



Information Research – Vol. 31 No. 3 (2026)

“Hang on tight even when you’re hitting the lows”: a narrative analysis of information shared by Instagram users recovering from an eating disorder

Paulina Bressel

DOI: <https://doi.org/10.47989/ir31354613>

Abstract

Introduction. Online health communities serve as channels for sharing personal and sensitive information with understanding peers. This study aims to identify the collective core narrative that emerges within an online community of individuals recovering from eating disorders (EDR) and to incorporate these findings into an information behaviour theory of transitions (Ruthven, 2022). A study that combines a definition of EDR with the emergence of information practices at different stages of the healing process is still missing.

Method. The dataset consists of 723 Instagram posts, collected via HAR file web scraping.

Analysis. After anonymisation, the images and post captions were inductively coded and analysed to determine whether they contained defining information about the concept of EDR. The final selection of 65 posts was analysed using narrative analysis.

Results. One core narrative and four key characteristics were identified (non-linearity, hard fight, click moment as starting point, and individuality).

Conclusion. The examined Instagram community provides detailed information on the concept of EDR, which in some ways differs from definitions used in clinical studies. Additionally, similarities between EDR and previous conceptualisations of transitions were identified, leading to the recognition of potential information practices at various stages of EDR.

Introduction

Online health communities are virtual spaces where sensitive information about specific health conditions is shared (Johnston et al., 2013). An extensive body of research exists on the impact of online health communities on community members, highlighting their value in the continuous availability of health information (Johnston et al., 2013), the provision of group support (e.g. Bronstein, 2017; Yan & Tang, 2014), and the empowerment of patients (Laschinger et al., 2010).

Research on communication and information use, sharing and seeking of different mental health communities (e.g. Bronstein, 2014, 2017; Rothschild & Aharony, 2016) emphasises the importance of such communities for the satisfaction of information and social needs arising from the existing disease of community members. The present study contributes to this research by focusing on individuals' conceptualisations of eating disorder recovery (EDR), as reflected in information shared in an online health community focused on EDR. While eating disorder (ED) communities have been widely examined (e.g. Achilles et al., 2023; Lewallen & Behm-Morawitz, 2016; Santarossa & Woodruff, 2017; Saukko et al., 2024), there is a gap in explorations of *recovery*-focused ED communities (EDR communities) and their connection with information practices.

Therefore, this study aims to identify how EDR community members define EDR based on their experiences, apparent in the 'core narrative' (Delve & Limpaecher, 2020) of their shared content, and to connect these findings with an information behaviour theory of transitions (Ruthven, 2022). This analysis contributes to a better understanding of individual experiences of people going through EDR. The analysis may further help explore possible connections between patients' perceptions of the healing processes of a life-threatening disease and the emergence of information practices.

Literature review

Recovery from eating disorders

EDR can refer to the process of healing from EDs and the outcome of being recovered, defined as 'the ideal end goal' (Bardone-Cone et al., 2018, p. 78). EDs are serious psychophysiological illnesses in various forms. Examples are anorexia nervosa, bulimia nervosa and binge-eating disorder. They have a high mortality rate, and 22–51% of patients relapse, most of them during the first 18 months of EDR (Von Holle et al., 2008). Because of its complexity, EDR is defined differently in psychological and clinical research, depending on the research design (Hower et al., 2022; Kenny & Lewis, 2023). Some studies define it based on factors such as linear remission of symptoms and ED behaviour (e.g. Dahlborg Lyckhage et al., 2015; Pettersen et al., 2013) or psychological aspects (e.g. de Vos et al., 2017; Kenny & Lewis, 2023). Others describe EDR as a process of varying length, in which progress is identifiable (e.g. Bardone-Cone et al., 2010; Bardone-Cone et al., 2018). Progress refers to four indices: physical (e.g. appearance), behavioural (absence of ED behaviours), psychological (e.g. no ED-related thoughts), and the absence of any ED (Bardone-Cone et al., 2018). To define EDR, some studies have built upon the lived experiences of different individuals such as ED patients, supportive others, and clinicians (e.g. Bachner-Melman et al., 2018; Kenny et al., 2020; Solmi et al., 2021).

Fundamental to successful recovery is the internalisation of a recovery-oriented identity (Best et al., 2016; McNamara & Parsons, 2016) which, after reaching a turning point (e.g. internal decision towards recovery), leads to the restructuring of ED-influenced thoughts and perception (Dahlborg Lyckhage et al., 2015). Reaching the turning point results in the remission of ED symptoms and behaviours (e.g. binge-eating, compensatory behaviours) (Von Holle et al., 2008), and in the improvement of physiological and psychological factors (e.g. internal self-acceptance and hope)

(Bardone-Cone et al., 2010; Bardone-Cone et al., 2018). Each of these factors can contribute to full recovery.

Transitions and information practices

While going through EDR, individuals transition through different healing stages (Bardone-Cone et al., 2018). The changes in each phase of the healing process are reflected in patients' thought patterns and behaviour (Bardone-Cone et al., 2018). Previous research has not explored whether information practices are equally influenced by changes across different phases in EDR. However, changes in health behaviour in general are considered to also comprise various information practices such as sharing, seeking, encountering, or avoiding (Greyson & Johnson, 2016). One theory that connects processes of change and information practices is Ruthvens' theory of transitions (2022). According to his theory, transitions are processes of change that are initiated by a life event (e.g., realisation of being ill) and encompass three main stages: understanding, negotiating, and resolving (see Figure 1).

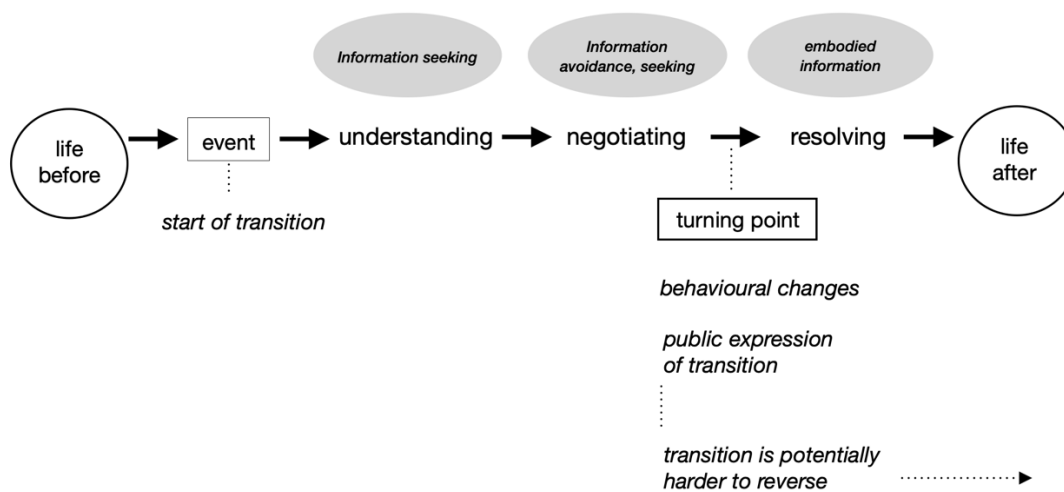


Figure 1. Transitions based on Ruthven (2022)

The first stage – understanding – signifies the realisation that something is amiss and requires change, accompanied by strong, sometimes conflicting emotions. Emotions experienced during transitions can significantly influence information practices (Willson & Given, 2020), as does accepting the necessity of change at this stage. Because there is an increased need for new information to understand and accept the beginning of change, information seeking is practised (Ruthven, 2022). This initial stage of a transition is also accompanied by the interaction between uncertainty and imagining a potential future (Ruthven, 2022).

