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**Understanding the Dynamics of Extreme Healthy Eating
Practices: A Qualitative Exploration of the Role of Online
Messages, Culture, and Family
Tragantzopoulou, Panagiota**

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**Understanding the Dynamics of Extreme Healthy Eating
Practices: A Qualitative Exploration of the Role of Online
Messages, Culture, and Family**

Panagiota Tragantzopoulou

A thesis submitted in partial fulfilment of the
requirements of the University of Westminster
for the degree of Doctor of Philosophy

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Abstract

Background: The growing individual preoccupation with healthy eating and food quality has led to the proliferation of dietary-related sources on the internet and the emergence of a new phenomenon in wider literature called orthorexia nervosa. The nature of orthorexia remains a puzzle, and the ways in which discursive styles and messages on websites can influence meaning construction are yet to be understood. Further, qualitative studies in this area have yet to fully explore the role of familial and cultural dynamics in the development of extreme healthy eating practices. Therefore, the current study is premised on the need to deepen the understanding of extreme healthy eating practices, focussing on two cultural settings (British and Greek) and the linguistic devices used on two website genres (healthy eating and pro-eating disorder websites).

Methods: The study adopted two qualitative approaches, with an underlying social constructionist stance. Forty-three healthy eating sites and twenty-four pro-eating disorder websites were analysed using Fairclough's model of critical discourse analysis. The aim was to understand the discourse used on these websites, explore the commonalities and contrasts between them, and examine the potential effects on eating behaviour. Further, interviews with sixteen British (n=8) and Greek (n=8) individuals who self-identified as being overly concerned with the quality and the preparation of their diet were conducted to explore the influence culture and family have on extreme healthy eating practices.

Findings: Findings from the website analysis indicated that the linguistic devices used on sites established a power dynamic between 'experts' and novices. This power dynamic appeared to be aimed at encouraging moral and spiritual adherence to the community's ethos and dietary regimes, with authors attempting to 'educate' their audience on how to discipline their body. Hegemonic beauty ideals were promoted, female bodies were objectified, and food was medicalised. One key difference between the two website genres was that on HE websites, healthy/restrictive eating was portrayed as illness preventative and was related to a better quality of life. In contrast,

pro-ED websites presented healthy/restrictive eating as a prerequisite for weight loss which required commitment and self-punishment.

Regarding cultural influences explored with interviews, global influences were commonly observed within the two cohorts. Although influences from the Orthodox religion were prominent for Greek participants, both cohorts described a pervasive influence of cultural expectations for female beauty and thinness. Contradictory messages such as the pressure for mass food consumption and ‘quick-fix’ weight loss options were reported by participants, while the influences of social media and the North American food culture on eating practices were viewed with suspicion.

Findings regarding the family environment revealed high expectations in relation to school achievements and exercise, coupled with a sense of emotional and physical unavailability of parents. Although most parents were lacking basic knowledge in nutrition, others were described as healthy eaters and nutrition-conscious, teaching their children about the advantages of healthy eating. Parental weight-related comments were reported by female participants, while antagonistic relationships with mothers and female siblings were also discussed.

Conclusion: Taken together, the findings highlight the complex and multifactorial nature of extreme healthy eating practices, confirming that complex factors operate at individual, familial, and cultural levels. Sociocultural influences underlying extreme healthy eating practices and power relationships played on online platforms between businesses and consumers were illuminated, contributing to the understanding of possible transitions towards extreme eating behaviours. The findings also emphasise the ways two different cultural contexts influence meaning construction by identifying similarities and differences between them. Together these studies can inform online users, mental health professionals, and scholars about the underlying motives of certain discourse features and the ways in which family context and different cultures can shape meanings around healthy eating.

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List of Publications and Conferences

Journal Articles

Tragantzopoulou. P., Fixsen. A., Ridge. D., Cheshire, A. (2024). ‘You are not alone, we’ve got you’: Powerplays, devotion and punishment on healthy eating and pro-eating disorder websites. *Manuscript submitted for publication.*

Conferences

Tragantzopoulou. P., Fixsen. A., Ridge. D., Cheshire, A. (2023, April). ‘*Food is linked to emotions*’: A qualitative exploration of the role family has in the development of extreme healthy eating practices. 18th Annual Midlands health psychology network, Online.

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*Awarded the prize for the best presentation

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Tragantzopoulou. P., Fixsen. A., Ridge. D., Cheshire, A. (2021, November). *A discursive analysis of popular healthy eating websites.* University of Westminster Nutrition conference, London, United Kingdom.

*Awarded the prize for the best presentation

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Author's Declaration

I declare that all the material contained in this thesis is my own work and has not been submitted to any other University.

Panagiota Tragantzopoulou, January 2024

List of Abbreviations

AI	Artificial Intelligence
AN	Anorexia Nervosa
ARFID	Avoidant-restrictive Food Intake Disorder
BMI	Body Mass Index
BN	Bulimia Nervosa
BED	Binge Eating Disorder
CDA	Critical Discourse Analysis
DOS	Düsseldorf Orthorexia Scale
DSM	Diagnostic and Statistical Manual of Mental Disorders
EDs	Eating Disorders
EDNOS	Eating Disorder Not Otherwise Specified
EHQ	Eating Habits Questionnaire
FEAST	Families Empowered and Supporting Treatment of Eating Disorders
fMRI	Functional Magnetic Resonance Imaging
GDPR	General Data Protection Regulation
HE Websites	Healthy Eating Websites
ICD	International Classification of Diseases
IPA	Interpretative Phenomenological Analysis
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning and More
OFED	Other Feeding or Eating Disorder
ON	Orthorexia Nervosa
OSFED	Other Specified Feeding or Eating Disorder
Pro-ana	Pro-anorexia
Pro-ED Websites	Pro-Eating Disorder Websites
Pro-mia	Pro-bulimia
RD	Rumination Disorder
TA	Thematic Analysis
UFED	Unspecified Feeding or Eating Disorder
UK	United Kingdom

US

United States

WHO

World Health Organisation

Chapter 1. Introduction: Setting the Stage

This thesis sets out to explore extreme healthy eating practices, using two qualitative approaches, including studying extreme healthy eating practices in two cultural settings and critically exploring the linguistic devices used on two website genres. Extreme healthy eating practices and their development are an underexplored topic. However, before commencing this thesis, it seems important to explain the epistemological stance that I have adopted in this work and my reasons for choosing this approach. By setting out this stance at the onset, I hope to help the reader appreciate how assumptions around extreme eating behaviours are framed and, more essentially, the way in which I interpret my findings. Although existing on a continuum, positivism and social constructionism are two seemingly opposite epistemological positions espoused in social sciences, including in the study of eating disorders (EDs); here I discuss and compare them in relation to the present work.

Positivism, deriving from the word 'positive', is underpinned by the notion that reality is fixed and objects have a posited or inherent meaning (Cruickshank, 2012). As an ontology, it invokes a single, objective reality to all occurring phenomena, disregarding the researcher's or participant's belief or perspective (Hudson & Ozanne, 1988) and perceiving the world as mathematically interpreted (Carson, 2001). Rubin (2005, p. 19) claims that 'the language of positivism is a numeric one; the goal is a series of statistical equations that explain and predict human behaviour'. As such, positivism perceives human behaviour and social world as independent variables that should be empirically studied in a system of general laws which is stable (Dayyab, 2021). Thus, it assumes the existence of universal laws that underpin human behaviour, pursuing a causal analysis.

In contrast to this numerical and objective reality, social constructionism challenges positivism by adopting a relativist opposition. Social constructionism is an essentially anti-realist ontology that has a social focus which sceptically rejects any absolute notion of truth (Gergen, 2001; Young & Collin, 2004). It acknowledges the subjective nature of reality and knowledge by highlighting the plurality of interpretations and meanings. The theory of social constructionism states that the knowledge of the world and our understanding of human beings are socially created (Burr, 2015). It considers knowledge as ‘the product of our social practices and institutions, or of the interactions and negotiations between relevant social groups’ (Gasper, 1999, p. 855). More specifically, it takes the view of a fluid social reality and is grounded in the belief that the construction of knowledge, and more broadly the construction of reality, are closely interconnected with social action. Rather than accepting an external, observable reality, social constructionism advocates for a knowledge that is a product of human activity and thought (Burr, 2015). Martin & Sugarman (1999) propose that by placing the central focus on social actions, social constructionism externalises the interactional processes involved in the construction of the knowledge and world, which are moulded through discourses.

A historically and culturally specific knowledge is also supported by those in the social constructionism field. Social structures are often created within specific institutions and cultures, and emerge in certain historical periods (Young & Collin, 2004). The dependence of social constructions on historical, political, and economic conditions can contribute to their evolution and change. Universal phenomena can be uniquely expressed depending on here and now, but also on there and then. For instance, the concept of womanhood has different socially accepted interpretations throughout the years. There are some distinct, feminine commonalities that are attributed to women,

however, differences in various ways have also been observed. It is not only the unique, non-sharable features that make women distinguishable, rather it is the time and the place that frame this concept and what it is to be a woman. The same applies to eating behaviours and body ideals. There is not a concrete singularity, on the contrary, society through the overarching discourses sets the accepted eating practices and body ideals, either it is healthy eating and fit bodies or self-starvation and thin ideals. For this reason, Young & Collin (2004) assert that discourses constitute reality rather than reflect it, marking the influence on thought processes and social action.

In respect of eating practices and nutrition, a positivist approach would study eating through observable and measurable factors, looking for cause-and-effect interpretations. In contrast, social constructionism would explore subjective experiences and highlight the socially constructed nature of eating. Eating behaviours in the social constructionism camp are considered a form of social moulding. As Berger & Luckmann (1984) describe, society has a penetrating and moulding function in respect to nutrition and eating behaviours. Although individuals are driven by their biological drives and the natural cravings for food, directions about what they should eat and explanations about the frequency of meals are channelled through society. Thus, the limits imposed on eating practices do not only restrict individuals' activity, but more importantly, influence their functionality in a considerable degree (Berger & Luckmann, 1984). This means that our social environment can shape our eating behaviour and food choices by either encouraging or discouraging the consumption of certain food types and by establishing the rules and power dynamics that underlie diet choices.

Taking into consideration the two ontological positions compared above, which offer distinct lenses of approaching eating behaviours, I have adopted the epistemological stance of social constructionism. This stance provides a robust

theoretical framework that is compatible with the objectives and the qualitative nature of the present study, as it recognises that reality and behaviours can be social in origin. The role of dominant narratives, power, and discourse in shaping behaviours and social realities are emphasised by social constructionism, opening avenues for a nuanced analysis of the multifaceted mechanisms by which extreme healthy eating practices are shaped and negotiated in different current day, social contexts. This perspective can be understood through Pascal, a philosopher and mathematician in the 17th century, who advocated that what is truth on the one side of the Pyrenees is an inaccuracy or even an error on the other side (Pascal, 2011).

