



recovery based sites but there are also communities that are there to inspire people with ED to continue with their disturbed eating behaviours (also known as “thinspiration”). There are communities for Pro Ana (pro-anorexia), Pro Mia (pro-bulimia) and EDNOS (pro eating disorder not otherwise specified). These sites all contain highly emotional material such as: instructions and tips on how to starve oneself, methods for purging, photographs of emaciated bodies or photographs of purging. Those who are currently ill with anorexia show high levels of dysfunction in their emotional processing (Oldershaw et al., 2012). This may manifest in various ways depending upon how the individual’s emotions are affected. For example, they display an inability to communicate their emotions (Davis et al., 2011). For those suffering with anorexia, emotional situations can lead them to restrict their food intake whereas for people suffering with bulimia, it can lead to excessive eating (Danner et al., 2012).

This study examined the consequences of SM use on people who were suffering with an ED. It was hypothesised that those with EDs would be seriously negatively affected and it was hypothesised that the majority of the sample would have SMED (social media eating disorder) profiles, and therefore their recovery would be hindered and relapse would be imminent. The normalisation of ED and competitiveness between online members about their illness was also expected.

## Method

Ethics were considered in this

research. Effects on myself were considered before undertaking this research as a lot of time was going to be spent on SM profiles dedicated solely to eating disorders, self harm and suicide. The material on these sites could be a potential trigger for myself so I had to make sure supports were in place before undertaking this project. Ethical consideration was given to those who wanted to participate. Anyone who participated in my study had to have an SMED profile. Anyone who did not seem to have any link to the SMED profiles I did not allow participate for ethical and safety reasons.

This is a qualitative research study. A small number of participants were sourced through a Facebook friend. The majority of the participants were sourced through an anorexia recovery Facebook group. I posted a message on the group wall to explain that I was researching the affect of social media on eating disorders. I then asked if anyone was willing to participate.

Originally the plan was to hold Skype interviews but the participants were too embarrassed to talk face-to-face. It was then decided that I send the questions by email. In the email I sent a little description about who I was, what I was studying, my contact/college/confidentiality details and explained I would like the questions to be answered in an interview style, to expand as much as possible. The first few questions were to obtain the information on age, gender, location, what type of eating disorder, was it professionally diagnosed and did they have a separate SMED account. The

rest were open ended questions enquiring about the effect of SM, the effects of having a separate profile for their ED, the effects of seeing graphic images. Some of the questions asked if SM helped or hindered their recovery and if they experienced any other positive or negative effects.

**Participants:** 17 people participated. The mean age was 29, all participants were female. They were from a range of different countries, 7 from the USA, 5 from the U.K, 2 from Ireland, 1 from Malta, 1 from South Africa and 1 from New Zealand. 10 of the participants had Anorexia Nervosa (AN), 5 had an Eating Disorder Not Otherwise Specified (EDNOS) and 2 had Bulimia Nervosa (BN). 15 of the participants were professionally diagnosed and 2 were self diagnosed. 1 of the self diagnosed had diagnosed herself as anorexic and the other diagnosed herself as EDNOS. The names of people who participated in this study will not be shared for confidentiality purposes.

## Results

Almost 60% of participants had a separate SM profile for their ED, 42% had ED profiles on Facebook and 18% had an ED profile on Tumblr. The other 40% had “real” SM profiles, 86% of which had a “real” Facebook profile but had ED content on it and 14% of which used a normal Twitter account but used it for inspiration towards recovery. 100% of participants stated that SM affected their ED. 53% of the participants claimed that SM had positively affected them, although 88% went on to say social media negatively affected them. 53% of participants said SM has helped their recovery but 88% said it

hindered their recovery. There are some overlaps in the sections of people who claimed social media was both positive and negative. Below I describe where these overlaps occurred. I divided the results into two sections; positively affected and negatively affected.

#### **Positively Affected(PA):**

53% of participants claimed that SM had positively affected them. 41% of whom said that it also helped their recovery, although 41% also went on to say it hindered their recovery. 35% claimed that it both helps and hinders their recovery. One person said it neither helped nor hindered her recovery, they were not choosing recovery. Another 6% found that it only hinders their recovery and 6% again found that it only helps their recovery. 42% claimed that they were negatively affected and 47% stated that material on SM sites trigger their disordered eating behaviours.

**Friendships:** There were many positive affects of SM reported by the participants. 66% of those PA stated that they developed new friendships through SM. 55% of those PA stated that the social media groups enabled them to be honest and open about their struggles; free to disclose what they wanted online and within an online SM group; as well as relief as a result of sharing such struggles.

**Openness of Struggles:** 55% of those PA stated that the social media groups enabled them to be honest and open about their struggles; free to disclose what they wanted online and within an online SM group; as well as relief as a result of sharing such struggles.