The second stage – negotiating – describes the moment when individuals recognise the possibilities of a new life stage and try to identify aspects of change that are feasible or (yet) unattainable. Therefore, individuals try to negotiate a less threatening change, even though remaining in the known situation may be more difficult than transitioning to a new, potentially better life stage (Ruthven, 2022). Typical information practices at this stage include avoiding or seeking information which supports current beliefs (Ruthven, 2022). The moment when individuals begin to act more in line with a changed identity marks a turning point. A turning point leads to the final decision to leave a previous state of being. The possibility of change may already have been negotiated internally, but the turning point symbolises the beginning of actual transition, as individuals adapt their behaviour towards their changed selves. Sometimes this also appears in public displays of change, which can complicate a reversal (Ruthven, 2022).

The negotiating stage evolves into the final transition stage – resolving. This stage includes redefining processes, in which individuals reflect on their needs and decide on information and embodied and social practices that support their new life stage (Ruthven, 2022).

Transitions involve psychological and emotional disruptions to a known way of living (Ruthven, 2022). These disruptions and the process of going through 'stages of change' can be accompanied by and reflected in health information practices, including avoiding and seeking information (Hirvonen et al., 2012). While transitioning through health behaviour changes, some individuals may seek contact with peers with similar health conditions, avoid potentially triggering information, or search for ways to verbalise their experiences. In the digital environment, online health communities may serve these purposes.

Online health communities on social media

Online health communities are virtual spaces on platforms such as social media that provide health information and social support to users with similar conditions, as well as to relatives and friends of those affected (Chancellor, Lin et al., 2016; Zhang, 2016). Health information flows between community members through experiences and advice (Bressel, 2025). Beyond sharing information, members seek or encounter informational support and empathy, and exchange thoughts and opinions, resulting in collective sensemaking of lived experiences with the disease (Bronstein, 2014; Chancellor, Mitra et al., 2016; Herrick et al., 2021). Online health communities also help reduce stigma through the open exchange of experiences and knowledge (Wong et al., 2019). Information exchange and contact with peers have been found to increase psychosocial and behavioural health, measurable in enhanced positivity, self-worth and motivation regarding the recovery process and successful illness management (Dahlborg Lyckhage et al., 2015; Huh et al., 2016; Rodgers & Chen, 2005). Interactions between peers, such as the provision and reception of emotional support, contribute to a sense of relatedness and sympathy which are key factors for engaging with online health communities (Sowles et al., 2018; Zhang, 2016). However, various studies on eating disorders have identified measurable negative influences from the use of social media and online health communities (e.g. Chancellor, Mitra et al., 2016; Yom-Tov et al., 2016).

EDR communities on social media

In online health communities focused on EDR, members share their lived experiences and health challenges. On social media, these communities have served as a basis for psychological, communication, and information behaviour studies, due to digital storytelling and the visual representation of members' perspectives on EDR. According to this research, EDR is often described as a process with distinct recovery stages. Bohrer et al. (2020), for example, explored how the ED-related community on Reddit defines EDR. From their inductive analysis, EDR symbolises a unique process or journey that involves psychosocial factors (cognitive/affective, behavioural/physical, social) and positive aspects such as well-being and quality of life. Wolf et al. (2013) and Branley and Covey (2017) studied the communication and language used in EDR communities on blogs, Tumblr, and Twitter. They identified distinct characteristics of ED and EDR content depending on platform restrictions and recovery stages (Branley & Covey, 2017; Wolf et al., 2013).

Previous research highlights that EDR online health communities are used to seek, encounter, and use information. Eikey and Booth (2017), for example, analysed women in EDR and their information use on Instagram. Conducting 16 semi-structured interviews, they identified that women aged 18–23 use Instagram to seek and encounter information on EDR, healthy foods, and exercise. They further use the platform to monitor their EDR process or to compare themselves with other users. Other use cases include forming communities for social support, reducing stigma, or sometimes maintaining their ED (Eikey & Booth, 2017). A similar interview approach was carried out by Nikolova and LaMarre (2023). They used thematic analysis to examine eight interview transcripts of women in EDR to understand their information use on Instagram. They identified the conflicting nature of the EDR community on Instagram depending on the current EDR stage. While mutual support and representation of different EDR experiences sometimes promote the EDR process, self-comparison and the need to actively curate encounters with posts lead to increased stress

and hinder EDR (Nikolova & LaMarre, 2023). While both studies describe the use of information available in the EDR community on Instagram, Bressel (2025) examined the shared information itself. Images and associated captions were analysed through content analysis. The study identified four distinct post types related to EDR: the EDR diary, proof of eating, personal transformation, and affirmations. Within these categories, content concerning food, private information about current health status and changes, challenges faced during EDR, moments of achievement and happiness, and aspects of the EDR process were examined. A similar study was carried out by Herrick et al. (2021). Using thematic analysis, they examined the content shared in the EDR community on TikTok. The two themes, eating in recovery and transformations, correspond with the types of posts identified by Bressel (2025). Themes such as ED awareness, trendy gallows humour, and inpatient story time also emerge.

Aim and research questions

EDR is a complex concept researched in psychological and clinical research. Definitions vary and depend on the research design and the inclusion of participants (Hower et al., 2022; Kenny & Lewis, 2023). On social media, patients verbalise their thoughts through information sharing outside of therapy sessions and direct conversations with researchers in clinical settings (Hower et al., 2022; Kenny & Lewis, 2023). Therefore, online health communities enable the collection and inclusion of patients' viewpoints on complex health topics such as EDs. Accordingly, analyses of social media data can inform clinical study results and expand definitional approaches (Hower et al., 2022).

Prior studies examining online ED communities have provided valuable insights into how people share and use information, as well as how they support or reflect on their condition. However, online EDR communities and their members have been under-researched, particularly regarding the overarching process, perceptions of EDR through patients' lenses, and its implications for the information practices of those affected.

Most EDR definitions originate from psychology, focusing on clinical indicators, without clarifying in detail how patients experience the process of healing from their conditions themselves. On the other hand, some studies explore information practices in relation to healing from an ED, occurring in EDR communities. A study that brings these two aspects together – a definition of EDR and a reference to the emergence of information practices at different stages of the healing process – is still missing.

This study seeks to address this research gap by focusing on the narratives of EDR that emerge within an online community. As such, it may contribute to supporting the defining process of EDR, complementing prior psychological research. Murray and Sergeant explain that 'individuals organise their interpretation of reality in form of narratives' (2012, p. 163). Exploring those narratives in the information shared can provide insights into complex psychological conditions, shaped by the lived experiences of affected individuals. This study seeks to complement existing studies on online EDR communities by analysing the collective core narrative and defining information about EDR shared within the EDR community on Instagram, and incorporating these findings into an information behaviour theory of transitions (Ruthven, 2022). This theory was chosen because psychological research has shown that EDR corresponds to a process. Ruthven's theory combines the image of a process concerning life changes with the emergence of information practices. Overall, this study helps clarify how individuals define EDR during their healing process and how this process may affect their information practices.

The study aims to respond to the following research question and its sub-questions:

RQ: How is the complex psychological process of EDR defined in an EDR community on Instagram, based on health information shared in publicly accessible posts?