The socially constructed nature of EDs was not always the perspective I embraced. My education and first research endeavours were initially influenced by positivism. I used to believe that reality is objective and serious psychiatric disorders such as eating pathologies are characterised by objective, systematic taxonomies. It was not until the end of my first postgraduate programme when I realised that taxonomies are reformed and how these one-after-other editions of diagnostic manuals create discreet lists of mental ‘normality’ and ‘abnormality’. Historically-constructed mental illness classifications, such as homosexuality and hysteria, are now regarded as outdated while behaviours that were once thought to be ‘normal’, such as bereavement, are now labelled as ‘deviant’ and are subject to psychological intervention. From a social constructionism perspective, deviance in eating behaviours can be described as a violation of the eating and self-reservation norms that have been founded by both culture and society (Taub, 2011). Therefore, if an individual’s eating behaviour diverges from the accepted eating norms that have been fixated by culture and society, it is considered to be a deviant eating behaviour that may require treatment. Thus, eating practices are dependent on the overarching societal discourses and are subject to change.

These theories have also been substantiated through my real-life experiences. As I started my training in integrative counselling and psychotherapy 4 years prior to commencing my doctoral studies, the interaction with people that were suffering from several mental health problems made me realise that social factors may be key to maintaining these conditions and perpetuating the labels of ‘problematic’ behaviours. In addition, my practice of psychotherapy in both British and Greek clinical populations strengthened my understanding that social factors such as cultural norms, societal beliefs, interpersonal contexts, and religion play an important role in shaping eating practices. During this training, my interest in EDs started to increase as two of my weekly clients were presenting symptoms of anorexia. Although both of the clients were coming from different familial and cultural backgrounds, some social influences seemed to present commonalities. Motivated by this observation and the emerging studies on cases of extreme healthism, my interest in orthorexia nervosa (ON) and its underlying social origins began.

My intention in this thesis is not to wholly reject the concept of ON. My aim is to illuminate the sociocultural factors that maintain and perpetuate this concept by instilling in individuals’ minds the belief that healthy/clean eating is the prerequisite of being considered a ‘moral’ citizen. This belief suggests that healthy eating can lead to a better life or other positive outcomes. My aim is to explore extreme healthy eating as an interplay of familial and cultural influences on the one hand, and neoliberalism’s emphasis on individual responsibility and self-cultivation on the other hand. Numerous studies suggest that pervasive societal discourses about diet, recurrent human experiences, and exposure to messages such as those circulating in mainstream media and online forums, all impact people’s eating behaviours, and at times more strongly than others (Almenara & Ježek, 2015; Almenara & Machackova, 2016; Boepple &

Thompson, 2014, 2016). This being the case, we cannot deny the ‘reality’ of people suffering from EDs or disordered eating. The ‘reality’ of EDs and extreme eating behaviours stems from its construction within social life (Brossard, 2019; Hacking, 1999). The ways eating practices and disorders are socially discussed or categorised, and how humans describe their experiences and perceive EDs shape the existence of extreme eating behaviours. However, societal discourses and the pressure to meet certain expectations can drive some individuals to practice extreme eating behaviours and eventually face serious health complications. Therefore, an additional approach of this thesis is to conceptualise ON as a condition that can coexist within and beyond the medical sphere. By exploring extreme healthy eating practices through the lens of social constructionism, I seek to shed light on the dialectic of individual and society. We are not passive observers of ‘reality’, we are actively involved in its creation and affirmation.

1.1 Outline of Thesis

This thesis aims to understand the experience of extreme healthy eating and explore the role three factors (online messages, culture, and family) have in the development and shaping of extreme healthy eating practices. Following this brief introduction, in Chapter two I offer a thorough review of the existing evidence base surrounding ON and healthy eating. For some scholars, ON is considered an ED that should have its own diagnostic criteria. Therefore, this chapter provides an overview of EDs and how they advanced into pathological behaviours. Existing literature around websites, orthorexic behaviour, familial influences, and cultural dimensions are also presented.

In Chapter three, I outline the rationale for the methodology and the methodological frameworks utilised in both of the studies in this thesis. For the website study, Fairclough's model of critical discourse analysis is presented and explained, before proceeding to describe how the data were approached. Further, the research design, sampling, coding, and the analytical approach are described. For the interview study, sampling and inclusion criteria, and the processes of data collection and analysis are outlined. Finally, the ethical implications of both studies are considered at length.

In Chapter four, I present the findings from the website study, focusing on this at the micro, meso, and macro level. Analysis includes how the linguistic devices used in websites were analysed and compared, paying attention to the similarities and differences in circulating messages. As explained in this section, power relationships between website authors and users, including authoritative language, featured on sites. Messages around healthy eating and the body were included on websites, with healthy eating sites on the one hand presenting 'clean' eating as a key factor for health optimisation, and pro-ED sites on the other hand focusing on weight loss and an aversion to the body. Progression from moderate to extreme healthy eating behaviours is explored and findings are interpreted in light of existing research.

Chapter five is the first of two chapters in which findings from the interviews are presented. In this Chapter, I present the three themes that were identified when exploring the cultural background. Although the Greek cohort described difficulties in respect of their diet and peer relationships, the British cohort perceived their peers as a key factor in maintaining their healthy eating regime. British participants described their culture as been more open to new ideas, whereas the Greek cohort described their culture as traditional and conservative. Although some key differences were identified, both cohorts discussed similar cultural influences. Participants described contradictory food

norms that encourage people to eat, whilst also encouraging use of ‘quick-fix’ solutions such as weight-loss products. Both cohorts framed their culture as appearance-obsessed and raised concerns around the North American food culture and Western beauty ideals. These three themes are considered within literature exploring cultural and neoliberal influences.

Chapter six, which is the second chapter presenting interview findings, sets out the three themes that were identified during the analysis of the participants’ experiences and viewpoints in relation to the influence their family environment had on their diet. Participants described perceived benefits of healthy eating such as improvements in digestive issues and muscle building, as well as attributing meanings such as emotional relief, security, and love to food. They also highlighted the emphasis placed on appearance and achievements by their parents, while some of the female participants described experiencing parental weight-related comments. Lastly, participants discussed generational differences that led to conflicts and lack of emotional connectedness. Key findings are highlighted then discussed in the light of the existing body of knowledge.

In Chapter seven, I combine the findings from the two studies and provide an overarching discussion of how online messages, culture, and family may shape extreme healthy eating behaviours. Discussions centre around neoliberal influences such as entrepreneurship and aesthetic labour, as well as power hierarchies, female objectification, social media and beauty standards, and food as preventative of illness. Thereafter, a final conclusion is proffered and the limitations of the current study and future directions of research are discussed. This is followed by the consideration of the study’s original contribution to knowledge. The implications regarding online messages, mental health practice, research, and policy-making are presented, and some personal

reflections in relation to my PhD journey are included. With these final reflections, this thesis reaches its end.

Chapter 2. An Exploration of the Landscape

2.1 Overview of Chapter

This chapter begins (section 2.2) with the historical depictions of restrictive eating and other forms of disordered eating, starting from 3200BC, moving through the centuries since. By tracing the evolution of societal perceptions surrounding eating behaviours, from their origins as religious practices to their contemporary classification as clinically diagnosed issues, the socially constructed nature of EDs is highlighted. Through this historical lens, the shifting of understanding of eating behaviours and the fluidity of meanings attributed to eating practices can be revealed, facilitating a deeper understanding of how perceptions of healthy eating may evolve over time (Dell’Osso et al., 2016). In response, in sections 2.2.3- 2.2.6, I clarify how EDs are clinically categorised and conceptualised, looking at different explanatory pathways such as biological, sociological, and feminist. Examining different causal underpinnings enriches the understanding of the complex ED aetiology and underscores the importance of considering multiple perspectives in understanding eating practices (Barakat et al., 2023). While this thesis employs the framework of social constructionism, acknowledging biological explanations, even as a contrast, enhances the depth of analysis. Biological explanations, rooted in positivism, propose a genetic predisposition to EDs, highlighting cause-and-effect relationships (Cruickshank, 2012). These perspectives, though not central to this thesis, provide a point of contrast against which the sociocultural explanations can be better understood. They highlight the deterministic view often associated with EDs, which this study contrasts by outlining a socially constructed understanding. Changes to definitions and theories on psychopathology, including EDs, are influenced by shifts in social and cultural values (Gelo et al., 2015).

By juxtaposing positivist perspectives with those rooted in social constructionism, the multifaceted nature of eating behaviours can be appreciated and the emergence of restrictive and pathological eating practices in a socially constructed context can be acknowledged. To understand the pervasive practices of food commercialisation, in section 2.3, I outline the politics of food marketing and the marketing strategies used to promote foods. In this section, healthy eating and pro-eating disorder websites along with their impact on eating behaviour are also discussed, contributing to the exploration of the online sources of nutrition-related information. Further, in section 2.4, I discuss the concept of ON and the prevalence rates across countries and groups of people. An overview of the evidence-base to date on familial factors that contribute to the development of ON and EDs in general is provided in 2.5, addressing the limitations of the literature and strengthening the reasoning underlying this thesis. The concept of culture, Western culture, and Nicolosi's notion of the orthorexic society are presented in section 2.6, emphasising the impact culture has on extreme eating practices. Finally, in sections 2.6.6 and 2.6.7, I describe the British and Greek culture, building upon the rationale for the present study and the research questions which are provided in sections 2.7 and 2.8.

2.2 Eating Disorders and Their Classification Scheme

2.2.1 Self-starvation: From Folklore to Medicine

Extreme eating practices have been documented worldwide and throughout history, with some descriptions appearing as far back as in 3200 BC. These descriptions offered different interpretations for the various eating practices, indicating that understanding each era's eating habits requires an examination of the interplay between

social and economic factors. Regarding deliberate starvation for example, in Ancient Greece, brief periods of fasting in combination with restraint from indulging in other sources of pleasure portrayed self-purification behaviours (Bemporad, 1997). This idea of fasting and self-starvation as practices of purification, were also evident in the Classical period between the 1st - 5th century when aspects of Eastern religion reached the European culture, strengthening the spiritual association between food restriction and spirituality.

Under this spiritual influence, the division of the individual into three parts – the evil, the material world, and the holiness of soul – was advocated by Gnosticism (Feaver, 1959). The body along with its material attributes was interpreted as an evil prison that had trapped inside the eternal good soul (Feaver, 1959). Dietary restriction was thought to reflect a means toward purity and spiritual transcendence, away from bodily imprisonment. The effect of this Gnostic belief is seen in the historical descriptions of the first Christian monks practicing self-starvation as a purification technique (Hoek, 2006). Under the veil of Christianity, the Gnostic ideas infiltrated the Roman world; a young Roman girl from an upper-class family became the first documented instance of the implementation of this extreme ascetic doctrine (Bemporad, 1997).

