



**SCHOOL OF CREATIVE AND CULTURAL BUSINESS**

# **HOW AND WHY BULGARIAN WOMEN WITH EATING DISORDERS USE INSTAGRAM**

BY

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*(Inside)*

**website:** [www.inside.bg](http://www.inside.bg)

**password:** *insideme*

## **Abstract**

With the constant social media influence, there is an increasing number of questions regarding the connection between mental health and online exposure. The research project '*Inside*' investigates how and why eating disorder affected Bulgarian women, aged 18-35 use Instagram, which is one of the fast-growing social networks. As there is a lack in the scientific literature on this topic, the following study investigates the situation and presents the finding in the creative form of a website.

The research is based on the Interpretivism philosophy, an inductive approach and a mixed method of both quantitative and qualitative data gathering are applied. A questionnaire was sent to a group of women as well as interviews were conducted and filmed. In order to get a more professional point of view, two psychologists were interviewed.

The analysis is presented in the form of a website, which combines different techniques such as graphic design, journalistic approaches, animation and video editing - a number of videos, animations, infographics and articles could be found. The practice based delivery of the project reinforces and summarises the findings from both the literature and the research.

Key findings include that some women feel more secure to share their thoughts online and feel 'protected', which gives them the opportunity to express their opinion and talk about their feelings. Others, on the other hand, do not use Instagram to share but occasionally follow other people with similar conditions and admire their lives. Psychologists state that eating disorders are an addiction and social media is definitely a factor, as it is easier to hide behind the screen.

One of the significant limitations of the study is the scale of it. There is a lack of depth and the results should be treated with caution. Recommendations include increasing the number of participants and using more structured questions. The conducted research is rather exploratory and acts as a base for future investigation.

## **Key words**

*eating disorders, Instagram, Bulgarian women, media influence, self expression, social comparison*

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## **1.0 Introduction**

### *1.1 Background of the problem*

Body image is defined as the mental image people hold of their bodies (Fallon 1990) and includes both the perception (how people see themselves) and the affectivity (how people feel about what they see). This topic appears in a variety of research where body dissatisfaction is an issue that has gained a lot of attention during the last years (Hesse-Biber et al. 2006). Negative body image is a potential predecessor for eating disorders (EDs) according to Müller (1998) and mass media can be labelled a mediator between people and their bodies as it constantly sends messages (Sepúlveda and Calado 2012).

'Stigma and shame that come with society's misunderstanding of eating disorders contribute to the need of finding creative ways to connect' (Dias 2003 p.32). Social media is recognised as being problematic and consequently, there has been a number of studies, most of which tend to focus on Facebook as it is one of the most popular social media platforms and only a few address the problem with Instagram particularly (Fardouly, Willburger and Vartanian 2017).

Researchers such as Fardouly and Vartanian (2016) and Holland and Tiggemann (2016) look into Instagram and in fact, suggest that it might be more destructive than other platforms. This raises many questions and reveals a niche for investigation. This study has a particular interest in Bulgaria as a location because of the origin of the researcher.

### *1.2 Glossary*

Certain terms and abbreviations, often associated with eating disorders are used throughout the research paper. A glossary, which is a 'list of words relating to a specific subject' (Oxford University Press 2017 p.1) can be found as **Appendix A**.

### *1.3 Rationale*

The following paper aims to call into question how and why Bulgarian women with eating disorders use Instagram and its findings are presented in the form of a website. There is not much data found from prior research related to how Bulgarians use Instagram - neither official information about the eating disorders in Bulgaria

(Stamenova 2018) nor information about Instagram specifically. The chosen target group is women, aged 18-35 as literature suggests those are the primary eating disorder affected, as well as the most active users on Instagram. The validity for carrying out this study includes the fact that the use of Instagram in Bulgaria is still not sufficiently explored and this topic is of particular interest to the researcher, whose nationality is Bulgarian. This issue exists in other countries as well but the researcher believes that their ethnicity would benefit for easier understanding and evaluation of the information, therefore Bulgaria was selected.

<b>Aim</b>	<i>The aim of the research is to investigate how and why eating disorder affected Bulgarian women use Instagram</i>
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Determine how Bulgarian women aged 18-35 see Instagram and evaluate how using it makes them feel</li> <li>2. Examine what role eating disorders play in using Instagram as a social media platform for sharing</li> <li>3. Investigate if the participants have more than one Instagram account and whether any of the content is connected to their eating disorder</li> <li>4. Explore the women's motivations for using Instagram and sharing personal thoughts</li> <li>5. Carry out interviews with eating disorder affected women and psychologists working in the field and compare those responses</li> </ol>

Table 1: Aims and Objectives

#### *1.4 Context, structure and anticipated contribution*

The study possesses a critical discussion and highlights certain concerns such as the lack of reliable statistics about ED cases in Bulgaria in the following literature review. The interpretative research and the mixed method reflect in understanding the problem in depth and certain patterns are determined as explained in the methodology section. For the purpose of accomplishing the aims and objectives, ED affected Bulgarian women, as well as professionals in the field were interviewed.

Furthermore, the study presents its findings in a website. This allows a more creative expression of the results and by doing so this delicate topic is portrayed visually in an engaging way, which observes how women interact and comment on the topic.

The study is significant because it will be one of the first to investigate this issue. As a result of the deficient literature, the study is exploratory and remains open-ended. This paper is an overview of the situations and aims to serve as a basis for future research.

## **2.0 Literature Review**

According to Randolph (2009), the purpose of conducting a literature review is to demonstrate knowledge about a specific field of study. The following section aims to introduce key theorists in the field and analyse their conclusions.

### *2.1 Eating Disorders*

It is difficult to perceive the etiology of eating disorders according to Polivy and Herman (2002). There is an enormous amount of studies investigating the causative factors and it is good to consider elements from both cultural and biological side (Leung, Geller and Katzman 1996).

Stice (1994) provides evidence that media, friends and family are mediums through which messages about appearance and social issues are conveyed and Reaves (2011) finds connections between media and the outbreak of EDs.

### *2.2 Media Influence*

Researchers such as Bruch (1973), Garner and Garfinkel (1980) and Stice and Shaw (2017), who are considered some of the pioneers in the field of EDs, express the belief that 'thinness is a physical ideal transmitted through popular culture, one extension of which is the mass media' (Harrison and Cantor 1997 p.48).

Thompson and Heinberg (1999 p. 342) call media influence 'pernicious' and 'toxic'. This gives a motive to research this niche and find out why it is so destructive according to many scholars.

Researchers such as Irving (1990), Harrison (2000), Muris et. al (2005), Lavine, Sweeney and Wagner (1999), Stice et. al (1994) support the statement that the beauty ideals affect directly body image and eating behaviours. The standards, based on the cultural stereotype might be determinants of body dissatisfactions (Blaine and McElroy 2002, Cusumano and Thompson 1997, Hogan and Strasburger 2008 and Wiseman et al. 1992). A key problem with much of the literature is finding the right theory to explain how this model is transmitted to the individuals.

### *2.3 Social Media and Eating Disorders*

People struggling with EDs may be more willing to express themselves online rather than to their family or friends. Some studies suggest a correlation between media exposure and body image (Mabe and Forney 2014, Sidani and Shensa 2016, Walker and Thornton 2015), while others do not support the same statement. There is still considerable disagreement with regard to this as it is likely that what is seen in the media simply reflects what people already idealise (Ferguson and Munoz 2014). This is backed up by Derenne and Beresin (2017), who incorporate in their work the belief that society and media mutually influence each other and there is not only one to blame.

The above statements are a foundation for designing the website in a way, which allows the viewer to decide whether social media is a place of 'identity exploration and expression, as well as a place for creativity' (Lewallen and Behm-Morawitz 2016 p.2) as this idea is carried out by researchers (Shepherd 2013, Wilson and Yochim 2015). From one point of view it provides emotional support (Choudhury and De 2014, Park, McDonald and Cha 2013) but from another point, it links people in a way that leads them to destructive behaviour (Fleming-May and Miler 2010).

The most frequently used social media websites are Facebook, Twitter, Instagram and Pinterest (Duggan and Smith 2014). Previous research has found a link between Facebook, the objectification of women (Fredrickson and Roberts 1997) and body image (Fardouly et al. 2015, Meier and Gray 2014, Tiggemann and Slater 2013, 2014). The main weakness is that studies tend to focus only on Facebook (Fardouly, Willburger and Vartanian 2017). Therefore, it is of great importance to investigate other platforms according to Santarossa and Woodroof (2017).

## 2.4 Instagram

Instagram (Table 2) is an image-based social network established in 2010, which has more than 800 million monthly active users (Hu et al. 2014, Olszanowski 2014).

<b>68% of Instagram users are <i>females</i></b>
<b>32% of all Internet users are on Instagram</b>
<b>59% of Internet users between the ages of 18 and 29 use Instagram and 33% of internet users between the ages of 30 and 49 use Instagram (also confirmed by Dogtiev (2018) and many other researchers)</b>

Table 2: About Instagram (Aslam 2018)

Instagram is mainly used for sharing photos and therefore this led authors such as Fardouly and Vartanian (2015) to investigate the connection between the medium and women's appearance. They suggest that it is more harmful than other social platforms. O'Brien's study (2015) raised the important conclusion that reducing time on Instagram actually reduces time spent thinking about food.

The demographics of Instagram and the demographics of the typical ED sufferer are comparable. Almost 70% of all Instagram users are females (Duggan et al. 2015), which can be juxtaposed to the typical ED affected people - usually women aged 15-24 (Shade 2003). However, it cannot be stated that both groups of people have the same 'characteristics', so it is argued that previous literature on the topic has certain weaknesses and lacks conclusions.

## 2.5 Eating Disorders in Bulgaria

Previous studies can only be considered a step towards a more profound understanding of Instagram as a place where people, suffering from an ED express themselves. Perloff (2014) also identifies the need for additional studies in order to understand different cultures. As far as it is known, no previous research has investigated how Bulgarians use Instagram.

According to Stamenova (2018), there is no official information about the ED cases in Bulgaria as data is not recorded on purpose and many cases are not registered or

described correctly. Unfortunately, those diseases are still not officially recognised says doctor Duleva (2012).

The statistics in Bulgaria are alarming though (Yaneva 2017). For the past few years, the number of people with eating disorders has rapidly increased. The last research on the topic conducted in Bulgaria is from 2010/2011 and the data shows that 20% of the girls and 8% of the boys aged 10-19 are at risk of developing an ED (Pavlova 2018).

Unofficial statistics point out that nowadays around 60 000 people suffer from EDs. An anonymous sociological research claims that around 5% of all girls in Bulgaria have anorexia (Skrinski 2017). This is the latest information available on a range of online websites. A serious limitation with this data, however, is that those are not reliable sources.

## 2.6 Instagram in Bulgaria

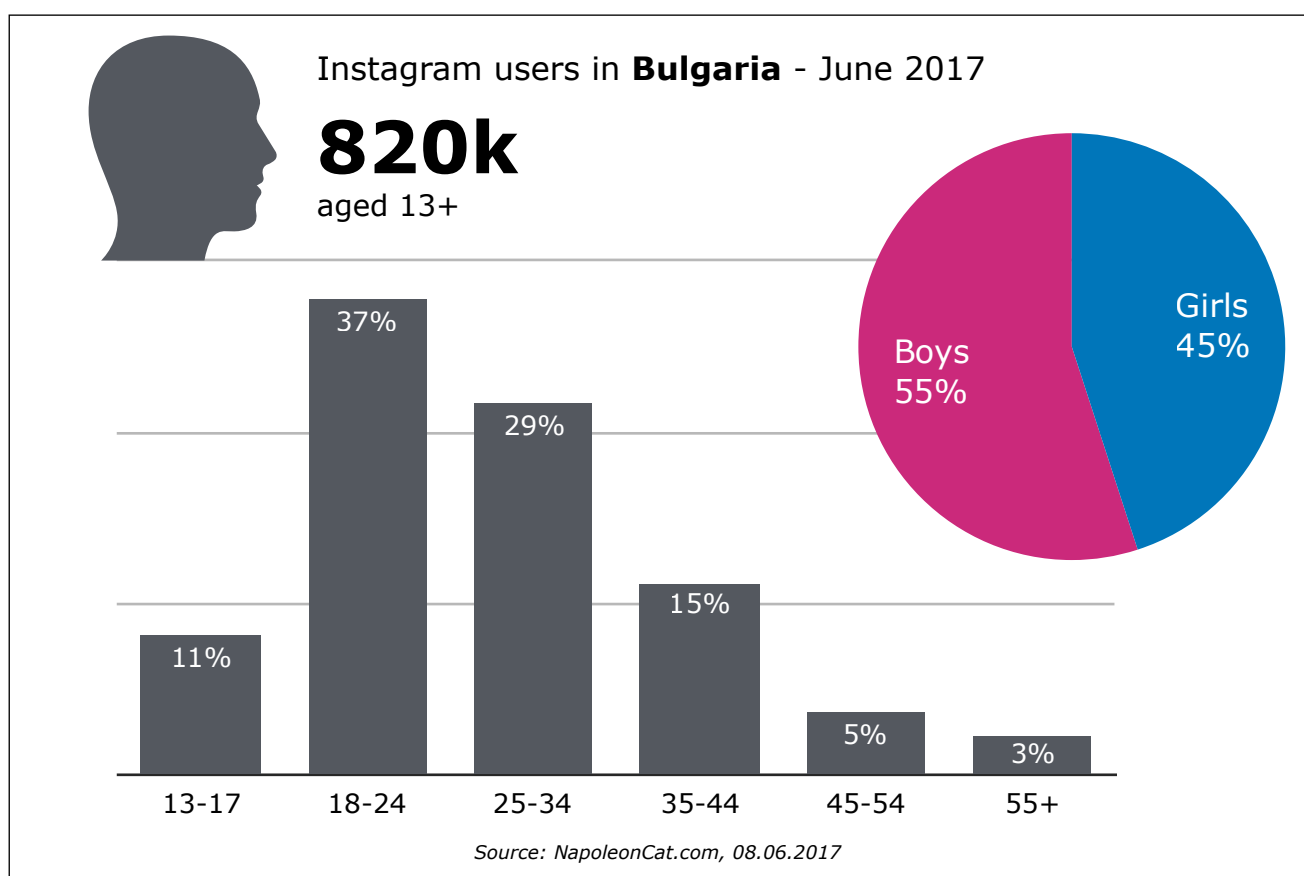


Table 3: Instagram users in Bulgaria (Adapted from NapoleonCat 2017)



The following infographic (Table 3) suggests that the Instagram users in Bulgaria up until 2017 are 820 000. Those figures reinforce the chosen target group of people by stating that those are the most active Instagram users in Bulgaria and indicates 66% are adults (aged 18-34). This chart has been found online and cannot be fully trusted as there are no government sources to back up the claims. From this aspect, those findings are only speculations based on unjustified assumptions. Even though this information can be utilised as a starting point by giving orientating knowledge.

