Article

Hashtag Recovery: #Eating Disorder Recovery on Instagram

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Abstract: People who have experienced eating disorders are making sense of and managing their own health and recoveries, in part by engaging with digital technologies. We analyzed 1056 images related to eating disorder recovery posted to Instagram using the hashtags #EDRecovery, #EatingDisorderRecovery, #AnorexiaRecovery, #BulimiaRecovery and #RecoveryWarrior to explore user performances of eating disorder recovery. We situated our analysis in a critical Deleuzian feminist frame, seeking to understand better how users represented, negotiated, or contested dominant constructions of "how to be recovered". We identified a number of themes: A Feast for the Eyes, Bodies of Proof, Quotable, and (Im)Perfection. Within each of these themes, we observed links to social location, including the White, Western, middle-to-upper-class trappings that tether representations of eating disorder recovery to stereotypes about who gets eating disorders and may restrict access to the category of recovered. Documenting recovery online may be a way for those in recovery to chart progress and interact with similar others. However, recoveries presented on Instagram resemble stereotypical perspectives on who gets eating disorders and, thus, who might recover, subtly reinforcing a dominant recovery biopedagogy. These versions of recovery may not be available to all, limiting the possibility of engagement for people enacting and embodying diverse recoveries. Still, users make representational interventions into Instagram by making the struggles and challenges of eating disorder recovery visible to each other and to broader audiences.

Keywords: eating disorder; social media; digital technology; recovery; mental health introduction

1. Introduction

Eating disorder recovery is complex and ill-understood; this observation is so ingrained in the literature as to have become a cliché and caveat with which to open discussions about recovery. Despite years of efforts at mapping recovery processes, we still know relatively little about what recovery looks like, especially in later stages (Pettersen and Rosenvinge 2002) and for those who occupy diverse spaces of social belonging (LaMarre and Rice 2015; LaMarre et al. 2015). There is a tension in the representational field around eating disorder recovery: in representations of "how to be recovered", we see depictions of recovery as a place of freedom from food and weight preoccupation and as a place of achievement of dominant eating and weight-related health dictates, often signalled through the use of stylized images of food and bodies. Magazines and newspapers often depict recovery as something achieved with relative ease (O'Hara and Smith 2007), in stark contrast to outcome literature reporting lower than 60% rates of "good outcomes" amongst even those whose eating disorders were diagnosed early and who were offered intervention deemed "evidence-based" (Lock et al. 2010). Recovery may be unimaginable to those undergoing treatment (Malson et al. 2011), may be something about which those with eating disorders are ambivalent (Darcy et al. 2010), and may feel overwhelming in the face of cultural narratives urging restraint and slimming (LaMarre and Rice 2015; LaMarre et al. 2015). The

teachings people receive about "how to be recovered" differ enormously depending on their source; conflicting pedagogies of dominant health dictates and eating disorder recovery may contribute to enduring confusion for those attempting to enact and embody recovery (LaMarre and Rice 2015).

The need to better understand recovery from the perspective of those who have recovered is well documented (Pettersen and Rosenvinge 2002; Darcy et al. 2010). Qualitative studies reveal the complexity of recovery, drawing our attention to the non-linearity of the process (Hardin 2003; Lamoureux and Bottorff 2005), to the challenge of addressing comorbid conditions in later phases of recovery (Pettersen et al. 2012), and to how clinical and personal accounts of recovery can differ (Jarman and Walsh 1999). Studies about recovery experiences must be laid over an acknowledgement of how stereotypes around eating disorders can create barriers to treatment. For instance, many researchers have explicitly suggested or implied that people of colour, men, disabled people, LGBTQ + populations and others might be "immune" to disordered eating (Jones and Malson 2013; Thompson 1994; Rinaldi et al. 2016b). These stereotypes dictate who the psychiatric medical complex deems as "legitimately suffering," and who might be considered recovered (LaMarre and Rice 2015; Rinaldi et al. 2016a). How recovery is represented and taught may have a significant impact on the availability of this construct to diversely embodied people. The "teaching" of recovery occurs in an indirect and fragmented way in an age of individual responsibilization, in which we are all expected to self-monitor and apply health teachings—not only do instructions about recovery come from those in power, but they also come through self-instruction as individuals search for, negotiate and strive to enact "recovery" bodily practices. The recovery pedagogy is biopolitical—it involves proactive and continual self-monitoring, comparison, and alteration of bodies (LaMarre and Rice 2015; Rinaldi et al. 2016a).

While the studies noted thus far draw our attention to gaps in our understanding of recovery experiences, the representational field of recovery—and what this representational field means in terms of teaching people how to be recovered—remains underexplored. At an image-saturated historical moment, we might question how the "DIY" or person-driven production of cultural imagery impacts what kind of recovery assemblage—and pedagogy—those experiencing eating disorders encounter. Here we draw on the work of philosophers Deleuze and Guattari, who use the term "assemblage" to mean the composite, heterogeneous and transitory configuration of knowledges, meanings, affects, technologies, bodies, events, and practices that constitute any phenomenon—in our case, eating disorder "recovery"—in a particular time and space (Deleuze and Guattari 1988). One possible site for encountering and analyzing such a recovery assemblage is the social media sphere, where individuals produce and consume media in a continual flow of information and imagery.

