

YOUNG SCHOLARS IN FIRST-YEAR WRITING

BLOGGING THE RECOVERY FROM ANOREXIA: A NEW PLATFORM FOR THE VOICE OF ED

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“We are not anorexics. We are individuals who struggle with anorexia. We cannot stop his words from being whispered in our ears, but we can choose what we do about it.” Jane, a British eighteen-year-old who has battled anorexia for four years, eloquently wrote this in her blog about the “voice” of her eating disorder. She captures the point well: people who suffer from an eating disorder can learn to recognize it as a mental illness both external to their true identity and internal as an infiltration of their minds distorting and consuming that identity. To recover, people with anorexia must not only nourish their starving bodies but also learn to separate the eating disorder “voice” in their mind—known in the blogosphere as “ED,” “Ed,” or “Edward”—from their healthy voice. Such people must ceaselessly choose which voice to listen to. Thus, recovery is a mental process as well as a physical one, a process that, for many, increasingly involves blogging. A study of recovery blogs, though, demonstrates that even in blogs the same two voices still battle, presenting risks that might not be immediately apparent to those seeking support through blogging.

Apart from a variety of counseling methods for treatment of eating disorders, some people in recovery use blogs to chronicle their daily food intake and disorder-influenced thoughts for a number of reasons. The most obvious may be the cost of treatment, as inpatient treatment for eating disorders can cost \$30,000 or more a month. While the duration of the illness when left untreated can be more than fifteen years, one study by the National Association of Anorexia Nervosa and Associated Eating Disorders showed that only 50 percent of patients reported being “cured” by the end of their treatment. With 7 million women and 1 million men affected in the U.S. alone, many people choose to seek recovery mostly on their own rather than face such expenses (National Association of Anorexia Nervosa). Besides being a cheaper form of therapy, recovery blogging has clear benefits as social writing: it allows people to come to terms with their problems, reflect, and vent emotions, as well as to receive sincere feedback and support from others who truly understand the blogger’s suffering and experiences. The combination of reflection, catharsis, and supportive feedback experienced by bloggers is perhaps not achievable in any other way.

Still, despite its positive aspects, blogging may not be as safe an outlet for recovering from anorexia as it appears, due to the obsessive nature of anorexics. An anorexic’s intense fear of weight gain pushes him or her to restrict caloric intake, so that this restriction, and maintaining low body mass indexes, creates a feeling of a “safe haven,” a comfort zone. In some ways, a blog focused on anorexic aspects of eating helps maintain this safe haven by establishing a medium through which one publishes one’s routine eating times, monitors acceptable meals, compares the amount eaten to fellow recovery bloggers, and risks obsession with another aspect of eating: the journaling of what one allows oneself to eat. In an effort to explore such risks of blogging for recovery, this article

studies some negative aspects of an otherwise healthy and useful form of therapy for people struggling with anorexia.

The Nature of Anorexia

To understand the potential risks of eating disorder blogs, one must first understand what it is like to have anorexia, an often-misunderstood syndrome. According to the National Institute of Mental Health, anorexia has the highest mortality rate, among illnesses leading to death, for females between the ages of fifteen and twenty-four, due to complications including malnutrition, dehydration, and serious heart, kidney, and liver damage (National Association of Anorexia Nervosa). Females can develop amenorrhea, a prolonged absence of menstruation due to the body being underweight, and may lose the ability to have children (“Facts”). Treatment for the physical problems is not as simple as demanding that patients eat more or trying to force-feed them; after all, the anorexic psychology is what compels them to starve themselves or compulsively exercise and to view food and their bodies as “the enemy.” The rebellious stunts pulled in inpatient treatment centers, such as patients spitting food into their sleeves to hide it, are one indicator that the mentality surrounding the anorexic experience is far more complicated and overpowering than the necessity of proper nutrition.

Indeed, people with anorexia endure a multitude of psychological struggles. In mirrors, they see distorted versions of themselves, and even if they learn to recognize their thinness, they do not fully grasp the severity of its life-threatening complications. In their delusional body image, they may believe that the more bones that protrude from their bodies, the more beautiful or perfect or “right” they are (“Facts”). Because they are almost constantly subjected to “ED’s” extremely negative voice (which aims to rob them of their self-worth and rewards them for self-punishment through food restriction and over-exercise), people with anorexia can feel like their thoughts are without respite controlled by the eating disorder. For example, ED may tell anorexics not to eat a sandwich because they are gross, undeserving, hated, and going to get fat, while their “healthy” voices may tell them to eat the sandwich because they are hungry and it will be good for them. If they choose to eat the sandwich, ED will still badger them afterwards for being “weak” and unable to “control” themselves, stirring up feelings of guilt and shame (Mantella 13–14). In essence, having anorexia is like being in a silent and deadly mental dialogue with an omnipresent entity that hates you and causes you to obsess over weight to the point that it consumes your life, making you lose touch with friends, family, and activities that were previously enjoyable to you. As a result, people with anorexia experience depression, low self-esteem, impaired social relationships, mood swings, perfectionist or compulsive tendencies, and “all or nothing” attitudes (National Association of Anorexia Nervosa).