RQa: What is the collective core narrative of EDR in the EDR community on Instagram?

RQb: How are information practices linked to the EDR process, based on Ruthven's theory of transition (2022)?

Method

The dataset for this study comprises Instagram posts from open profiles. Publicly shared social media data is considered part of the public domain, and it is assumed that the authors shared their content knowingly with the public because they did not use private profiles (Herrick et al., 2021). Consequently, no consent was obtained from the users (Herrick et al., 2021; Santarossa et al., 2019). All data was anonymised directly after data collection. At the time of data collection, in November 2021, Instagram's web layout was accessible without logging in. After entering a search term on the search page, nine posts were first displayed under the heading 'popular'. All other posts followed and were sorted by upload date. Using Spagnolas' HAR file web scraper, which is based on Instagram's web layout, the nine most popular and the 40 newest posts were collected over two weeks from three hashtags: #edrecovery, #anarecovery, #miarecovery. This selection of posts was made to include both current posts and those highly popular within the community for data analysis. All hashtags have been used in earlier analyses of the EDR community on Instagram (Bressel, 2025; Santarossa et al., 2019). The sample comprised 2205 posts before data cleaning. Despite the qualitative approach, a large sample was aimed for because previous research showed that not all posts contain defining thoughts about EDR (Bressel, 2025).

Spagnola's HAR file web scraper was used to extract all requested metadata and convert it into a JSON file. Additionally, the posted pictures were added manually to the final data table. After deleting all duplicates, posts in languages other than English and German, and posts irrelevant to the research question, the final sample consisted of 723 posts. Some posts were classified as irrelevant because they did not appear to contain defining or describing information about the healing process. Examples of irrelevant posts are those containing only food images, captions with recipes, landscape images, and captions explaining non-ED related experiences. Posts containing only hashtags were also classified as irrelevant. Further, posts with explanations of the role of the EDR community in the individual's process, or similar information, were not included in the final sample because this study focused solely on defining EDR based on the data.

To identify the collective core narrative of the examined community, captions were analysed using narrative analysis (Delve & Limpaecher, 2020; Riessman, 1993; Santarossa et al., 2019). In the context of illness, narratives are 'stories that patients tell about their experiences of having a particular health problem' (Murray & Sargeant, 2012, p.165). On social media, narrative analysis can focus on small life stories and personal narratives of specific individuals (Georgakopoulou, 2022) or the core narrative of a community. Core narratives are generalised narratives that emerge from inductive coding and comparison of all posts within a thematic context (Delve & Limpaecher, 2020). This analysis is divided into six steps: selecting narrative blocks, clustering and reading selected blocks, creating structuring codes and delving into the structures, comparing all narratives and structures, and finally identifying and telling core narratives (Delve & Limpaecher, 2020; Riessman, 1993). For the first step, descriptive coding was applied in MAXQDA22 to select narrative blocks with defining information about EDR.

In total, 65 posts contained narrative blocks explaining EDR. In the second to fourth steps, inductive coding in the form of in-vivo-coding and focused coding was applied to all 65 posts to identify similarities and differences, and to describe the structure of all narratives. During the fifth step, all narratives were compared to identify the core narrative. The sixth step was to summarise

and write down the core narrative. As a final step in the analysis, images were coded inductively. Firstly, visual elements and text were coded with describing codes (e.g. bodies, environments, text). Secondly, four images in which EDR was defined with words or with graphs were identified. Images were added to the narrative analysis if they included defining information.

Results

Based on the analysis, defining information about the complex psychological condition of EDR was evident in 65 posts in the sample. The dominant core narrative in the data is a comparison to a process (cf. quote A), often referred to as a journey.

Recovery/healing is a process. An exhausting one. A confusing one. An extremely tough one. A painful one. But a beautiful one. Watching yourself transform/change for the better is amazing. Seeing yourself struggle and fall but getting through and getting up is amazing. (A)

No journey is linear

Based on the analysis, one characterisation of the core narrative is non-linearity. Healing from an ED includes transitions through different stages, and highs or lows, compared and referred to as a journey. One visual example is shown in Figure 2, collected via #anarecovery. It visualises a journey with different steps, referring to various aspects arising while going through a process. The caption of this post starts with the words 'Healing is not linear' and refers to the progress visualised in the image.

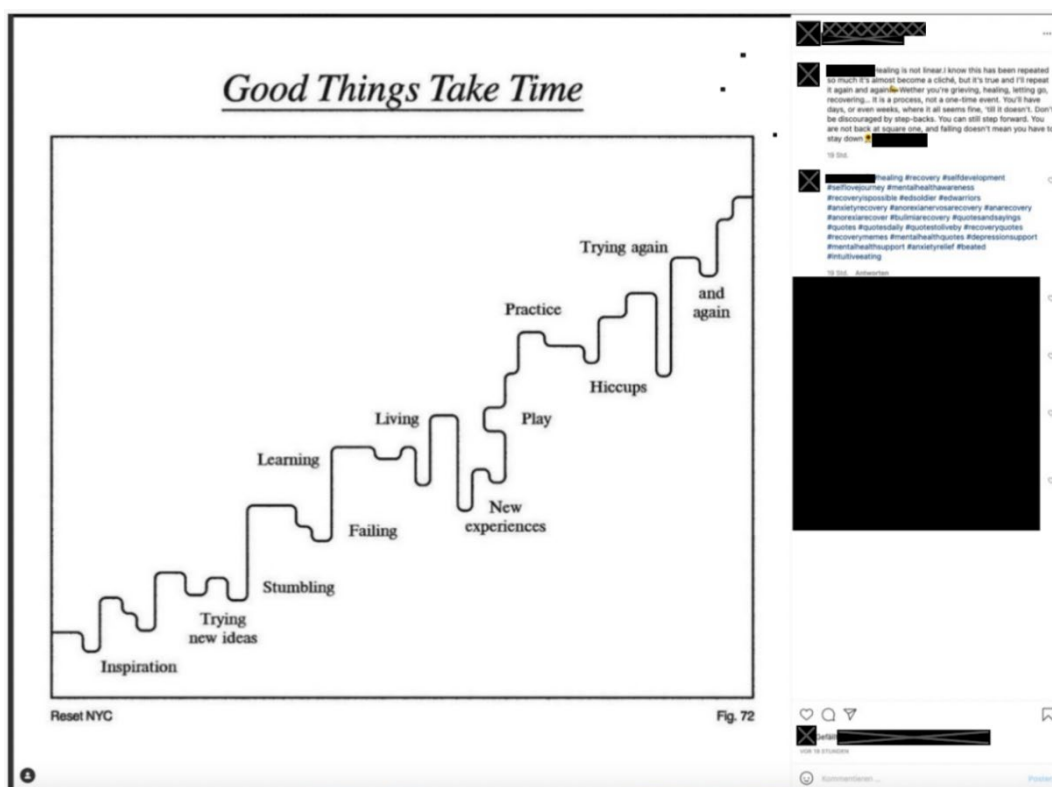


Figure 2. A visual representation of EDR as journey, #anarecovery

Examining this illustration from a macro level, a linear increase can be seen across the entire time span of the graph. However, zooming in on individual sections of the graph reveals a micro-level journey of advances and setbacks. This means the graph is nonlinear and does not indicate a

consistent linear increase at every point. Nevertheless, a journey toward a specific goal is discernible (symbolised in the illustration by a linear increase at a macro level).