Instagram in particular is a fruitful site for analysis. This image-based mobile social network (Olszanowski 2014) was established in 2010 and has since become a popular medium for visual communication, with over 150 million active users (Hu et al. 2014). Users share images, either still or moving, with captions and/or "hashtags" with other Instagram users. Hashtags are short categorizing terms that place photos in conversation with other users' posts (Gibbs et al. 2015). Users can connect with others who share interests; they can also interact on the platform in the form of "liking" or commenting on photos. Others have explored Instagram posts in relation to feminist self-imaging (Olszanowski 2014), fitness aspirations (Holland and Tiggemann 2016), food presentation (Holmberg et al. 2016) and more. Eating disorder researchers have mainly focused on how social media might be used by those engaged in practices coded as "eating disordered", for instance those who use the hashtags "pro-ana" or "pro-mia" (short for pro-anorexia and pro-bulimia, respectively). They comment on how social media might be a dangerous place for those with eating disorders because of the possibly instructional and comparative nature of the medium—in other words, how people with eating disorders might learn new eating disorder behaviours or justifications for those behaviours by observing others' posts (Holland and Tiggemann 2016). This emerging body of literature gestures at the pedagogical nature of the medium and the persuasiveness of user-posted representations of eating disorders. Instagram's privacy policies recently changed to ban certain hashtags following controversy

around their use. However, simply banning pro-ana and pro-mia does not erase the fraught nature of online engagement—users are savvy and may turn to other hashtags to categorize their experiences. Further, there is disagreement about the utility of banning such communities, which may be the only spaces in which some feel comfortable sharing their experiences and struggles (Casilli et al. 2013).

In addition to negotiating the tensions around whether eating disorder communities online are harmful or helpful—and acknowledging that, whether helpful or harmful, or both, these communities are pedagogical—we situate this analysis within a tension raised by feminist media theorists around the use of social media for self-representation. Some feminist media theorists argue that young women's selfies (self-portraits on social media) do not simply reproduce "men look/women appear" dynamic from art history/advertising (Berger 1972). Selfies also may reconfigure gendered looking relations by allowing young women to find agency, community and creativity in image-making (Murray 2015; Tiidenberg and Cruz 2015). Here, social media is thought to enable and constrain self-making in more complicated ways than simple narratives of subordination or emancipation suggest (Losh 2014; McNeill 2012). In a society that dictates which bodies are acceptable, healthy, and productive, Instagram may provide a space for self-expression beyond professionally produced, highly objectifying media. However, Instagram itself restricts "nude, partially nude", and "sexually suggestive photos" and has terminated the accounts of female-identified users who post selfies with their nipples showing or of themselves fully clothed with visible period stains. Moreover, these spaces may have their own rules of engagement; users "vote with their likes," engaging or not engaging with content in ways that reflect how acceptable these images are to the community of creators. In a neoliberal capitalist society—that is, one that encourages rugged individualism, the pursuit of productivity, and individual responsibility—users' terms of engagement with social media are at least partly dictated by the degree to which they internalize community dictates for their bodily expression. It is in this sense that we might term social media a "like" economy. These platforms are also not protected from the sway of neoliberal capitalism; for example, some Instagram users have sponsors who orient them to create content not only for enjoyment and engagement, but for profit. Generally, people are chosen for sponsorship based on the popularity of their posts, and deemed "influencers". This suggests that the range of images young women can post on corporatized social media is highly circumscribed. Still, as we show through our research, users make representational interventions into Instagram by making the struggles and challenges of eating disorder recovery visible to each other and to broader audiences.

In this article, we describe the results of a study designed to better understand the representational field and online pedagogies of eating disorder recovery. We analyzed 1500 images related to eating disorder recovery posted to the social media platform in order to answer the question: how is eating disorder recovery represented on Instagram? We situated the analysis in a critical feminist Deleuzian frame, approaching analysis with the assumption that the assemblage of text and images presented on this platform represents not some inherent reality of the experience of recovery for users but rather a complex interweaving of social dictates for recovery, embodied recovery experiences, and interpretations of the multiple and often contradictory ways that popular culture and clinical experts represent recovery. In conducting this embodied and embedded feminist inquiry, we also sought to better understand how users represented, negotiated, or contested dominant constructions about the intersections of ethnicity, socioeconomic status, sexuality, body size, etc. in recovery. Exploring these images and their associated hashtags and captions offers us the opportunity to better understand what people seeking recovery are faced with when they engage with social media and, by extension, how they might (or might not) see themselves in existing representations.

2. Methods

We collected data from Instagram over a three-day period in December 2015, using a three-step process we designed to capture a typical day of social media usage. We recognize that December may be a challenging time for some with eating disorders and in recovery, given the focus on food, special events, and possibly challenging encounters with family members and friends, especially for

those who celebrate Christmas or Chanukah. Our rationale for choosing this time period reflects our desire to engage with users' posts during a time of possible challenge, but also possibility. We used Storify, a social network service with which we can collect all images tagged with a certain hashtag, to gather our data. We began by searching for the hashtag #EDRecovery on Storify, gathering the first 100 images that appeared and exploring the hashtags commonly used in these posts, selecting four additional commonly-used hashtags for further analysis: #EatingDisorderRecovery, #AnorexiaRecovery, #BulimiaRecovery and #RecoveryWarrior. We gathered data on three different days including weekend and weekdays: Friday morning, Saturday afternoon, and Tuesday evening. On each of these days, we searched Storify for each of the hashtags and selected the first 100 posts to appear under each hashtag. We initially gathered 1500 images for analysis. After removing repetitions and deletions that occurred in the interval between data gathering and analysis, our final sample comprised 1056 images.