## *2.7 Summary*

Reviewing past literature allowed the researcher to approach the study with awareness of important factors such as understanding eating disorders in general, tracing the connection between social media and EDs and looking in more depth at Instagram. One of the tough challenges was to find information about Bulgaria.

The researcher of this study found through literature that there is a lack of reasonable information in every aspect concerning Bulgaria as a target demographic, however, this reveals a niche for investigation. Although studies in somewhat similar fields have been conducted, the problem is still insufficiently explored. This paper addresses what is so far lacking in the scientific literature.

The sources, most of which are journal articles, cover a long period of time as they date back to the first researches on the topic of EDs, but also include the most recent ones even though information is constantly emerging.

The unexpected findings signal the need for conducting the following research and suggest that it will be a foundation for future studies on the topic.

## **3.0 Methodology**

Research methodology is the way of systematically solving a problem, whereas research methods are all the methods used for conducting a research (Kothari 2004). The discussed research is based on the philosophy of Interpretivism, which emphasises the ontological presumption that humans are different as they create meaning and the epistemological belief that knowledge is gained through social actions and personal experience (Goldkhul 2012) as the study is centred around humans. To fulfil the research aim, it is significant to have a holistic understanding

(Goldkhul 2012) and a more personal, flexible structure is applied to capture meanings in human interaction (Black 2006), which is typical for the Interpretivism (Carson et al. 2001).

### *3.1 Approach*

Inductive (creating a theory) approach is adopted as most previously reviewed researches on the topic use this approach rather than the deductive one and because little research exists. In order to create different views of the phenomena, qualitative data is used and a variety of methods (Saunders, Lewis and Thornhill 2009). As a consequence of the insufficient information, the research remains rather exploratory and open-ended.

### *3.2 Data collection*

The research is based on the survey design. According to Mathers, Fox and Hunn (2007), the data could be gathered through face-to-face interviews and questionnaires. The design is cross-sectional as it is carried at one point in time.

A mixed method of both **quantitative** (expressed in numbers) and **qualitative** (rather expressed in words) data is applied. According to Walliman (2011), some information such as people's emotions and beliefs cannot be brought to numbers. Therefore a mixed method is often used when investigating human beings. Greener (2008) explains that applying more than one method to collect data is called 'triangulation', which enriches and confirms the information. Questionnaires are seen as a 'map' of the research, which points out the themes to be observed through the interviews. This is useful for the development of the website, which is arranged in topics and types of findings.

#### *3.2.1 Participants*

✓ 27 women, who have currently or previously experienced an ED are the main respondents. Those women are in the target group of young adults (18-35) and were chosen as they could be easily contacted since the researcher had previously talked to them (see 3.3 Ethical issues). On the other hand, they fall in the category of Millennials (Bolton et al. 2013), who are active users of Instagram and body dissatisfaction is common in this population (Neighbors and Sobal 2007). The main

communication channel is the group chat they have on Facebook, called '*Foodies United*'.

- ✓ Two psychologists were selected based on location. The researcher searched the web in order to find specialists, who work in Varna, Bulgaria and who work in the field of EDs. Then, a number of associations, clinics and individuals were contacted via email (see **Appendix B**) and within a few days, answers were received, which led to conducting the interviews. See **Appendix C** for their profiles.
- ✓ Two women were also carefully chosen for face-to-face interviews. They are previously affected by an ED but have shaped their experiences into a positive outcome for the society. Both of them are located in Sofia, Bulgaria and have previously met with the researcher, therefore it was easier to contact them (**Appendix C**).

### 3.2.2 Questionnaire

A **semi-structured questionnaire (Appendix D)**, including 10 questions, was sent online to the participants via the platform Typeform. According to Walliman (2011), this is a very flexible tool that could get insights in a consistent manner (Jensen 2002, Kumar and Kumar 2014, Lapan, Quartaroli and Riemer 2011). This method also benefits in fulfilling Objective N1, N2, N3 and N4.

As Dillman (2000) suggests, the questionnaire starts with an explanatory section of the research purpose. The first five questions are close-ended, while the sixth one is presented as a Liker Chart (Crespi 1961), trying to determine whether they agree with a certain statement. There are three open-ended questions. It is written in Bulgarian as this is the mother tongue of the target audience.

The open-ended questions aim to gather more inside information and personal attitude, which gives the participants the chance to take time to consider their answer and to not feel ashamed or worried. This could not happen if the method of focus groups was adopted as participants would hesitate to share their real thoughts (Edwards and Holland 2013) and some could influence others subconsciously (Hennink, Hutter and Bailey 2010).

An alternative solution, though slightly more complicated would be face-to-face interviews. This was not chosen as it would have been practically impossible - most participants are from different cities, therefore traveling would be inconvenient and time-consuming. On the other hand, it is highly expected that most people would not agree to participate in an interview or a focus group as this would take their personal time and would make them feel vulnerable. Conducting the research in the same environment (online), which it investigates, corresponds best to the aim.

Another argument for picking the survey design is that other researchers, (Lewallen and Behm-Morawitz 2016, Ruotsi 2017, Turner and Lefevre 2017, Santarossa and Woodroof 2017) explored in the literature review, utilised this technique. Some (O'Brien 2015) combined surveys with telephone/Skype interviews, while others analysed photos and lexical variations (LaMarre and Rice 2017, Chancellor et. al 2016).

### 3.2.3 Interviews

The selected method for gathering data from professionals (objective N5) is face-to-face, **unstructured interviews** in the manner of discussion. In view of the fact that the interviewees are specifically chosen, the method of interviews is preferred as it can receive more profound results (Marshall and Rossman 1989). Participants could also be asked to expand on certain themes (Grbich 2012).

As location is of high importance (Saunders, Lewis and Thornhill 2016), the researcher agreed to conduct the conversations at the workplaces of the interviewees, which was convenient for them and offered a familiar environment. Both interviews were conducted in Bulgarian and voice recorded, which allows further reflection and analysis according to Creswell (2008). The transcribed and translated in English interviews could be found as **Appendix E**.

The third and final method was **face-to-face, semi-structured interviews** (**Appendix F**) with two women, who were previously affected by an ED.

Jordan and Gibson (2004) define semi-structured interviews as establishing a pleasant atmosphere for both the researcher and the interviewee. They also allow observing body language (Hennink, Hutter and Bailey 2010). Both interviews lasted between 40-60 minutes.

The interview with Ines Subashka, who stated she does not insist on staying anonymous, was video recorded and used for the practical-delivery of the project, while the other one neither video recorded (as the environment did not allow that - it was conducted in a cafe), nor sound recorded but it contributed to achieving objective N5.

Other approaches (telephone interviews or questionnaires) would have been less time-consuming but not as effective, therefore the benefits of face-to-face interviews far outweigh the disadvantages.

### *3.3 Ethical issues*

Some topics are controversial in their nature, hence ethics is a crucial factor according to Suri (2008). Honesty is one of the most important characteristics of a research according to Bell (2010). The discussed subject is delicate and problems could emerge as it involves humans (Kervin 1992).

According to Mathers, Fox and Hunn (2007) through the use of a questionnaire, some ethical considerations were eliminated as questionnaires do not expose participants to threats. This is an advantage because of the delicacy of the topic.

According to Dantzker and Hunter (2012) ethical neutrality means that the moral beliefs of the researcher do not influence the data gathering and the analysis. A research bias is present as the researcher knew the two interviewees personally and the survey participants indirectly before conducting the research. This might lead to prejudice and the invalidity of the results. Ethical neutrality also includes informed consent, confidentiality and anonymity. When conducting the research, there was a great emphasis on the participants' privacy and safety. The study did not include individuals under the age of eighteen in order to ensure vulnerability is not a factor. The gathered data is securely stored and is used entirely for academic purposes. As agreed with the supervisor the website (practice-based delivery) is password protected in order to remain within the agreement of the University's Ethics Committee.

## 4.0 Findings and limitations

### 4.1 Analysis and methods of delivery

The interviews occurred in December and January in Bulgaria, while the online survey was active from 13 February 2018 and the data was analysed one month later.

The questionnaire has been sent out to the Facebook chat 'Foodies United' (**Appendix G**). Eventually, 15 responses were received compared to the initial aim of 20. Because of the restricted time frame, the 15 responses are viewed as enough to develop an understanding of the data. This is considered to be a sensible size for a research project, which is using mixed-methods (Saunders, Lewis and Thornhill 2016). Another confirmation is that the research is exploratory and does not aim to draw certain conclusions, make assumptions and create a solid thesis, therefore the sample size is satisfactory.

The researcher analysed the data after going through it a few times in order to get familiar with the results (Harding 2013, Braun and Clarke 2006).

#### 4.1.1 Methods of delivery

The findings are presented on a *social media platform* as a way of going around the subject in a creative manner. The research findings are portrayed in the form of a website, which combines different methods such as web design, cinematography, video editing, graphic design and journalistic approaches.

The website is named '**Inside**', which means 'the inner side or surface of something' (Oxford University Press 2017a p.1) and it correlates with the idea of understanding better the inside of the ED affected. More detailed information about all used techniques and equipment is featured on the website itself.

Visual approaches can represent information, which is usually hard to verbalise but as Awan and Gauntlett (2011) state, those methods are just accompanying the verbal data. This approach is often criticised as biased and Buckingham (2009 p. 648) states 'data from visual research cannot be seen as transparent evidence of inner mental processes any more than language can'. Therefore, those methods should be designed in a way that enables merging the verbal and visual information. Both visual elements (videos and infographics) as well as verbal elements (written articles) are created.

#### 4.1.2 Infographics and animations

Some of the data is generated in numbers and presented as infographics and short animations after the questionnaire results were carefully observed. The findings from the open-ended questions are presented in a video manner in the form of an animation and are trying to capture the melancholic and delicate character of the topic.

#### 4.1.3 Articles

Key points and themes are outlined (Tuckett 2005) and **articles** for the website are written based on the interviews. Researchers (Braun and Clarke 2006) claim that thematic analysis and coding are a useful method of analysing qualitative data and for investigating and explaining the phenomenon (Vaismoradi, Turunen and Bondas 2013). Both articles are written in an engaging manner, which is like 'talking' to the reader. Some of the recurring ideas are distinguished by applying the 'repetition' technique (Ryan and Bernard 2003) (**Appendix H**) and also used for summarising the findings in the discussion section on the website.

#### 4.1.4 Videos

- The opening video of the website is specifically created for the purpose of this research and is portraying a woman and her struggles with body image and self-acceptance
- A 5-minute creative video is produced with the most important findings from the interview with Ines Subashka

Jewitt (2012) explains that videography is an ethnographic approach, which gives voice to the research participants. It also enables the viewer to see more detail such as expression, body language, gaze etc. In the modern days, videos are a popular tool as they are sharable and easily approachable. Russell and Diaz (2013) also explain that visual images illustrate the experience of the person they are presenting.

#### 4.1.5 Discussion

The discussion section on the website goes through the main points, findings and themes and indicates how those correlate to the aims and objectives of the study.

#### *4.2 Limitations, recommendations and future research*

A significant limitation of this study is the scale of research. It has only investigated a small sample of 19 people (15 from the questionnaire and 4 additional interviews). The sample is not broad enough and the research could be criticised as too under-representative. The researcher could not uncover as much as they wanted to. Having in mind the seriousness of the research a larger research group should have been examined, which would have led to conducting a number of face-to-face interviews. There is a limitation of time as the interviews had to occur in Bulgaria, therefore the researcher was pressured and in a hurry. Other limitations are the time consumption of creating the website, the translation between languages and the limited word count for the written report.

There is a lack of depth and further studies would benefit from including more people in the research and even investigating different Instagram accounts. The not very well structured interviews with the psychologists are another disadvantage as both of them tend to speak about EDs in general, rather than discuss Instagram in particular. A more structured approach is recommended. Even though findings were somewhat consistent, they are still not enough to make a clear thesis.

### **5.0 Conclusion**

It can be concluded that the aim to initially investigate the relationship between Bulgarian women, currently or previously suffering from an ED and Instagram by creating a fundamental understanding, which is later to be expanded and explored, is partially fulfilled. The objectives are not completely met and the study is not reliable due to its scale.

Through the means of a questionnaire, a good amount of information is received, which is reinforced by conducting interviews in order to further understand the phenomenon. It is concluded during the analysis that the main body of findings is from the questionnaire rather than the interviews but they back up each other.

This supports previous findings in the literature that having an eating disorder is influenced by many factors. There is no satisfactory agreement between the results and given that the findings are based on a limited number of participants, the



outcome should be treated with considerable caution, therefore no credible conclusion is made.