Two other posts explain EDR as follows: 'Recovery is a rollercoaster. Hang on tight even when you're hitting the lows.' (B); 'I feel like while it's the same journey I've stepped it up a notch. It's scary but so is life right! I'm an IRONMAN I've got this!' (C)

All three example excerpts compare EDR to a journey. In Figure 2, a process that includes different stages of learning and failing is visualised, and the image depicts the path of healing as non-linear due to potential regression after progress. However, in this narrative, despite possible collapses, progress is visible on a macro level overall, which extract C alludes to by saying: 'I've stepped it up a notch'. Extract B refers to the repetition of highs and lows, using the metaphor of a rollercoaster ride for EDR, which can be interpreted as personal development in the process and as experiencing a wide range of emotions.

The data described a mixture of emotions including happiness, struggle, laughter, crying, fighting, hard, anxiety, and anger. The large variance in emotions associated with the EDR process also symbolises the non-linearity of the journey. Just as different phases are experienced during the healing process, so are different emotions. The data show that on some days, anger, sadness, or hopelessness complicate the process.

Extracts A and B further refer to the aspect of strength (e.g. 'Hang on tight'; 'It's scary'; 'IRONMAN'), which seems to be required to avoid suffering a relapse.

In summary, EDR is seen as a non-linear journey by those affected. The journey is characterised by progress and setbacks, but overall, still moves toward a desired goal, the healing. This non-linearity may refer to the personal and the collective process of different members of the community. This is apparent in extract D, the caption of Figure 2, and in extract E, which were collected via #anarecovery:

Healing is not linear. I know this has been repeated so much it's almost become a cliché, but it's true and I'll repeat it again and again 🙌 Whether you're grieving, healing, letting go, recovering... It is a process, not a one-time event. You'll have days, or even weeks, when it all seems fine, 'till it doesn't. Don't be discouraged by step-backs. You can still step forward. You are not back at square one, and falling doesn't mean you have to stay down 🌻 (D)

'Recovery isn't linear, it's not easy, it's not happy all the time and it's not perfect [...] So, even though I'm not even close to recovery, I know I wanna get there and that's everything I need to know.' (E)

As described in both extracts, the narrative of EDR as a journey or process aligns with its characteristic non-linearity and includes various emotional and motivational stages.

Each journey symbolises a hard fight

Often in the data EDR is compared to a fight which is hard to go through. Many posts include words such as fight, fighting, hard, struggle, challenge, warrior, and challenge. Two examples were posted under #miarecovery:

'Recovery is hard. Recovery takes effort. But if you're honest with yourself, isn't living with an ed the same?' (J);

'I am a recovering warrior' (K)

Sometimes the connection to the journey or process narrative is used to explain the characteristics of being hard but worth fighting for, as the following two examples show:

It's easy to feel like a failure when you relapse but it's so important to remember that You. Are. Not. This is not an easy journey and you are doing so well. Pick yourself up and keep fighting, you're almost there ♥ (L)

Recovery can be hard, there's no need to sugar coat it. But it also pays off. You might feel like you're going two steps forward one step back but if you keep pushing forward despite it all then you can and will get to the end and come out the other side thankful that you keep it going. Committing to the process is the most important thing you can do for yourself. (M)

All four quotes exemplify how challenging the ED healing process is. At the same time, the quotes illustrate how sharing personal thoughts in the EDR community is also used to encourage others and give them hope. Through their own understanding of the severity of going through an EDR journey, those sharing can emphatically point out potential problems and normalise them at the same time. In this context, some posts provide concrete guidance on how to progress from those experiences (c.f. L, M). Quote L, for example, highlights the possibility of relapses. However, by contextualising a relapse during a non-linear journey, possible relapses are normalised. In combination with encouraging and motivating words (c.f. L) or in combination with a realistic assessment of the process (c.f. M), community members are encouraged to persevere.

A click moment marks the beginning of each journey

The beginning of the EDR journey is marked by a specific moment when the affected person decides to heal. In two example extracts, this personal 'click moment' (F; G) is recapitulated as follows:

Everyone who is recovered would have had what I call a 'click moment' that moment where it clicks for them that not only there is more to life than their eating disorder but they actually WANT more. For me, it was when I was 4 years into my recovery journey and I was still in the same place of quasi-recovery where I had been ever since finishing intensive outpatient treatment ED services 1 and a half years before... Just engaging in behaviours enough to keep my Eating Disorder Self at bay and to the outside I looked "normal". But in reality? I felt even more trapped than when my eating disorder self had complete hold because at least then I didn't have to hide how things truly were [...]. (F)

'I want my life to be MORE than just focusing on numbers' - My former self My Click Moment, the start of real recovery. (G)

Some individuals recall a specific moment when they understood they needed to heal and, by doing so, change their behaviours and mindset towards healing. This moment is described by some Instagram users as a *click moment* and marks the point at which their EDR process shifted from *quasi-recovery* to real recovery. Furthermore, the data indicates that this *click moment* also results in a change in behaviour. Even if changes in behaviour with regard to the ED were already evident before this point (described as 'quasi recovery'), it appears that the realisation of being stuck without progress and the decision to heal, as described with *click moment* (F; G), leads to real changes in thoughts and behaviour. Therefore, the *click moment* is the first step in EDR, initiating the transition of healing.

Journeys are individual

Sharing information about lived experiences in the EDR community enables members to compare themselves with others. Some individuals therefore emphasise that EDs and EDR journeys are

different and therefore one's own process should not be compared with that of others, even if the overall goal is the same (i.e. recovering). Two examples were shared under #anarecovery:

There is no right way to have an eating disorder and there is no right way to recovery. No two journeys are the same. It's okay if your journey is different from the ones you see online or the ones you hear about in the media or even the ones you hear about in group therapy. (H)

Eating disorders come in different shapes and sizes that we can't control. The reason you have an eating disorder, the type of stuff that triggers you, the number on the scale and other measurements like this differs for everyone. You should know that, you should never compare your ed with another person's ed. Every person is different. We may struggle with same type of things but the reasons and cures might be different for everyone. (I)

The quotes show that not only do health communities provide potential triggers, but so do other media and real-life scenarios. For this reason, awareness and sensitivity toward one another are important. Another point that emerges from these quotes is the diversity of healing processes and the aspect that it is not always visible to the outside world what inner problems a person is going through. A further point is that even if the symptoms may be comparable, the extent and underlying causes are diverse.

Overall, based on this analysis, EDR is a process, similar to a journey, which is marked by various stages and alternating positive and negative emotions. These stages and emotions influence how hard individuals need to fight themselves to heal from their ED. The identified characteristics of the core narrative indicate that EDR is a complex construct in which individuals need to change their thoughts and behaviours towards healing. Individuals begin to do this after reaching their personal *click moment*.

Within the analysis, information regarding the use of information practices was not identified in the data. To still address the second research question, the parallels and differences between EDR and the concept of transitions (Ruthven, 2022) identified in the results are discussed with findings from previous studies on the target group. This comparison with other studies helps to relate possible information practices to different stages of EDR.

Discussion

The core narrative of EDR

The analysis of this study first aimed to identify how the complex psychological process of EDR is defined within an EDR community on Instagram. Based on the information shared, the central core narrative is that EDR is a journey. This core narrative aligns with definitions of EDR found in psychological and clinical studies. Some psychological studies, for example, define EDR as a process encompassing transitions and ongoing progress (Bardone-Cone et al., 2018; Bohrer et al., 2020; Kenny & Lewis, 2023). Equating EDR to a journey is also reflected in social media studies, as seen in Bressel's (2025) content analysis of shared information within the EDR community on Instagram. The findings of this study, along with prior research, clearly indicate that EDR involves different stages of psychological, behavioural, and physical healing, with progression being a key component.