In the early Middle Ages and Dark Ages (5th – 10th century) a series of destructions due to economic decline and barbarian invasions led to plagues, deprivation, and famine (Bemporad, 1997). Periods of terrible famine, during which parents risked dying from starvation so that food could be saved for their children, are revealed through historical records (Latzer et al., 2011). The end of the Middle Ages and into the Renaissance period (12th- 16th century) signified the commencement of an overwhelming array of tales of voluntary self-starvation in Europe. Rudolph Bell (1985) uses the term ‘Holy Anorexia’ to describe voluntary starvation as a habit of religious European

women, referring to 181 cases of females who believed that fasting was a way of showing their devotion to God. These various accounts of holy starvation were primarily referring to females (covering 85% of cases) and were often comprehended as acts of extreme religious piety or as miracles (*anorexia mirabilis*) (Vemuri & Steiner, 2006). Although fasting is presented in these descriptions as a means of rejecting earthly pleasures and strengthening spirituality, it could be argued that it could also reflect efforts to ward off the experienced disasters such as famine and war through religious acts. A considerable number of these women were proclaimed 'saints' by priests-confessors who displayed their biographies as a great example. Saint Catherine of Siena (1347-1380) was one of the most well-known women who died at the age of 32 from malnutrition as a result of self-starvation (Lacey, 1982). Apart from starvation, St Catherine imposed several austerities on herself, with others involving recurrent self-flagellation, thermal burning, and sleeping on beds with thorns (Brumberg, 1989). In these descriptions, Catherine's vehement desire to gain complete control of her body and to repress her bodily urges is portrayed.

Sociocultural phenomena related to the female status were also thought to have contributed to the rise of self-starvation incidents among women. During Renaissance, it was the woman's duty to reflect her husband's status through her social behaviour and outward appearance, with females being considered objects of fertility and lust (Burckhardt, 1994). Therefore, thin women were seen unattractive because smaller body types were indicative of poor lineage and lack of wealth. However, as both males and females began to be recipients of equal education, the emerging opportunities and the greater freedom opened the path of the female rebellion against their traditional role, and provoked self-starvation practices (Burckhardt, 1994).

A more suspicious standpoint toward self-starvation practices was adopted during Christian Reformation (16th Century) and societal views of eating practices were altered (Brumberg, 1989; Klump et al., 2002). In the 16th century, doctors began to clinically describe self-starvation practices, and eating behaviours were subject to a more scientific approach. An English physician, Richard Morton, stimulated interest in cases similar to our current understanding of anorexia nervosa (AN) through his monograph on the topic. Morton (1694) focused on two cases, a 18 year old girl and a 16 year old boy, that suffered from a condition characterised by a loss of appetite, extreme emaciation, amenorrhea, and indifference to the condition. These cases were conceptualised as an expression of hysteria and were attributed to a malfunction of the brain and nerves (Liles & Woods, 1999). However, Morton also observed an emotional component that could significantly modify the interaction between the mind and the body (Strober, 1986).

Until the 19th century, starvation and loss of appetite were conceptualised as symptoms linked with a plethora of physical and emotional disorders such as hysteria, mania, melancholy, chlorosis, and psychotic disorders (Vemuri & Steiner, 2006). In the latter part of the 19th century, Sir William Gull and his rival Leseque became the first to define AN as a distinctive syndrome, removing it from the traditions of folklore and theology to the field of medicine (Dell'Osso et al., 2016). However, the aetiology of AN was still obscure and some physicians ascribed AN to hormonal imbalances and endocrine deficiencies, while others such as the German physician and pathologist, Morris Simmonds, prescribed pituitary hormones as a treatment option (Brumberg, 1989; Dell'Osso et al., 2016; Escamilla & Lissner, 1942). Additionally, parentectomy, the separation from both parents or a parent, was considered a useful treatment option for minors with AN, well into the 20th century. Essentially, the underage individuals were separated from their parents because family environment and 'anorexogenic

family' were postulated as the main factors associated with the AN development (Le Grange & Eisler, 2009). This historical practice of parentectomy, however, stigmatised parents by assigning blame and guilt to them for their children's disorder, and overlooked the biopsychosocial factors that could have contributed to the eating pathology.

2.2.2 The Socially Sanctioned Purging and the Recently Recognised Binge Eating Disorder

Purging existed before the 20th century, but the wealth of historical descriptions is confined compared to the reports regarding self-starvation. Historically, food supplies consumed the largest part of the family income and in difficult economic eras accessibility to food was difficult (Keel & Klump, 2003). Notwithstanding the above, hieroglyphics from ancient Egyptians indicate their custom of monthly purges to stay healthy and avoid getting sick (Ziolko, 1996). During the time Caesar ruled the Roman empire (700 B.C), vomitoriums, specially designed rooms for purging, were utilised by the wealthy elite of Romans who overindulged and deliberately vomited to alleviate their stomachs (Latzer et al., 2011). However, the idea of vomitoriums as places for purging has now been dismissed (Davenport & Malik, 2017). Accounts from ancient Greece and Arabia describing this hedonistically driven purging may represent a historical variant of bulimia nervosa (BN) (Crichton, 1996). This indicates that cultural attitudes toward overeating and purging, encouraged individuals of that time to participate in the socially sanctioned practice of purging. Accounts that also support the sociocultural influence can be placed in ancient Egypt. In the 8th century, the existence of a polymath, known as Avicenna, who was prescribing self-induced vomiting as a medical instruction for overeating side effects has been described, demonstrating a medically endorsed purging

(Nasser, 1993). These portrayals of self-induced vomiting suggest an early presentation of BN, but they diverge from the present manifestation of the disorder as the driving factor of thinness is absent.

From the long period of the 12th to the 17th century, the majority of the fasting saints who espoused holy anorexia (e.g., St. Catherine) were reported to engage in binge eating and self-induced vomiting (Bell, 1985). Furthermore, a description of a 50-year-old man in the 17th century who used to alternate between bingeing/purging and fasting throughout the year attracted public attention (Ziolko, 1996). Simultaneously, Parry-Jones (1992) recounted the case of Samuel Johnson who engaged in binge-eating episodes and gained weight. In order to reduce his weight, Johnson started fasting and used the herb ‘senna’ as a purging agent. The primary medical observation of bingeing/purging was made by Dr. Richard Lower (1631–1691) who described it as ‘an uncommon hunger’ (fames canina) among patients with hypochondria and hysteria that often leads to food cravings, while in some cases can be followed by vomiting (Silverman & Whytt, 1987). Unlike restrictive eating cases which were prevalent in the female population and especially during adolescence, purging reports were often observed in men with the onset age ranging from childhood to middle age (Ruggiero, 2003a). In 1903, Dr. Pierre Janet observed that patients were presenting bingeing, purging, and laxative abuse, more akin to our current comprehension of BN. The first case of a normal body weight individual with these symptoms (the case of Irma) was published in 1909 (Habermas, 1991). By the mid-1960s, empirical studies on EDs had been initiated and almost after twenty years the highly influential article “*Bulimia Nervosa: An Ominous Variant of Anorexia Nervosa*” was published by Russell (Gordon, 2015). This groundbreaking article presented the different symptomatology and health risks that came to characterise AN and BN (Gordon, 2015).

Unlike AN and BN, historical cases of binge eating are sparse, and information related to its presentation through the years is limited. Most of the recorded cases represent binge eating behaviours without the purging element (Gordon, 2015). A case of a 12-year-old girl who was thought to be ‘hysterical’ was the first to be reviewed (Rosenvinge & Vandereycken, 1994). Although the girl abstained from eating, her weight remained normal. This clear inconsistency was explained when the girl’s mother observed that she was secretly eating at night (Rosenvinge & Vandereycken, 1994). Another report in 1870 describes a 14-year-old girl who engaged in rampant eating followed by extended periods of fasting and binge eating (Parry-Jones & Parry-Jones, 1991). In later years, Dr. Albert Stunkard was the first to clinically describe binge eating. Dr. Stunkard interestingly noted that binge eating disorder (BED) may be associated with a nocturnal component which urges individuals to binge eat at night (Parry-Jones & Parry-Jones, 1991). Nonetheless, he later disputed himself by claiming that BED can be present without the nocturnal component. Despite being the most common ED, affecting three times more than those diagnosed with AN and BN combined (Vo et al., 2017), BED was recognised by the Diagnostic and Statistical Manual of Mental Disorders (DSM) in May 2013 (Marx, 2013). The lack of historical depictions and research on BED could have hindered the understanding of its clinical presentation and its inclusion in earlier versions of the DSM.

2.2.3 The Classification and Conceptualisation of EDs

Moving on to contemporary times and the current views on EDs, millions of people have been reported to suffer from EDs, either diagnosed or undiagnosed, with notable impacts on their functionality (Schaumberg et al., 2017). EDs are a group of

clinically categorised disorders that are generally characterised by pathological attitudes related to food, weight, and shape control, resulting in weight loss or weight gain, and/or binge eating with or without compensating weight control methods such as vomiting (APA, 2013). Affected individuals describe their experience as a mental or psychological battle that results in self-isolation and a debilitating sensation of fear pertaining to weight gain (Broussard, 2005; Cranston, 2010). EDs are considered severe and potentially life-threatening conditions. Research has recorded elevated morbidity and mortality rates in those with EDs, with females being at higher risk (Chesney et al., 2014; Klump et al., 2009).

Currently, diagnostic systems have recognised six main feeding and eating disorders: AN, BN, BED, pica, rumination disorder (RD), and avoidant-restrictive food intake disorder (ARFID) (WHO, 2019). DSM-5 incorporated two additional categories — Other Specified Feeding or Eating Disorder (OSFED) which encompasses five diagnostic groups: (1) atypical AN; (2) BN of low frequency and/or limited duration; (3) BED of low frequency and/or duration; (4) purging disorder; and (5) night eating syndrome, and Unspecified Feeding or Eating Disorder (UFED) with no specific criteria (APA, 2013). Accordingly, the International Classification of Diseases (ICD) proposed Other Feeding or Eating Disorder (OFED) as a residual category for individuals that do not meet the diagnostic criteria for a specific ED (WHO, 2015).

Both the DSM and ICD abide by a categorical perspective of EDs which sits uncomfortably with the continuum hypothesis advocated by many researchers (Dennard & Richards, 2013). The continuum hypothesis conceptualises a spectrum of deviant eating where normal eating is the initial point of the chain and eating pathology is the terminal point (Dennard & Richards, 2013; Lindstedt et al., 2017). Therefore, the grey area between these points constitutes the subthreshold EDs which are commonly

overlooked when a rigid, categorical perspective is adopted (Le Grange et al., 2013). Consequently, individuals with concerning eating behaviours, who do not fall into the clinical level of pathology, are likely to be overlooked. Given the high prevalence of subthreshold EDs (Dennard & Richards, 2013) and the consequent associations with anxiety, suicidal ideations, and mood disorders (Flament et al., 2015), the full spectrum of EDs needs further consideration.