The first author analyzed the initial 500 posts, describing image content and composition, hashtags used, and number of comments and likes. Following this analysis and the development of initial codes from this subset, two research assistants coded the remaining images. The first and second author reviewed research assistant coding and compared their analyses to the codes and themes developed based on the first round of analysis. We used thematic analysis (Braun and Clarke 2006) to analyze this data, identifying and categorizing the content of the images and exploring how users described their images. We approached thematic analysis at a latent level as suggested by Braun and Clarke (Braun and Clarke 2006), allowing theory to drive our analysis rather than focusing only on the content of the data. In latent-level thematic analysis "the development of the themes themselves involves interpretative work, and the analysis that is produced is not just description, but is already theorized" (Braun and Clarke 2006, p. 84). Theoretically, we applied a Deleuzian feminist lens to identify how dominant constructions of ethnicity, socioeconomic status, sexuality, body size, etc. were endorsed and/or contested by users in their imagery.

Methodologically, our data offers us a unique opportunity to engage in analysis that transcends discursive approaches or content analyses. It sits at the interface of human-technological interaction, within social and historical context, and includes both text and visual cues. Following Braun and Clarke's (Braun and Clarke 2014) call for theory-driven thematic analysis, and in keeping with our latent-level thematic analysis approach, we briefly comment on the theoretical lens we have used in interpreting our results—that of new materialist feminism. We consider research to be itself an assemblage, a term adopted/adapted for social research by new materialist methodologists to describe "the bodies, things, and abstractions that get caught up in social inquiry, including the events that are studied, the tools, models, and precepts of research, and the researchers" (Fox and Alldred 2015, p. 400). Importantly, this ontology allows us to understand how things, people, and forces are both constructed (how social interaction shapes what becomes perceived as reality) *and* material (how things, people, etc. become real in dynamic, transitory and provisional ways) (Taylor and Ivinson 2013). Using this lens entails attending to relationships between people and things, forces and "flows", as they collect into assemblages. Assemblages are "machines" (Deleuze and Guattari 1988) in the sense that they do things or have effects in the world; they are never fully static and always producing. We also trouble the notion of agency, which has been the subject of postfeminist debate (Gill 2007), taking "affect" as our base instead—that is, the relationships between the moving parts of an assemblage (Deleuze and Guattari 1988). Instead of looking at the motivations of those posting images on Instagram, which would involve collecting data in a different way (i.e., tapping into user insights about the posts and relating these to the broader representative field, rather than analyzing images and text as posted), we look instead at the assemblage of users, images, text, comments, hashtags, digital platforms, audiences, and power structures. Taking this perspective allows us to explore pedagogies of recovery as more than simply top-down, conscious teachings about how to be recovered, seeing them instead as always intricately tied to the time, place, and space of their production.

We recognize that this approach is not a common one in mainstream and/or feminist eating disorder research. We hope that by approaching recovery differently, we might better understand recovery in its complexity, contingency and multiplicity. In other words, we are interested in how users teach and are taught about "how to recover" through encounters with power and flows. This approach allows us to acknowledge that research itself involves hermeneutic interpretation. Rather than representing any objective truth, research data is always an interpretation, coloured by, among other things, the power structures in which research is produced. Taking a new materialist ontology "allows us to look within the 'black box' of social inquiry," (Fox and Alldred 2015, p. 405), letting us undo (partially and imperfectly) some of that which is taken-for-granted in social inquiry. This black box, we argue, contributes to the reproduction of particular discourses—in this case, around eating disorder recovery. Instead of focusing on what eating disorder recovery *is*, our analysis presents what the assemblage of eating disorder recovery on Instagram *does,* which, we argue, both opens and delimits the meanings of recovery.

3. Analysis

Discourses, pedagogies, and assemblages are neither wholly "good" nor wholly "bad" (Foucault 1978). While aspects of recovery representations are problematic as they impose limitations on recovery, it is important to acknowledge the multiplicity of the #EatingDisorderRecovery assemblage. We have not interpreted users' presentation of their recovery on Instagram as representing "eating disorder recovery" as singular entity. Instead, #EatingDisorderRecovery signals a multi-directional assemblage of personal experience, the representation of that experience, the negotiation of power that surrounds/dictates representations of recovery, the use of a technological medium to engage in acts of self-in-recovery presentation, and an awareness of audience receptivity. The themes presented here act as provisional categories to understand the relationships between various parts of the eating-disorder-recovery-on-Instagram assemblage. Our themes were: A Feast for the Eyes, Bodies of Proof, Quotable, and (Im)Perfection. Within each of these themes, we observed links to social location, including the White, Western, and middle-to-upper-class trappings that tether the representation of eating disorder recovery to stereotypes about who gets eating disorders. Those in other life circumstances may not be able to follow such a pedagogy of recovery; dominant structures of power thus remain unchallenged, reinforcing surveillance over the category of recovery. At the same time, users curate their recovery processes in ways that dignify the struggles and challenges of working through an eating disorder and, in a few cases, distinguish recovery trajectories as open-ended, expressive and even creative processes of self-in-recovery making.

3.1. A Feast for the Eyes

Many images posted to Instagram under all of the hashtags were of food. This may seem at first unremarkable, given that there has been an increase in depictions of food on social media sites generally (Holmberg et al. 2016), and that keeping food diaries is encouraged in eating disorder treatment settings. However, Instagram users depicted food in ways that speak to the particularity of the eating disorder recovery context. The food users post is generally pristinely curated, near food-magazine-quality; for instance, some users co-ordinate food colours with the bowls and plates they use to eat their meals. When photos are lower quality (e.g., grainy, slightly sloppy, etc.), users declaim their posts with an apology, for example saying "bad quality . . . sorry guys" or "Sorry for the really shitty quality." Outlier cases appear in the data set—for example, some users have chipped fingernail polish or take photos of less photogenic food such as like oatmeal or scrambled eggs.