#### **Feeling Understood in their ED:**

66% PA felt they were understood in their SMED. These participants felt connected to other people who understood them online. They found that when they posted their struggles on their SM pages they would receive positive encouragement to keep fighting. People would commonly pass on phone numbers, skype or mail each other when struggling with their ED.

**Inspired:** 56% PA found inspiration through SM. These participants connected with people who would actively be online to inspire others. They would post messages of strength, courage and hope. These participants found being connected with this type of people online would help motivate their recovery from ED.

**Feeling Connected:** 56% PA said that SM has led them to feel connected. They all experienced isolation due to their ED but SM helped break through the isolation. It gave them a place to talk, to vent and to be honest. Through this they found connections which broke down the isolation they were feeling due to their ED.

#### **Recovery based sites helpful:**

33% PA had actively sought out recovery sites. The participants stated that sites would have information on how to stay safe and healthy. They would have information on how to cope and would post motivational and inspirational messages. Some groups even had a private message option so that the person could talk about their ED in confidence.

#### **Negatively Affected (NA):**

88% of participants were negatively affected by SM use. 47% said they

were also positively affected. 93% of the NA went on to say that SM hinders their recovery, 53% of the NA claimed that SM helped their recovery. 7% out of the NA who were also PA claimed that SM did not help nor hinder recovery because they were not in recovery. 93% of the NA also claimed that items and material on SM would trigger their negative eating behaviours.

#### **Received negative/offensive/hurtful mail/comments online:**

38% NA received negative private mails or comments. Some participants received mails requesting a fasting buddy (this is where you would invite a person online to restrict food intake alongside you so that it would keep the person motivated to starve his/her self). Other participants received negative comments under their photographs, some in particular received comments telling them to give up recovery. Other messages received were to lose weight. Others received “hate mail” from other people through their private mail.

#### **Triggered by online material:**

93% NA found that graphic images would trigger their disordered eating behaviours. Triggering material would contain photographs of emaciated women. Pictures that were most triggering were the “thigh gap”, collar bone, “xylophone” ribs, “bikini bridge” and spine. These images would lead to restriction of food intake. Some participants found that they would struggle with diet pills due to the images. Some participants felt SM fed their ED and made them become competitive towards others who struggled with ED.

**Normalises their ED:** 53% NA said that SM normalises their ED. Some

participants stated that because ED was discussed constantly it gave their ED more power to take over their lives. 27% of participants were part of Pro Ana and said that they felt it normalised their ED. These participants actively promoted Pro Ana and felt that it normalised the idea that if a person is skinny she will also get sex. 7% said low weight and exercise becomes normal as they see it every day on SM.

#### **Affected by Pro Ana/Mia sites:**

94% NA participants went on to say the Pro Ana/Mia SM websites effected them in a negative way. 73% felt pressure to be thinner due to the photographs posted and negative messages they would spread. These messages would contain material on tips on how to restrict food intake, how to purge, and how to hide their ED. Participants found it made them competitive.

**Relapsed due to SM use:** 73% NA also claimed to have relapsed due to SM use. The relapse would begin due to the content posted by ED profiles or forums. This would trigger negative thoughts. The more they were triggered the more negative content they would actively search for.

#### **Discussion**

More Research needs to be carried out on the positive and negative influences that are caused by social media (Luxton, June & Fairall, 2012). I believe a large scale research project could be carried out on this topic. One of the participants mentioned that she also had a separate Tumblr account for self harm (SH). Similar to the SMED profiles, SMSH (social media self harm) profiles are full of images of fresh wounds and

collected blood. SH profiles are seriously dangerous because they can trigger others to cut themselves, unlike anorexia which happens over a period of time, self harm is instant.

SMED profiles give people a sense of connection through their disorder and friendships are established. To create and maintain these friendships it requires a significant amount of time and effort (Junghyun & Jong-Eun, 2011). This time and effort required online may take people away from actual society and could easily normalise mental illness. As seen in this research, people with ED surround themselves with other ED people. Although it breaks down isolation in one sense, I wonder what impact it is having on them by surrounding themselves with only ED people.

Within the AN population it was discovered that these people use fewer words to describe emotional experiences (Davis et al., 2011). If people with AN struggle with words for emotional experiences maybe SM is a way for AN people to communicate by posting photographs of their emaciated bodies. The same also applies to people who suffer with BN. Binge-Purge individuals seem to have severe emotional problems and unfortunately do not seem to be able to deal with emotional issues (Danner et al. 2012). Maybe the only way BN people can communicate their struggle is by talking about purging tips. More research definitely needs to be conducted.