EDR in the understanding stage of transitioning

Focusing on the journey narrative, which symbolises a process of healing, EDR shares similarities with life transitions. However, when applying Ruthven's (2022) theory of life transitions to the EDR process described in the data, the transition process does not perfectly align with the ED healing process, but is similar. The analysis shows that individuals must reach a *click moment* before they

can commence their intentional EDR process. This is one of the characteristics identified of the core narrative of EDR as a journey. No matter how long an EDR journey lasts, this specific moment is necessary for experiencing genuine healing. Psychological studies use the term *turning point* to describe a change in psychological factors resulting from the internalisation of an EDR identity, followed by shifts in thoughts and behaviours (Dahlborg Lyckhage et al., 2015). Therefore, the psychologically perceptible turning point marks the beginning of the transition from an ED to the healing process, which may also lead to changes in health behaviour and potentially information behaviour.

In Ruthven's theory of transitions (2022), the turning point is allocated to the end of the negotiating stage (second stage), as specific actions are taken towards a changed self. In this context, the turning point therefore relates to behaviour. In the context of EDR, the turning point refers to a psychological state that can also lead to changes in behaviour. Both states, therefore, appear to be similar despite having different causes.

With the turning point, the real transitioning process starts, and due to potential visible signs, the transition itself is sometimes no longer easily reversible. Based on this study's analysis, relapses were central to the core narrative. Relapses can occur at any time, even after reaching the turning point and internalising an EDR identity. The possible occurrence of relapses highlights the non-linear nature of EDR, as described in the narratives of the data in this study. Qualitative studies in information behaviour and psychology, reflecting on the lived experiences of affected individuals, underline the aspect of relapses being part of the overall process (e.g. Bohrer et al., 2020; Kenny & Lewis, 2023). In contrast, clinical studies often describe EDR as a linear process, in which the constant work on psychological, behavioural, and physical aspects precludes regression. Relapse in any aspect is seen as the opposite of EDR and therefore not part of the process (Dahlborg Lyckhage et al., 2015; Pettersen et al., 2013). The 'ideal end goal of reaching full EDR would be contradicted by a relapse (Bardone-Cone et al., 2018). Nevertheless, the narratives in the analysed Instagram posts show the opposite. Experiencing a relapse, regardless of its severity, is considered part of the non-linear journey and, therefore, not an interruption to the overarching healing process. Sharing information about those experiences with the EDR community, referring to relapses when explaining EDR, and highlighting the difficulty of going through this process support the normalisation of such difficulties (cf. Sowles et al., 2018).

In summary, the positioning and meaning of the turning point must be distinguished from Ruthven's theory. Based on the data, in EDR, the start of healing is marked by the turning point, not the resolving stage. Afterwards, the first transition stage of understanding begins. The turning point, referred to in the data as a specific 'click moment' (F; G), is psychologically needed to understand that no real healing progress has been achieved prior, and why change is now required. This can subsequently lead to behavioural changes.

In the first stage of transition (understanding), uncertainty and the interpretation of a possible future are central to accepting the ongoing change (Ruthven, 2022). Within the context of the EDR community, this potentially results in information practices, such as seeking or encountering information, which are typical information practices identified in earlier research (Eikey & Booth, 2017; Nikolova & LaMarre, 2023). By seeing posts about life experiences shared by individuals further on their journeys, a more concrete idea of a possible future in or after EDR can be imagined, and potential information needs can be addressed.

In the characteristics of the core narrative of this study, EDR has been described as hard to go through and associated with the emergence of quite contradictory emotions. The question arises as to what extent these descriptions might discourage someone at the beginning of their transition, during the understanding stage. Further problematic at this first stage could be comparisons with other EDR journeys, because, as the data show, each EDR journey is unique.

Therefore, social comparisons between individuals in EDR can be harmful due to differences in timelines and nonlinearity. Additionally, the visual representation of different EDR journeys on social media can be damaging to community members, resulting from the selection of specific informational aspects shared (Wong et al., 2019). The omission of individuals' thoughts when sharing information online, which can influence the EDR process beyond social media, is often unknown to viewers when they encounter a post on Instagram. This could cause uncertainty and negative feelings about personal progress, especially for those in pseudo-recovery whose thoughts remain similar to those of individuals acutely affected by an ED (Bardone-Cone et al., 2010; Dahlborg Lyckhage et al., 2015). Different representations of EDR may encourage comparing oneself with others, which can negatively influence the EDR process (Nikolova & LaMarre, 2023).

The present study cannot determine the extent to which individuals in the understanding stage are more likely to be negatively influenced by comparisons with other journeys or by the realistic presentation of EDR characteristics. Existing research on EDR communities on Instagram shows that the information behaviour of people with EDs changes depending on the stage of recovery they are in (Eikey & Booth, 2017). Further, Nikolova and LaMarre (2023) identified the information practices of actively monitoring and avoiding information that members of the EDR community engage in to prevent potential triggers or negative influences on their EDR journeys. Information avoidance is also reflected on in Ruthven's theory of transitions (2022), where it is placed in the second stage - the negotiating stage. By avoiding information or environments that do not support a transition, the entire transition process can be prolonged. In addition, the overall process of change can be transformed into 'something less threatening' during this stage (Ruthven, 2022, p. 588). Concerning the characteristics of EDR being hard and non-linear, avoidance and active monitoring seem necessary information practices, as otherwise the likelihood of relapses or intensified struggles might be increased (Nikolova & LaMarre, 2023). In summary, information avoidance and active information monitoring in the context of EDR appear to be occurring, especially with the start of the second stage of transitions, the negotiating stage.

EDR in the negotiating and resolving stage of transitioning

In Ruthven's (2022) theory, the second stage starts by negotiating manageable changes in behaviour and mindset. Sometimes, in EDR, only behavioural (e.g. no ED behaviours) and physical changes (e.g. healthy weight or appearance) are adopted, and this is referred to as pseudo-recovery (Bardone-Cone et al., 2010; 2018). Only if psychological changes are adopted can the third stage of resolving be reached. Both the negotiating and resolving stages can vary in length. Psychological studies refer to various timelines for EDR, ranging from 28 days to 3 years (e.g., Bardone-Cone et al., 2018; Von Holle et al., 2008). However, essential to starting a transition is reaching the turning point and, by doing so, internalising an EDR-oriented identity, including all four indices (behavioural, physical, psychological, and absence of any ED) (Bardone-Cone et al., 2010, 2018; Dahlborg Lyckhage et al., 2015). Transitions end with the 'life after' (Ruthven, 2022, p.590). Based on the data of this study, it is not identifiable whether this final step can be reached. Psychological and clinical research present different approaches to EDR definitions, and depending on the approach, there are varying psychological, behavioural and physical criteria for full EDR (Bardone-Cone et al., 2018). Full EDR could be interpreted as 'life after', but the existence of different approaches complicates a coherent classification.