In presenting the foods they eat, users are entering into conversation with dominant health pedagogies and prescriptions for eating disorder recovery—pedagogies that often come into conflict (LaMarre and Rice 2015). Participants' negotiation of these pedagogies may also be considered a form of accountability to the social dictates for healthy living they negotiate; posting images might act as a way of accounting for their negotiations of teachings about "how to be healthy" and "how to

be recovered." Common foods depicted include oatmeal, chia seed pudding, salads, peanut butter, and brand name nutrition bars (such as Quest, Clif bar, etc.). These foods, discursively positioned as "healthy" within the social imagination, reflect a White, Westernized, consumerist aesthetic. They subtly reproduce a logic of consumer capitalism wherein performing recovery entails eating foods commonly associated with health, but not restriction. On the other hand, users also post images of foods discursively positioned as "indulgent", such as cake, chocolate and pizza. These images are often accompanied by longer descriptions of the items and the work required to eat them. For example, one user described eating the sprinkled cupcake she showed in her photo:

> hello #edfamily. I've had such a lovely afternoon with my family and as I said, my mum got enlarged cupcakes and so everyone had half of one because they were pretty big (bigger than what it looks like). !! I managed JUST UNDER HALF !! as my #afternoonsnack which is a huge #recoverywin for the birthday girl. I'm going out for a meal at half six (one hour later than usual) and I'm nervous but I'm determined to kick my eating disorder's ass and have a nice time [. . .]

Note how the user highlighted the conditions under which she could eat this self-described fear food: eating half, following a nice afternoon with family. The user also notes how everyone else (presumably, people without eating disorders) also ate half, and suggests that the cupcakes were large, contextualizing her choices. This contextualization evidences a negotiation of the conflicting pedagogies faced by people in recovery. While dominant health pedagogies encourage the restriction of "indulgent" food (for example to prevent "obesity"), those in recovery are encouraged to perform their recovery by eating without hesitation anything that is placed in front of them (LaMarre and Rice 2015). Contextualizing "indulgent" food choices while also commenting on how they represent "recovery wins" reveals the interplay of, and attempts to negotiate successfully, these dual and conflicting pedagogies.

We also found a significant overlap between food images posted on Instagram under #EatingDisorderRecovery and those posted under discourses of "clean eating", health and fitness, with hashtags such as #EatClean, #RawVegan, #FitnessAddict, and #HealthyFood commonly appearing beside #EatingDisorderRecovery. These posts evidence a different way of reconciling the tension between dominant health and eating disorder recovery pedagogies. By positioning their images of recovery alongside dominant health pedagogies prescribing certain ways of eating and exercising, those in eating disorder recovery may depict eating and activity in ways that reinforce hegemonic perspectives on health and the body sizes, food choices, and exercise behaviours assumed to be "healthy" while simultaneously meeting prescriptions for recovery. In order to do so, users would often qualify their posts with hashtags such as #WeightRestored to negotiate the in-between of eating disorder recovery and fitness or "clean-eating"-oriented lifestyles. For example, a user posted an image of her (thin, white) hand with pink nail polish holding a Quest protein bar, with her black tights and running shoes in the background. In addition to using the #CleanEating hashtag, the user included hashtags such as #Cardio, #Health, #Motivation and #Determination, and #WeightRestored, as well as tags referring to eating disorder recovery. The choice of brand-name nutrition bars also carries with it certain classed assumptions of who gets and recovers from eating disorders—these nutrition bars commonly cost approximately $2 per bar.

A third way of negotiating the conflicting pedagogies that people in eating disorder recovery face is exemplified by the use of the hashtag #EatClean in unexpected ways, perhaps to challenge the power of the "eat clean" discourse so common in dominant health pegagogies. One example of this is a post depicting a sandwich with butter and cheese, accompanied by a glass of milk. The user chose the hashtag #EatClean, though the dairy-filled meal on glutinous bread might not fit what is usually associated with "clean eating," which often entails eschewing both dairy and gluten. In this way, #EatingDisorderRecovery users could be seen as subtly co-opting the hashtag for a different, more subversive, "brand" of health. While outlier cases exist, hashtags such as #EatClean or

#CleanEating are most often used in relation to images that fit a more normative notion of health—that is, vegetable-filled, often raw, meals. Thus, while at least some users are using "clean" eating hashtags to subvert health discourses (or, at least to follow different prescriptions for health associated with eating disorder recovery), we cannot assume that all users are doing so or that their use uniformly problematizes/destabilizes dominant discourses on health.

3.2. Bodies of Proof

Images of bodies were also common across the data set, and associated with hashtags such as #NoShameBodyMovement, #BodyPositivity, #BodyPositive, #BodyPositiveMovement. These images also overlapped with #Fitspiration and #BodyBuilding. Most of these posts can be categorized as adhering to a discourse of overcoming, for instance through "before and after" posts with images of emaciated and normative bodies. Bodies on display largely adhere to beauty standards and possibly sensationalize the bodily outcomes of restrictive eating. They also reinforce other normative standards, including those related to the gender and ethnicity of people living with/recovering from eating disorders.

Throughout the data set, we found only a single image of a non-female-performing body. Other trappings of performing femininity, such as dresses, jewellery and makeup were particularly evident in "after" photos. This reinforces a dominant medical frame that stipulates that recovery entails rejoining "normative developmental trajectories." In such a frame, eating disorder recovery is coded using a heterosexist matrix wherein appealing to "the opposite sex" is seen as a desirable outcome—that is, in order to "prove" recovery, people are expected to want people of the "opposite sex" to find them attractive, and dress and act accordingly (Rinaldi et al. 2016a). When eating disorders are positioned as a retreat from womanhood and a return to girlhood (Burke 2006; Tiggemann and Slater 2013), the performance of recovery hinges on performing desirability to the male gaze—a performance that we noted in the Instagram images of bodies in particular. Hashtags such as #RecoverForBoobs, #4TheBoobs, or #BumOverBones reinforce this discourse. Some users also applied this hashtag to pictures of food, indicating a discursive tie between the act of eating and nourishing the body and the attainment of a feminine form (one with curves, flesh, fat). Exploring users' descriptions of their "recovery bodies" also reveals intersections between eating disorders, recovery, and gendered bodies:

> Last beautiful flaw: Feminine Body! From a young age I was always ashamed of my body because I developed so much younger than everyone else. It's difficult for a tall 10 year old in elementary school to be dealing with puberty and a completely different body from everyone else. I thought there was something wrong with me because the other girls were so small. (Guys too but guys are small until high school) after losing so much weight it's like going through it again. I'm having gender identity issues, shape issues, my boobs are growing so much and I don't know if I like it, but I will love myself regardless. I will take care of myself and nurture my body while dealing with all of the other stuff.