Because anorexic thoughts flood the mind involuntarily, people with anorexia often create arbitrary eating rules like “do not ever eat after 7 p.m.,” “do not eat two starches in the same meal,” or “only eat four hundred calories a day.” By temperament, people with anorexia may be perfectionists, pleasers, or competitors—all aiming to be the best at what they do, even their own eating disorder. Exercising control over their appetites somehow eases their sense of personal emptiness and sadness (Wilkins 2). In these ways, anorexia becomes an identity to the point where those with it may feel like they are a “nobody” without it and will lose the “special” attention they receive if they recover. Anorexia is a social syndrome in another respect as well: when one person with anorexia sees another who may be skinnier than one is or who is eating less per meal, one may be

triggered to feel “fat” again and try to discipline oneself with the eating disorder’s demands. One may think, “if she/he can eat that little, why can’t I? I will just cut out a few hundred calories today.” This competitive mindset can exacerbate anorexia.

Methods

The nature of anorexia as comparative and competitive raises the possibility that public recording of struggles with the disorder, as may appear in recovery blogs, poses risks along with benefits. I selected ten blogs to study how comparative thinking in recovery blogs might affect bloggers, and how blogs might avoid becoming a detriment to recovery. All the blogs were publicly accessible, and as a genre, blogs invite comment, response, and recirculation. Indeed, the purpose of a blog is to reach an unknown audience, and a blog’s success is typically judged by the number of readers who cite it and/or create additional links to it. In this study I have identified the blogs I studied only by pseudonyms since I am quoting from them in a non-digital space. The blogs were written by women aged fourteen to (about) twenty-five from the United States and the United Kingdom. All are striving to recover from eating disorders after having reached some very low point, such as being hospitalized or close to death. To procure a corpus of posts, I selected blogs based primarily on bloggers’ frequency of posts (every day or every few days) and the variety of content in their posts. For example, some bloggers posted every meal of every day as the substance of their post, while others included a few meals but also much personal reflection on behaviors, while still others emphasized additional interests as well, such as fashion. Focusing on the type of post content enabled a survey and analysis of thematic patterns.

After selecting blogs, I read impressionistically and then analytically (as recommended by Thomas Huckin in his guide to textual analysis), noting trends in each blog to identify several common categories related to comparability, competition, and confession: apologies for negativity or for not keeping up with others’ posts, daily eat-centric posts, behavior confession posts, and posts related to “other,” non-ED interests. Often, of course, a post would include more than one of these categories. I studied a total of 1,909 posts, averaging about 272 per blog.¹ I noted the primary and secondary topic of each blog, as shown in the following table.

Bloggers	Primary Topic	Secondary Topic
Mary	Eat-Centric	Behavior
Serena	Other	Eat-Centric
Elissa	Eat-Centric	Behavior
Katherine	Eat-Centric	Behavior
Ginger	Eat-Centric	Other
Lana	Behavior	Eat-Centric
Ellie	Eat-Centric	Behavior
Jane	Behavior	Eat-Centric
Andrea	Other	Eat-Centric
Jennifer	Behavior	Eat-Centric

Results and Discussion

My initial analysis shows that blogs concentrating on daily food intake (commonly referred to as “eats” on blogs) were often linked with increased reflection on disordered behaviors and vice versa. When blogs included other interests, however, I found less obsession and reflection on the disorder. Even if food photography or behavior thoughts occasionally appeared, they seemed more of an afterthought.

A more synchronous experience of following each blog daily created a concern about the potential outcomes of keeping such blogs. Despite some clear benefits to recovery blogging, my overwhelming perception was the blogs’ possible harmful influences. These potential negative outcomes include “triggering” comparisons between daily eat-centric posts, a rippling effect of negative confessions of obsessive behavior and hiding those behaviors, such as keeping the blog secret from family and friends yet leaving it open to the blogging public. The frequency of these outcomes correlated with the primary content of the posts, such as daily eat-centric posts versus a combination of food, hobbies, and reflection.