The DSM has also attracted considerable criticism for the medicalisation of everyday suffering. Although some scholars support the DSM by claiming that it is a reliable classification system that aids professionals in reaching a common diagnosis (Rief, 2013), others have highlighted the negative repercussions of this classification system. Horwitz (2010), for instance, claims that ordinary social life and human behaviours have now been medicalised, leading to the categorisation of even more human states as pathological. The labelling of varying bodily and psychological experiences with associated pharmaceutical interventions, is believed to have undermined its validity (Pickersgill, 2014). As such, individuals are in danger of being diagnosed as mentally ill, blurring the lines between pathological and typical forms of behaviour. The DSM has also been criticised for contributing to the rise of psychoactive pharmaceutical use, and its financial ties to the pharmaceutical industry (Horwitz, 2010). Members of the DSM sign non-disclosure statements and meetings are conducted in secrecy (Cosgrove et al., 2006). More importantly, 69% of the members have financial ties, such as research funding, to the pharmaceutical industry, emphasising a conflict of interest (Cosgrove et al., 2006; Phelps Chambers & Stanley, 2018). Further, the DSM pays poor attention to cultural diversity as it assumes Western mental health to be the human norm (Murphy, 2015). Depression sufferers in other populations, for instance,

may present different symptoms from a typical Westerner, for example physical pains rather than loss of interest and worthlessness (Dowrick, 2013; Murphy, 2015).

The ICD has not been immune to criticism either. Some experts have criticised the ICD for over-medicalising behaviours, leading to the attribution of multiple diagnoses and the increase in comorbidity rates (Banzato, 2008; Dalal & Sivakumar, 2009). However, other experts claim that classifications within the ICD have shaped psychiatric clinical practice (Jablensky & Kendell, 2003), and that its reliability and usefulness have been advanced by the inclusion of categories that recognise the transcultural presentation of the disorders (Sharan & Hans, 2021). Lastly, a major criticism for both the ICD and the DSM is their failure to capture the multifactorial causation of mental health issues (Banzato, 2008; Hyman, 2002). Complex aetiological networks underly the development of pathology, but these are not elucidated by the classification systems.

2.2.4. Biological and Genetic Factors Associated With EDs

The aetiological pathways of EDs are complex, with biologically-based conceptions of EDs starting to gain popularity. Experts emphasise the biological underpinnings of EDs, proposing them to be biologically-based mental illnesses (Ali et al., 2021; Klump et al., 2009). Neurochemical and hormonal imbalances such as dopamine and serotonin have been central in this research, with scholars hypothesising that EDs are associated with an over-production of dopamine (Bailer et al., 2013), and an under-production of serotonin in the brain (Kaye et al., 2009). The biological explanation of EDs has received support from diverse groups such as the Families Empowered and Supporting Treatment of Eating Disorders (FEAST) which claims on their website that EDs are inherited illnesses, characterised by alterations in brain chemistry (FEAST,

2023). Additionally, some experts believe that genetics and heritability are to be blamed for the development of EDs (de Jorge Martínez et al., 2022; Thornton et al., 2011).

Family studies have shown that the risk of developing AN is 11 times more likely in female relatives of individuals with AN (Strober et al., 2000). A review of relevant literature by Martini et al. (2020) concluded that children, whose mothers have been diagnosed with an ED, are at greater risk of developing feeding difficulties and broader psychopathology. This conclusion is consistent with another study which collected data from 3,649 cases of females who reported having received ED treatment, and found a three times greater risk among girls whose mother had an ED (Ziobrowski et al., 2019). Being limited to white females and self-reporting, this study, however, lacks generalisability and rigour, leading to the possible over-reporting of EDs.

In contrast to maternal influences, associations between a disordered eating behaviour in fathers and daughters have not been confirmed. Klein et al. (2017) demonstrated minimal paternal effects, whereas Blissett et al. (2011), and Goldschmidt et al. (2014), claimed that paternal bulimic symptoms and binge eating respectively, increased EDs and had a larger effect on daughters compared to maternal influences. These contradictory findings could be a result of different methodological approaches or different populations. However, EDs could also be dependent on a multitude of factors. Further, twin studies suggest that genetic factors account for 28% to 74% of the variance in liability (Mazzeo et al., 2009; Yilmaz et al., 2015). Genetic studies, however, lack statistical power, cannot be replicated, and tend to include small sample sizes. To address concerns about small sample sizes, a recent study looked at 16,992 cases of AN and established associations between eight genetic variants and the disorder (Watson et al., 2019). Finally, functional magnetic resonance imaging (fMRI) scans have provided evidence that AN may be attributed to brain abnormalities (Sweitzer et al., 2018), and a

diminished activation in the brain segment responsible for processing social rewards (O'Doherty, 2004; Sweitzer et al., 2018).

2.2.5 A Sociological Approach to EDs

Contrasting the biological explanations of EDs, a sociological approach, aligned with the social constructionism perspective of this thesis, offers a different outlook that focuses on the impact North American consumerism has had on eating practices. Some in the sociological field see the rise of EDs as linked to the expansion of healthism (Crawford, 1980; Fitzgerald, 1994). Crawford (1980) defines healthism as a movement of health consciousness that constructed personal health as a moral imperative. Individuals, according to Crawford (1980), come to be seen as responsible for their health, an ideology linked to the neoliberalism as health status is turned into an objective which people are judged for. With the movement of healthism which began in 1970s, individuals from economically developed countries increasingly regarded good personal health as a moral responsibility which would ensure them 'potential perfection' and a good life (Fitzgerald, 1994, p. 196). At the same time, the slimming industry expanded, new diets such as the Beverly Hills Diet emerged, celebrities were promoting slimness, and women were socially pressured into dieting. Wooley & Wooley (1982, p. 57) were one of the first to emphasise the pervasiveness of such practices, and even accused the diets as the first time that 'an eating disorder, anorexia nervosa [had] been marketed as a cure for obesity'. In this sense, anorexics were presented as successful dieters whose way of living and eating should be reproduced by individuals who were seeking to lose weight. Healthism and the marketing strategies used by the slimming industry were training populations on how they should adopt anorexic-like behaviours on the one hand, while personal health was celebrated on the other.

2.2.6 Feminist Approaches to EDs

According to feminist explanations of EDs, societal norms and gender roles are linked to the development of EDs. Feminist writers have claimed that pressure to conform to particular beauty ideals is exerted upon women from a very young age. Bartky (1988, 1990) proposes that societal norms aim to ‘educate and discipline’ females in the Western thin ideal. Physical attractiveness has been equated with thinness, and female bodies have been viewed as ‘graded objects’ that must be evaluated by others. According to Bartky (1990) and MacSween (1993), this has promoted female objectification and passive femininity. Objectification can be understood as the process by which females are viewed as mere objects of desire, rather than being recognised as humans with autonomy and feelings (Fredrickson et al., 1997; Heflick et al., 2011). This process is said to lead to the fragmentation of female personality and female suppression (Bartky, 1990; Young, 1979), which has been imposed on women over time (Kellie et al., 2019). Females are encouraged to treat their bodies as objects and modify their eating habits in an attempt to portray the ‘ideal’ woman. Bordo (1993) expanded this theory by conceptualising EDs as means of protest and control. According to Bordo (1993), females who followed the Western beauty ideals including thinness were considered by males, particularly in Western culture, as attractive and valuable. This cultural obsessiveness with thinness was associated with patriarchal power structures that viewed bodily features as a form of cultural capital. In patriarchal societies, Bordo (1993) explains, women’s rights are linked to the adoption of the culturally prescribed beauty ideals. In this socio-cultural understanding, the development of EDs and female starvation can be seen as a form of protest against patriarchy, and as a way of taking control of female bodies (Bordo, 1993; Orbach, 1986).

More nuanced interpretations of EDs suggest that they can be seen as forms of female empowerment and agency, intertwined with cultural norms, societal expectations, and gender roles. Lester (1995, 1997), for instance, posits that cultural norms and societal expectations, including what she describes as identifiers of womanhood, heighten preoccupations with food and the body. Based on her framework, self-starvation becomes for women a means to reclaim control over their bodies and self. Lester postulates that in the context of EDs, the body is perceived by women as the embodiment of self and identity, while food is viewed as a tool to challenge societal norms and liberate themselves. Lester's model of EDs conceptualisation has found support in qualitative studies where participants admitted resorting to food restriction as a means of personal agency and identity negotiation (Conti et al., 2020). In the digital era where individuals with EDs share their own experiences in online platforms, such online places have also been recognised as spaces for negotiating and constructing female identity (Day & Keys, 2008; de Souza Ramos et al., 2011), further corroborating Lester's view of EDs.

Taking the evidence on EDs as a whole, EDs are now viewed in medicine, research, and health policy as serious psychiatric disorders with multifactorial aetiology, that are not entirely understood, highlighting the necessity of additional work. At different historical periods, diverse eating practices have had different meanings than found today, and various societal influences were responsible for their development. Nonetheless, in the course of time, explanatory models for these practices have shifted, with biological, socio-cultural, and feminist conceptions each attempting to explicate their aetiological pathways. In the pursuit of understanding ON, and considering the different explanation models available, it is reasonable to wonder the extent to which ON has genetic and psychological underpinnings, and/or is a product of social construction.

Lastly, an intriguing question that arises is whether ON is rooted in the same sociocultural influences as AN and how similar or different are the features of ON compared to the socially constructed nature of AN and BN. Although this thesis will not be able to provide definite answers to these questions, it will attempt to advance our understanding of how socio-cultural influences shape the landscape of extreme healthy eating behaviours.

In the following section, I focus on the digitalisation of food marketing and discuss how food marketing helps to determine what constitutes good or bad food choices. Such food classifications could influence the establishment of dietary practices and the societal discourses around food. Thereafter, the different marketing strategies used to advertise both processed and healthy food products are explored, the aim being to understand how food is marketed in places such as online websites and the ways in which these marketing strategies may shape eating behaviours such as extreme healthy eating practices. Finally, the key features of healthy eating and pro-eating disorder (pro-ED) websites are presented, while their impact on eating behaviour is examined.

2.3 Food: Marketing and Online Sources of Information

2.3.1 The Politics of Food Marketing

The politics of food marketing is not limited to the policy and legislation around marketing, but also encompasses the examination of food systems, capital, and the distribution of commercial messages which influence social life (Nestle, 2013; Scrinis & Parker, 2016). Food marketing is widely dispersed in everyday life and has political dimensions. For instance, food campaigns have been employed by governments in their attempt to raise public's awareness of health and food-related practices (Diemling,

2015). They have also been used as a means of economic growth and as a determinant of how food is priced (Nestle, 2013). Therefore, food marketing can be considered a political act that is related to the political landscape in terms of communicating nutritional guidelines and satisfying stakeholders. In the current digital era, marketing has found an additional ally, that of artificial intelligence (AI). Marketers are now using AI to predict and adapt pricing, understand customer preferences, and develop targeted advertisements (Brito et al., 2015; Sohrabpour et al., 2021). As a result of the far-reaching capabilities of AI, as highlighted in a recent study AI can effectively enhance digital marketing and predict consumer behaviour and preferences (Yaiprasert & Hidayanto, 2023), marketers are progressively embracing its utilisation (Blitzer, 2020; Mehta et al., 2022).