The study is unsuccessful in proving that Bulgarian women use Instagram as a place, where they are more open to share their eating disorder-related thoughts. By presenting the findings in a visual manner in the form of a website, a huge amount of information is conveyed, which is helpful in order to organise the controversial nature of the research. To conclude - although performance is not ideal, the lack of depth could be beneficial for additional research as this only sets the foundation for further investigation of the topic.

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## **Appendix A Glossary**

(National Eating Disorders Association 2016 & Yom-Tov et al. 2012)

**ED** - eating disorder

**Anorexia (Ana)** - an eating disorder involving self-starvation and the inability to maintain a healthy and appropriate body weight

**Bulimia** - an eating disorder that involves binge eating followed by purging behaviours (self-induced vomiting, laxatives, diuretics) and/or other behaviours to prevent weight gain (fasting, over-exercise)

**BED (Binge Eating Disorder)** - eating an abnormally large amount of food in a short period of time while feeling unable to stop

**Body image** - one's thoughts and perceptions about their physical appearance.

**Amenorrhea** - the loss of menstrual periods for at least three months.

**Fear foods** - foods that the eating disordered person believes will lead to rapid and significant weight gain, even in small amounts

**Food restriction** - eating fewer calories than the body needs to maintain weight and/or adequate growth

**Food rituals** - obsessive, rigid behaviours around food and eating, such as chewing a certain number of times, cutting food into tiny pieces, or eating in a specific order

**Healthy body weight** - a weight range in which a person is physically and psychologically healthy

**OCD** - obsessive compulsive disorder, an anxiety disorder characterised by intrusive, obsessive thoughts followed by compulsive behaviours designed to relieve the anxiety.

**Orthorexia** - an unofficial term used for an eating disorder characterised by an obsessive concern with "eating healthy" or "clean eating"

**Pro-ana (pro-anorexia)** - support of the development of anorexia

**Pro-ana websites** - websites that promote anorexia and advise people how to maintain the disorder

**Purging** - the use of self-induced vomiting, laxatives, and diuretics after eating in order to prevent weight gain and relieve anxiety

**Relapse** - a return to eating disordered behaviours after a period of remission or recovery

**Restricting** - eating fewer calories than needed to maintain a healthy body weight and normal growth

**Safe foods** - foods, generally low calorie, that are less anxiety-provoking to a person with an eating disorder

## **Appendix B Correspondence**

The original email sent to different organisations and psychologists in Varna, Bulgaria in the search of appropriate participants for face-to-face interviews and their responses:

*'Hello,*

*my name is Aneliya and I am final year Media student in Scotland.*

*I am about to write my dissertation and the topic I have chosen is eating disorders. As I study Media, it has to be bound with it and my topic is more precisely about how people with eating disorders use social media - as a way of escaping, for confession or to hide by pretending their life is perfect. I have an idea of filming short videos and interviews and to create a website, called "Inside", where I will publish the visual data, texts of interviews and the results from the research, in general.*

*I would like to meet you in order to talk about this and to record some footage. Of course, if you do not wish the interview to be recorded, I would be very happy to just talk about the topic as you have experience with a lot of people with similar conditions and everything will be beneficial for me in order to make conclusions how social media is used.*

*I chose this topic as I, myself, have experience with eating disorders and I am currently recovering from them. During the summer I reached the peak of my problems and in the past half a year I am returning to myself and my previous habits. I will write on this topic because I would like to understand more about myself as well.*

*I will be in Varna until 24th January and then around Easter. I will be very happy if there is a way of talking to you, even via email.*

*Thank you!*

*Regards, Aneliya Kalcheva'*

## Response 1 (Image 1):

'Hello, Aneliya

Thank you for your email and your interest towards me.

It is great that you will write on this topic and congratulations for your enthusiasm.

About recording an interview with me, I don't think I will agree, but I can spare you around an hour if we arrange it from now for you to come to my cabinet on 44 27 July street, my number is 0878 205 221 and 17:30pm suits me.

Regards and I will wait for your response!

Elisaveta Pavlova`

Elisaveta Pavlova

17 January 2018, 16:11

EP

Re: Дисертация за хранителни разстройства

To: Aneliya Kalcheva

Здравейте, Анелия

Благодаря Ви за имейла и за интереса към мен.  
Чудесно е че ще пишете по темата и браво за ентузиазма ви.

Относно запис на интервю с мен, не мисля че ще съм съгласна, но мога да ви отделя около час, ако от сега се уговорим да дойдете при мен в кабинета ми на адрес: ул.27 Юли 44, а моб.тел. 0878 205 221 като за мен ще е удобно в 17:30 часа.

Поздрави и ще очаквам обратна връзка!  
Елисавета Павлова

На 16 януари 2018 г., 13:08 ч., Aneliya Kalcheva <[aneliakalcheva95@gmail.com](mailto:aneliakalcheva95@gmail.com)> написа:  
Здравейте!

Казвам се Анелия и съм последна година студентка в Шотландия специалност Медия.

Предстои ми да пиша дисертация и темата, която избрах е хранителни разстройства. Тъй като уча медии, трябва да е обвързано с тях и темата ми е по-точно как хората с хранителни разстройства използват социалните медии - като начин да избягат, да излеят душата си или се прикриват, че животът им е перфектен. Имам идея да заснема кратки видеа и интервюта и да създам уебсайт, който да се казва inside, където да публикувам визуалните кадри, текстовете на интервютата и като цяло резултатите от проучването (дисертацията).

Бих искала да се срещна с Вас, за да поговорим по темата и ако бихте имали желание да заснема и кратки кадри. Разбира се, ако не желаете интервюто да е заснето, много ще се радвам просто да поговорим по темата, тъй като имате опит с много хора с подобни състояния и всичко би ми било полезно, за да направя изводи как се използват социалните мрежи.

Избрах тази тема, защото самата аз имам опит с хранителните разстройства и тепърва се възстановявам от тях. През лятото достигнах пика на проблемите си и последната половин година се възвръщам към себе си и предишните си навици. Ще пиша по тази тема точно защото искам да разбера и себе си повече.

Ще съм във Варна до 24ти януари и после чак по Великден. Много ще се радвам, ако има как да разговарям с Вас, дори и чрез имейли.

Благодаря Ви!

Image 1: Response from Elisaveta Pavlova



## Response 2 (Image 2):

'Call me on 0888378983 to discuss how and when to meet. My name is Pavel Pavlov'

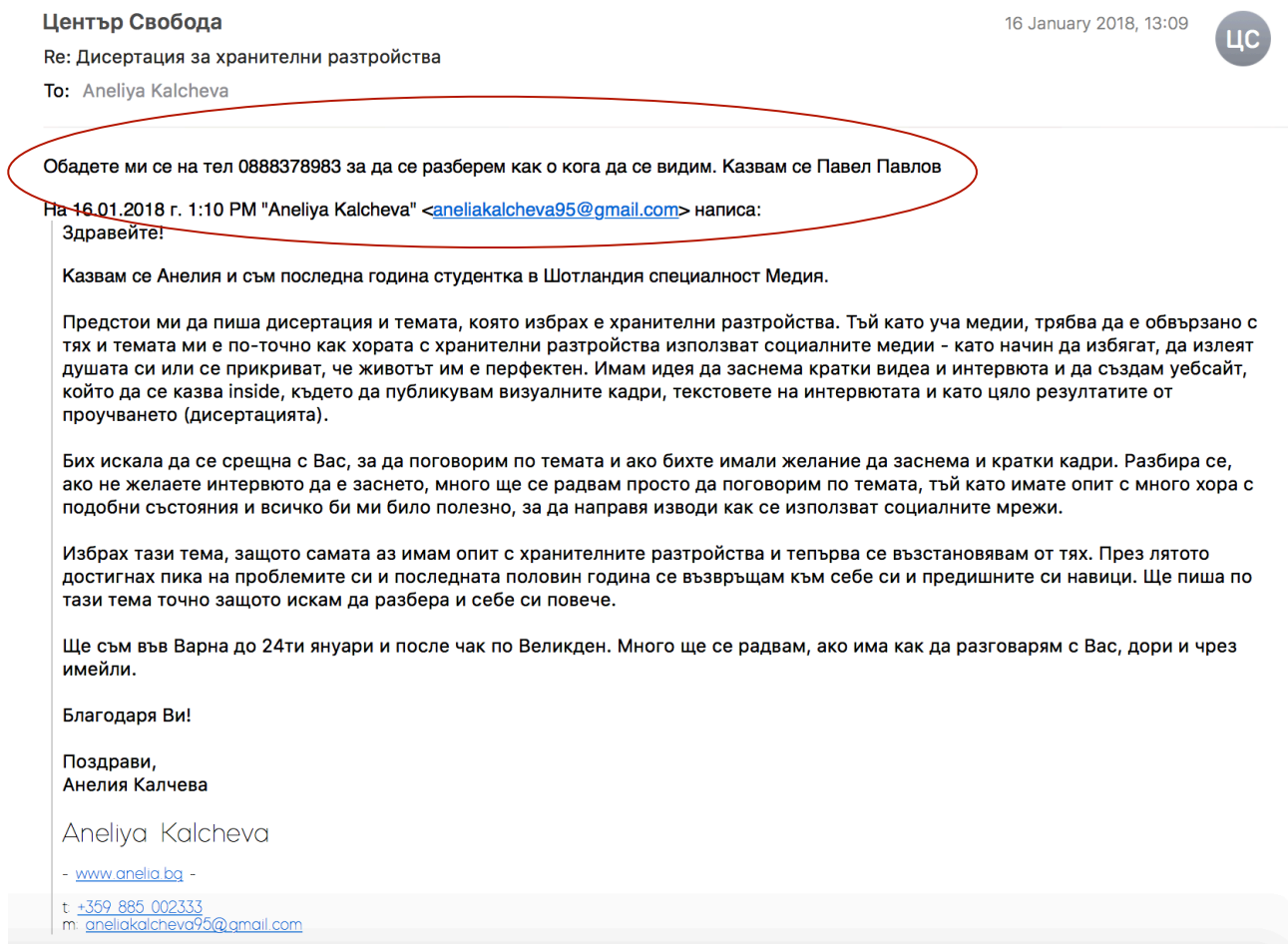


Image 2: Response from Pavel Pavlov

## Appendix C Participants' Profiles

*Who are the interviewed people?*

### **Elisaveta Pavlova:**

- Psychologist, specialised in Eating Disorders
- Professional Consultant in the method of intuitive eating
- Founder and manager of Association 'Unikal' - first Bulgarian association for eating disturbance

### **Pavel Pavlov:**

- Therapist for addictions
  - Works in association 'Svoboda', which is specialised in eating disorders
- 

### **Ines Subashka:**

- A conditioning trainer
- Owns two gyms in Sofia - *IFS - Inspired Fit Strong*
- Two published books - '*The IFS Gene - A Vision for Health*' and '*#SayNoToHunger: Recover your metabolism from diets*', where the second one is a story of her own eating disorder history and how she recovered from it
- An inspirational person with a huge fan base - has a Facebook Group '*IFS Lifetime Challenge*' with 61 392 members

### **Sofia Yotova:**

- A culinary blogger at [Foodie Boulevard](#)
- Has a long experience with eating disorders in their different forms
- One published book - '*Delicious with a smile: 123 culinary adventures*'

## Appendix D Survey

<https://aneliya.typeform.com/to/M8C9IP>

The Connection between Eating Disorders and Instagram

This survey is part of a research on the topic  
How Bulgarians with eating disorders use Instagram

The aim of the research is to find the connection between people currently or previously going through an eating disorder and the use of Instagram.

What is Instagram for?

- a platform for confession and for sharing thoughts and feelings
- a place, where we pretend 'life is perfect'
- a place, where we admire others
- a coping mechanism
- a search for support groups

The results will be presented in the form of a website called *Inside*

-----

If you would like to participate more throughout the research by answering additional questions, please contact Aneliya Kalcheva  
[email: [aneliakalcheva95@gmail.com](mailto:aneliakalcheva95@gmail.com)]

THANK YOU!

**1.** Do you believe to be affected (or to have been in the past) by an eating disorder and how would you define it?

- anorexia
- bulimia
- orthorexia (healthy eating obsession)
- binge eating
- a combination
- other
- I'm not affected

**2. Have you shared your thoughts with anyone?**

- Yes, with family
- Yes, with friends
- Yes, with a specialist
- No, I don't think I need it
- No, I am ashamed
- No, there is nothing to share / discuss

**3. Do you have an Instagram account?**

- Yes, one
- Yes, more than one
- No

**4. Is your account somehow connected with the eating disorder?**

*\* Please, fill in the 'other' field if your answer is about your second account rather than the primary one\**

- Yes, as a place where I share my sincere thoughts
- Yes, to a certain extent (like a culinary blog)
- No, no connection
- Other

**5. Have you shared any thoughts, connected with the eating disorder online?**

- Yes, in my primary account
- Yes, in my second account
- No, I am ashamed
- No, I do not need to share them
- Other

**6. How willing are you to share personal thoughts connected to the eating disorder with people you know?**

*Do you have a problem with 'confessing' about your eating disorder in front of people you know?*

0 - I would not like to share and I do not want them to know

10 - I do not have a problem of talking and letting my family and friends know

0 1 2 3 4 5 6 7 8 9 10

**7.** How do you feel when you use Instagram? If you share your eating disorder related thoughts, does that make you feel as a part of a community? Do you follow people with similar interests?

**8.** Do you use social media as an escape from reality? Why?

*\* Scrolling through photos of models and fooling yourself that you do not have an eating disorder, trying to follow a certain lifestyle, imagining your life as 'perfect' \**

**9.** Are you more open to share on Instagram? Why? Is this easier? Does it soothe you?

*\* Do you prefer sharing your thoughts online in front of people you don't know or even in front to acquaintances but not face to face? \**

**10.** Please, state your age :)

( Inside )

Връзка между хранителни разстройства и Instagram

Това проучване е част от дисертацията на тема  
*How Bulgarians with eating disorders use Instagram*

Целта на дисертацията е да открие връзката между хора, преживяващи или минали през хранителни разстройства и използването на *Instagram*.

