via
the link in my bio.**

Let's get you the help you need and deserve.

Gentle Monday reminders
❤️

#antidietrevolution #antidietculture
 #foodfreedomjourney
 #eatingdisordersurvivor #bodypos
 #healthateverysize movement
 #healthateverysize #ourishnotpunish
 #bulimianervosarecovery #dietsdontwork
 #anorexiafight #anorexiasucks
 #orthorexiannervosa #bingeeatingsupport
 #bedrecovery #overeatersanonymous
 #stresseating #fatacceptancemovement
 #fatisbeautiful

Figure 4: Post and Caption 2



RAISE YOUR HAND IF THIS SOUNDS FAMILIAR! 🙋 No judgement here - so many of us ADHDers have been stuck in this cycle before!

It makes sense that you struggle with this cycle - you were never taught how to function best and thrive with ADHD, but it's never too late to learn! 🧠

There are a few steps to overcome this cycle (and yes - it is possible!)

Step 1 is to stop judging and beating yourself up over it. You are coping and functioning the only way you know!

Step 2 is to find a way to break the cycle (what we go through in FFwADHD).

Step 3 is to practice self-compassion on your food freedom journey.

🧡Food Freedom with ADHD 🧡 can help you with all of the above.

👉 This 4 month program is FULL of helpful guides, tips, live coaching calls, support, a like-minded community, meal ideas, on-demand coaching from me to hold you accountable, and more to help you work on both the PRACTICAL steps needed and the MINDSET behind ADHD and how you view yourself and food.

NOW ENROLLING - link in bio to start your journey to food freedom and breaking this cycle!

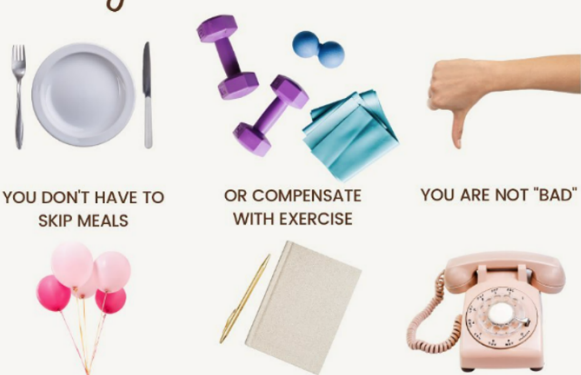
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#adhd #foodfreedom #adhdstruggles #intuitiveeating #ed #disorderedeating #recoveryjourney #adhdiet #adhdfood #adhdhacks #adhdtips #adhdcommunity #neurodivergent #neurodiversity #bingefree #haes #adhdawareness #adhd #adhdsupport #eatingdisorderrecovery #mentalhealth #adhdexplained #foodfreedomjourney #adhdbrain #dopamine

Figure 5: Post and Caption 3

If you have ADHD & binge this weekend



YOU DONT HAVE TO SKIP MEALS


OR COMPENSATE WITH EXERCISE

YOU ARE NOT "BAD"

YOU MIGHT BLOAT & THAT'S NORMAL

REFLECT ON WHY YOU BINGED

AND SEEK SUPPORT IF YOU NEED

Save this for later 

And remember, you are NOT alone!

Binge eating is common among ADHDers. And there's a dark corner of diet culture that continues to reinforce "cheat days" on weekends 🙄

This may lead to bingeing behaviours that can leave us feeling like we overate or are out of control around food 🍷

If you binge this weekend:

- 🌟 You don't have to skip meals or count calories. Listen to your body and allow yourself to eat when you are hungry.
- 🌟 You don't have to compensate with exercise. Physical activity is great for physical and mental health. But using it to make up for the food you ate may lead to negative associations with the activity.
- 🌟 You are not "bad". Seeing behaviours or foods as "good" or "bad" can lead to unnecessary anxiety when those behaviours or foods are present. Don't forget - all food fuels!
- 🌟 You might bloat & that's normal. Drink some water, stretch, go for a walk...this too shall pass.
- 🌟 You can reflect on why you binged. Reflecting on the factors around a binge may help you realize what triggered it. Did you eat enough during the day? Did you binge while distracted by something else? Do you restrict foods to have "cheat days"?
- 🌟 Seek support if you need. There are some amazing dietitian resources out there. Take advantage of those who can help.
- 🌟 And last but not least, have compassion for yourself.