Although food marketing operates by raising awareness and enhancing preferential attitudes and consumption (Kelly et al., 2015; Lavidge & Steiner, 2000), the purview of food marketing is broader than increasing consumption. More specifically, Goodman et al. (2017) suggests that food marketing can determine what constitutes an ethical or a forbidden eating practice. Food choices are not merely guided by personal factors. On the contrary, other actors, such as marketing strategies and advertisements, can impact eating behaviours. Within a media-driven context, the marketing used by food corporations can solidify food choices and shape the narrative surrounding ‘bad’ food choices and well-being (Crawshaw, 2014). This notion found support by Goodman and colleagues (2017) who claimed that advertisements reproduce food ‘truths’ and discourses which can influence how people categorise or label foods. One example of this influence that was included in their paper was that of governmental guidelines and celebrity endorsement. Government experts establish guidelines on the nutritional components of a healthy meal, then television and healthy living blogs proliferate the

knowledge about ‘good’ eating and ‘bad’ foods, while celebrities are presented on advertisements as health advocates (Goodman et al., 2017). Four different mediums - government, television, blogs, and celebrities- circulate moral instructions and food ‘truths’, acting as forms of ‘biopedagogies’. The concept of biopedagogies refers to the circulation of ‘truths’ and information as forms of instructions/pedagogies and biopower. Foucault (1977) defined biopower as a dispersed form of political power that aims to control populations by making individuals subject to self-regulation and sustained monitoring. Biopedagogies, a concept that derived from Foucault’s idea of biopolitics, biopower and the shaping of citizens through discipline, are practices that focus on how people should live (bios), imparting knowledge around health, food, and body (Leahy & Wright, 2016; Wright & Halse, 2014). It is suggested that the main aim of biopedagogies is to shape ‘good biocitizens’ who will internalise strategies for self-discipline and will be able to remain productive for the societal good (Harwood, 2009; Rice, 2014, p. 122). Blogs, social media, and television are areas where biopedagogies operate and discourses influence how people come to know themselves and how eating practices are evaluated by society (Jong & Drummond, 2016; Rodney, 2021).

Food marketing and media, as a communicative tool, should not be solely perceived as forms of capitalism in action and biopedagogies. Rather, they should be considered contributors in moulding social practices and human behaviours given that they are woven into the social lives and act as teaching tools for body discipline. As such, they aim to produce subjectivities and enact biopower and individual responsabilisation. Considering that food marketing guides and predicts eating behaviour, it can be regarded to be fundamental to the technologies of power which, according to Foucault (1989; 1988), abide by the discourses of self-regulation, normalisation, and surveillance. These discourses are forms of disciplinary power that aim to regulate and

control individuals. Power, according to Foucault (1982), functions within a network of social interactions and can produce ‘truths’ but this power can also shape ‘reality’. Rather than conceptualising power as a directive that is imposed by a higher entity, it should be perceived as a concept that is inextricably linked to knowledge (Foucault & Sheridan, 1970). Power operates through knowledge and those who have the knowledge are able to construct power relationships. With this in mind, it could be argued that food marketing and these mediums who circulate food ‘truths’ are those who hold knowledge and can form power relationships. They have the power to shape peoples’ behaviours and their subjectivities by being portrayed as those who can cast light on food choices. In a neoliberal society where the locus of responsibility has shifted to the subject via discourses on ‘self-care’ (Foucault et al., 1988), marketing techniques and advertising strategies are devised to guide individuals to the ‘desired’ path.

2.3.2 Digitalisation and Advertising Strategies for Processed and Healthy Foods

The global use of social media platforms by corporations has advanced the strategies employed by advertisement companies. For instance, companies are able to collect personal information (e.g., browsing details and food preferences), in order to reach targeted audiences through customised messages (Potvin Kent et al., 2019). This tactic has been conceptualised as an aspect of surveillance capitalism which constitutes a personalised marketing, allowing corporations to scrutinise online behaviour. Zuboff (2015, 2019) coined the term surveillance capitalism and described it as a new form of capitalism that aims to create predictive models of behaviours. Under surveillance capitalism, personal data are treated as resources based on which algorithms are generated to predict and shape behaviours (Lawrence, 2018). For commercial purposes,

online behaviours are monitored and personal data are exploited with the aim to influence and guide consumers' activities. This targeted marketing, however, poses a major challenge to online users considering that personal data are commodified without their consent. In this way, imbalances of power between users and corporations are created, as Zuboff (2019) suggested, and corporations are able to manipulate human behaviour. As people are now increasingly seeking information around food and health on online sources (Ferry & Richards, 2015), their preferences and online activities can be documented, predicted, and directed to tailored content and advertisements, creating a feedback loop. This online reinforcement enhances power imbalances between users and other entities, including advertisers and companies such as Google, Instagram, and the food market.

In addition to targeted marketing, other techniques such as promotional characters, offers and discounts are employed – particularly for calorific and processed foods – to guide consumer behaviour. A study on digital food marketing reported that 31.9% of the advertisements used premium offers, for example contests ('Pay 2 take 3'), limited edition offers/products, or price discounts (20% extra) to promote processed products, while 33.7% of them used promotional characters such as celebrities (Kidd et al., 2020). Goodman (2010) has also looked at the 'celebritisation' of marketing in the UK where celebrities and global media stars are used in advertisements. Although marketing reaches wider audiences, corporations endeavour to link the products with the image of a rich celebrity. Further, celebrities and other influential figures are portrayed as 'health-gurus' and models of behaviour. Rousseau (2012, 2015) believes that the unlimited sources of information for health and food products and the contradictions within them, has led consumers to entrust decision-making process to online influencers. Several studies have corroborated the rise in consumption of food low in nutritional

value and high in fat among children after their exposure to influencer marketing (Coates et al., 2019; De Veirman et al., 2019; Tan et al., 2018). Influencers model behaviours which are perceived by consumers as being valued and accepted by society.

Advergame, a form of advertising in video games, is another digital tool used by food industries to promote a brand or a calorific food product, with integrated food cues (Ham et al., 2016). The primary objective of advergames is to masterfully use the element of entertainment and elicit positive attitudes toward brands or unfamiliar products (Waiguny et al., 2012), with some research highlighting their capability to increase consumption and food intake (Boyland et al., 2016; Folkvord et al., 2013). Hence, game-players, while being immersed, may experience an interest in the product featured in the game, which is an outcome of the entertainment value and the appealing context created (Nelson & Waiguny, 2012). Studies have claimed that after playing such games, individuals are not able to recall or identify the advertised content (Folkvord et al., 2013, 2014, 2016), therefore the persuasive intentions cannot be reported (Folkvord et al., 2014, 2016; Rifon et al., 2014). Considering that the persuasion purpose is not always clearly communicated, the ultimate aim of the advergame, which is the promotion of the product, is met.

The range of advertising strategies for calorific and unhealthy food is broad, however, different strategies for the promotion of healthy foods have been recorded. Historically, taste, price, and convenience used to be the main drivers of consumer behaviour, but recently they have been replaced by features such as quality, wellness, and safety (Ringquist et al., 2016). A recent study showed that 53% of the consumers avoid artificial sweeteners, 62% avoid preservatives, and 59% avoid hormones (Nielsen, 2019). As a response to these consumer demands, food companies have expanded their advertising models and have launched their products, accompanied by endorsements

from nutrition experts. In Duarte et al.'s study (2019), managers of four food companies highlighted the need to publicise their products along with scientific-based affirmations or labels such as 'healthy eating'. Eriksson & Machin (2020) underscored the industry's practice of buzzword use such as "organic" or "clean" for the purpose of profits. For example, a coloured water complemented by the buzzword 'healthy', is presented as a nutritious and 'moral' choice. Additionally, consumers may attribute health benefits to foods accompanied by such buzzwords, leading to a phenomenon called 'halo effect' (Roe et al., 1999). As a result of this phenomenon and of consumers inferring healthy attributes when buzzwords are present, a rise in food consumption has been observed (Provencher & Jacob, 2016).

Alongside the linguistics schemes, an emphasis on the extrinsic attributes of the products has been observed. Ledin & Machin (2018) claimed that food industry has adopted a 'clean washing' design on the symbols, fonts, texture, and colours that reflect cleanness and healthiness. Such designs and packaging schemes encourage consumers to buy these products because they convey the message that they are ethically right and socially acceptable. For instance, it has been observed that products with white-blue colour mirror healthiness and rightfulness compared to white-red packages that signal danger and harmful options (Plasek et al., 2021; Reutner et al., 2015). Novel marketing strategies are designed to reinforce food familiarity and load products with a variety of meanings, highlighting the impact these strategies may have on the construction of meanings around eating.

2.3.3 Healthy Eating Websites and the Online Dissemination of Nutrition-related Information

The online searches for ‘how to eat healthy’ have recorded a rise within the last decade, placing healthy eating at the top searched topics (Google, 2018). Although the cause of this rise has not been understood, it may be speculated that desire to avoid food-related health diseases or overarching societal discourses could have been some of the motivating reasons. Further, the multimedia-capabilities of the internet have offered a space for websites to emerge and for consumers to seek nutrition and diet-related information (Topaloglu et al., 2013). As such, new opportunities for engagement with and aggregation of information have been attained. Healthy eating (hereafter HE) websites and blogs operated by registered nutritionists are a new phenomenon observed on the cyberspace. These websites are used as meal-inspiration sources where nutritionists share recipes and engage with their audience, with women being reported as their most frequent readers (Ek, 2015; Renahy et al., 2010). In a qualitative study, female readers perceived the interactive nature of such websites to be an appealing element that enhanced their engagement with these platforms (Bissonnette-Maheux et al., 2015). Aside from being interactive, the professional identification of the authors and a profile picture were thought to strengthen the credibility of these websites due to the perceived superiority an expert has (Bissonnette-Maheux et al., 2015; Greenberg et al., 2013). These findings suggest that trust issues are observed on these websites and more credibility may be ascribed to professionals running HE websites, highlighting the impact of the information disseminating on the websites.

Although some HE websites are run by professionals and organisations such as schools with the intention to educate individuals on nutrition and health-related issues (Lalchandani et al., 2022), private individuals with no educational training on nutrition have been found to create their own websites for profit-driven purposes. In a 2013 survey on these websites, 87% of the authors responded that passion for food was their primary

motivation for creating their website, whereas 22% of them reported having a relevant profession (but not being nutritionists or dietitians) (Wetherell, 2013). These websites run by self-appointed experts are devoted to sharing personal life experiences and to promoting healthy eating, but nowadays they also encompass marketing ventures as products are advertised and giant corporations sponsor them (Boepple & Thompson, 2014).

There is evidence indicating that visiting HE websites contributes to food literacy (Bensley et al., 2011; Neuenschwander et al., 2013). HE websites have been found to disseminate scientific information through lay language, familiarising their readers with nutritional information via an inexpensive mean of communication (Lynch, 2010). Further studies report benefits in health. A 2014 meta-analysis praised the use of HE websites, highlighting a decrease in fat consumption among their readers (Williams et al., 2014). Additionally, a rise in healthier choices and an improvement in cooking skills have been reported as the advantages of HE websites (Hartmann et al., 2013; McLaughlin et al., 2003). Contrary to the aforementioned advantages, criticism has been levelled at HE websites for normalising and endorsing problematic eating behaviours. In their analysis of 21 healthy living blogs, Boeple and colleagues (2014) highlighted that the majority of the authors had an ED history and were largely transmitting troubling messages either about nutrition or self-objectification. For instance, most of the bloggers claimed to be recovering from an ED, while phrases such as '*pasty, white skin*' or '*icky, overly stuffed and lethargic feeling*' were reflecting self-objectification and guilt-inducing messages around food. Further, a qualitative exploration of posts between Canadian registered dietitians and non-professionals (e.g., people with no formal education or training) showed that the latter group promoted detoxification diets accompanied by misleading and non-credible information, as opposed to the former

group that was against detox diets and was providing scientifically founded information (Toth et al., 2019).