**За какво служи Instagram?**

- като платформа за изповед и споделяне на чувства и мисли
- като място, където се преструваме, че "животът е перфектен"
- като място, на което се възхищаваме на други хора
- като защитен механизъм
- за търсене на групи за подкрепа

Резултатите ще бъдат представени под формата на уебсайт, наречен  
Inside

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Ако имате желание да се включите по-подробно в проучването,  
отговаряйки на допълнителни въпроси, моля свържете се с  
**Анелия Калчева**  
[email: aneliakalcheva95@gmail.com]

БЛАГОДАРИ!

Start press ENTER

1 → Смятате ли, че сте **засегнати (или сте били засегнати)** от хранително разстройство по някакъв начин и как бихте го **дефинирали**?\*

- ☐ А Анорексия
- ☐ Б Булимия
- ☐ В Орторексия (обсебеност от здравословно хранене)
- ☐ Г Препреждане (Binge Eating)
- ☐ Д Комбинация
- ☐ Е Друго
- ☐ Ж Не съм засегнат

2 → Обсъждали ли сте мислите си с някого? \*

Choose as many as you like

- ☐ А Да, със семейство
- ☐ Б Да, с приятели
- ☐ В Да, със специалист
- ☐ Г Не, не мисля, че имам нужда
- ☐ Д Не, срамувам се
- ☐ Е Не, няма какво

3 → Имате ли *Instagram* акаунт?\*

- ☐ А Да, един
- ☐ Б Да, повече от един\*
- ☐ В Не

4 → Свързан ли е по някакъв начин акаунтът ви с ХР?

\*Моля, напишете в полето 'other' ако отговорът ви се отнася за **допълнителен** акаунт, а не за основния ви. \*

4 → Свързан ли е по някакъв начин акаунтът ви с ХР?

\*Моля, напишете в полето 'other' ако отговорът ви се отнася за **допълнителен** акаунт, а не за основния ви. \*

Choose as many as you like

- ☐ А Да - място, където да споделям искрените си мисли
- ☐ Б Да, до някаква степен (например кулинарен блог)
- ☐ В Не, няма общо
- ☐ Г Other

5 → Споделяли ли сте мислите си, свързани с ХР онлайн? \*

- ☐ А Да, в основния ми акаунт
- ☐ Б Да, във втория ми акаунт
- ☐ В Не, срамувам се
- ☐ Г Не, нямам нужда от споделяне
- ☐ Д Other

6 → Колко сте склонни да споделяте лични мисли (свързани с ХР)

6 → Колко сте склонни да споделяте лични мисли (свързани с ХР) пред хора, които познавате? \*

Имате ли проблем да си "признаете" за ХР пред хора, които ви познават?

0 - не бих искал да споделям и да знаят

10 - нямам проблем да говоря за това и близките и познатите ми да знаят

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Не съм

Нямам проблем

7 → Как се **чувствате**, когато използвате *Instagram*? Ако споделяте

7 → Как се **чувствате**, когато използвате *Instagram*? Ако споделяте мислите си, свързани с ХР, това кара ли Ви да се чувствате като част от някакво **общество**? Следват ли хора със сходни интереси?

SHIFT + ENTER to make a line break

8 → Използвате ли социалните мрежи като **бягство от реалността**?  
Защо?

\* Разглеждайки снимки на модели, залягвайки се, че не страдате от ХР, опитвайки се да следвате даден модел на живот, представяйки собствения си живот като "перфектен"

8 → Използвате ли социалните мрежи като **бягство от реалността**?  
Защо?

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SHIFT + ENTER to make a line break

9 → По-открити ли сте да споделяте в *Instagram*? Защо? По-лесно ли е? Това успокоява ли ви?

9 → По-открити ли сте да споделяте в *Instagram*? Защо? По-лесно ли е? Това успокоява ли ви?

\* предпочитате ли да споделяте мислите си онлайн пред хора, които не познавате или дори пред познати, но не очите в очите

SHIFT + ENTER to make a line break

10 → Моля, напишете възрастта си :) \*

SHIFT + ENTER to make a line break

OK ✓ press ENTER

## SURVEY ANSWERS

1. Do you believe to be affected (or to have been in the past) by an eating disorder and how would you define it?

- a combination - **9**
- other - **2**
- anorexia - **1**
- bulimia - **1**
- orthorexia (healthy eating obsession) - **1**
- I'm not affected - **1**
- binge eating - **0**

2. Have you shared your thoughts with anyone?

- Yes, with friends - **7**
- Yes, with family - **5**
- Yes, with a specialist - **5**
- No, I am ashamed - **3**
- No, I don't think I need it - **1**
- No, there is nothing to share - **0**

3. Do you have an Instagram account?

- Yes, one - **11**
- Yes, more than one - **2**
- No - **2**

4. Is your account somehow connected with the eating disorder?

*\* Please, fill in the 'other' field if your answer is about your second account rather than the primary one \**

- No, no connection - **12**
- Yes, to a certain extent (like a culinary blog) - **3**
- Other - **1**
- Yes, as a place where I share my sincere thoughts - **0**

**5.** Have you shared thoughts, connected with the eating disorder online?

- No, I do not need to share them - **7**
- No, I am ashamed - **4**
- Yes, in my primary account - **2**
- Yes, in my second account - **1**
- Other - **1**

**6.** How willing are you to share personal thoughts connected to the eating disorder with people you know?

Do you have a problem with 'confessing' your eating disorder in front of people you know?

0 - I would not like to share and I do not want them to know

10 - I do not have a problem of talking and letting my family and friends know

0    1    2    3    4    5    6    7    8    9    10

Avg. 7.2

10 - **5**

5 - **3**

6 - **2**

9 - **1**

8 - **1**

7 - **1**

4 - **1**

3 - **1**

**7.** How do you feel when you use Instagram? If you share your ED related thoughts, does that make you feel as a part of a community? Do you follow people with similar interests?

No, but I want this to be talked about and people to know about this problem. An end has to be put to the idealisation of thinness and we should define once again the term 'beauty'.



Yes, I follow people, who went through something similar. I feel good and somehow “hidden” and not as vulnerable, because everything is happening online. I feel braver.
Yes, I follow. Their success motivates me.
I do not have an Instagram account. :)
I do not share ED related thoughts on Instagram or on social media.
It is satisfactory for me to share my path if there is even a small change of helping someone, who goes through similar trials.
Yes
I follow people, yes. I do not feel as a part of a community.
Yes. I share. Already!
I do not use Instagram but I can easily imagine if I were hypothetically using Instagram and if I had an ED, I would use it to compare myself to other women.
Instagram for me is a place, where I can “observe” closely the ideally presented bodies and the success in life, both of celebrities and of my relatives and acquaintances. Social media is a place, where I quietly compare myself to everybody else. When I cannot achieve the same appearance or standard of life I rather suppress myself and blame it on my weak will. The comparison with others led to my anorexia and my desperate attempt to survive and my weak will led to my binge eating.
I do not share about the problem on Instagram but I follow accounts of people I admire for overcoming similar things and who live in harmony with themselves. It is sincerely motivational for me.
Yes, when you follow a certain circle of people, who you admire, you kind of feel as a part of their community.
I follow people with similar problems
I do not share

**8. Do you use social media as an escape from reality? Why?**

*\* Scrolling through photos of models and fooling yourself that you do not have an eating disorder, trying to follow a certain lifestyle, imagining your life as 'perfect' \**

Sometimes
I have used it before, following a lot of food blogs and people on different diets and I fooled myself that together, we are a part of something

No. I just like aesthetically pleasing photos.
I wouldn't say. :)
Yes, but not in this stage of my life
No.
Sometimes
Sometimes. To present my life as cooler. Everybody wants a cool life.
No
I work with social media and to a big extend my reality is there
Social media was my escape of reality during my hardest periods but it keeps being one now, as well. When I suffered from anorexia I was "feeding" myself through lots of videos of delicious and ultimately healthy dishes, while in real life I was forbidding myself to put a bite in my mouth. Nowadays, when I am overweight because of the binge eating, I use social media as a scourge - I observe the success of everybody else (including the weight loss of the ones close to me) and in most cases I am shutting myself off again.
I cannot escape reality because the feeling is strong. But as I wrote in my previous answer I use social media as a motivational tool for help with my problem.
Yes, the photos of models with perfect bodies and of people, who are always traveling, have the perfect relationship and many friends, will always make an impression to me.
I do not present it (my life) as perfect, I believe there is beauty in everything
I do not think so

**9.** Are you more open to share on Instagram? Why? Is this easier? Does it soothe you?

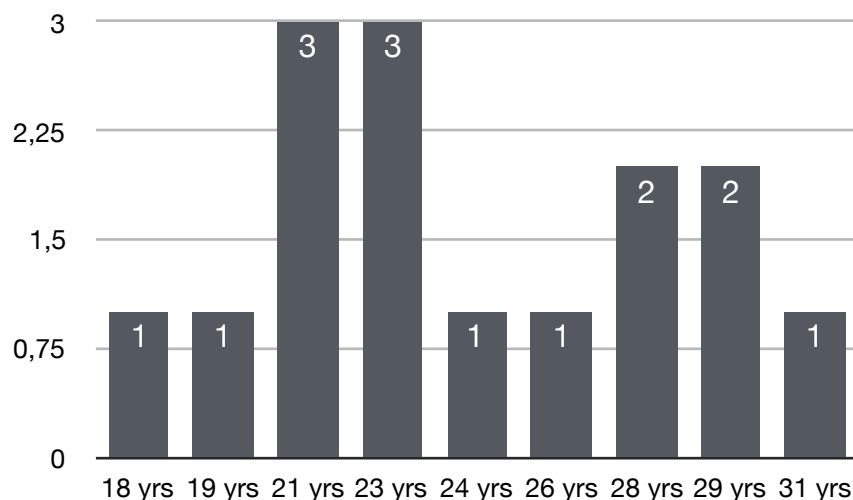
*\* Do you prefer sharing your thoughts online in front of people you do not know or even in front to acquaintances but not face to face? \**

Well, sometimes yes, because people around me are not completely familiar
Now, it is easier for me. I feel protected. Now, when I have realised what is happening to me, it is easier to speak - I feel as I could even help someone. It soothes me to share and to say what I am thinking. "Confession strengthens the soul"
No. It is not sharing but rather pretending.

No.
No
The choice of the social media does not matter - I can speak equally freely on all of them.
No
No
No
I do not use Instagram. It is probably easier because it is a controlled environment.
I believe each social media channel makes us more powerful - everybody feels more confident and is willing to be bold, to get out of their shell and to share more than the usual. I am willing to share more on a social medium, where I have more unknown followers. Usually, even if the message gets to my acquaintances, I think they will have thought over this information and it will not be necessary to meet misunderstandings looks and questions as if I speak face to face with them.
I would not say I share more because most people are my real friends. Sharing online is indeed easier though.
I do not share often.
I does not soothe me
I do not use soc media to talk about ed

**10.** Please, state your age :)

18	24
19	26
21	28
21	28
21	29
23	29
23	31
23	



## **Appendix E Interviews with psychologists**

### **Interview with Elisaveta Pavlova**

*(time-coded)*

43:49

In terms of social media, my observations, as well as my experience with the girls, I've worked with, is that they use Instagram. I do not have a profile there but I've heard about it from them. Following people with similar interests is what stands in their way and what is bad for them. I remember now a case with a girl, with whom I worked a few months ago, but for example she was working in the field of medical cosmetics and was interested in that. So she found certain people, who were working with this every day. Not only this girl was alone, but this was her world, in which she found salvation and rescuing. At the moment she moved back to live with her parents, we took some measures for her to reduce her time on social media, so she can spend more time with her relatives.....but this again depends on the environment, because if a person is alone all the time....

45:02

**Researcher:** Yes, it is unavoidable to open your phone...

45:08

Then we come to this again - how to keep in touch with my friends and family if I am away and so on, and so on...

45:15

**Researcher:** Yes, at a certain time, I had a lot of pages on my feed but I unfollowed them. At a certain time you just go on Facebook or whatever and there are so many photos. It is because I like cooking etc but looking at food all the time, then it is unavoidable to not think about food all the time. Back then, even when I wasn't hungry, I could still think about food, while now is not that I'm not interested in

looking at food, but I do not feel such hunger. I feel a little bit different in terms of food.

45:53

Do you know what I remember, Aneliya, on the topic of social media and this ideal image of thinness, which is promoted: I tried to work on projects and I, personally, am interested from a long time about one amazing program for prevention. Actually it is the best one according to me and I contacted one to its creators, he is a specialist and he even became a partner to the association because we wanted to popularise this program in Bulgaria. So, if you want to find more sources, they have a lot of studies - The Body Project. It is a prevention program and they use cognitive dissonance. They tied it up to media, with this image, the ideal of thinness. And the program itself aims exactly this - to confute those media messages. Because they have a strong influence and are a factor.

48:47

And in fact, Aneliya, the way to find support and to feel better is group work and ideally, with the help of a psychologist. Because when there are no limitations - the information on the Internet is so wrong, it is based on myths and false facts. I am teaching my clients how to believe again. We live in such a culture, obsessed with diets, which is completely influenced by media and this diet industry in particular. It includes everything - beauty, slimming, fitness and those are billions and billions of dollars. Products and services are sold and the aim is only commercial. I am working with my clients to change those media messages. It is so harmful. This influence is so strong, you study Media, you know. It is a manipulation. It is brain washing.

You find prove for everything. And this is the danger of being over informed. We used to be uninformed and we are over informed now. You can always find prove for your thesis.