The image that accompanies this caption is a mirror selfie where we can see up to the thighs of a white young woman. She is smiling, one hand holding the phone, and her other fist is clenched; she is wearing a knit sweater and jeans, and has short hair and glasses. In the caption, the user describes not feeling at home in a feminine body. In some ways, her caption reflects a normative orientation to gender and bodies, through the binarizing of "girls were so small" and "guys too but guys are small until high school." In this, she reproduces dominant discourses that suggest that girls and boys inherently possess certain types of bodies and/or that there are normative trajectories that boy and girl bodies pass on the way to adult bodies (Rice 2014). However, her caption also embodies some of the issues that early feminist scholars have explored in relation to eating disorders—for instance, the relationship between feelings of shame in one's body and eating disorders. In these accounts, shame stems not from a wrongness in the body but rather from a culture that positions women's bodies as inferior in relationship to the normative ideal masculine shape (Skarderud 2007).

In describing her recovery, this user discusses the struggle of adjusting to a post-pubertal shape, juxtaposing her body when she was engaging in symptoms with the body she has now. She describes issues with adjusting to her breasts growing. Simultaneously, she uses the hashtag "#RecoverForBoobs, which positions the post in relationship with gender-normative discourses of body positivity. In recent years, body positivity has become more present in media spaces. Those in recovery are exposed to a postfeminist discourse that suggests that to not love one's body means one is not being a strong, independent woman who can rise above body negativity. A strong rhetoric of anti-obesity carries with it specific dictates for how citizens should manage their bodies in order to avoid becoming fat, which is positioned as a terrible fate. Accordingly, those in recovery (and anyone attempting to love their bodies or join body positivity movements) inhabit a tension between pedagogies of how to perform a vital, healthy body along a dominant anti-obesity rhetoric, and pedagogies of recovery that suggest that they need to inhabit "womanly" (curvaceous, hourglass) bodies and love it. Negotiating this tension on Instagram results in the co-occurrence of seemingly mismatched hashtags.

Overlaps between recovery hashtags and #Fitspiration hashtags, alongside other trappings of a fitness-oriented lifestyle, pervade the data set. Some users post images of themselves dressed up and posing in the mirror with the hashtags #BodyBuilding, #Fitness, and #FitnessModel, while simultaneously using #EDRecovery. Users also "prove" their recovery body by posting images of their bodies. One user posted an image of her stomach, with the bottom of her sports bra and top of her jeans visible. Her ribs protrude and her belly button is pierced. In the caption, she apologizes for the quality of the photo, hashtags it #ProgressPicture and describes attaining a certain weight as a #RecoveryWin. She does not offer any more context with which to interpret the image, which highlights the expectation that users will develop a kind of community in which they know what other users are up to in their recovery. With the full context of the feed, as well as the additional hashtags (such as #EatingDisorderRelapse), we might interpret that the user recently had a relapse from her eating disorder and was working toward weight gain. In posting images of her body, however, the post reinforces a discourse that eating disorder recovery is deeply tied to body—that a normative, "fit" or "lean" body between the BMI of 20 and 24 is an acceptable one to achieve in recovery.

3.3. Quotable

Perhaps more so than the other thematic areas in which users posted under the #EatingDisorderRecovery hashtag, quotes highlight a neoliberal logic of self-actualization, personal responsibilization, and accountability for health and for following health pedagogies (Wellman and Giulia 1998). Users commonly post inspirational quotes; these are posted by those in recovery, but also by organizations supporting those in recovery. Occasionally, quotes speak to the need for systemic change for eating disorders. More commonly, however, they suggest that those in recovery need to be individually responsible for their health, taking charge of their recoveries and being productive citizens who are resilient in the face of hardship. The Instagram community, here, may become another space to which people in recovery are expected to be accountable or hold themselves accountable. In the absence of formal systems of accountability, those in recovery may use communities they are a part of—including online communities such as Instagram—to validate their recovery performances and their following of recovery pedagogies. While the quotes do not always explicitly position people as responsible for their own health and wellbeing, the absence of broader systemic consideration in many quotes invites consideration of what is *not* included in this picture of inspiration. One quote invites viewers to "Be brave. Be strong. Be badass." The user does not offer further details in the caption, tagging the photo extensively and referencing a treatment centre but offering no description. Another suggests that those in recovery should "focus on your goal. Don't look at any direction but ahead," and the user offers the caption "after all, our past is behind us for a reason."

Some quotes speak specifically to eating disorder recovery. One such quote encourages users to accept their bodies in recovery; while this permission is offered, we might explore the normative assumptions contained within the quote:

> Those extra 5–10 pounds, that place where your body naturally wants to be—that's your
> life. That's your late night pizza with your man, that Sunday morning bottomless brunch,
> your favourite cupcake in the whole entire world because you wanted to treat yourself.
> Those 5–10 pounds are your favourite memories, your unforgettable trips, your celebration
> of life. Those extra 5–10 pounds are your spontaneity, your freedom, your love.