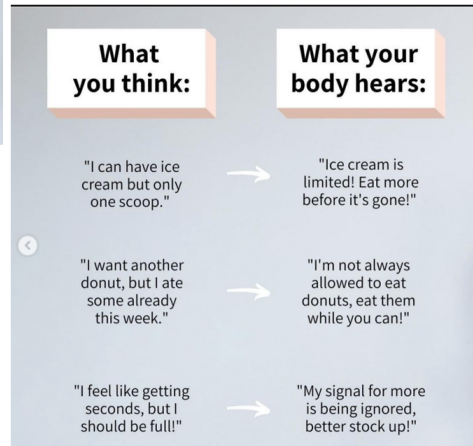
Accepting where you are will allow you to move forward & develop a healthy relationship with food 😊

Follow @thenutritionjunk for more on ADHD nutrition ❤️

#adhd #adhdtips #adultadhd #adhdsupport #adhdwomen #foodfreedom #bingeeating #bingeeatingrecovery #adhdawareness #adhdtdtips

Figure 6: Post and Caption 3

"I'm not restricting, so why am I bingeing?"



"I'm not restricting, so why am I bingeing" 🤔

🗨️ Even if you're eating enough per se, but are still putting mental restrictions on how much you "should" eat, what you "should" eat, and the time of day you're allowed to eat... your body is still going to take this as a sign you're not eating enough.

This is why I always talk about giving yourself unconditional permission to eat. Unconditional means NO conditions. No conditions on how much, what you're eating, or time of day. 🙄

I'm not saying this is easy. It's really hard to allow yourself to eat when you've spent years dieting and trying to control your body size.

Maybe you've attempted to give yourself unconditional permission to eat in the past but the fear of "I'll never be able to stop eating" or "I'm just going to gain weight and keep gaining weight forever" holds you back. 🙄

This is why it's really helpful to seek support on your journey while you build back body trust. This is why you have support in repairing your body image, so you can finally allow yourself to find health without obsession or focusing on your body size.

Want to learn more? ✨ Click the link in my bio! ✨

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. . .
. . . .

#foodfreedom #intuitiveeatingofficial #intuitiveeater #fuckdietculture #nofoodrules #eatingintuitively #healthforall #allfoodsfit #bingeeatingrecovery #bingeeating

Figure 7: Post and Caption 5

THE DIFFERENCE BETWEEN

Binge Eating, Emotional Eating, & Overeating

Reaction to unmet needs

Binge Eating

A biological reaction to unmet physical and/or emotional needs.

This is classified by the amount you eat but rather the way you eat:

- rapid eating
- not tasting the food
- feeling out of body
- hard to stop until physically ill
- followed by IMMENSE shame and guilt

WHAT DO I DO?

Address The Unmet Needs

Binge eating isn't the problem. The UNMET NEEDS (physical or emotional) are the problem. When you figure out where you're needs aren't being met, focus on that, and the binge eating will work itself out.

Response to Emotion

Emotional Eating

A response to a positive or negative emotion

This can be a coping mechanism when experiencing a negative emotion

- a way to calm yourself down (or distract) when feeling an intense emotion

OR this can be responding to experiencing a positive emotion

- a way to continue a positive emotion (think celebrating with birthday cake)

WHAT DO I DO?

Focus on the Emotion

Emotional eating isn't a problem; it is simply coping with emotions with food. When you begin to address the emotions you are eating over and work on healing those, the emotional eating will work itself out.

Getting Really Full

Overeating

A part of being human because sometimes we eat more than is comfortable in our stomachs.


This happens because

- you got a little too hungry
- you're eating something really delicious, and getting really full feels worth it
- you're eating distracted and didn't hear your fullness cues
- you are healing your relationship with food and still trying to figure out fullness

WHAT DO I DO?

Listen To Your Body

This WILL happen because you are human - rather than trying to avoid getting really full, focus on listening to your body and responding to its cues. Fullness isn't a bad thing - take away the judgment and accept the fact that food is delicious and sometimes we just get really full.



094. What is it called when you eat just because it feels good?

0:08 -13:32

It's so important to realize that struggles with food never actually have to do with food.