Through an assessment of their content, Cesiri (2016) concluded that HE websites, operated by non-professional authors, tended to establish the reliability of their content through the use of nutrition-specialised lexicon. Readers would assume that this lexicon derived from the authors' knowledge and educational background, thereby legitimising the credibility of their guidance. Nonetheless, the credibility of their guidelines has been questioned by studies which have found raw cow's and goat's milk to be the most suggested ingredient for infant nourishment (Davis et al., 2020). This posits concerns for their content given that unpasteurised milk can cause foodborne illnesses such as Salmonella (Safety Food, 2018). Considering that the number of HE websites has ballooned, it could be expected that the promoted recipes and nutrition advice may be inconsistent with the world health organisation's (WHO) recommendations, in terms of nutrient composition. Dumas and colleagues (2017) compared the nutritional content of vegetarian recipes offered by registered dietitians and non-registered dietitians. The content analysis found only minor differences in nutrients such as vitamin C and protein, without raising concerns about their content. However, these findings cannot be generalised to the whole domain since this study failed to consider categories such as snacks and desserts, as well as various nutrition-related topics such as weight-loss and diabetes commonly discussed on HE websites.

2.3.4 The Nature of Pro-ED Websites

Pro-ED websites, widely known as 'pro-ana' (pro-anorexia) and 'pro-mia' (pro-bulimia), surfaced in 1990 and their number skyrocketed thereafter, with it difficult to

determine their exact number (Mento et al., 2021). These online communities are virtual spaces that present a variation with regards to the intent, with some websites aiming to address difficulties with food and weight, and others to validate disordered eating attitudes. For instance, studies have found that most pro-ED websites glorify EDs as a lifestyle choice (Mento et al., 2021; Overbeke, 2008), with only 13% of the site authors explicitly stating that EDs are a health problem (Borzekowski et al., 2010).

The proliferation of pro-ED websites has become a public health concern as individuals are exposed to a myriad of appearance-related content. Due to their rejection of EDs as a serious mental health problem, two characteristic columns of these sites, ‘tips and tricks’ and ‘thinspiration’, have been reported to reinforce disordered eating behaviour (Mento et al., 2021). The former offers weight loss advice and practical guidance on how to conceal extreme weight loss from family members whereas the latter constitutes a place where images of emaciated women or overweight silhouettes are uploaded to encourage weight loss (Borzekowski et al., 2010; Gale et al., 2016). Prior studies have highlighted that 35.5% of diagnosed EDs patients have used pro-ED websites and the majority of the users, even young adolescents, have been introduced to novel weight loss or purging strategies (Christodoulou, 2012; Fairplay, 2022; Wilson, 2006). In Gale et al.’s (2016) study, for instance, all participants reported learning new tips to increase their restrictive diet through the tips and the advices shared on pro-ED websites.

Aside from weight loss, the opportunity to create content, receive feedback on appearance, initiate discussions, and gain spectators have been said to be some of the main motivators for accessing these websites (Almenara & Machackova, 2016; Peebles et al., 2012). Their popularity can also be explained by their unique way of communication that allows for private profiles and self-disclosure (Overbeke, 2008).

Further, a sense of camaraderie and a chance to express ideas beyond the scrutiny of experts are provided (Crowe & Watts, 2016). Taken together, the encouragement for social sharing could be the validation that EDs are not uncommon, strengthening the facilitation of a virtual belonging (Lai et al., 2021; Tong et al., 2013). Generally, social disapproval of EDs may posit an additional motivator for individuals to engage in such online communities, in a space where their eating practice is not stigmatised.

Studies have suggested that females are more likely than males to visit pro-ED websites (Peebles et al., 2012; Rodgers et al., 2016). In a European project that involved 25 European countries, girls were found to be the most frequent users (Livingstone et al., 2011), while Almenara and colleagues (2016) highlighted that exposure to pro-ED websites is more than double in females. These findings can be explained by the thinspiration online content that typically targets women and by the societal pressures placed on women. Nonetheless, epidemiological data suggest that almost 25% of the pro-ED website users are males (Hudson et al., 2007). In a qualitative study including 12 pro-ED forums, 689 posts had been made by male users, most of which related to social support and weight loss (Wooldridge et al., 2014). Yet, there is limited knowledge on male exposure to pro-ED sites, and this percentage of users should not be neglected.

Considering that pro-ED websites are mostly text based, the language used by both authors and users could provide more insights into the circulating messages and the experience of EDs. Explorations of their content underscored a strong association with devotion and religion. Religious metaphors that presented self-starvation as a form of self-purification and Ana as their Goddess were emphasised by research as a notable characteristic of their content (Day & Keys, 2008; Stapleton, 2019; Norris, 2006), drawing comparisons between the fasting women in medieval eras and the modern anorectic practices (Dell'Osso et al., 2016). In 2013, an exploration of the linguistic

markers used on these sites concluded that authors were closed-minded and focused on the present, with little insight into their medical condition (Wolf et al., 2013). Moreover, most of the words used were related to body, diet, eating, and food. It was, also, suggested that blogs were widely using exclamation marks to intensify their message instead of question marks that would indicate uncertainty or fear (Wolf et al., 2013). A distinguishable finding on pro-ED websites was the different linguistic options used on pro-ana websites by individuals with an ED and by those recovering. For instance, it has been observed that anorexics, in the recovery process, use more first person singular references and past tense verbs compared to pro-anorexics (Lyons et al., 2006), indicating that individuals in recovery are more self-preoccupied as they are immersed in personal reflection on past events. Further, pro-ana forums present a more hedonistic aspect by emphasising positive emotions and less anxious preoccupations, whereas anorexics in recovery tend to be more sorrowful in their writing (Lyons et al., 2006; Wolf et al., 2013). One plausible explanation for the different self-presentation styles is that individuals in recovery may be in an active stage of self-reflection where the processing and re-evaluation of their condition is taking place. In contrast, pro-anorexics may put emphasis on positivity as a way of dealing with negative affect and as a coping strategy that keeps them away from treatment.

2.3.6 Impacts of Exposure to Pro-ED Websites

Exposure to pro-ED websites has been found to be detrimental to both users with EDs and those with no eating disturbances. After exploring the consequences of being exposed to pro-ED websites among females with no ED history, Jett et al. (2010) observed that participants, who were exposed to their content for less than 90 minutes,

reduced their food intake. Most users, however, are likely to get exposed to these websites for longer periods and with greater frequency. A large online survey recorded that heavy pro-ED users are expected to report more than 4 hours of daily use which was associated to more extreme and harmful eating practices (Peebles et al., 2012).

Participants admitted to having a poor quality of life which deteriorated after their exposure to pro-ED websites and the implementation of the suggested tips (Peebles et al., 2012). Further, a prolonged exposure to pro-ED websites has been linked to higher reports of mental stress (Eichenberg et al., 2011), adverse prognosis, and lengthier rehabilitation (Talbot, 2010). Exposure and website engagement have been found to have implications on the users' behaviour. Passive engagement (e.g., passively browsing through the content) has been associated with greater eating pathology compared to active engagement (e.g., contributing to the content and interacting with other users) which has been linked to less harmful practices (Csipke & Horne, 2007). It is hypothesised that these differing findings lie in a mode of regulation. Those that are actively engaging with the sites are able to establish a direct interaction with other users that regulates their feelings and balances any feelings of loneliness and lack of support (Csipke & Horne, 2007).

A segregation between 'us', the community, and 'them', the outsiders, has been said to be prominent in these communities. Language analyses of interviews with pro-ana bloggers highlighted this segregation which, on the one hand, demonstrates collectivity, high sense of identification, and belonging, but, on the other hand, normalises anorectic behaviours (Rodgers et al., 2012; Yeshua-Katz, 2015). Although the sense of belonging and identification may amplify the feeling of acceptance, disorder-related ambitions are encouraged (Chadwick & Fullwood, 2018). The unique identity of 'us' facilitates both self-definition and social distinction, which may exert an

appealing influence, but perpetuates a detachment from the real nature of the disorder. Further this identity is only attributed to those who accept the group's norms unconditionally; hence, pro-ED support is mainly superficial and subject to the acceptance of the thin-ideal norms (Marcus, 2016).

The debate around the negative impact of pro-ED websites on susceptible individuals has been contested. A more nuanced perspective has also been posited, which suggests some benefits to engaging with pro-ED communities. Recently, scholars have attributed a more positive feature to pro-ED websites by perceiving them as places where women can construct their female identity. More specifically, feminists argue that pro-ED websites are platforms that offer the opportunity for self-sharing and independence, away from the stigma and the pathologising of their behaviour by the medical profession (Day & Keys, 2008; de Souza Ramos et al., 2011; Yeshua-Katz, 2015). Further, a more positive impact on self-esteem and a greater alleviation of the experienced loneliness was observed among 151 participants that frequented the sites (Csipke & Horne, 2007). Accordingly, Gale et al. (2016) claimed that a sense of support and validation is experienced by pro-ED members. This finding aligns with a qualitative study among 33 pro-ED bloggers who perceived their engagement with the pro-ED community as a liberating and cathartic experience that provides both emotional and social support (Yeshua-Katz & Martins, 2013). Bloggers emphasised the availability of a non-critical community that substitutes the social stigmatisation experienced in their offline interactions. EDs can be solitary and isolating, positioning pro-ED websites as a supportive community and a secure platform for self-expression. The feelings of support and belonging developed in these communities have been suggested to serve as protective barriers against the influence of the pro-suicide content online (Minkkinen et al., 2016). Nonetheless, Turja and colleagues (2017) highlighted that a higher sense of

belonging to primary groups (e.g., family and friends) is more effective in counterbalancing harmful behaviours. Stronger offline relationships offer a safeguard against ED pathology and conduce to a better well-being.

There is also some evidence that pro-ED websites encourage recovery and treatment-seeking. Csipke & Horne (2007) established a positive correlation between exposure to pro-ED content and treatment encouragement, a finding that aligns with Schroeder's (2009) research. Schroeder conducted interviews with adolescent girls in treatment, revealing that 6 out of 7 participants were directed to treatment through pro-ana sources. Pro-recovery content such as links to other recovery-relevant websites has also been identified (Borzekowski et al., 2010). Therefore, it could be suggested that pro-ED websites may be beneficial particularly to those users that are moderately ready to seek help for their ED. Conversely, the promotion of concealment strategies and 'anti-recovery' connotations in such websites were emphasised by Rouleau & von Ranson (2011), indicating minimal commitment to treatment which could act as a barrier to recovery. Further, pro-ED users described these websites as being destructive environments and ones that must be avoided if recovery is to be attained (Firkins et al., 2019).