Especially in the context of daily eat-centric posts, comparisons and obsessions were more likely to be present, apparently unintentionally. Throughout my study, I noted blog entries that included thoughts such as this: “well . . . towards the end of the day i was looking at blogs and starting to compare my eats to others. ed was making me feel like i eat too much and too many fear foods (2 tbsp PB, cliffs, and bagels etc...). Like Mary, an eighteen-year-old in New York City, wrote in her blog, the opportunity to make judgments in the blogging world about how much one person ate compared to another is prevalent. From January to May 2009, Mary continued these daily eat-centric posts until she switched to occasional eats with other interests, at which point she wrote, “well, i really love blogging but it just feeds into the obsession with perfectionism with food and my diet etc. i used to just blog breakfasts then i decided to do all day eats, and it was fun for awhile, but im just getting tired of it.” As Lana, a college freshman in Connecticut, wrote in her blog, “I have found that when I eat these ‘higher-calorie’ foods, and then I come look at blogs, I begin to feel guilty for eating them. I think my eating disorder likes to compare how MUCH I eat to what everyone else is eating. . . . So I may try to spend less time around the blogs for a little while—for my own health.” After all, comparison can result in competition, and a person suffering the anorexic psychology does not want to “lose” to someone who eats less. Furthermore, if the blogger is on a weight-gain diet that involves more calories than another’s current diet, the comparison seems to suggest to the blogger that she will “get too fat” at such a level of intake. By serving as the medium through which to compare and contrast, blogs can possibly create a ground for competitive restriction.

In addition, the obsessive behavior surrounding food restriction seems to reappear in the ways that bloggers write about what and how much they ate at each meal. They photograph their food, wonder if they ate too much, and describe how bad eating it made them feel or how much of a struggle it was to force themselves to eat it. They write about whether they measured out each portion, weighed themselves that day, and counted calories. Some of the blogs show a growing recognition of the obsession, with some bloggers taking breaks from their blogs. As Ginger, a twenty-three-year-old student in New Orleans, wrote, “I did not worry about food or taking pictures of my food or what/when I was eating this weekend . . . I truly needed this mini blogging break these past few days. I was able to focus on myself and what I want from recovery.”

Adapting existing obsessive routines to a blog can create a kind of feedback loop or echo

chamber, the blogger confining herself to her own disordered worldview by concentrating on the very aspect of her life that is currently dominating. For example, word choices that describe the battles people with anorexia face in their routines frequently appear across eating disorder recovery blogs: “tired,” “guilty,” “depressed,” “obsessive,” “isolated,” “anxious,” “feeling fat,” “controlled,” “frustration,” and “struggling.” These emotions are usually associated with “urges” to submit to the voice of ED as well as the “challenges” of “fear foods,” or foods that the recovering anorexic decided to give up in the past because of the calories, fat content, or other personal reasons. Plus, when the bloggers write about their bad days, they tend to include apologies for all their negativity, as if they do not deserve to be listened to, and force themselves to end on a positive note such as “Love you all!” or “Have a nice day!”

By regularly using these words, bloggers seem to show that they often doubt and question their own progress in recovery. Sometimes other bloggers who read these thoughts and see their peers struggling not to relapse may find they begin to struggle more themselves. They may become tempted to “give in” because it is “easier.” Furthermore, they may think, “If she cannot overcome these obstacles, then I probably cannot either”—which would create the rippling effect. As Jane wrote in her blog, “Some of you mentioned feeling like ‘bad anorexics’ because others aren’t doing so well at the moment. I sure as hell know that feeling.” Likewise, Elissa, Mary’s twin, wrote, “I feel like everyone is frustrated with me including in the blog world, and I feel so guilty for not doing the right thing.” Even in a generally supportive online environment, the results can be negative. Katherine, a fourteen-year-old high school student in Maryland, summed it up in her blog: “Lately I’ve been getting sucked into eating disorder blogs more and more. . . . That made me start to overanalyze, like, ‘If they’re allowed to maintain a 17.5 BMI, why can’t I? Why wasn’t I allowed to gain muscle instead of fat? Why do they feel so guilty, should I?’”

Comments left on Katherine’s post suggest there is conflict over the issue of negative ED-focused posts among bloggers themselves. One read, “This is why i stopped blogging. Why give anymore attention to your ED than it has already had? You’re doing well so right now you need to focus on living a happy fulfilling life.” Some people see a futility in the “Got your back” supportive words of posts that have the overall opposite effect.