Orthorexia is the biggest curse at the moments.

Actually the resolution is intuitive eating, I am trained in this method. I am teaching people to go back to this way of eating. But it is hard to do it alone. I do not know if a person can succeed on their own.

53:40

In fact, I went through a lot in this diet industry in my work. So if a person keep on following certain trends - veganism, vegetarianism and to look for salvation at a certain type of eating, he/she get obsessed. The only way, for me at least, is the intuitive eating. This is the eating we used to have before, before we started thinking "this is unhealthy, this is wrong". We eat, when we are hungry, we get satisfied...this is what we lost on the way and what we need to go back to. But without fear.

Actually the spinal cord, which is the old one is connected to the instincts, with our body, with survival...this is the body and those are the signals and if we return back this connection with the body, we will find piece...we get in piece with food, the guilt goes away, the fears go away...then we get back the normal way of eating...then we get back everything.

## **Interview with Pavel Pavlov**

**03:00** There are enough studies now - there are purely social studies and purely psychological studies. The society, practically influences those things a lot. How it influences them, well, speaking of EDs, keep in mind that I will speak through my prism, my school...there are other points of view as well. I think this year or the last one, EDs got in the catalogue of diseases. But in my school, we believe this is the group of addictions. That is to say EDs has a similar effect on the organism, closely related to the addictions. I will come back to this later. I would just like to explain some things. So one of the factors is this and the other one is the so called social factor. There are 4 basic types of ED. The common between all those types is that you go to extremes. Anorexia Nervosa (Nervosa is the affection, while only anorexia can be provoked by other factors), the other extreme - hyperphagia (over eating), Bulimia (over eating and then the desire to restrict calories by sport, laxatives, purging etc) and the new manifestation - orthorexia, the healthy way of living. Again going to extremes - constantly reading and obsessing. The negative effect is bigger than the positive. In my school all those things are just symptoms of the same disease. Because in the human organism everything is connected - the psyche, the body, our physiology, thoughts, emotions, everything works synchronised and influences one another. Whatever the obsession is, including religious fanaticism. Obsession leads to serious problems - self hurting, hurting the others etc. Those things influence one another. The worst is that in the end, what provokes all this is the pure dissatisfaction with life. In fact, going to those extreme conditions leads to going deep to what you are trying to resolve and it only gets worse and worse. This is a vicious cycle.

**07:35** The idea is that usually a lot of the eating disorders are not as simple as they seem. There are experts, who specialise only in eating disorders or only in chemical addictions but very often they miss other aspects. My school looks at this as a whole. The idea is that there is an original cause for the disease, which is an independent disease. The problem is isolated as a behavioural problem, not because the person is insane or lonely but an independent behavioural disease. From then onwards, you can start studying it more seriously. It is maybe in the US where money is invested in studying those things. Simeon The Great used to punish people for alcoholism. It just hasn't been studied in more depth.

**09:14** You know what science is, right? We try to put some norms in numbers, something that does not usually exist. There are things that are known for centuries.

Like...if I throw a stone towards someone, their head cracks...but science starts looking for explanations, but why, how...what is the trajectory and stuff like this - sometimes they are necessary, sometimes they are not. We need to explain stuff, if this explanation will help us develop it further, build it up.

**10:50** In my prism those things are connected to other factors. Lets take the decease itself...by the way, what we know about the brain, we probably know from the past 15 years, we have amazing technologies and machines. Until now everything was assumptions and predictions. Many things are connected to mysticism. Now we know certain information and it is all biochemistry, no mysticism. I am a believer by the way. Many people, who are studying those mechanisms start believing at a certain point. There are levels, that science cannot go over. There are energies and forces, which we cannot explain but which affect us.

**12:55** Eating Disorders are a scourge by the way. I don't know if you are familiar with this, bu Hitler was trying to kill the mental disordered people and not only...the idea was the master race. Thanks to Hitler there are amazing discovering, unfortunately with great sacrifice of life. A paradox but a fact. Thanks to those wars and insanity, maybe more lives are saved. Not humane but a fact.

**13:55** After killing those people, the schizophrenics, it is determined that there was a burst out of new born schizophrenic children. You don't know what they are like when they are born. The generation after those killing, the 40s - 45s, the children, who are born in this period - it is later noticed that there is an increase in the schizophrenia cases. Then, the conclusion is researched that 1% of the population has schizophrenia - no other factors, no evidence, no genetics. Another question is what actually schizophrenia is - is it an illness or a psychological condition, which has a certain meaning. There are some medications, which keep it under control. It is a similar situation with the people with addictions - a certain percentage of addicted people always exists. From here, certain schools start noticing differences. They separate people into groups of addiction. For example the chronic addiction - an incurable condition. But what this means, there are a lot of arguments. What is meant here is that this person cannot get back the control of the certain behaviour. When the one starts, one will loose control. We could teach this person to live in a certain way - adequate, responsible, happy life in remission. Without relapse - without provoking this behaviour. And by maintaining those, the remission will be until the end of their life. But theoretically if you live long enough, there will be a relapse eventually. This is



the idea. That maybe the will be loss of control. But we are getting deeper. At some moment we think those people are cured. This girl had anorexia. Brilliant. We fixed her. She no longer has anorexia. But now she has bulimia. Or hyperphagia. And then at one great moment she becomes a great young lady like you...with bulimia.

**17:40** We transfer one behaviour to another deceased behaviour. Because of that we call it a symptom rather than the disease itself. In the modern medicine, we usually speak about holistic methods etc, i.e we are going back in time...because it turns out that in its predominant part the modern medicine heals the symptoms, rather than the cause. We are also studying the so called psychosomatic medicine. I.e we have the manifestation of a deceased behaviour, thinking, which leads to the sickness of some organs and then we treat this organ, but another one gets sick. What should we do? To change the way of thinking and the attitude. Not for nothing there is such an outburst of cancerous and auto-immune diseases. We are concentrated on the symptom. I don't know if you are familiar with this, but there is a study, showing that from 19th century the IQ of the mankind fall down every 10 years. We are statistically we are more unintelligent. We lost our ability to think, reason etc.

**20:05** The effects are anomie. I am gradually going to the social influence. There is chaos in the society. And the chaos can be characterised with certain processes. What is interesting in the anomie is that the society gets into this... well, I will give you an example with Bulgaria. You know that from 1876 Bulgaria is a feudalistic country. Until then, people were born and were raised how to survive in such a society. At a certain point, there is a revolution and the capitalism comes. Children are raised according to certain norms. They are confused and do not function well. A few generations have to change. What happens then? Then the norm comes. But there are certain differences. There is a revolution again. Anomie again. And then again from the beginning. The World Wars come. You have to build a society with certain responsibilities.

**24:20** We gradually reach the social influence. Some confused people are easily manipulated. Those processes deliberately create chaos. If you study psychology of the crowd, for example some methods such as increasing the prices of the gas with 50%, while there is another deal happening at the same time., which people don't notice as they are too busy complaining and worrying about the increase in the prices.

**25:50** You, young people, hope that you can change the world in a certain way. Bearer of the new, the different. We are already burdened.

**27:45** About the addictions - we give the person the choice because otherwise he/she resists. They have a choice, but a limited choice. The resistance is huge. It is bigger in men and that's why it is commonly accepted that women have EDs. It is just that men are more easily self-delusional. The social influence in men with EDs works in a different way compared to women. A denial of the problem. It is very important to define whether this person has developed the symptom of the chronic addiction or is just a problematic type. Someone who diets from time to time. Someone, who abuses and does it systematically. Or someone, who already has symptoms of chronic addiction. Those who drink sometimes. Those who abuses with alcohol from time to time. Those who systematically abuse with alcohol. And the chronically addicted - those who loose control, when they start drinking and cannot stop. The chronically addicted can never get control back. The problem here is the denial. The person makes everything possible to not accept they have a problem. In anorexia this is looking at the mirror and saying 'I'm so fat', while she weights 30kg.

**33:05** Usually the addicted are highly intelligent people. Because an unintelligent person would get addicted harder. This person will abuse, but will not be addicted. Because then the person starts deceiving themselves of the seriousness of the problem. I observed the people around me when I was studying psychology. Most of them had a personal reason. Some had an ED, some were alcoholics. Or their child is sick or something else, but everything is personal. Unfortunately, those people could harm others. In Bulgaria it is still not acceptable to go to the psychologist / therapist.

**36:08** A person, who is susceptible to develop an addiction...the organism starts synthesising certain neurotransmitters in smaller quantities. One way is to change the attitude towards yourself and life and to compensate with the attitude towards the environment. You compensate the lack with something else. Social intelligence is more important. It develops. You can work on this and make it better.

**39:45** A part of the problem with people with an ED is that at a certain point of their life, they start having problems - family, social...this person looks for a way to solve this, because it makes them feel bad. One way is the slower one, but someone has to give it to you, to tell you how. The society doesn't do that. You turn on the economy mood. How do you solve it then? With the use of substances. Or by refusing food. For example. You have to dress it up somehow. Because the brain doesn't want empty spaces. It either deletes it or gathers it with something else. It always adds something

familiar. It takes time to turn the new things into familiar ones. This is how it functions. A problem appears and it gives you the solution. You feel good at the certain time. You might be binge eating. Or eating sweets. You know there is one process difference in the organism between sugar and alcohol. Everything else is the same. The biochemistry is the same from a certain time. Synthesis of dopamine. The more dopamine, the less serotonin. The less serotonin, the worse we feel. Therefore we have to keep up with the problematic behaviour to get the dopamine in order to lighten the condition. And this is a vicious cycle. Until the body rejects to produce more serotonin.

**42:25** We look for explanations. The distorting mirror of the world, if you are not this person, you should be this one, if those parents were not mine, if it would be like... the more you get into this addicted behaviour, the more the environment disappears, you recognise only extreme emotions. For how long can you live in apathy? Very little. You intuitively look for something to happen. A motivation for something to happen. A biochemical vicious cycle. The world seems unrealistic, impossible. You always go back there because this was giving you a solution back then. Your brain remembered. An automatic process, which got into the brain. The consciousness doesn't play a role anymore. It has nothing to do with will. People function in a completely other way. For example, someone gets in your way while you are driving. You have three ways of reaction, in this situation the brain shuts down and only one sector works - a signal 'danger'. If you think, you lose time. There are three ways - the three F - Freeze, Fly, Fight. Those are automatic reactions. We make people do different things a lot of times, so they can start reacting in the new way in a stressful situation. The new behaviour should become strong enough to resist the old one. This is how we heal those people.

**46:20** I am getting to the social part. At a certain time, a girl has a problem, let's say. She doesn't have the normal family support. There is this exercise, we ask children, 13-14 years old to write on a piece of paper, whom would they turn to in a problematic situation and 70% of them write another friend, not their parents. It is very important what others would say. What others are doing, I am doing, because otherwise the society will throw me away. In some societies, children are born very thin and then they gain weight, which is considered a sign that the family is well-off. At a certain time this becomes a social norm. But then..France, the US .. thin girls, barely walking.. 'You are ugly, you are dumb, you are fat' and the brain starts looking for a solution that society will accept and then she stops eating. It might be a way of

punishing the mother. There are interesting approaches. For examples making the girl feel something, making her scream, cry etc...with anorexia especially they shut themselves away very easily. Sometimes, colleges of mine, make this girl fall in love with the, so the emotions are released. It works, but it is a little bit...

**56:04** A leading addiction is the behaviour that shows the most. Sometimes the addiction is hidden. There are women, who come to me for alcoholism but the leading one is sexual or eating addiction. it is all complex. The moment we fix one, the other one appears. The 'id' suffers the most because of the biochemistry. this is why you feel not enough etc. You turn towards yourself and then you turn towards the outside. There is this influence of the physiology, the psyche and the society.

**58:15** When there is a refusal of food, then there is a strong influence from the hormones, because you need certain micro elements, which come with food. They are missing and when they are missing, the brain starts functioning in a strange way. Your period stops, your sexual desires disappear. Well, the sexual energy is the strongest energy. Sexual addiction - the hardest to cure. There is brain tissue in the middle of the gut (by the way a Bulgarian discovered that), so the stretching of the gut provokes this tissue and it starts synthesising certain signals and pleasure transmitters. You over eat. Bam. Bam. The gut starts pumping neurotransmitters, which create certain feeling. This happens separately because until it goes to the brain...so that's way slow eating is important, conscious eating. This is what I am teaching them - slow, intuitive eating. Our organism gives perfect signals what we should eat at the exact moment. It is very important to recognise those signals and to not solve your emotions in this way. Because this is a signal. It takes 20-30 minutes. This is why you overeat.

**1:00:00** But when you don't eat the opposite happens. Hunger gives signals as it important to eat. But when you haven't eaten 2-3 days, those signals vitiate. The lack of substances makes you distort the world. You have to explain it to yourself and what you say - " I'm ugly, I'm fat". You distort reality. The distorting mirror. All addictions distort reality.

**Researcher:** How do you then find out which reality is the right one? Because if a person believes they are fat and the others tell them they are not ... well, this is their reality.

**1:01:15** Your reality is important for you. Everybody perceives the world in a different way. There are around 15 thousand packages of information - you see, you hear, you feel etc and those perceptions go into the brain. You have for example 70% sight and 20% hearing in a package, those combinations change in different situations. Those packages go to the brain and tell you whether there is a danger or not. Then it goes to the next level - guess how many go to the next level - 3000, the others are gone. Those 3000 are processed through different filters and then they go to the subconsciousness. Otherwise the brain cannot perceive the information, it shuts down and that's it. So those parts are rearranged - some are deleted, some are combined. The information goes to the cortex and the subconsciousness is constantly communicating. Around 10-15 packages reach this place. The communication between the subconsciousness and the cortex is through metaphors, through images. They are very specific. And because of that every person has their own reality. This process is strictly individual and unique. The fastest computer at the moment does what the brain does for 1 second, for 40 minutes. The idea is that this complicated process is unique. We know a lot but we don't know a lot at the same time.