In summary, a world of rapidly increasing knowledge and technological advances, health information is disseminated through millions of online sources. The unique and special properties in information sharing, resulted from the advent of the internet, have changed information seeking behaviours. The importance of e-health information cannot be disputed but the profusion of personal testimonies in online blogs has provoked concerns. In lieu of the traditional treatment services, many individuals with EDs are drawn to anonymous internet-based forums that pledge on secrecy and identity concealment. In the light of the escalating prevalence of pro-ED forums, it is

imperative to consider the implications of these debated platforms which have raised concerns about their role in sustaining or initiating disordered eating.

In the following section, I discuss ON by examining its emergence through the available literature and case studies. The key behavioural and eating manifestations of orthorexic behaviours are explained, while studies on their prevalence across countries and varied backgrounds are explored.

2.4 Orthorexia Nervosa: Unfolding a New Phenomenon

2.4.1 Consumer Behaviour and the Emergence of Orthorexia Nervosa

In developed Western societies, the cultural shift placing emphasis on the benefits of healthy food and health consciousness has gained great attention from the public and researchers (Brytek-Matera, 2021). Arguably, a greater food dichotomy between healthy and unhealthy food exists, while the health consciousness trend aims to promote weight loss and reduce the occurrence of severe health issues. Two fundamental principles, regular exercise and healthy eating, are seen as governing contemporary consumer behaviour, with some individuals going to the extent of adopting self-destructive habits such as compulsive exercise or stricter dietary rules with signs of obsession (Brytek-Matera, 2021). The elimination of harmful food products and regular exercise is considered by most as a means of mitigating the risk of chronic diseases, however there may sometimes be a thin margin between food ‘pickiness’ and the exclusion of entire food groups.

The growing interest in healthy eating contributed to the presentation of a newly emerged phenomenon, ON. Although its behavioural patterns were known within

therapeutic and nutritional contexts, it was first coined in late 90s. Physician Steven Bratman (2000; 2017) was the first to coin the term ON, proposing it to be an unhealthy obsession with food that, unlike other ED, is entirely focused on the quality of the consumed food. Bratman explains that ‘people become orthorexic by falling in love with a dietary theory which rejects whole classes of foods and makes spontaneous eating impossible’ (Cosh, 2002, p. 48). In its semantic essence, ON derives from the Greek word ‘orthos’ (ορθός) meaning right or straight and “orexi” (όρεξη) meaning appetite, referring to a pathological obsession with the nutritional quality of food and the consumption of biologically pure products (Varga et al., 2013). What appears to be valued most in ON is food purity including avoidance of deleterious health effects caused by unhealthy diet (Donini et al., 2004). In extreme cases, orthorexic people may even favour starvation mode instead of consuming food that they consider to be harmful and ‘impure’ (Bratman & Knight, 2000; Nyman, 2002).

ON has also been described as a ‘disease disguised as a virtue’ since it is an idea that promotes healthy eating but where an unhealthy preoccupation with food can remain unnoticed to mental health professionals unless weight loss is severe (Bratman & Knight, 2000). Based on Korinth et al., (2010) the beginning of the restriction initiates when groups of food that are commonly considered unhealthy are eliminated. Then, the elimination escalates to a greater number of products and gradually to entire food groups that leads to the deprivation of necessary nutrients and, in due course, to the development of the condition of ON (Korinth et al., 2010). According to Bratman (2017), the pathological condition of ON can only be observed when progressive food restriction, food-related obsessiveness, and manifestations of self-punishment are central attributes of the individual’s behaviour. It is important, however, to mention that these are personal ideas of how ON may present itself as it has not been clinically recognised.

The term 'maniacal obsession' was employed by Donini et al. (2004) to describe their sample's pathological fixation with healthy eating, which signified the observation of a phenomenon that required further investigation. Employing, however, a psychiatric term for a condition that has not been clinically recognised, lacks clinical validity and could introduce stigmatising connotations. Following Donini et al.'s study, case studies on individuals that were thought to present ON symptoms were published. In most of the case studies, individuals, both males and females, presented severe malnutrition, false beliefs around food such as the belief that unsalted vegetables will treat the tic disorder, and a diet which was consisted of raw vegetables and uncooked eggs (Park et al., 2011; Saddichha et al., 2011; Vandereycken, 2011; Zamora et al., 2005). Notably, none of the patients in these case studies displayed concerns over being overweight, which could indicate an AN pathology. These case studies, however, were based on pure observation and consideration of the patient's medical and family record which could introduce subjective biases and not be generalised to a broader population.

In spite of the suggested predisposing factors such as gender, age, weight, and vegan diet (Almeida et al., 2018; Dell'Osso et al., 2016), information about which factors influence the development of ON is scarce. Women, adolescents, and sportspeople are considered high-risk groups on which this dietary fixation can have physical, psychological, and social effects (Koven & Abry, 2015). For instance, a shortage in essential nutrients and entire food groups can lead to serious health issues such as anemia, hormonal imbalances, malnutrition, slow heart rate or impaired bone health, and bradycardia (Koven & Abry, 2015; Moroze et al., 2015). Anecdotal reports claim that this extreme healthy eating practice can have detrimental effects on functionality and quality of life (Varga et al., 2013). Despite minimal long-term empirical research, preliminary evidence suggests that this kind of dietary extremism can

lead to medical complications similar to severe AN (Koven & Abry, 2015). Furthermore, self-imposed extreme dietary rules can cause weaker working memory, followed by frustration, guilt, self-loathing, and disgust when food purity is compromised (Varga et al., 2013). All these reactions and feelings, originated by the distress over optimal health, may prompt stricter practices such as cleansing fasts as a form of self-punishment (Bratman & Knight, 2000).

Diverse authorities consider ON to be either a distinct ED or merely a lifestyle phenomenon. Bratman (2000), for instance, first introduced ON as a distinct type of ED, while other scholars have subsequently considered it to be a prefatory phase of AN (Chaki et al., 2013; Mac Evilly, 2001). The extreme restriction of calorie intake and food consumption is believed to conduce to weight-loss and a gradual decline in functionality in a similarly progressive manner to AN. ON has also been labeled as a 'health food addiction' based on the observation that individuals with orthorexic tendencies present signs indicative of addiction such as decline in social functionality and lack of self-control (Rangel et al., 2012a; Zamora et al., 2005). Despite the clinical studies, ON is viewed by some scholars as a lifestyle choice (Vandereycken, 2011). The elimination of processed food and the focus on healthy eating are claimed to be conscious lifestyle choices. This perspective has led some scholars to conceptualise ON as a bidimensional concept which encompasses both a pathological preoccupation with healthy eating (e.g., ON) and a non-pathological interest in healthy eating (e.g., healthy orthorexia) (Barrada & Roncero, 2018; Depa et al., 2019; Zickgraf & Barrada, 2021). The differentiation between a healthy interest and a pathological interest in healthy eating requires standardised diagnostic criteria that set a clear distinction between orthorexia and ON (Horovitz & Argyrides, 2023). However, the distinction between an ED and a lifestyle phenomenon implies that there is a cut-off point that determines when a human

behaviour can be classified as a pathology or a 'normal' behaviour. This highlights the socially constructed nature of mental health classifications, where the boundaries between a pathology and a 'healthy' behaviour are fluid. Therefore, it is crucial to recognise the subjectivity in classifying human behaviours given that societal views on eating behaviours are context-dependent and vary, as the historical depictions of EDs have presented.

2.4.2 The Main Characteristics of Orthorexic Behaviour

The primary incentives for embracing ON have been reported to be safeguarding from future illnesses and health state improvement (Lopes et al., 2020; Moroze et al., 2015), even though Bratman (2000) claims that these individuals rarely face physical health issues. Aside from the avoidance of food additives such as preservatives and sweeteners, this dietary regimen encompasses ritualised patterns of eating and thoughts around the processing and the packaging of foods (Donini et al., 2004). In their study, Donini et al. (2004) emphasised the recurrent thought processes as individuals tended to segregate food into healthy and unhealthy. Individuals with ON are said to spend time on meal preparation, while additional effort is placed on researching and planning future meals, cataloging the 'permissible' foods, and cooking (Bratman & Knight, 2000). Based on Mathieu (2005), individuals present a four-level behaviour. During level one, contemplations around the food that should be included in their daily and weekly consumption arise. Level two involves the practical process of collecting the food, while in level three individuals start to carefully prepare their meals abiding by the established eating principles. Finally, in level four and depending on the adherence to the dietary plan, a sense of accomplishment or disappointment emerges (Mathieu, 2005).

The proposed levels reflect a progression from one level to another, starting from a cognitive engagement with food (contemplations around food) and ending with emotional responses to food choices (accomplishment or disappointment). Although the model appears to acknowledge the influence of psychological factors, it oversimplifies extreme healthy eating behaviours, without considering external influences or individual variability.

Orthorexics are said to present an increased self-esteem when dietary rules are followed (Bartrina, 2007) whereas they torment themselves with self-blame and guilt when a failure occurs (Luck-Sikorski et al., 2019; Strahler et al., 2018). In the course of time, such behaviour, governed by intrusive food-related rules, influence the individual's social interactions and course of life. It has been reported that orthorexic people assume a position of superiority towards others who consume 'unhealthy' foods, and engage in conflicts with family and friends by defending their healthy nutrition (Chaki et al., 2013; Varga et al., 2014). These feelings of superiority and disagreements with friends and family members may isolate the individuals, and may elicit feelings of disappointment. Varga and colleagues (2013) theorised that individuals with ON avoid social activities which involve food because they are convinced that eating rules can only be followed in solitude and when they have control over the environment. Contrary to the belief that regards ON as applying to isolated individuals that lack social contacts, a recent mixed methods study underlined that they can be both socially unengaged and socially networked to other humans (Douma et al., 2021). Individuals with strict healthy diets have been suggested to form like-minded communities (Mathieu, 2005). Bratman (2000) admits that orthorexics tend to gravitate towards each other as a result of the common food philosophy. Sharing the same fears and beliefs around food may contribute to a friendship with solid foundations and may offer a sense of belonging.

Orthorexics are considered to be very meticulous and ambitious individuals with an over-emphasised necessity of self-care. The need of self-care is not confined to the rigid diet. Instead, they also engage in high-intensity training as a complementary attempt to achieve optimum physical health (Malmborg et al., 2017; Oberle et al., 2018). Eventually, the exaggerated focus on nutrition and exercise, even when faced with an injury, can lead to obsessive tendencies (Matsunaga et al., 1999; Segura-García et al., 2012; Varga et al., 2014), followed by overtraining syndrome (Meeusen et al., 2006). It has been observed that individuals who exercise regularly present more orthorexic tendencies (Hamdi et al., 2020). It has also been claimed that exercise can have a dual role on individuals with ON. On the one hand, exercise contributes to the attainment of a good physical health, and on the other hand, it can balance the stress and the lack of self-management experienced by individuals with ON (Kiss-Leizer et al., 2019; Oberle et al., 2018). The pressure to achieve internal control and self-management over food and health may encourage individuals to engage in regular physical activity in order to regain the locus of psychological control and the feeling of revival. Although physical activity and a balanced diet decrease the likelihood of health-related issues, adverse sequences of events may arise in individuals with distorted eating patterns, where they may also serve as regulators of well-being and emotional health.