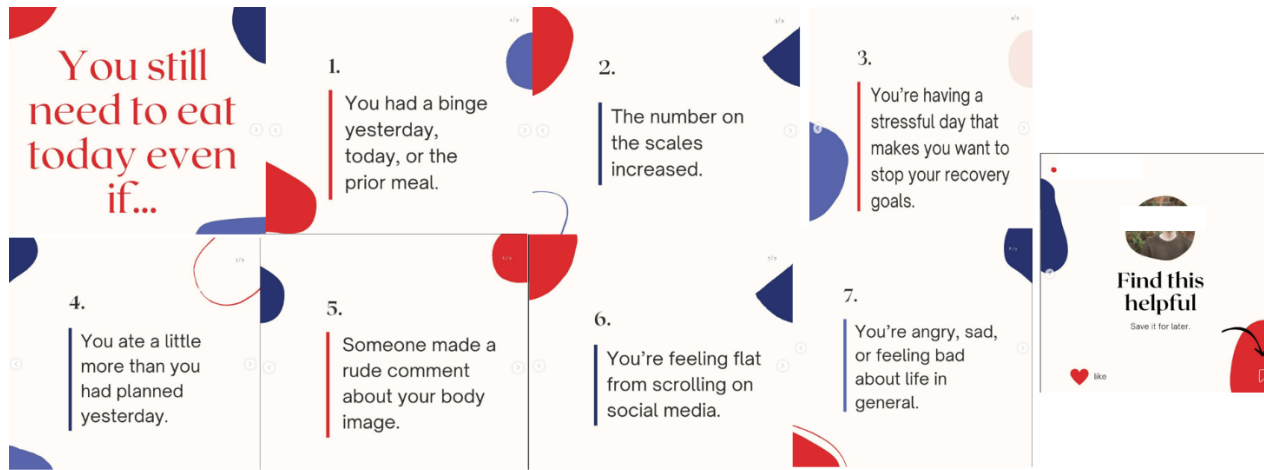
SAVE + SHARE 📌

Listen to episode 094. of the [name of podcast] podcast for a deeper dive (link in bio)

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#therapistsofinstagram
 #mytherapistsays
 #stopbingeeating
 #stopemotionaleating
 #nutritionistapproved
 #therapistapproved
 #emotionaleatingrecovery
 #emotionaleating
 #emotionaleatingcoach
 #emotionaleatingexpert
 #emotionaleatingsupport
 #overeatersanonymous
 #bingeeatingrecovery
 #bingeeatingdisorderrecovery
 #bingeeatinghelp
 #bingeeatingcoach
 #bingeeatingcoach
 #copingskills
 #healthycopingskills
 #healthycoping

Figure 8: Post and Caption 6



73

One of the biggest barriers to eating disorder recovery is restriction or flat out refusing to eat.
 It's important to get a pattern of consistent eating in recovery so that you can retrain your body to eat "normally" again.
 Sometimes life happens and we're not motivated to eat.
 While understandable, this isn't helpful and will only make things worse.
 The first point of call is to spot those negative life events that de-motivate you to eat.
 Here are some of these to look out for, and please do share others in the comments below.
 #Breakbingeeating

Figure 9: Post and Caption 7



Figure 10: Post and Caption 8

8 TOP DIET CHANGES THAT HELPED ME STOP BINGE EATING LOSE 55LBS & HEAL MY GUT.

4. I cut carbs & sugar. Focused on more sleep, less caffeine, & less alcohol. I slow down, chew thoroughly & savor my food.

Y'all minimize what you need to, & maximize what you need to. Maximize sleep, protein, rest, simple movement, sunshine. Minimize the things that negatively impact your life. We're not perfect but we can work on being better humans every single day. Just do the best you can. Pick the big rocks.

For me, my biggest additions are carbs, sugar, caffeine, & alcohol. They're proven addictive substances. As a primary abstainer especially with carbs, sugar, I want to eliminate the problem. Hence, SIGNIFICANTLY reduce & or cut them out completely. Control what you can control.

8. I changed my environment & mindset to one of abundance, structure to create freedom, love, gratitude, service, & high value humans.

You can't hate yourself thin, healthy, lean, successful, loved, or fulfilled. You get back what you put out into the universe. Watch your words, mind your circle, mind your thoughts, control what you can control & consume. What you consume consumes you.

You can't grow & thrive in an environment that is toxic. Cut people, places, habits, & things accordingly to the life you want to live & person you want to be.

Practice daily gratitude, positive affirmations, intentions, & surround yourself with people who make you want to be better.

1. My meals consist of 90% fatty meat, seafood, eggs, healthy animal fats, salt, water, organic coffee, & electrolytes.

No. I do not consume plants. No veggies, no fruit, no fiber, no sugar no seeds, no nuts, no veggie oil's. Yes, I poop just fine. Haven't felt better. Haven't had a Crohn's flare in 3 years since eating this way.

I personally do not digest plants, gluten, fiber, excess dairy, nuts/seeds, lectins, oxalates, pork, gums/fillers/artificial ingredients, or sugar well. Figured this out thru trial & error, experimentation, tracking food & 3 decades of living with gut issues. We will all be different. I hope you find what works for you too!

5. I eat my largest meal after my fasted workout in the mornings.

I keep meals earlier in the day as that is when my digestion is best. I have slow intentional functional motility. I've noticed after decades of paying attention to symptoms, my digestion is not good at night. Rarely eat typical "dinners," stick to 1-2 meals/day & rarely past 3-4pm.