**1:05:50** This uniqueness is amazing but it is influenced by the social factor. And we come back to the media etc. The media itself creates the environment we live in. We are irradiated with this information. Whether you want it or not, it creates neuron connections. There are moral norms, which if you break, they reflect on you.

**1:09:13** Those people with addictions have always been around ... they drank wine, took magic mushrooms...this thing has always existed. But the contemporary society - it is a manipulation. It is a way of ruling the people. Said otherwise - "if you want to become an addict - I give you the opportunity." "If I can make money from your addiction - I give you the opportunity". The journalists want sensation. When they write that there has been a suicide, then the suicide cases rapidly increase. People who wondered whether to kill themselves say "well, this one resolved their problem". So this is how they subconsciously kill by making news. The acts of terrorism - the more it is talked about, the worse... if someone wondered whether to do it, does it then. This is how the society works. It is the same with hypnosis - it is easier to do it to 100 people rather than with 1.

**1:11:15** 25% of the people go into light, 50% into middle and 25% into deep trans. There is an algorithm. From those 100 people only 5-6 will not be in trans. If it is only 1 person, it will be harder and more time-consuming.

**1:12:40** Watching TV can get you in trans. I follow them, the adverts, I watch TV and I can immediately see what techniques they are using. It is a constant irradiating. I read news. But it happens subconsciously - they are studying even where to position each product in the supermarkets. Media works this way. The newspaper needs money - yes, it does. Then there are paid articles.

**1:17:08** Social norms, likes etc. There is a hollow in people, they want to be liked. So to be liked, something should happen in a particular way. So what happens? You see a woman and then the press and the TV says "the model .." and then everybody watches her and admires her and says "well, she is great". So she is famous, liked, skinny...anorexic...that's it. They want to be like her. This way they will feel satisfied, independent from their parents and friends. This is how subconsciousness works, you do not plan it. Media plans it for you. The society can turn it into fashion - to be fat for example. The other way around - you get fat. But the society rejects fat people. Then they start constantly training and develop bulimia. Those who lead the aerobics classes are bulimic as well.

**1:19:15 Researcher:** but why then? Obviously when you get to this condition, you don't become happier, you even get sadder in most cases. Why in this case the social opinion is stronger than how people feel? Why people keep doing this if they feel bad?

**1:19:39** Because they deceive themselves. They turn it against themselves. This is the paradox. Like cancer. Because it is unexplainable. The social factor is very strong. The natural striving towards happiness it is programmed.

**1:20:00 Researcher:** This is very strange..because you know the more you do not eat, the less happy you are.

**1:20:04** No, you do not know it. Your brain deceives itself. The brain cannot accept that you are killing yourself. Like cancer - your cells start dividing and start killing yourself. This is why the treatment is hard because they are your cells. Your brain with your natural processes turns against you. The treatment looks like a death danger. The biggest fear is from change. To be cast away by society and to change. Not for nothing they used to punish people this way in the past - by sending you away from the tribe. And when they send you away, you die, because you cannot survive on your own. It is evolutionary programmed in us - if you are alone, you die. The society threatens you

that it will send you away if you are not interesting - if you do not smoke, drink, if you are not thing enough. It send you away.

**1:21:29 Researcher:** But then there comes the moment when you realise you are killing yourself. But many people come back to the old way of thinking, right?

**1:21:37** Yes, it is possible. But then you look for help. You come to me or someone like me, you start doing things etc. It is hard, of course. They are a lot of people, who cannot manage.

**1:22:13 Researcher:** I guess there are still stressful situation, in which you go back to your old way of thinking.

**1:22:28** It is like walking on an escalator towards the wrong direction. You cannot afford to stop. If you stop, you fall. This mechanism is programmed in your brain. It is just there and turns on. This is the reason for failures. People decide at a certain moment, that they have lived so good, so they can take a break. You have to support the new motivation, the new skills for joy from life. My way for example is studying the new.

**1:25:00** Many people have a problem they do not want to admit. The addicted looks for the easy way. Even when they find out they have a problem with an ED for example, they look for the easy way - that they will wake up one morning and everything will be fine. That they will be just happy, smiling and everything will be alright. No, this does not happen. One at the expense of the other. This is why even models have to be at a certain weight nowadays. The journalists have to represent it in a certain way, because it has an influence. Those women could have developed another addiction but developed this one. The Russian made an experiment - by restricting the alcohol there was an outburst of drug addictions. As I told you girls sometimes start drinking, so they can skip eating .. but when they stop drinking...

**1:26:30** The ED is the leading. They develop sexual addictions because they want to feel liked. Many girls came across idiots who told them they liked them but in fact, wanted to exploit them. Those girls do not want to do this because they already lack the sensitivity...but they still do it in order to feel better, because they are liked. Then they get sadder, of course.

**1:27:35 Researcher:** Does this get better? Does your body start working when you restore the weight?

**1:27:38** A lot of bulimic girls do the same - change partners etc. They are looking for approval, approval and more and more...more sex, more orgasms. Something that makes them feel. Or changing relationships. Because when you change a relationship, there is a huge synthesis of hormones. The moment the relationship normalises, the girl cannot longer recognise the love and need the hormonal storm again.

**1:28:30 Researcher:** So to sum up - there is always this search for emotions in order to get rid of the apathy?

**1:28:32** There are some new studies. If you have a conduction and there is electricity. When you have higher voltage, the film burns out. So when you pump up the dopamine too much, those conductors start burning out. You start increasing the quantity. Your receptors are hungry, you need to feed them. You increase the quantity. You want more food, you either increase the hunger or the food...the overeating or the sport. At a certain point the organism is exhausted. When a person get in this phase, then the feeling of euphoria or satisfaction is gone long ago. This person lives only to relieve their bad condition. And this is terrible. Those people die.

**1:30:38** The media help. Young people think they will live forever. That something is valid for the others but it won't happen to them. They do not have enough wisdom. This is protection - the less knowledge, the less fear. If you do not know the dangers, then they cannot happen to you. This is why people are reckless. There is a saying - 'why I am not young, so I can know everything?'

**1:33:20** This is the picture in general. This is how the journalistic influence works. There are those subconscious messages. They need a news story because they want to be read as then their boss will promote them. But what is the news? That an anorexic girl dies? The brain does not accept the messages 'do not do this'. Especially the young people. A journalists, who is writing articles learn to use phrases like "sensation, amazing" and does not care that this creates panic. Certain messages have to be presented in a different way. In the serious advertising and the serious treatment, no one should know what happened.



**1:36:10** I have an example: a girl is afraid of going out. Her mother brings a doctor to their house. He notices that the girl has big feet and assumes she might be worried to go out because of that. This is subconscious. He then decides to try. He turns around, steps on her foot and says "sorry, but with those small feet, I couldn't see them and I stepped on you". Then he left without saying anything else. The mother got angry because he took some money for that. And did not explain anything. But a week passed by and everything was fine. He did not explain it because if you direct the attention to that, it does not work. So what happened? When she stepped on her, there was a situation of surprise, then in this surprise, the conscious and subconscious they turn off, another part of the brain is working. The message "you have small feet" goes directly in the subconscious, she might have not ever heard him. But if you do this at the right moment, this runs into the brain and eventually starts 'working'. Many techniques work this way. From advertising to much more. This works with a lot of phobias and panic attacks. If you are afraid to cross the road for example. At some point something happened, you panicked and this mechanism turned on, so was programs towards 'crossing the road - danger' and then it comes every time you cross the road.

**1:39:25** This changes when you change the algorithm - you swap the crossing the road algorithm with another one. This is a psychological approach. Sometimes people even don't notice that something changed.

**1:41:30** It doesn't work the same way with addictions - you cannot swap them to something else. It gets worse. This is the influence of the society. I'm telling you, journalists often do not realise what they are doing. You will again have a sensation but the caption should be different, structured in another way, more beneficial.

**1:45:40** It is a whole system - the family, the society. They influence one another. The biggest one always influences the smaller one. The theory of the broken windows - in New York there are some studies that buildings with broken windows are more likely to be robbed. In the 'bad' areas they get robbed pretty soon, while in the 'good' areas it might take a bit longer. Let's take this theory. The New York Underground for example - the carriages were painted with graffiti. So they used to stop the carriage, repaint it. Then somebody draws on it again, they stop it again and so on and so on. Eventually people stop drawing on carriages.

**1:48:20** If people around you are a certain type, this becomes a norm. It takes a lot of hard work. And a lot of willingness. In Iceland for example, they have great approaches.

In Varna, you could also talk to Elisaveta Pavlova. She look only at the ED rather than the whole picture which is different than my philosophy.

**1:54:05** The society nowadays irradiates too much. It is so easy - mobiles phones, look at this and that all the time. It a problematic behaviour. Abusing with different things - food, sex. It is accepted as normal to change your partner. I was listening to some song and the lyrics are 'you broke my heart', 'I can't live without you'...we study about authors in the literature who killed themselves and what they've written about the suffering love.

**1:57:00** A lot of the reasons for the fall down of the empires are those deceases. Now the same is happening. There is the natural selection. It is believes that мед. schizophrenia is nature's experiment for evolutionary anomalies. If there are no evolutionary anomalies, then we would not evolve. There is 1% which manages to go forward and 1% which goes backwards - the theory of the balance. In nature, everything seems like chaos but it is in fact, strict balance. The moment this balance is disrupted, this systems falls apart and a new one is built. Where there is no balance - something is missing.

**2:03:00** In Bulgaria around 20 million leva enter the fond for those treatments. And then they disappear. There is no regulation how to be allocated. Bulgaria can help you how it shouldn't be done. Study Bulgaria and you will have an amazing research project. You take it, study it, write about it...If you do not make the same mistake, this is success. But if you make it hundreds of times, this is madness.

## Appendix F Interview with Ines Subashka

Full transcript of the filmed interview with Ines Subashka from 12 January 2018 in Sofia, Bulgaria. The interview has been conducted in Bulgarian, transcribed in Bulgarian and then translated in English. Specific fragments are chosen, edited and combined in a video, featured on the website *Inside* to which English subtitles are later added.

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**(00:00) Ines:** *Well, what I am observing is that in fact, most people are trying to find what they lack, to create an illusion of it, to prove themselves they are valuable. Because usually people, who have an eating disorder, do not feel as they are enough and always find flaws in themselves. When they doubt themselves the most, this is when they upload something online, so they can find the approval of others. They feel they do not have such value, something they have built as an understanding of themselves, so they try to find it from the outside, searching for approval from likes and comments and therefore they upload such posts. This creates the illusion they are worth it, that someone pays attention to them and that they matter. But this is transient and the more they are doing it, the more they create this false image, which they later are trying to protect but in reality, they do not actually feel this way.*

**Researcher:** I am also thinking that exactly in the moment, when you have created this image and even when you decide that you want to end it and leave the bad habits behind etc, it is like a part of yourself is worried about the opinion of the people. For example you decide you are now eating everything but you have built this conception how you do not eat whatever and so what will people think?

**(01:23) Ines:** *Yes, it is exactly this way because you create an image, which is not real indeed. This is valid for absolutely everything you are doing, and you know, a person should not put labels on themselves, but to rather show what they are doing but to always know that this can change. But the problem is that people, who have such a problem, go to extremes and start passionately protecting this thing and to even impose this lifestyle on others. And then, when they decide to change and when they realise this is not very good, then they go exactly through this conflict with what they believe is now right and what others are expecting from them.*

**Researcher:** Yes, exactly the moment, when you know that you want to do something but like...what will the others think?

**(02:00) Ines:** *Yes, and it comes again from the fact that you do not have a worth of yourself, because if you know who you are, you will not be bothered by what others thinks. You will change and who doesn't like you, just doesn't like you. But when you doubt yourself and you alone do not feel enough, then you always look for this approval and it doesn't matter that you've decided to change, you still look for wonder whether the others approve the change in you.*

**Researcher:** Well, do you think that people feel calmer sharing on social media and why?

**(02:33) Ines:** *Well, in principle it is always easier to share something in front of the monitor just because the live contact is missing. There, you can always escape from yourself, to write whatever you want and you don't have to respond to the reaction of the others. You can always not read the comments, to delete the posts, while when there is actual contact you have to bear the consequences of the result you words and actions will have and what you have done - whether someone will approve or disapprove you. The problem is that most people cannot handle the negative comments and over there, they can always hide from them by believing they do not exist or by just not paying attention.*

**Researcher:** And you? When you went through a similar period how did you feel in terms of sharing online...what did you do?

**(03:22) Ines:** *Well, honestly, when I had such a problem, just because I did not feel enough, I wouldn't say I was posting a lot of photos of myself etc specifically to look for approval because I never felt I was looking good enough to show the others how I look. But I shared different things, in others ways, it might not be connection to my look, but to look for some kind of approval and to see that others think like me. For example about a book, a quote or something from my everyday life, which I am doing, but to see that someone else thinks like me and somehow my personality resonates with what others approve.*

**Researcher:** What do you think about those communities and groups? For example have you followed such groups on Instagram or Facebook of people, sharing motivational things and who went through something similar, so you know that someone goes through this as well?