On the surface, this quote is appealing in its promise of a happy, healthy life free from the strictures of an eating disorder. In unpacking the quote, we draw attention to what is not present. While the words encourage a joyful, intuitive approach to living, they contain heteronormative assumptions ("late night pizza with your man"), class-based access ("your unforgettable trips") and a certain kind of eating that is sanctioned by society ("your favourite cupcake in the whole entire world"). In between the lines, we see the assumption that those who have recovered will reach a place of peace and ease around food—something that many in society in general struggle with. Of course, such quotes can be aspirational for those in recovery: having goals and aims can be useful, particularly in early recovery. However, we might consider how people feel about their legitimacy in recovery if they never reach a place where they are, for example, able to enjoy a cupcake. Further, when recovery is coloured by the assumption of entering into a coupled (heterosexual, monogamous) relationship and being able to take unforgettable trips, we can begin to question whether this dream is one that is open to all. If it is not, how might others in different life circumstances go about "proving" their recovery?

Not all quotes play into the personal responsibilization of health. Some draw attention to how people are not responsible for their illnesses, and that recovery is also partially contingent on changing systems. One user, for instance, posted the quote: "When a flower doesn't bloom you fix the environment in which it grows, not the flower." This quote clearly implicates other factors in eating disorders and recovery. The other hashtags the user chose point to alignment with principles of body positivity rather than to policy issues that maintain systems of marginalization that lead to some bodies being deemed inferior. However, this post criticality brings environment into the discussion in a way that is lacking in many other quotes. Quotes such as these run counter to the imperative to fix oneself within an immovable system, calling into question the lack of systemic support for those seeking to recovery. They also illuminate the paradox of asking people to figure out recovery on their own in the face of conflicting pedagogies for bodily management, asking instead for a more incisive critique of the contradictory messages about "being healthy" we receive every day.

3.4. (Im) perfection: Balancing Acts

The final theme relates to how users explore normality (or lack thereof) in their eating patterns and ways of life. Users compared and contrasted their experiences to those of their friends and families, illustrating the relational nature of recovery and describing their experiences in terms of "this not that", or what they are and what they are not. The hashtags associated with this theme include #BalancedNotClean, #StrongNotSkinny, #TogetherWeCan #IChooseRecovery #BalancedIsTheKey #RealRecovery #BootyOverBones and #StrongOverSkinny. Users sought reassurance from followers around whether things they eat and/or feel or express are normal or not, again seeking out acceptance/affirmation from the Instagram community in the absence of broader dictates for "how to be recovered". Captions are characterized by long, descriptive accounts, sometimes preceded by trigger warnings.

This theme underscores users' awareness of themselves in relation not only to their immediate familiar others but also in relation to society generally and discourses about eating disorders and healthy eating. Users described self-consciousness around their "inability" to "be normal." One user, for instance, posted a picture of two pancakes covered in syrup and butter with five orange wedges and a ramekin of syrup on a white plate. She wrote:

> Went back to bed after my last post and then woke up and laid there for about an hour
> and a half because I felt like I was having contractions. I'm feeling better now though and

> I've been scared of waffles with butter and syrup for a while so I decided to challenge that
> because they are SO good so this + chocolate milk for me. ALSO I forgot to tell you guys
> that last night I was supposed to go to this football game thing at my school where we
> can make teams and the girls play and the boys coach and I was anxious and nauseous all
> day but forced myself to go because I didn't want to be a quitter. When I got there they
> served us dinner and everything was super scary for me and I freaked out and cried and
> was anxious about wearing the football shirt we had to wear because I was scared of how
> I'd look and I was so anxious and my friends helped me a lot and I ended up leaving. I felt
> like a loser and a quitter and I was so upset because everybody else just ate the food there
> and I couldn't and I was upset because I couldn't be normal but my friends reminded me
> that it's okay. I am not at the point where I can do things like that and that is okay. I am
> in recovery, and recovery is a process. I came home and ate dinner and relaxed and I was
> not a loser or a quitter. I was reminded that I need to take care of myself and if that meant
> leaving, so be it. Maybe next year! #waffles #breakfast

The user explores discourses of normalcy in relation to events happening in her life. She describes support from her friends, while also expressing her emotions about "not being normal." The need for this kind of support speaks to the power of discourses of normalcy—and how not being "normal" is attributed to a personal deficiency.

While the above user describes support offline, other users seek support online, through calls for assistance in determining how well they are doing in their recovery. One user posted a photo of tin foil with a Subway sandwich on it, with the caption: "I don't know what's wrong with my body at the moment. I am so bloody hungry, but only in the morning (5 o'clock) and during my break at work (10.30–11.00)?! Is this normal?" Feelings of hunger were often described as bad, wrong, or problematic, even when posted images are not of foods that are particularly filling or might be deemed "unhealthy" in dominant health discourses, illustrating users' awareness of discourses of what a "normal" eating disorder and/or recovery might be like.

Users' relationship to normalcy reveals an interesting tension between dominant health pedagogies and prescriptions for eating disorder recovery as well as the timeline around when one is "supposed to" follow each of these sets of instructions. One user posted an image of a messy piece of chocolate cake on a white plate with the following caption:

> I feel bad about having eaten so much already today [. . .] I need to eat for my health and
> it's not like I'm eating drastically more than a normal person if my age. I always feel bad
> or like I don't have a problem cause I never got as thin or as deeply entrenched but I do
> now see that as a good thing. I was considering Minnie maud because I'm comfortably
> eating more than 2000 cals and I'm actually still getting hungry sometimes but part of me
> still feels like it's too much/wrong to stuff myself for what exactly? I don't think I've ever
> regularly eaten that amount every day while maintaining my weight so I clearly don't need
> that amount now.