**Discovery:** As you can see from this research there are positive and negative effects of social media use for people with ED. The concerning part is the negative

side to social media use in that its content triggered a high number of participants to indulge in their disordered eating habits and also triggered a high number of people to relapse

Through my correspondence with one participant she told me she had attended 3 funerals of people she met through ED accounts. 2 participants told me they got tricked by fake ED profiles. Someone had set up a fake ED profile and used photographs of another person's profile (this is called "Catfishing"). I was informed that these Catfish profile people go on to fake their own death. I was informed this had huge negative triggering affects on friends through that online profile. 24% said they were active in promoting Pro Ana but these women were also the most vulnerable as their thoughts around their ED were quite distorted. 6% did not want to choose recovery and their goal online was to trigger other peoples' eating disorders. Another person who was triggered felt she had to share the triggering content so that other people would suffer with her.

SM use created a space to actively mentally hurt people through illness and created a space for unhealthy competitiveness in their ED. Over 50% stated that the frame of mind they are in will direct them to what they find online. If they are feeling low they will purposely look for negative ED content. If they are feeling hopeful they will search for inspirational posts online.

#### **Strengths and Limitations**

This may be the first ever study completed on the impact of SM use on people with ED. 89% were professionally diagnosed. The



ages of participants ranged from 18 - 47. The mean age was 29. All participants were female but were from 6 different countries worldwide. The participants represented a variety of cultural and ethnic backgrounds. This piece of research contains people with “real” SM profiles but also those who had SMED profiles. The qualitative methodology gathered huge amounts of information. Similarities in affects of SM use were found in all ED participants.

The limitations of my research was the amount of wording I could use. Also the participants were too embarrassed to participate in Skype interviews. Areas I found interesting in their replies I hope to expand on in future studies. Other limitations would be participants who are quite ill might not be able to fully expand on the negative effect of social media use or they may not be able to see any negative effect at all.

## Conclusion

Globally, humans have entered the beginning of an era in relation to SM. SM is becoming something that is quite complex. It can reach people on a global scale and unfortunately gives room to a lot of dangerous accessible material. SM mixed in with the complexities of the human condition may have serious, negative, even life threatening affects on people. SM can give a platform for the dark side to the human psyche which can be very unsafe on forums that are unmanaged and not policed. The complexity of SM with the complexity of EDs and the issue of legality such as freedom of speech leaves all of this information in a type of limbo.

This research shows the dangerous

effects of SM use such as triggering disordered eating behaviours, negative emotional responses, and relapse. People with ED suffer isolation due to their disorder but online creates a new type of isolation. It gives space to create forums and communities that are ED based which in turn may isolate these people from actual society. SM can create a place where mental disorders become normal and even trivialised. There are no boundaries online. A person with ED searching for ED content may cross many boundaries without realising and this in turn will feed their disorder. The further a person has searched the depths of the dark side of SM, the harder it is to come back from it.

The dangers of social media are very real. Although some positive effects were discussed, the negative effects were far more complex and far more reaching. The positive effects that were felt through SM use for the participants were effects that can be felt by actual social interaction and social support. Whereas the negative effects that were discussed are things that would not be experienced through actual social interaction. Logging onto SM daily exposes these vulnerable people to graphic material that breaks through boundaries and crosses a line in one’s psyche. Something needs to be done, more research needs to be carried out and education needs to be given to those with mental disorders around use of SM. 🌀

## References

Danner, U. N., Evers, C., Stock, M., VanElbung, A. & DeRidder, D. (2012). A double burden: emotional eating and lack cognitive reappraisal in

eating disordered women. *European Eating Disorder Review*, 20, 490-495.

Davis, H., Swan, N., Schmidt, U. & Tchanturia, K. (2011). An experimental investigation of verbal expression of emotion in anorexia & bulimia nervosa. *European Eating Disorder Review*, 20, 476-483.

Junghyun, K. & Jong-Eun, R. (2011). The facebook paths to happiness: effects of the number of facebook friends and self presentation on subjective well-being. *Cyber Psychology, Behaviour and Social Networking*, 14, 359-364.

Luxton, D. D., June, J. D. & Fairall, J. M. (2012). Social media and suicide: a public health perspective. *American Journal of Public Health*, 102, 195-199.

Oldershaw, A. DeJon, H., Hambrook, D., Broadbent, H., Tchanturia, K. & Treasure, J. (2012). Emotional processing following recovery from anorexia nervosa. *European Eating Disorder Review*, 20, 502-509.

Ozguven, N. & Murcan, B. (2013). The relationship between personality traits and social media use. *Social Behaviour and Personality an International Journal*, 41(3), 517-528.

Veretilo, P. & Billick, S.B. (2012). Psychiatric illness and facebook: a case report. *Psychiatry Q*, 83, 385-389

## Mairead Carey

Mairead Carey has a Dip Counselling & Psychotherapy, Cert in Psychology, Cert in Applied Suicide Intervention Skills Training (ASIST) and Cert in Creative Therapies. she opened her own counselling and psychotherapy practice (Round Tower Psychotherapy) in Clondalkin Village in 2014.

## Contact Details

Contact No: 085 2021266

Email: roundtowerpsychotherapy@gmail.com

Website: www.roundtowerpsychotherapy.ie