**(04:12) Ines:** *Well, honestly, I did not follow people, who went through this because to a great extend I believe they still have not overcome it. I see how when you overcome something, you do not longer associate yourself with it. You do not put #EatingDisorderRecovery etc and even your name on Instagram is not connected with the Eating Disorder. In some way the Eating Disorder keeps living within those people and to be a part of their life, because they constantly associate themselves with it. There was even a moments when I realised I should not say I suffer from an Eating Disorder or that I have and Eating Disorder because it is not something, that is part of me, I can simply choose to associate or not with it. Then it gets really easier to distance yourself in comparison to when everything, including your Instagram name, the hashtags and everything you do is connected with this, it keeps living in you, but in another form. You are still looking for approval that there are other people, who feel this way and are now following you and like you.*

**Researcher:** Yes, like now you are in the stage of you overcoming it but people should be still saying “wow, you made it”

**(05:19) Ines:** *Yes, but there is, in fact, a long period between when you feel better and when you have really overcome something. Because many people relapse again, as if they recovered but they go back there again. It takes a really long time a lot of challenges, that you need to resist to and to know you have really made it. Because everybody can make it when there are no irritants, when everything is peacefully. But knowing you are recovered is when you are in the environment, which used to trigger this reaction but you not responding the same way anymore.*

**Researcher:** Yes, I am noticing that for me, it matters if you live alone and if you have a routine - for example you are doing your own things but then, when you go back to “reality” with many other people, the factors and the decisions you make change. Sometimes when I am surrounded by people, it is much easier and I stop thinking about stupid actions, while when I am alone, I am kind of wondering what should be the next thing to get obsessed with...I guess I get bored at a certain point.

**(06:14) Ines:** *Well, yes, it is really like this. Just because...I do not know how to describe it exactly, but in general, being around people all the time is not a solution as well, because you are running from yourself this way. The problem is that you should know that when you are alone, you do not have to have an occupation all the time, you do not have to control anything. Others are something that distracts you from*

*who you are. And in a way, it distracts your thoughts from what you believe is missing in yourself. It is important how you feel and what you do when you are alone.*

**Researcher:** Do you think that when a person recovers, he/she should avoid such social media channels as they can have a negative influence? And do they act as an initial trigger? At least looking at photos of thin people, who make an impression they have a perfect life but probably do not?

**(07:13) Ines:** *Yes, I think we should know that the person we are following, only shares their best moments. Because when someone feels bad, does not upload a photo or a video of them crying etc. And everybody does that. We should know that we only see the best moments of the others but we perceive ourselves with our worst moments. We should know the others have absolutely the same moments and it is import to approach social media with awareness. Of course, reducing your online presence helps. I mean not feeling like to have to upload everything you do and to look for other's approval and recognition. Just to know that you can have moments just for yourself, which others will approve or not.*

**(07:53) Ines:** *In my opinion, everything depends on the fact that most people have the wrong idea that they have to be ideal and perfect at everything they do. That's where the problem comes from ... most people with an Eating Disorder are perfectionists and over ambitious. They always believe that everything - the food, the structure of the day, everything has to be always perfect and to have only one and the same consistency. But if you do not suffocate your life this way and if you let it happen and understand that nothing bad will happen if you eat an hour later or if you eat your two meals at the same time or if you eat something you usually don't eat, this is not the end of the world. You are not a failure and you did not lost control, but rather you made the best of the situation and the most you are capable of at this time. For me this is fundamental - understanding you do not have to be perfect.*

**(08:38) Ines:** *Yes, when you understand not everybody can like you and even if you become who you believe you have to be, there will be again people, who will not like and those, who will. I, for example, went through a lot of physical changes and there was a period when I was with a really low fat percentage, all my fibre and abs were visible etc, I was extremely shredded...but never in my life people told me as many time how bad I look. Most men told me I look like a man and women also explained to me I do not look good, I look exhausted etc. And I thought: "well, in the best shape in*

*my life, for which I sacrificed so much and never in my life, people told me so many times how bad I look.” Then I thought how no matter what you do, there will always be someone who will either like it or not, but the point is to do what makes you feel good. There will always be people, who will like it and those who will not.*



## Appendix G Foodies United Chat Correspondence

Image 3 shows the initial message, which was sent to the Facebook Chat 'Foodies United' on Facebook, the link to the questionnaire and the response of the participants and their replies that they have filled it out.

The initial message:

*' Hello!*

*I am about to write my dissertations on the topic 'The relationship between Eating Disorders and Instagram' -> how is Instagram used - as a place for sharing, as an escape from reality etc. I will be beyooooond thankful if you answer 10 questions within a few minutes. <https://aneliya.typeform.com/to/M8C9IP>*

*I will be happy if someone wants to participate more detailed - I could send you a few more questions and more information. Thank you so much!*

*P.S I chose this topic so I can also understand myself while I am researching (because I study Media, it has to be about bound with it) '*

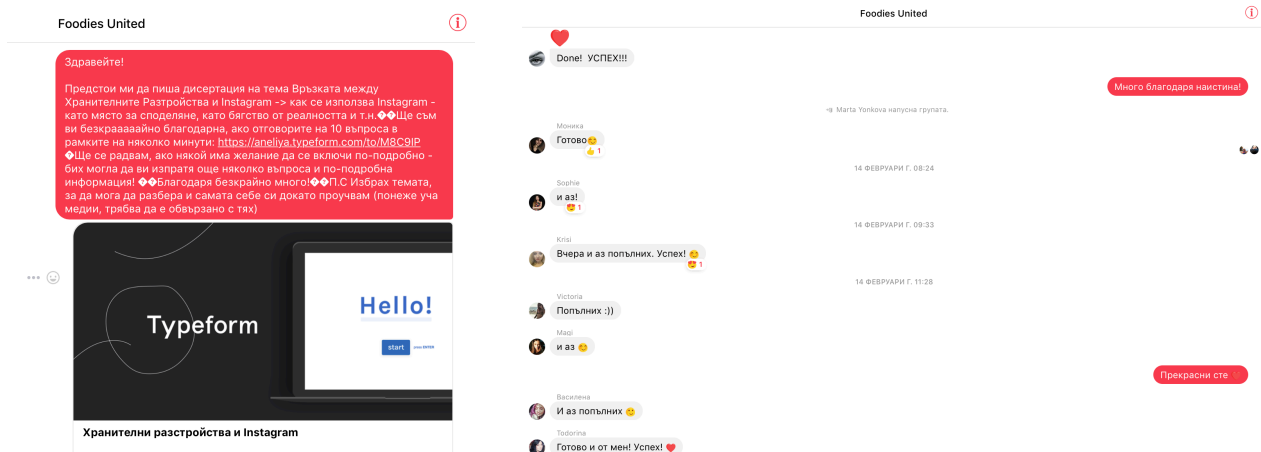
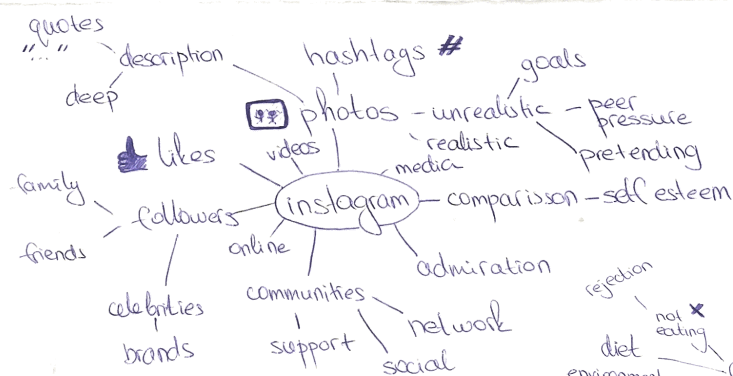


Image 1: Foodies United Chat Correspondence



## Appendix H Colour Coding of the interviews



## APPENDIX F Interviews with psychologists

**Interview with Elisaveta Pavlova**  
(time-coded)

43:40

According to the social media, my observations, as well as my experience with the girls, I've worked with, that they enjoy Instagram. I do not have a profile there but I've heard about it from them. Following people with similar interests will stand in their way and what is bad for them. I remember now a case with a girl, with whom I worked a few months ago, but for example she was working in the field of medical cosmetics and was interested in that. So she found certain people, who were working with this every day. Not only this girl was alone, but this was her world, in which she found salvation and rescuing. At the moment she moved back to live with her parents, we took some measures for her to reduce her time in social media, so she can spend more time with her relatives... but this again depends on the environment, because if a person is alone all the time...

45:02

**Researcher:** Yes, it is unavoidable to open your phone

45:08

Then we come to this again - how to keep in touch with my friends and family if I am away and so on, and so on...

45:15

**Researcher:** Yes, at a certain time, I had a lot of pages on my feed but I unfollowed them. At a certain time you just go on Facebook or whatever and there are so many photos. It is because I like cooking etc but looking at food all the time, then it is unavoidable to not think about food all the time. Back then, even when I wasn't hungry, I could still think about food, while now is not that I'm not interested in

looking at food, but I do not feel such hunger. I feel a little bit different in terms of food.

45:53

Do you know what I remember, Anelya, on the topic of "Image of the Body Project" which is promoted. I tried to work on projects and I, personally, am interested from a long time about one amazing program for prevention. Actually it is the best according to me and I contacted one of its creators, he is a specialist and he even became a partner to the association because we wanted to popularize this program in Bulgaria. *You must know that I am not a student.*

*The Body Project*. It is a prevention program and they use cognitive dissonance. They tied it up to media, with this image, the ideal of thinness. And the program itself aims exactly this - to confuse those media messages. Because they have a strong influence and are a factor.

48:47

And in fact, Anselma, the way to **support** and to feel better is to go more **online**, with the help of a **community**. Because when there are no limitations, I **am** **information** on the Internet **and** I **am** **based on** **the** **same** **fact** **that** **I** **am** **teaching** **my** **clients** **how** **to** **believe** **again**. In **part**, **about** **the** **complexity** **involving** **media** **and** **the** **new** **quality** **that** **it** **includes**, **everything**, **ready**, **linking**, **media**, **and** **those** **are** **the** **new** **media**. **Online**, **products** **and** **services** **are** **sold** **and** **the** **aim** **is** **only** **commercial**. I **am** **working** **with** **my** **clients** **to** **change** **those** **media** **and** **the** **new** **media**. **It** **is** **so** **harmful**. **Strong**, **positive** **media**, **you** **know** **it** **is** **manipulated**. **It** **is** **so** **harmful**.

You find prove for everything. And this is the danger of being over-informed. We used to be uninformed and we are over-informed now. You can always find prove for your thesis.

Orthorexia is the biggest curse at the moments

Actually the resolution is intuitive eating. I am trained in this method. I am teaching people to go back to this way of eating. But it is hard to do it alone. I do not know if a person can succeed on their own.

53-40

In fact, I went through a lot in this diet industry in my work. So if a person keep on following certain trends - veganism, vegetarianism and to look for salvation at a certain type of eating, he/she get obsessed. The only way, for me at least, is the intuitive eating. This is the eating we used to have before, before we started thinking this is unhealthy, this is wrong". We eat, when we are hungry, we get satisfied. This is what we lost on the way and what we need to go back to. But without fear

Actually the spinal cord, which is the old one is connected to the instincts, with our body, with survival. this is the body and those are the signals and if we return back this connection with the body we will find piece. we get in piece with food, the guilt goes away, the fears go away. then we get back the normal way of eating then we get back everything.

### Interview with Pavel Pavlov

03:00

There are enough studies now - there are purely social studies and purely psychological studies. The society, practically influences those things a lot. How it influences them, well, speaking of EDs, keep in mind that I will speak through my prism, my school. There are other points of view as well. I think this year or the last one, EDs got in the catalogue of diseases. But in my school, we believe this is the group of addictions. That is to say EDs has a similar effect on the organism, closely related to the addictions. I will come back to this later. I would just like to explain some things.

There are three basic types of ED. The common between all those types is that people go to extremes. Another term (Nervosa) is the affection, while only eating can be provoked by other factors; the other extreme - hyperphagia (over eating), Bulimia (over eating and then desire to restrict calories by sports, laxatives, purging etc.) and the new manifestation - orthorexia, the healthy way of living. Again going over extremes - constantly reading and obsessing. The negative effect is bigger than the positive. In my school all those things are just symptoms of the same disease. Because in the human organism everything is connected, the psychosomatic theory, so you cannot have only one symptom without having others.

So, if you have a disorder, you need to work on your whole life. You need serious professional help, but during healing the general idea is that you need to accept the worst that is in the end, what provokes all this is the powerlessness over life. In fact, going to those extreme conditions leads to going down to what you are trying to resolve and it only gets worse and worse. This is a vicious cycle

07:35

The idea is that usually a lot of the eating disorders are not as simple as they seem. There are experts, who specialise only in eating disorders or only in chemical addictions but very often they miss other aspects. My school looks at this **at a whole**. The idea is that there is an original cause for the disease, which is an independent disease. The problem is isolated as a behavioural problem, not because the person is insane or lonely but an independent behavioural disease. From then onwards, you can start studying it more seriously. It is maybe in the US where money is invested in



that it will send you *plav* if you are not interesting - if you do not smoke, drink, if you are not strong enough. It send you away

1:21:29 **Researcher:** But then there comes the moment when you realise you are killing yourself! But many people come back to the old way of thinking, right?