One aspect of negotiating during a transition is that 'some aspects of the transition become visible to others, resulting in social feedback' (Ruthven, 2022, p. 588). Concerning online health communities on EDR, this is effected by information sharing. Community members share embodied information on their EDR-identity and EDR-shaped experiences, combined with personal thoughts, represented in various forms (Bressel, 2025). Since information is shared either from everyday life during the EDR journey or retrospectively from the future (Bressel, 2025), the assumption arises that information sharing occurs especially in the later stages of a transition

(negotiating, resolving). This leads to the conclusion that the core narrative and its characteristics identified in this study are reflected in individuals' thoughts during the negotiating and resolving stages.

Information sharing is not part of Ruthven's theory of transitions (2022), but in the context of life transitions in online health communities, this practice is fundamental. Especially during the resolving stage, individuals reflect on their needs, which can lead to information and social practices supporting their new life stage. Another aspect influencing information and social practices could be the emotions involved in the process. Along with the characteristics of non-linearity, which include progress and setbacks, and the difficulty of EDR, emotions are also subject to the EDR journey, as described in the results. Emotions also influence information practices during transitions (Ruthven, 2022; Willson & Given, 2020). In this sense, the variety of emotions experienced seems to shape information practices in the EDR community, such as information sharing. Psychological research has found that people with an ED, such as anorexia, often have problems talking openly about their feelings and emotions due to stigmatisation (Moreno & Whitehill, 2012; Sowles, 2018). On the other hand, people are very open about their personal experiences and emotions on personal blogs or social media profiles (Branley & Covey, 2017; Bressel, 2025). It seems that sharing information online enables individuals impacted by a disease to process their experiences and connect with other sufferers, which could positively affect EDR (Dahlborg-Lyckhage, 2015). This may be one reason why online health communities, such as the EDR community examined on Instagram, are formed. A group of individuals who go through similar transitions shares their experiences and builds a community around them. The effects of such health communities are already widely examined in various contexts, as are information and social needs (e.g. Bronstein, 2017; Johnston et al., 2013; Yan & Tang, 2014).

In summary, based on the aspects discussed above, an altered version of Ruthven's concept of transitions, adapted to EDR, is shown in Figure 3.

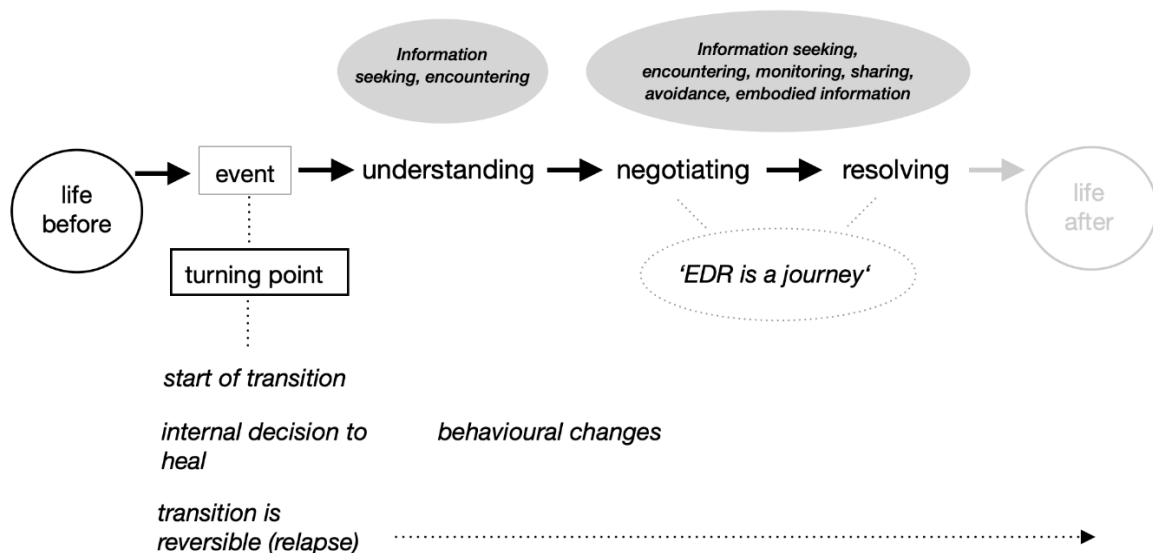


Figure 3. EDR as a transition based on Ruthven (2022)

Conclusion

This study explored how the complex psychological process of EDR can be defined based on information shared by a hashtag-based EDR community on Instagram. It supported the clarification of how individuals define EDR for themselves during their healing process and how this may affect their information practices. For this approach, narrative analysis was carried out, leading to the identification of a single core narrative and related characteristics. EDR is described as a non-linear journey that resembles a hard fight and is shaped by experiences of intense emotions. The core narrative found, which depicts EDR as a journey, aligns with interdisciplinary research in psychology, social media, and information behaviour, highlighting that recovery is a process comprising multiple stages—psychological, behavioural, and physical—where progress, although often non-linear, remains central.

Ruthven's theory of life transitions (2022) was used to conceptualise the study findings, aiming to better understand the link between how individuals experience and define their healing process from an ED and how this process could lead to information practices. Based on the identified characteristics of EDR, an adapted version of the original concept was introduced. EDR seems to be a life transition, divided into three main stages, starting with the turning point. The core narrative and its characteristics identified in this study are reflected in individuals' thoughts during the last two stages (negotiating and resolving) of transitions.

While the initial transition stage (understanding) appears to be characterised by information seeking and encountering, subsequent stages include a broader range of information practices, such as monitoring and sharing. The information practices discussed in this study align with those described in Ruthven's theory (2022). Additionally, the practices of sharing and encountering information were identified. This suggests that different information practices emerge depending on the transition stage. Moreover, it was demonstrated that shared content can negatively affect the transition from an ED state to a recovered state (e.g., through comparison). Therefore, it would be valuable for future research to explore individuals' perspectives on their information sharing behaviour within the EDR community on Instagram.

In terms of transitions, it would be interesting to examine more thoroughly whether individuals ever reach the *life after* transition, or instead experience a never-ending resolving stage, and how this affects the definition of EDR as a transition.

In conclusion, the EDR community on Instagram provides detailed information about the concept of EDR, as seen in narratives shaped by individual experiences. Some core narratives differ from the definitions of EDR in clinical studies in minor respects (e.g., the emergence of relapses and the resulting non-linearity). Overall, and from the perspective of members going through this process, the community serves as an additional information source for the understanding of EDR. In addition to providing information, the community serves as a platform for exchange and a tool for personal representation in the context of EDR.

Acknowledgements

The author would like to express sincere gratitude to Noora Hirvonen, PhD, for her invaluable support, insightful discussions, and careful proofreading of this paper. Special thanks are also extended to Prof. Dr. Elke Greifeneder for her continuous support and for providing financial assistance to present the poster version of this work at ISIC 2024. The author further wishes to thank the ISIC community, the anonymous reviewers, and the copy editor Lucy Tsun for their constructive feedback and helpful comments.