I also do best intermittent fasting. I fast 14-18 hrs overnight most days. I do not do extended fasting ever, nothing past 24 hrs. Just don't feel I need to. Again, go your own way. Make sure fasting is not something that triggers your disordered eating if you have a history. It does not trigger mine as I have taken the time to heal my relationship with myself, exercise, & food.

2. I minimize tap water, pop, & switched to organic coffee.

For me personally, I can feel in my body these things are chemical & make me feel like sh*t. As a highly sensitive being, after making the switch, I noticed reduce inflammation, better digestion, clear skin, clearer whites of my eyes, & more energy.

According to the Natural Resources Defense Council (NRDC) more than 70 million people may be affected by health-based contamination, including THMs, HHAs, lead, copper, arsenic & other contaminants in tap water.

Conventionally grown coffee is one of the most chemically-treated beverages on the market. And pop you know is nothing but a chemical sh*t storm in a can. Yes, I love my diet pop too & occasionally enjoy it, but I know it's not good for me.

6. I get out in nature & the sun as much as possible. I do not eat after sundown or rarely past 3-4pm.

Studies show that when food is consumed late at night — anywhere after dinner to outside a person's typical sleep/wake cycle — the body is more likely to store those calories as fat & gain weight rather than burn as energy.

Some studies have shown that food is processed differently at different times of day due to fluctuations in body temperature, biochemical reactions, hormone levels, physical activity & absorption & digestion.

Spending time in the sun & outdoors walking lowers blood pressure, burn calories, increases mobility, & reduces the stress-related hormones cortisol & adrenaline. It improves mood + sun gives us the vitamin D we need!

3. I minimize plastics, artificial home health & beauty products as much as I can.

One of the multiple benefits of switching to natural products & away from plastics, parabens, & phthalates is that these products get the job done without adding to any physical, mental, or emotional problems. Even if you have an allergy or other bad reaction to a product, the simpler ingredients list makes it easier to pinpoint, understand, & make adjustments to find a solution. Same with food. Read ingredients!

Hormonal, metabolic, physical, mental, & spiritual health should be in homeostasis to function our best. Question anything cheap, easy, & fake.

7. I stopped chronically dieting & started lifting weights.

I gave my body time to heal, gain weight I needed, & went thru this thing called a reverse diet to then lose the body fat I wanted. I suggest you periodize your nutrition & do it too. Your body will never change if you do not give it time to heal, lift weights & build healthy muscle.

Muscle is the organ of longevity. It also helps you look good naked. You can't build muscle without eating adequate food & resistance training.

When most people say they wanna lose weight what they mean is they want a body recomposition change. They want to look like the hard work they put in the gym. By abusing cardio & chronically under eating, you get what we call skinny fat.

#crohnsdisease #carnivorediet #crohnswarrior #carnivoreketo #animalbasednutrition #carnivorewomen #ketocarnivore #fatlosstips #meatbaseddiet #animalbaseddiet #glutenfree #carnivorewomen #carnivoreathlete #chfdiet #femalebodybuilding #carnivorefatloss #carnivorebodybuilding #noplants #nofiber #ibs #constipation #crohns #colitis #bloating #carnivorediet #zeroplants #ketocarnivore #eatmeat #carnivore

LIKE, SHARE, COMMENT WITH YOUR THOUGHTS & TIPS TOO!

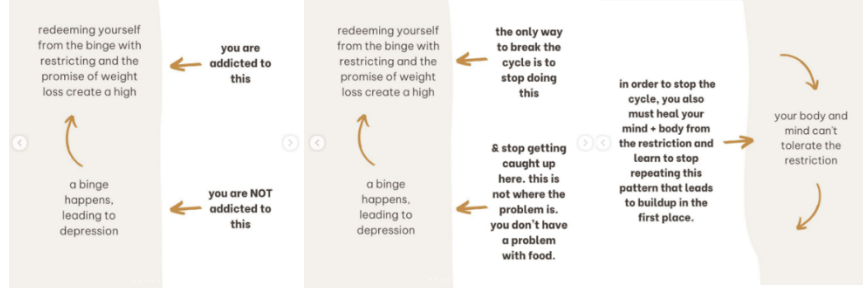
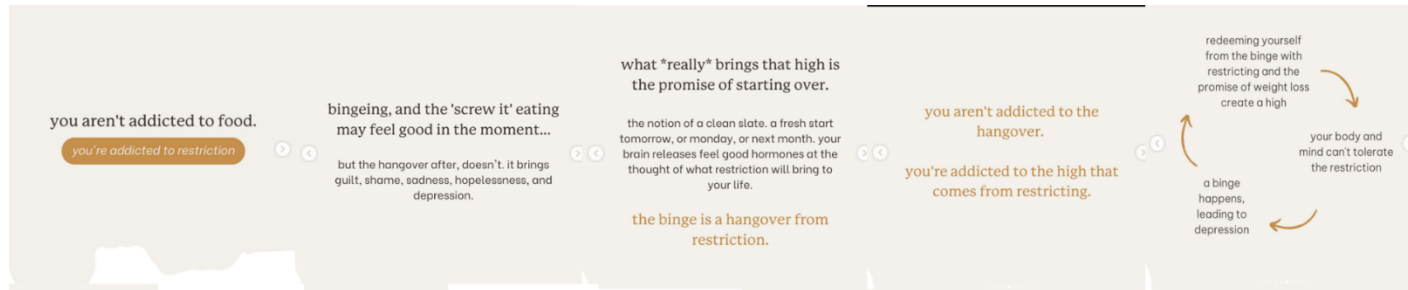
🗨️ ❤️ ↩️ 📌