1:21:37 Yes, it is possible. But then you look for help. You come to me or someone like me, you start doing things etc. It is hard, of course. They are a lot of people, who cannot manage

1:22:13 **Researcher:** I guess there are still stressful situation, in which you go back to your old way of thinking

1:22:28 It is like walking on an escalator towards the wrong direction. You cannot afford to stop. If you stop, you fall. This mechanism is programmed in our brain. It is just there and turns on. This is the reason for failures. People decide at a certain moment, that they have lived so good, so they can take a break. You have to support the new motivation, the new skills for joy from life. If you are for example is studying the law

1:25:00 Many people have a problem they do not want to admit. The addicted looks for the drug side. Even when they not eat they have a problem, with an ED for example they look for the easy way. That they will make up one morning and everything will be fine. That they will just happy, smiling and everything will be alright. No, this does not happen. One at the expense of the other. This is why even models have to be at a certain weight nowadays. The models have to replicate it in a certain way, because it has an influence. Those women could have developed another addiction but developed this one. The Russian made an experiment - by restricting the alcohol there was an outbreak of drug addiction. As I told you girls sometimes start drinking, so they can skip eating - but when they stop drinking

1:26:30 The ED is the leading. They develop sexual addictions because they want to feel liked. Many girls came across sides who told them they liked them but in fact, wanted to exploit them. Those girls do not want to do this because they already lack the satisfaction, but they still do it in order to feel better, because they are liked. Then they get sadder, of course

example

1:36:10 I have an example: a girl is afraid of going out. Her mother brings a doctor to their house. He notices that the girls has big feet and assumes she might be worried to go out because of that. This is the subconscious. He then decides to try. He turns around, sleep on her foot and says "sorry, but with those small feet, I couldn't see them and I stepped on you". Then he left without saying anything else. The mother got angry because he took some money for that. And did not explain anything. But a week passed by and everything was fine. He did not explain it because if you direct the attention to that, it does not work. So what happened? When she stepped on her, there was a situation of surprise, then in this surprise, the conscious and subconscious they turn off, another part of the brain is working. The message "you have small feet" goes directly in the subconscious, she might have not ever heard him. But if you do this at the right moment, this runs into the brain and eventually starts working. Many techniques work this way from advertising to marketing. This works with a lot of phobias and panic attacks. If you are afraid to cross the road for example. At some point something happened, you panicked and this mechanism turned on, so was programs towards "crossing the road - danger" and then it comes every time you cross the road

1:39:25 This changes when you change the algorithm - you snap the crossing the road algorithm with another one. This is a psychological approach. Sometimes people even don't realise that something changed

1:41:30 It doesn't work the same way with addictions - you cannot swap them to something else. It gets worse. There is the influence of the society. I'm telling you. Journalists often do not realise what they are doing. You not again have a sensation out the caption should be different, structured in another way, more beneficial

my type

1:45:40 It is a whole system - the family, the society, they influence one another. The biggest one always influences the smaller one. The theory of the broken windows - in New York there are some studies that buildings with broken windows are more likely to be robbed. In the last years they get robbed pretty soon, while in the '90s area it might take a bit longer. Let's take this theory. The New York Underground for example - the carriages were painted with graffiti. So they used to stop the carriage, repaint it. Then somebody draws on it again, they stop it again and so on and so on. Eventually people stop drawing on carriages

## social media why - reasons how to resolve?

### APPENDIX 6 Interview with Ines transcript

Full transcript of the filmed interview with Ines Subaskina from 12 January 2018 in Sofia, Bulgaria. The interview has been conducted in Bulgarian, translated in Bulgarian and then translated in English. Specific fragments are chosen, edited and combined in a video, featured on the website Inside which English subtitles are later added

(00:00) Ines: Well, what I am observing is that in fact, most people are trying to find what they can do to create an illusion of it. To prove themselves they are valuable. Because usually people with an eating disorder do not feel as they are enough and always find flaws in themselves. They are always looking for the next step, when they think they have overcome something, so they can find the approval of others - they need to go on and not stop. They want something they have just as an understanding of themselves, so they try to find it from the outside. Searching for it. They always want to be different and therefore they repeat such behaviours. This creates the illusion they are working, that someone pays attention to them and that they matter. But this is transient and the more they are doing it, the more they create this false image, which they later are trying to protect but in reality, they do not actually feel this way

**Researcher:** I am also thinking that exactly in the moment, when you have created this image and even when you decide that you want to end it - and leave the bad habits behind etc. it is like a part of yourself is worried about the opinion of the people. For example you decide you are now eating everything but you have built this conception how you do not eat whatever and so what will people think?

(01:23) Ines: Yes, it is exactly this way because you create an image, which is not real indeed. This is valid for absolutely everything you are doing, and you know, a person should not put upon themselves, but to rather show what they are doing but to always know that this can change. But the problem is that people, who have such a problem, are not interested and just continuously justifying the thing and to even impose this lifestyle on others. And then, when they decide to change and when they realise this is not very good, then they go exactly through this conflict with what they believe is now right and what others are expecting from them

Expectations

motivational think and who want to those kind of things, so you know that someone goes through a similar thing?

(04:12) Ines: Well, honestly, I do not know anyone, who went through this because to a great extent I believe they still have not overcome it. I see how when you overcome something, you do not longer associate yourself with it. You do not put all kinds of conditions on it and even your name on Instagram is not connected with it. And a person, who has an eating disorder, who has not eating disorder means living with their condition and to be a part of their life, because they constantly associate themselves with it. There was even a moment when I realised I should not say I suffer from an Eating Disorder or that I have an Eating Disorder because it is not part of me, it is just a part of me. I can simply choose to associate or not with it. Then it gets really easier to distance yourself in comparison to when everything, including your Instagram name, the things and everything you do is connected with that. It is a way to go on and to move on. You are not looking for approval that there are other people, who feel this way and are now following you and like you

approach

**Researcher:** Yes, like now you are in the stage of you overcoming it but people should be still saying "wow, you made it"

(05:19) Ines: Yes, but there is, in fact, a long period between when you feel better and when you have really overcome something. Because many people relapse again, as if they recovered but they go back there again. It takes a really long time a lot of challenges, that you need to resist to and to know you have really made it. Because everybody can make it when there are no incidents, when everything is pleasant. But knowing you are recovered is when you are in the environment, which used to trigger this reaction but you not responding the same way anymore

**Researcher:** Yes, I am noticing that for me, it matters if you live alone and if you have a routine - for example you are doing your own things but then, when you go back to "reality" with many other people, the factors and the decisions you make change. Sometimes when I am surrounded by people, it is much easier and I stop thinking about stupid actions, while when I am alone, I am kind of wondering what should be the next thing to get obsessed with. I guess I get bored at a certain point

(06:14) Ines: Well, yes, it is really like this just because I do not know how to describe it exactly, but in general, being around people all the time is not a solution as

1:27:35 **Researcher:** Does this get better? Does your body start working when you restore the weight?

1:27:38 A lot of bulimic girls do the same - change partners etc. They are looking for approval, approval and more and more more like, more organs. Something that makes them feel. Or changing relationships. Because when you change a relationship, there is a huge happiness of normality. The moment the relationship normalises, the girl cannot longer recognise the love and need the hormonal storm again

1:28:30 **Researcher:** So to sum up - there is always this search for emotions in order to get rid of the apathy?

1:28:32 There are some new studies. If you have a conduction and there is electricity. When you have higher voltage, the film turns out. So when you pump up the pressure too much, those conductors start burning out. You start increasing the quantity. You receptors are hungry, you need to feed them. You increase the quantity. You want more food, you either increase the hunger or the food - the overeating or the sport. At a certain point the organism is exhausted. When a person get in this phase, then the feeling of euphoria or satisfaction is gone long ago. This person just only to relieve their bad condition. And this is terrible. Those people die

1:30:38 The ratio is high. Young people think they will live forever. That something is valid for the others but it won't happen to them. They do not have enough wisdom. This is protection - the less knowledge, the less fear. If you do not know the dangers, they they cannot happen to you. This is why people are reckless. There is a saying - why I am not young, so I can know everything?

1:33:20 This is the picture in general. They need the constant of pleasure work. There are those who are not happy. They need a new story because they want to be read as then their boss will promote them. But what is the news? That an anorexic girl dies? The brain does not accept the messages "do not do this". Especially the young people. A journalist, who is writing articles learn to use phrases like "sensation, amazing and does not care that this creates panic. Certain messages have to be presented in a different way. In the serious, alarming and the serious treatment, no one should know what happened

1:48:20 If people around you are a certain type, this becomes a norm. It takes a lot of hard work. And a lot of willingness. In Iceland for example, they have great approaches.

In Varma, you could also talk to Elizaveta Pavlova. She look only at the ED rather than the whole picture which is different than my philosophy

1:54:05 The society nowadays creates too much. It is so easy - mobiles phones, look at this and that at the time, it is problematic behaviour. Abusing with different things - food, sex. It is accepted as normal to change your partner. I was listening to some song and the lyrics are "you broke my heart". I can't live without you - we study about authors in the literature who killed themselves and what they've written about the suffering love

1:57:00 A lot of the reasons for the fall down of the empires are those decades. Now the same is happening. There is the natural selection. It is believed that the schizophrenia is a genetic experiment for evolutionary something. If there are no evolutionary anomalies, then we would not evolve. There is 1% which manages to go forward and 1% which goes backwards - the theory of the balance. In nature, everything seems like chaos but it is in fact, strict balance. The moment this balance is disrupted, the system falls apart and a new one is built. There is no balance - something is missing

2:03:00 In Bulgaria around 20 million live enter the fond for those treatments. And then they disappear. There is no regulation how to be allocated. Bulgaria can help you how it shouldn't be done. Study Bulgaria and you will have an amazing research project. You take it, study it, write about it. If you do not make the same mistake, this is success. But if you make it hundreds of times, this is madness

**Researcher:** Yes, exactly the moment, when you know that you want to do something but like, what will the others think?

self worth

(02:00) Ines: Yes, and it comes again from the fact that you do not have a self-worth, because if you know who you are, you will not be bothered by what others think. You will change, and who doesn't like you, just doesn't like you. But when you doubt yourself and you alone do not feel enough, then you always look for this approval and it doesn't matter that you've decided to change, you still look for wonder whether the others approve the change in you

**Researcher:** Well, do you think that people feel calmer sharing on social media and why?

(02:33) Ines: Well, in principle it is always easier to share something in front of the masses but because they are not real, they are not real people. They are like a screen to write whatever you want and you don't have to respond to the reactions of the others. You can always not read the comments, to leave the posts, while when there is actual contact you have to read the consequences of the result you words and actions will have and what you have done - whether someone will approve or disapprove you. The problem is that most people cannot handle the negative comments and over there, they can always hide from them by deleting their content and not playing attention

hiding

**Researcher:** And you? When you went through a similar period how did you feel in terms of sharing online. What did you do?

(03:22) Ines: Well, honestly, when I had such a problem, just because I did not feel enough, I wouldn't say I was sharing a lot of photos of myself etc specifically to look for approval because I never felt I was looking good enough to show the others how I look. But I shared different things, in other ways, it might not be connection to my look, but to look for some kind of approval and to see that others think like me. For example about a book, a quote or something that I was thinking about and I was doing, but to see that someone else thinks like me and somehow my personality resonates with what others approve

**Researcher:** What do you think about those communities and groups? For example have you followed such groups on Instagram or Facebook of people, sharing the wrong idea that they have to be ideal and perfect at everything they do. That's where the problem comes, they most people with an eating disorder are perfectionists and they always believe that everything - the food, the structure of the day, everything has to be always perfect and to have only one and the same consistency. But if you do not succinate your life this way and if you let it happen and understand that nothing will happen if you eat an hour later or if you eat your two meals at the same time or if you eat something you usually don't eat, this is not the end of the world. You are not a failure and you did not lost control, but rather you made the best of the situation and you just stop the shame at this time. For me this is fundamental - understanding that you do not have to be perfect

running away

well, because you are running from yourself this way. The problem is that you should know that when you are alone, you do not have to have an occupation all the time, you do not have to control anything. Others are something that distracts you from who you are and in a way, it distracts your thoughts from what you better be missing in yourself. It is important how you feel and what you do when you are alone

**Researcher:** Do you think that when a person recovers, he/she should avoid such social media channels as they can have a negative influence? And do they act as an initial trigger? At least looking at photos of thin people, who make an impression they have a perfect life how probably do not?

(07:13) Ines: Yes, I think we should know that the person we are following, only share the best moments. Because when someone feels bad, they do not want to share their bad moments. They are happy and everybody else that they should know that we only see the best moments of the others but we perceive ourselves with our worst moments. We should know the others have absolutely the same moments and it is important to approach social media with awareness. Of course, knowing what some people think I mean not feeling like to have to obtain everything you do and to look for other's approval and recognition. Just to know that you can have moments just for yourself, which others will approve or not

(07:53) Ines: In my opinion, everything depends on the fact that most people have the wrong idea that they have to be ideal and perfect at everything they do. That's where the problem comes, they most people with an eating disorder are perfectionists and they always believe that everything - the food, the structure of the day, everything has to be always perfect and to have only one and the same consistency. But if you do not succinate your life this way and if you let it happen and understand that nothing will happen if you eat an hour later or if you eat your two meals at the same time or if you eat something you usually don't eat, this is not the end of the world. You are not a failure and you did not lost control, but rather you made the best of the situation and you just stop the shame at this time. For me this is fundamental - understanding that you do not have to be perfect

(08:38) Ines: Yes, when you understand not everybody can live like you and even if you become who you before you have to be, there will be again people, who will not like you and those, who will. For example, went through a lot of physical changes and there was a period when I was with a really low fat percentage, all my fibre and abs were

Elisaveta Pavlova	Pavel Pavlov	Ines Subashka	Survey
- brain washing, manipulation	- look at it as a whole different factors	- lacking something	- shutting myself away
- obsession	- obsession, dissatisfaction	- replacement	- feeling hidden
- intuitive eating	- 1% of the population is always "addicted"	- approval	- observing others
	- holistic methods	- going to extremes	- motivational
	- chaos in the society; manipulation	- expectations	- cool life
	- denial of the problem	- no self worth	- helping others
	- scourge	- doubt / not feeling enough	- escape from reality
	- biochemistry	- easier to share online	- scourge
	- compensating the lack of something	- hiding	- controlled environment
	- looking for explanations	- do not associate with it	
	- recognising only extreme emotions	- running away	
	- what others would say	- distracting	
	- shut themselves away	- striving for perfectionism	
	- if you want to become an addict, go do it		
	- subconscious messages		
	- the media 'kills' by making news		
	- the brain deceives itself		
	- the society threatens you		
	- ask <i>Elisaveta Pavlova</i>		
	- abusing with different things		
	- seems like chaos but is strict balance		