About the author

Paulina Bressel is a doctoral student at the Berlin School of Library and Information Science, Humboldt-Universität zu Berlin, Unter den Linden 6, 10117 Berlin, Germany. She works as a scientific officer for the German Cancer Society e.V., Kuno-Fischer-Str. 8, 14057 Berlin, Germany. She can be contacted at: bressel@krebsgesellschaft.de

References

- Achilles, L., Mandl, T., & Womser-Hacker, C. (2023). Social media usage and posting behavior in the context of eating disorders: A content analysis approach integrating topics, emotions, and images and the phenomenon of K-pop thinspiration. In W. Semar (Hrsg.), *Nachhaltige Information – Information für Nachhaltigkeit. Tagungsband des 17. Internationalen Symposiums für Informationswissenschaft (ISI 2023)*, Chur, Schweiz, 7-9 November 2023. Glückstadt: Verlag Werner Hülsbusch, (pp. 312-336).
<https://dx.doi.org/10.5281/zenodo.10009338>
- Bachner-Melman, R., Lev-Ari, L., Zohar, A. H., & Lev, S.L. (2018). Can recovery from an eating disorder be measured? Toward a standardized questionnaire. *Frontiers of Psychology*, 9.
<https://doi.org/10.3389/fpsyg.2018.02456>
- Bardone-Cone, A. M., Harney, M. B., Maldonado, C. R., Lawson, M. A., Robinson, D. P., Smith, R., & Tosh, A. (2010). Defining recovery from an eating disorder: Conceptualization, validation, and examination of psychosocial functioning and psychiatric comorbidity. *Behaviour Research and Therapy*, (48), 194 - 202. <https://doi.org/10.1016/j.brat.2009.11.001>
- Bardone-Cone, A. M., Hunt, R. A., & Watson, H. J. (2018). An overview of conceptualizations of eating disorder recovery, Recent findings, and future directions. *Current Psychiatry Reports*, 20(79), 1 - 18. <https://doi.org/10.1007/s11920-018-0932-9>
- Best, D., Beckwith, M., Haslam, C., Haslam, S. A., Jetten, J., Mawson, E., & Lubman, D. I. (2016). Overcoming alcohol and other drug addiction as a process of social identity transition: The social identity model of recovery (SIMOR). *Addiction Research & Theory*, 4, 111-123.
<https://doi.org/10.3109/16066359.2015.1075980>
- Bohrer, B. K., Foye, U., & Jewell, T. (2020). Recovery as a process: Exploring definitions of recovery in the context of eating-disorder-related social media forums. *International Journal of Eating Disorders*, 53(8), 1219-1223. <https://doi.org/10.1002/eat.23218>
- Branley, D. B., & Covey, J. (2017). Is exposure to online content depicting risky behavior related to viewers' own risky behavior offline? *Computer in Human Behavior*, 75, 283-287.
<https://doi.org/10.1016/j.chb.2017.05.023>
- Bressel, P. (2025). #recovery – Creating common ground through visual and textual information shared in the eating disorder recovery community on Instagram. *Information Research an International Electronic Journal*, 30(1), 80-101. <https://doi.org/10.47989/ir30140510>
- Bronstein, J. (2014). Is this OCD?: Exploring conditions of information poverty in online support groups dealing with obsessive compulsive disorder. In *Proceedings of ISIC, the Information Behavior Conference, Leeds, 2-5 September 2014 Part 1, (paper isic16)*. Retrieved from <http://InformationR.net/ir/19-4/isic/isic16.html>
- Bronstein, J. (2017). An examination of social and informational support behavior codes on the Internet: The case of online health communities. *Library & Information Science Research*, 39(1), 63-68. <https://doi.org/10.1016/j.lisr.2017.01.006>

- Chancellor, S., Lin, Z., Goodman, E. L., Zerwas, S., & De Choudhury, M. (2016). Quantifying and predicting mental illness severity in online pro-eating disorder communities. *Proceedings of the 19th ACM Conference on Computer-Supported Cooperative Work & Social Computing*, 1171–1184. <https://doi.org/10.1145/2818048.2819973>
- Chancellor, S., Mitra, T., & De Coudhury, M. (2016). Recovery amid pro-anorexia: Analysis of recovery in social media. *Mental Health in Technology Design and Social Media*, CHI'16, 2111 – 2123. <https://doi.org/10.1145/2858036.2858246>
- Dahlborg Lyckhage, E., Gardvik, A., Karlsson, H., Törner Mulari, J., & Berndtsson, I. (2015). Young women with anorexia nervosa: Writing oneself back into life. *Sage Open*, 5(1). <https://doi.org/10.1177/2158244015576549>
- Delve, H. L., & Limpaecher, A. (2020). What is narrative analysis? Essential guide to coding qualitative data. <https://delvetool.com/blog/narrativeanalysis>. (Archived by the Internet Archive at <https://web.archive.org/web/20260311091121/https://delvetool.com/blog/narrativeanalysis>)
- Eikey, E. V., & Booth, K. M. (2017). Recovery and maintenance: How women with eating disorders use Instagram. In *iConference 2017 Proceedings* (pp. 227 – 240). <https://www.ideals.illinois.edu/items/101727>
- Georgakopoulou, A. (2022). Co-opting small stories on social media: A narrative analysis of the directive of authenticity. *Poetics Today*, 43(2), 265–286. <https://doi.org/10.1215/03335372-9642609>
- Greyson, D. L., & Johnson, J. L. (2016). The role of information in health behavior: A scoping study and discussion of major public health models. *Journal of the Association for Information Science and Technology*, 67(12), 2831–2841. <https://doi.org/10.1002/asi.23392>
- Herrick, S. S. C., Hallward, L., & Duncan, L. R. (2021). “This is just how I cope”: An inductive thematic analysis of eating disorder recovery content created and shared on TikTok using #EDrecovery. *International Journal of Eating Disorders*, 54(4), 516–526. <https://doi.org/10.1002/eat.23463>
- Hirvonen, N., Huotari, M.-L., Niemelä, R., & Korpelainen, R. (2012). Information behavior in stages of exercise behavior change. *Journal of the American Society for Information Science and Technology*, 63(9), 1804–1819. <https://doi.org/10.1002/asi.22704>
- Hower, H., LaMarre, A., Bachner-Melman, R., Harrop, E. N., McGilley, B., & Kenny, T. E. (2022). Conceptualizing eating disorder recovery research: Current perspectives and future research directions. *Journal of Eating Disorders*, 10(1), 165. <https://doi.org/10.1186/s40337-022-00678-8>
- Huh, J., Kwon, B. C., Kim, S.-H., Lee, S., Choo, J., Kim, J., Choi, M.-J., & Yi, J. S. (2016). Personas in online health communities. *Journal of Biomedical Informatics*, 63, 212–225. <https://doi.org/10.1016/j.jbi.2016.08.019>
- Johnston, A. C., Worrell, J. L., Di Gangi, P. M., & Wasko, M. (2013). Online health communities: An assessment of the influence of participation on patient empowerment outcomes. *Information Technology & People*, 26(2), 213–235. <https://doi.org/10.1108/ITP-02-2013-0040>