8 top diet/lifestyle changes I made to be my best!!!! Multiple questions this morning on why I don't eat plants, gluten, or fiber... You guys can learn more about my story to help you if you're strugglin! There's a detailed blog on my first year on carnivore & everything I experienced to help you. LINK in my IG bio 📌 I personally do not digest plants, gluten, fiber, nuts & seeds, lectins, or oxalates well. Figured this out thru trial & error & 3 decades of living with gut issues. To summarize world renowned gut specialist, Dr. Natasha Campbell-McBride, animal foods are the foods that FEED the human body & SUSTAIN the physical structure of the temple you live in. Because only animal foods can provide the right quality protein & fats to build your physical structure. Our human digestive system is perfectly designed to digest & absorb animal foods. These are basic physiological facts. Plants are indigestible for human beings.

We don't have a rumen like cattle. We have 1 stomach that releases hydrochloric acid, which creates a hostile environment for many microbes, which is why the stomach is the least populated area of the digestive system. This acid & digestive enzymes are specifically equipped to break down meats, fish, dairy, eggs. Plants do not digest to a large degree. Light bulb moments? And fiber? Which is what my doctors told me to add back in along with fruits & veggies when I was experiencing chronic constipation & slow transit digestion are all like sandpaper on my insides. Insoluble fiber doesn't dissolve in water. It's abrasive to the gi tract & damages the epithelial cells. Bacteria ferment fiber, creating gases like carbon dioxide, hydrogen, & methane. Now do you understand why you're getting gas pain when you keep adding fiber & more plants? I have complete resolution of constipation, bloating, & painful bowel movements on a zero fiber diet. Just eat food you digest & absorb properly. All will be different but biologically most of us will do better on an animal-based diet.

Hands-down for this cattle farmer's daughter 🍖 that's meat for me.

Figure 11: Post and Caption 9



You think you have a problem with food, right?

I know how the story goes. You keep on bingeing, 'screw it' eating, emotionally overeating, so you think you have a problem with food.

So you try to avoid food at all costs. You think you are addicted to chips and cookies so you try to keep cookies and chips out of the house. You go on a really restrictive eating plan and try to eat as few calories as possible. But only to find yourself back bingeing with the same foods that you were trying to avoid thus falsely proving to yourself that you have a problem with food.

What if I told you that you are just looking in the wrong place? What if the problem isn't with the food? Maybe, the problem is that you are restricting. Bingeing on food is the hangover from the restriction.

When you drink a lot of alcohol, no one ever says that they are addicted to being hung over. No, they are addicted to the high that the alcohol brings them. Nobody drinks trying to get hung over. The hangover is just the thing that you have to deal with after drinking. But just like with dieting and restriction, the only way to stop getting hung over is to stop drinking. The only way to stop bingeing on food is to stop restricting.

And the longer that you keep trying to control your food intake, the longer you are going to stay stuck in this cycle. You're just looking in the wrong place!

#bingerestrict #bingerestrictcycle #breakthecycle #edcommunity #foodaddict #foodaddiction #foodaddictionrecovery #foodaddicts #nondietapproach #nondietdietitian #stopdieting #stopdietingstartliving #nutritioncounseling #nutritionforwomen #nutritionforbusypeople #healthyliving #healthylifestyle #healthyfood

I teach my clients how to properly nourish themselves and I help them develop the confidence to do so. My clients break out of this cycle and they stop bingeing and get their lives back. This can be your story too.

My 12-week group coaching program starts the week of January 9th. Limited spots are available. Link in bio to learn more & apply!