By posting an image of a piece of cake, the user speaks back to dominant health pedagogies issued to the general population, who might be encouraged to not eat cake, while simultaneously meeting eating disorder recovery teachings issued in medical settings. In her caption, the user expresses another discourse on how to recover—the Minnie Maud guidelines developed by Gwyneth Olwyn on a popular online recovery site, Your Eatopia. In negotiating various flows of information about how to manage her body—dominant health pedagogies, medical/treatment center recovery prescriptions, and Minnie Maud self-recovery approach teachings—the user faces a number of tensions and contradictions that are embodied in the questions and struggles around what is normal that appear in the caption.

Other users negotiate these tensions by explicitly setting up a compare-and-contrast orientation. When users post images of food that they note as "balanced," they often use the hashtag #RecoveryWin, indicating success in reaching this state of balance despite the struggle in getting there. Posting an

image of a prepackaged salad, a glass of juice, and a bag of pretzels lined up on a wooden bench with a plastic wrapped fork and knife in the foreground, one user includes the caption:

> Lunch was from M&S again. [. . .] I chose the prawn layered salad, my beloved salted mini pretzels and a bottle of pressed & squeezed orange and carrot juice. Officially had my five a day now I can now actually eat my favourite foods for the remainder of the day rest assured in the knowledge that I've had my balance. Chocolate, ice cream and milkshake here I come. [. . .] I am getting increasingly nervous about being weighed on Monday morning though. I'm going to carry on fighting though, fighting harder than I usually have to because Ed will sense I'm weaker than usual and use it to his advantage so I just have to step my battle up a notch. I'll just comfort myself with cereal, chocolate, peanut butter etc until then to nourish my soul and make me happy.

The user describes the pursuit of balance as a means to an end, rather than something she enjoys ("Officially had my five a day now I can now actually eat my favourite foods for the remainder of the day rest assured in the knowledge that I've had my balance"). She goes on to describe how there are no good or bad foods, and how she struggled to eat even this "perfectly balanced" meal. In describing her food choices, the user draws on the discourses with which she lives in tension, including a discourse of externalization common to medical perspectives and narrative perspectives on eating disorders. She describes her "fight" against the eating disorder voice as an imperative ("I just have to step up my battle a notch"), once again taking personal responsibility for the fight. Interestingly, she also describes "comforting [her]self" with foods that she says will "nourish her soul and make [her] happy," perhaps contrasting these with the foods that she has been taught, either through dominant health pedagogies or in eating disorder treatment, are supposed to nourish her *body.* This depiction is common; the images that accompany hashtags such as #BalancedNotClean, #StrongNotSkinny and #NourishNotPunish nearly categorically take the form of foods deemed unhealthy in dominant health pedagogies. By contrasting items, users align with the preferred adjective—strong, nourished, balanced—that characterizes the representational, aspirational field of eating disorder recovery.

4. Discussion

Across the data set, users' images and captions embody contradictions that accompany recovering from an eating disorder in a society replete with myriad and contradictory teachings about health. Recovery pedagogies often contradict instructions those in recovery receive about how to recover from others in their lives, including other people in recovery, friends, family, doctors, and society in general. Teachings about "how to be recovered"—what we term recovery pedagogies—subtly encode dominant instructions for eating disorder recovery as personal responsibility. These mirror, and often conflict with, dominant health pedagogies offered to people in general. Downloading personal responsibility for health and wellness onto individuals promotes a neoliberal logic wherein people are required to self-manage in accordance with health instructions, regardless of personal circumstances (Sugarman 2015). In light of the narrow representation of eating disorders painted in media representations (O'Hara and Smith 2007) and, increasingly, *social media* representations of eating disorders, there is little space for those who do not fit the stereotypes to be recognized as legitimately suffering and able to perform their recovery in a way that is consistent with expectations for "recovered life".

Through posting images of stylized food, bodies, and inspirational quotes, users perform their recoveries from eating disorders in ways that show how they negotiate, reinforce, and contest dominant health pedagogies. While engagement in the Instagram recovery community may offer users the opportunity to express their experiences by taking their health into their own hands, it may also perpetuate stereotypical representations of who gets and who recovers from eating disorders. It may also delimit the terms under which people can understand themselves as recovered by creating additional communities of accountability against which people need to measure themselves. These

communities are themselves—similar to digital spaces in general—entangled with dominant matrices of acceptability. Our analysis reveals the complexity of entering the social media space around recovery in light of discourses about what it means to be a healthy person in general and what it means to recover from an eating disorder in particular. As different types of evidence hold more or less social sway, we might consider what performances of recovery mean for people seeking wellness and what (and who) is left out of the picture.

Prior studies have interrogated the way that eating disorder recovery is represented in mainstream media. For instance, O'Hara and Clegg-Smith (O'Hara and Smith 2007) note that recovery is often represented as if it is easy and linear; an experience contested in the clinical literature on eating disorders, which indicates that a significant number of people struggle to recover—a 60% recovery rate is generally regarded as "good" (Lock et al. 2010). Studies on barriers to treatment for eating disorders indicate that people who do not fit the stereotypes around eating disorders struggle to have their experiences legitimized by the psychiatric-medical complex. Some people are left "in-between"—struggling with distress in their bodies, around food, weight and exercise and yet not being clinically diagnosed in a society in which diagnosis holds a great deal of ideological sway. These individuals may find themselves "unrecoverable" (LaMarre et al. 2015) and without clear instructions for "how to" recover. Additionally, people seeking to recover may consider recovery unimaginable—something that is beyond their reach—while in treatment (Malson et al. 2011). We suggest that a part of this unimaginability may relate to the representation of recovery as a place of perfectly balancing the demands of neoliberal health logics and prescriptions for eating disorder recovery. This place is open only to those in positions of relative privilege to be the authors of their own health and recovery stories.