- Kenny, T. E., Boyle, S. L., & Lewis, S. P. (2020). #recovery: Understanding recovery from the lens of recovery-focused blogs posted by individuals with lived experience. *International Journal of Eating Disorders*, 53(8), 1234–1243. <https://doi.org/10.1002/eat.23221>
- Kenny, T. E., & Lewis, S. P. (2023). More than an outcome: A person-centered, ecological framework for eating disorder recovery. *Journal of Eating Disorders*, 11(1), 45. <https://doi.org/10.1186/s40337-023-00768-1>
- Laschinger, H. K., Gilbert, S., Smith, L.M., & Leslie, K. (2010). Towards a comprehensive theory of nurse/patient empowerment: Applying Kanter's empowerment theory to patient care. *Journal of Nursing Management*, 18(1), 4-13. <https://doi.org/10.1111/j.1365-2834.2009.01046.x>
- Lewallen, J., & Behm-Morawitz, E. (2016). Pinterest or Thinterest?: Social comparison and body image on social media. *Social Media + Society*, 2(1). <https://doi.org/10.1177/2056305116640559>
- McNamara, N., & Parsons, H. (2016). 'Everyone here wants everyone else to get better': The role of social identity in eating disorder recovery. *The British Journal of Social Psychology*, 55(4), 662–680. <https://doi.org/10.1111/bjso.12161>
- Moreno, M. A., & Whitehill, J. M. (2012). New media, old risks: Toward an understanding of the relationships between online and offline health behavior. *Archives of Pediatrics & Adolescent Medicine*, 166(9), 868–869. <https://doi.org/10.1001/archpediatrics.2012.1320>
- Murray, M., & Sargeant, S. (2012). Narrative psychology. In D. Harper & A. R. Thompson (Eds.), *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners* (1st ed., pp. 163 – 175). Wiley-Blackwell. <https://doi.org/10.1002/9781119973249.ch12>
- Nikolova, I., & LaMarre, A. (2023). “If I unfollow them, it’s not a dig at them”: A narrative analysis of Instagram use in eating disorder recovery. *Psychology of Women Quarterly*, 47(3), 387–401. <https://doi.org/10.1177/03616843231166378>
- Pettersen, G., Thune-Larsen, K. B., Wynn, R., & Rosenvinge, J. H. (2013). Eating disorders: Challenges in the later phases of the recovery process: A qualitative study of patients' experiences. *Scandinavian Journal of Caring Sciences*, 27, 92–98. <https://doi.org/10.1111/j.1471-6712.2012.01006.x>
- Riessman, C. K. (1993). *Narrative analysis*. SAGE Publications Ltd.
- Rodgers, S., & Chen, Q. (2005). Internet community group participation: Psychosocial benefits for women with breast cancer. *Journal of Computer-Mediated Communication*, 10(4). Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/j.1083-6101.2005.tb00268.x/full>
- Rothschild, N., & Aharony, N. (2016). Empathetic communication among discourse participants in virtual communities of people who suffer from mental illnesses. *Information Research*, 21(1), <http://InformationR.net/ir/21-1/paper701.html>
- Ruthven, I. (2022). An information behavior theory of transitions. *Journal of the Association for Information Science and Technology*, 73(4), 579–593. <https://doi.org/10.1002/asi.24588>
- Santarossa, S., & Woodruff, S. J. (2017). #SocialMedia: Exploring the relationship of social networking sites on body image, self-esteem, and eating disorders. *Social Media + Society*, 3(2). <https://doi.org/10.1177/2056305117704407>

- Santarossa, S., Lacasse, J., Larocque, J., & Woodruff, S. J. (2019). #Orthorexia on Instagram: A descriptive study exploring the online conversation and community using the Netlytic software. *Eating and Weight Disorders - Studies on Anorexia, Bulimia and Obesity*, 24(2), 283–290. <https://doi.org/10.1007/s40519-018-0594-y>
- Saukko, P., Malson, H., & Brown, A. (2024). The ethos of (dis)connecting with friends on social media: Digital cocooning and entrepreneurial networking among people with eating disorders. *Social Media + Society*, 10(4). <https://doi.org/10.1177/20563051241287284>
- Solmi, M., Wade, T. D., Byrne, S., Del Giovane, C., Fairburn, C. G., Ostinelli, E. G., De Crescenzo, F., Johnson, C., Schmidt, U., Treasure, J., Favaro, A., Zipfel, S., & Cipriani, A. (2021). Comparative efficacy and acceptability of psychological interventions for the treatment of adult outpatients with anorexia nervosa: A systematic review and network meta-analysis. *Lancet Psychiatry*, 8(3), 215–24. [https://doi.org/10.1016/S2215-0366\(20\)30566-6](https://doi.org/10.1016/S2215-0366(20)30566-6)
- Sowles, S. J., McLeary, M., Optican, A., Cahn, E., Krauss, M. J., Fitzsimmons-Craft, E. E., Wilfey, D. E., & Cavazos-Rehg, P. A. (2018). A content analysis of an online pro-eating disorder community on Reddit. *Body Image* (24), 137 – 144. <https://doi.org/10.1016/j.bodyim.2018.01.001>
- Spagnolas, S. (2025). HAR file web scraper. [API] <https://stevesie.com/apps/instagram-api>. (Archived by the Internet Archive at <https://web.archive.org/web/20260315085509/https://stevesie.com/apps/instagram-api/scrape/hashtag-posts>)
- Von Holle, A., Poyastro Pinheiro, A., Thornton, L. M., Klump, K. L., Berrettini, W. H., Brandt, H., Crawford, S., Crow, S., Fichter, M. M., Halmi, K. A., Johnson, C., Kaplan, A. S., Keel, P., La Via, M., Mitchell, J., Strober, M., Woodside, D. B., Kaye, W. H., & Bulik, C. M. (2008). Temporal patterns of recovery across eating disorder subtypes. *Australian and New Zealand Journal of Psychiatry* (42), 108 – 117. <https://doi.org/10.1080/00048670701787610>
- de Vos, J. A., LaMarre, A., Radstaak, M., Bijkerk, C. A., Bohlmeijer, E. T., & Westerhof, G. J. (2017). Identifying fundamental criteria for eating disorder recovery: a systematic review and qualitative meta-analysis. *Journal of Eating Disorders*, 5(34). <https://doi.org/10.1186/s40337-017-0164-0>
- Willson, R., & Given, L. M. (2020). “I’m in sheer survival mode”: Information behaviour and affective experiences of early career academics. *Library & Information Science Research*, 42(2), 101014. <https://doi.org/10.1016/j.lisr.2020.101014>
- Wolf, M., Theis, F., & Kordy, H. (2013). Language use in eating disorder blogs: Psychological implications of social online activity. *Journal of Language and Social Psychology*, 32(2), 212 – 226. <https://doi.org/10.1177/0261927X12474278>
- Wong, X. L., Liu, R. C., & Sebaratnam, D. F. (2019). Evolving role of Instagram in #medicine. *Internal Medicine Journal*, 49(10), 1329–1332. <https://doi.org/10.1111/imj.14448>
- Yan, L., & Tan, Y. (2014). Feeling blue? Go online: An empirical study of social support among patients. <http://dx.doi.org/10.2139/ssrn.1697849>
- Yom-Tov, E., Brunstein-Klomek, A., Hadas, A., Tamir, O., & Fennig, S. (2016). Differences in physical status, mental state and online behavior of people in pro-anorexia web communities. *Eating Behaviors*, 22, 109–112. <https://doi.org/10.1016/j.eatbeh.2016.05.001>

Zhang, Y. (2016). Understanding the sustained use of online health communities from a self-determination perspective. *Journal of the Association for Information Science and Technology*, 67(12), 2842–2857. <https://doi.org/10.1002/asi.23560>

Copyright

Authors contributing to *Information Research* agree to publish their articles under a [Creative Commons CC BY-NC 4.0 license](#), which gives third parties the right to copy and redistribute the material in any medium or format. It also gives third parties the right to remix, transform and build upon the material for any purpose, except commercial, on the condition that clear acknowledgment is given to the author(s) of the work, that a link to the license is provided and that it is made clear if changes have been made to the work. This must be done in a reasonable manner, and must not imply that the licensor endorses the use of the work by third parties. The author(s) retain copyright to the work. You can also read more at: <https://publicera.kb.se/ir/openaccess>