Finally, because blogs allow expression of thoughts that bloggers might not vocalize to those around them, blogging may be reminiscent of anorexia itself. Some of the authors hide their blogs from friends, family, or therapists. They will not photograph their meals in others’ presence because they feel ashamed or embarrassed by their “weird” habit. When people with anorexia are restricting, they often try to hide it: wearing baggy clothing to conceal weight loss so no one will try to stop them, preparing food to create the appearance of used dishes without actually eating it, and the like (Childress and Davilla 2). The behavior is all too parallel; it is the very behavior a recovery blog is meant to correct and prevent.

Implications

These data and trends suggest that the regular tracking and comparison in disorder-focused blogs can themselves serve as triggers of eating disorder behavior similar to triggers the bloggers encounter in real life. To maintain a blog of daily eats, bloggers must constantly think of what their meals contain, remember to photograph them, and devote more time to an aspect of their lives that is already keeping them from other pursuits, causing them to dwell more on the very subjects they are aiming to stop obsessing over. Therefore, if recovery bloggers wish to experience the obvious

benefits of blogging—catharsis, accountability, and a community of support—while minimizing the risks of obsessive recording and hurting others’ recoveries, my study suggests strategies to consider.

First, it may be beneficial to reduce the amount of time spent blogging, or abstain from blogging altogether. Katherine noted in her blog: “I think I’m going to take after Melissa and Bailey and switch to every-other-day posting. Even if I’m not feeling triggered or depressed. I have enough of an obsession with food, I don’t need to end my nights thinking about it every day.”

Secondly, bloggers need to ask themselves whether their blogs are leading to the freedom they write about desiring, or if the blog inhibits them from becoming free of weight and food obsessions. If they devote significant time to maintaining the blog, which might be another mechanism of control over eating patterns, they may not be fully exploring their identities outside of this one aspect of their lives, thus reinforcing some disordered behavior. The sense of having a lack of a worthy identity is one reason a person may develop anorexia in the first place (Wilkins 2). As blogger Ginger wrote when she announced she would be taking a hiatus from her blog, “without the focus always being on food for the blog or ‘what everyone else is eating.’ I am going to be FREE.”

Bloggers should also reflect on the positive aspects of blogging about an eating disorder. A blog can provide an opportunity to express oneself in a nonconfrontational online environment where feedback can encourage healthy habits for recovery and offer support to a person who might otherwise feel isolated, disconnected from the world, guilty, and secretive (Dias 2). Indeed, writing may help a person to explore and face the underlying problems that might have triggered an eating disorder in the first place. As evidenced by the plethora of comments these bloggers leave each other, the discourse community of eating disorder recovery blogs generally contains positive, supportive advice or comforting words. They tell each other to “stay strong,” to not “give up,” and address each other by words like “dear” or “love.”

Ultimately, though, blogs serving as an aid for recovery may simply need a shift of focus. For example, posting recipes or culinary pursuits puts a positive and creative focus on food, as seen in a blog by Serena, a sixteen-year-old girl recovering from anorexia. She showcases all the new vegan recipes she tries from various cookbooks or self-creations in order to develop a more constructive relationship with food. In that way, food becomes a fun and adventurous art rather than something to be strictly measured, weighed, and limited. Accordingly, her blog features little to no negativity about her eating disorder. Another important content strategy is “befriending” other food blogs that are based on normal cooking and baking rather than anorexic eating, which should create a more encouraging environment for the anorexic person to recover and thus participate in. By reading about the healthy habits of others, anorexic people may come to better recognize and understand their own irrational impulses rather than exacerbate them by seeing how little food other people with anorexia may eat. Of course, reading about healthy habits will not automatically cure a mental illness or stop the anorexic person from thinking such negative disorder-influenced thoughts, but the discourse of the surrounding blogging community can have an effect on behavior. These recovery blogs do try to advocate healthy habits, even if the bloggers who advise each other to be healthy personally struggle with following the healthy habits themselves.

Blogging about an eating disorder presents a new dilemma in the realm of recovery, as this study addressing its possible negative consequences demonstrates. Through analysis of themes across selected blogs, I noted a correlation between triggering content of posts and increased obsession, which could be a detriment to recovery and seems to undermine the purpose of such blogs.

Thus I suggest a shift of focus for content matter in order to maintain the benefits of social writing without compromising personal expression. This study suggests that further research on the effects of recovery blogging would be beneficial, particularly through studying the motivations of bloggers who stop blogging about their disorders, and whether the decision helps or harms their recovery. If the blog prevents one from embracing a lifestyle without an obsessive eating disorder, then a blog, no matter how supportive the discourse or how optimistic the intentions, should not replace the tragic emptiness “ED” leaves in his wake.

Notes

¹ Since the original research was conducted, one of the blogs has closed down, and another has switched addresses, common occurrences in the blogosphere. Their data are still included in this study.

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