Instagram is a fascinating site for observing performances of recovery—a place for exploring how people in recovery negotiate, challenge, and resist dominant health pedagogies. It is also a place for configuring what a "recovery biopedagogy" might be. Recovery biopedagogies differ from representations of recovery in their active co-construction and relationship to other flows of information. They are constructed in relation to, and inextricable from, people's experiences of recovery, interpretations of expert and other discourses on what it means to be recovered, and issued in ways that encourage people to take them up in their own circumstances. They are "bio" in their working in, through, and around bodies, and "pedagogy" in their instructional yet co-constructed nature. Many of the images and captions reflect users' awareness of various teachings that circulate around health and bodies. At times, users break the "fourth wall" of their performances, soliciting feedback on their performance and seeking recognition of the normalcy of their experiences. The relationality of recovery is also crystallized in this online forum, where joining a hashtag conversation builds a provisional community wherein conversations about recovery can occur. We are not suggesting that this community is wholly problematic or wholly liberatory, or that users should or should not participate in its conversations. Online communities may offer the strength of many weak ties (Wellman and Giulia 1998), providing a "safe space" for honest reflection. Particularly if users do not have close others to whom they can relate in their recovery, Instagram might provide a much-needed forum for exploring their experiences.

However, the boundaries of community on Instagram are monitored and perhaps exclusionary, as well as contributing to what the representation of "how to be recovered". The fixation on creating balanced meals is arguably itself "abnormal", even in a society wherein discontent and fastidiousness around food are normative and encouraged (LaMarre and Rice 2015). The representation of bodies that fit the narrow zone of acceptability between "too thin" and "too fat" arguably represents an attempt to toe the line between illness and health and "prove" recovery in bodily form—problematic in the way it tethers recovery to bodily proof and re-inscribes the zone of normality where recovery can only occur for those between a BMI of 20–24 as represented in a great deal of clinical recovery literature. The pursuit of success and achievement is placed on the individual, as demonstrated by the use of inspirational quotes that largely encourage people to be self-governing subjects. Finally, the repeated

pursuit of normalcy reinforces the imperative to live up to a mythical norm that may inadvertently privilege the rational and bounded self that is perfectly able to contribute to society (Azzarito 2009; Rail and Jette 2015).

Our analysis is not without limitations. We know little about the people posting the images and whether those who chose not to include their bodies in the images occupy diverse spaces of belonging. However, the images posted are still very much in line with a white, Westernized sensibility; if the users posting these images are from marginalized cultures, they still use the trappings of consumer culture to represent their recoveries. We did not analyze audience/community comments, which could have helped us to further contextualize the users' experiences of community on Instagram. We also note that we do not know what users' intentions were in posting their images, what stage of recovery they consider themselves to be at, or what stage of recovery a clinician would consider them to be at. We acknowledge this as limitation, but also encourage an unpacking of the line between normal and pathological and recovered and unrecovered—for the purposes of this analysis it was more relevant to understand which images and captions were categorized by users under the hashtags than to interrogate their recovery status. Our interest lay not in determining a threshold or criteria for recovery but rather in understanding recovery biopedagogies constructed in this mediated space.

5. Conclusions

Instagram users' negotiations of the tensions surrounding recovery alerts us to how attuned many of those in recovery are to the ways in which eating disorders and recovery are framed in popular and clinical discourse. Users navigate and insert their recoveries into these powerful flows of information; this is not necessarily done in a consciously subversive or submissive way, but in relation to the flows that create the Instagram assemblage. On one hand, users are taking responsibility for their recovery by posting images and captions and often explicitly asking for help from others in the community—often, these asks were related to the desire to be doing "healthy" normally or performing recovery correctly. The remarkable overlap with dominant health pedagogies reminds us how we ask those in recovery to transcend, and often contradict, teachings about health issued to the general population. When users hashtag a photo "#EDRecovery" and also "#CleanEating", we might ask ourselves: when is someone in eating disorder recovery expected to follow dominant instructions for health, as opposed to clinical standards asked of them in recovery from an eating disorder?

That many users seemed to follow Western clinical dictates for eating disorder recovery and simultaneously explore dominant fitness and health teachings is also an expected confluence with the observed homogeneity of the images. The homogeneity of gender is worth further comment in terms of how it feeds into stereotypes around eating disorders being the purview of young, straight women. One possible interpretation of the multiple images of mirror selfies and sexy stances is to perceive them as self-objectification that problematically indicates that eating disorders are borne of a desire to appeal to the male gaze. We might challenge readers to interpret this differently, however: given that eating disorders are often represented in this way, and the observed awareness of discourses displayed by Instagram users, is it possible that as they insert themselves into the #EDRecovery hashtag conversation, these users are also inserting themselves into the broader conversation about how to be recovered from an eating disorder. In other words, to what extent are they contributing to the construction of a recovery biopedagogy? Even though Instagram posters self-present eating disorder recovery in largely feminized, heteronormative terms and have little control over meanings ascribed to their images or the on-line context in which they share, we might argue that the taking and sharing of recovery selfies contributes to an ecology of images that presences young women's recovery struggles. Analyzing the recovery assemblage surfaces how individuals grapple with both their relative privilege and their imposed pathology, in social milieus that are predominantly white, heterosexual, and middle class. The images users create are constrained by received codes—whether of recovery, femininity, or body normativity—even as they are tinged with desire and longing for wellness, acceptance, belonging and understanding.

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