2.4.3 Prevalence of ON

The epidemiological characteristics of any condition are determined by the sensitivity and the reliability of the assessment instruments (Noordzij et al., 2010). In the case of ON, six diagnostic measures (The Bratman Orthorexia Test, The ORTO-15, The Eating Habits Questionnaire, The Düsseldorf Orthorexia Scale, The Barcelona

Orthorexia Scale, and The Teruel Orthorexia Scale) have been developed since 2000, but every screening instrument presents limitations and methodological flaws that complicate the collection of reliable data on its prevalence (Myrissa et al., 2023; Roncero et al., 2017). Most of the studies using these scales have sought to measure the rate of occurrence and to explicate how certain demographic factors increase people's susceptibility to ON. However, findings present conflicting results, impeding researchers' ability to draw conclusions. Estimates of ON among different countries range from 6.9% in an Italian sample of 525 individuals over the age of 16 who completed the ORTO-15 test (Donini et al., 2005) to 88.7 % in a Brazilian sample of 150 female, university students aged 18 years or older who also completed the ORTO-15 test (Souza & Rodrigues, 2014). Further, a prevalence of 75.2% in Arab counties was reported among 811 participants who were administered the ORTO-15 test (Haddad et al., 2019), while the Ramacciotti et al.'s (2011) study among 177 subjects from the general population that also completed the ORTO-15 test indicated a 57.6% prevalence. Considering this disparity in prevalence rates, it could be argued that cultural influences may add to the variance observed in different countries. Additionally, these studies used the same scale to measure prevalence, yet they recruited different age populations and had gender disparities, with some having a balanced representation of both genders, while others focusing solely on females.

The extent to which gender is a risk factor in the development of ON is an additional interest to the research community. Although some studies reported comparable rates across the sexes (Brytek-Matera et al., 2014; Segura-Garcia et al., 2014; Varga et al., 2014), other studies reported a higher prevalence of ON symptomatology among male participants (Donini et al., 2005; Fidan et al., 2010). Ramacciotti and colleagues (2011) explored ON tendencies in 177 adults and found

tangible differences with females prevailing. These results were confirmed by Mcinerney- Ernst (2012) and other two studies that found ON to be more prevalent in females (Bosi et al., 2007; Eriksson et al., 2008). It was also highlighted that women are more likely to substitute lunch or dinner with a salad or fruit and reduce their daily calorie intake (Bosi et al., 2007). Equally, Carriedo and colleagues (2020), among their sample of 911 Mexican college students, found a higher prevalence in their female participants. Nonetheless, these studies had an unbalanced sample, with women outnumbering men by more than double. Finally, individuals within the lesbian, gay, bisexual, transgender, queer or questioning and more (LGBTQ+) communities have been found to present a greater prevalence of ON. After comparing 441 participants (144 straight, 45 gay, 54 lesbian, 105 bisexual/pansexual, 68 queer), Noebel et al., (2023) found that lesbians and transgender women experience higher ON symptomatology compared to men, straights, and nonbinary/queer individuals. It was speculated that these high prevalence rates were a result of the individuals' attempts to match their gender identity with certain appearance ideals.

The prevalence of ON based on age and body mass index (BMI) is an additional conflicting issue. Some studies suggest that with ageing, more ON symptoms can be found among older individuals (Aksoydan & Camci, 2013; Donini et al., 2004; Moroze et al., 2015). As people age, they are more prone to developing chronic illnesses and viewing healthy eating as a means of prolonging life and dealing with illnesses (Szakos et al., 2020). Yet, these practices may reflect a more mindful attempt to safeguard themselves rather than a pathological preoccupation with healthy eating. Further, research among medical students in Turkey noted a medium-sized effect such that ON tends to be higher in students or samples under the age of 21 (Fidan et al., 2010). Contrary to concerns about health among older adults, these cohorts may be more

inclined to be health conscious due to various factors such as social media, peers, and familial influences. Regarding BMI, Dell'Osso et al. (2016) found that subjects with low BMI show significantly higher prevalence of ON signs when compared to normal or high BMI individuals. In contrast to these findings, a positive relationship between high BMI and ON has been reported (Aksoydan & Camci, 2013; Fidan et al., 2010). Although these studies endeavoured to illustrate the potential connections with BMI, restricted BMI ranges were used and other possible confounding factors were not considered. Thus, future research involving a more diverse sample of individuals with regards to BMI could present a clearer indication of this relationship to BMI and ON.

The connections between educational level, occupational field, and ON have been explored, without providing definite conclusions. It has been suggested that extreme healthy eating practices are related to social class, income, and educational level. More specifically, Shelton (2005) noted that people who belong in low-income groups with no educational qualification and live in deprived areas are less likely to develop ON symptoms. The reason being that biologically pure products are costly and healthy diet is directly attached to the financial capacity to procure good quality and healthy products (Shelton, 2005). Aksoydan & Camci (2009) also argued that higher levels of education were positively correlated with higher scores of ON. There is an argument that highly educated individuals have the means to seek educational resources for nutrition and are therefore able to locate and supply themselves with healthy options. Accordingly, research has shown that people who are concerned with nutrition, health, and appearance at a professional level – such as healthcare professionals (Bosi et al., 2007; Fidan et al., 2010) artists (Aksoydan & Camci, 2013), and athletes (Segura-Garcia et al., 2014) – are more prone to develop ON symptoms. This might be because they are likely to be in the upper-income range or because of their professional background. More

specifically, it is often believed that students and professionals of health sciences, especially those of nutrition, are overly concerned with healthy eating due to their increased awareness of eating and health. However, studies that have compared orthorexic and non-orthorexic groups have suggested that a lower level of education is positively correlated with more ON symptoms (Bosi et al., 2007; Donini et al., 2004; Mcinerney-Ernst, 2012; Ramacciotti et al., 2011).

Finally, additional lifestyle factors have been examined. Varga et al. (2014) indicated that certain habits such as shopping in health food stores and regular sports activity are associated with a higher ON tendency. It has, also, been found that individuals with a vegetarian or vegan diet present higher percentages of ON (Dell'Osso et al., 2016). It is not surprising that dietary habits and adherence to vegetarianism/veganism for health or ethical concerns impact ON symptomatology. Previous research has confirmed a relationship between orthorexic tendencies and atypical, restrictive nutritional styles such as vegetarianism, veganism, raw foodism and macrobiotism (Donini et al., 2005; Segura-Garcia et al., 2014). Although veganism may reflect a moral-driven choice with respect to the environment and the living creatures, environmental concerns can co-exist with the fear of perceived harm caused by unhealthy products, both motivating the adoption of extreme healthy eating practices and highlighting the complexity of ON.

In summary, findings from studies estimating prevalence rates and the different associations with epidemiological factors remain unclear and research is ongoing and under development. Initial studies have aimed the attainment of an originative glimpse into which characteristics may omen a greater prevalence. Nonetheless, based on the information presented above, it can be concluded that ON is not presented as a distinct

phenomenon restricted to specific groups of people, but rather as a spectrum that spans across our society.

ON and the impact family has on healthy eating is the focus of the following sections of this literature review, providing an overview of the existing studies. Within the psychological and psychoanalytical domain, researchers have proposed family to be one of the factors that contributes to the development of extreme eating practices. Therefore, it seems imperative to explore the literature that underpins a significant part of this thesis. In the following section, I have used the term ON as described by Bratman and in accordance with the scientific and statistical literature.

2.5 Familial Influences

2.5.1 Overview of Research Exploring the Association between ON and Family

Research looking at familial influences is scarce, yet there is some evidence indicating an association between ON and family. For example, in a mixed-methods analysis of the developmental pathways of ON, Douma et al. (2021) proposed poor family relationships to be a vital trigger for the development of an unhealthy preoccupation with healthy eating. What stands out in the findings of this study is the observation that family environments with an excessively healthy eating or unhealthy eating mentality can predispose adolescents to ON. It may be that extreme eating patterns in the family, whether on the ‘healthy’ or the ‘unhealthy’ side (such as obesity) of the food spectrum may leave individuals susceptible to ON. In an additional qualitative study, participants, who reported adhering to a healthy diet, perceived healthy eating as a means of agency and independence from their family’s eating habits (Mitrofanova et al., 2021). Likewise, one of the few qualitative studies that analysed

interviews from both individuals with ON tendencies and professionals who have worked with this clientele suggested parental influences to be a notable factor in the development of ON (Cheshire et al., 2020). Professionals in this study also spoke of a lack of parental emotional and physical availability within the family environments. Nonetheless, it should be highlighted that professionals' theories and beliefs around individuals with ON are rooted in prior knowledge and personal experiences. It was also noted by the authors that extreme behaviours and attitudes, particularly but not exclusively those related to exercise and diet, could have a negative mark on the individual's growth and ON development (Cheshire et al., 2020). In relation to the full study, high expectations, religious beliefs, challenging family relationships, and a disturbed mother-child bond were identified as some of the family-related factors that led individuals with ON tendencies to seek control through diet (Cheshire et al., 2020). While there were some participants from the lay arm who attributed their preoccupation with weight management to a familial background of EDs and diets, a number viewed their parents' influence on their diet as positive, especially those who came from other cultures where cooking, was traditionally passed down from generation to generation, such as Italy.

In addition to the history of EDs in the family, parental control over the exposure to eating products that are perceived as harmful, have been identified as important to the development of orthorexic beliefs and behaviours. In a qualitative study, college students with high scores in ON reported being raised in a restrictive environment where strict parental rules on the consumption of 'unhealthy' products were imposed and food labelling was encouraged (White et al., 2021). Further, some of the participants recalled experiencing weight-loss pressure from parents, which was thought to have originated from parents' own weight and shape concerns. Therefore, it could be

inferred that a heightened preoccupation with food labelling and weight, on the part of parents, may increase restrictive behaviours in offspring, possibly raising their vulnerability to ON.

Restrictive dietary rules may create deficiencies in critical nutrients and jeopardise the growth of a healthy child. In their review, Hunter & Crudo (2018), presented the cases of two children that were diagnosed with nutritional deficiencies due to restrictive eating practices imposed by parents. The first case, a 6-month-old boy, was being fed with only a homemade formula of coconut water, sea moss, and hemp seed; a diet that led to seizures and stridor. The second case, a 3-year-old girl, was diagnosed with thyroid problems due to an imposed plant-based diet which encompassed only unsalted and unseasoned food. In 2016, a report suggested that ON by proxy may exist (Cuzzolaro & Donini, 2016). This report was initiated after a 13-month-old Italian child was hospitalised with extreme undernutrition, raising concerns for his survival due to the inflexible vegan diet imposed by his parents. Accordingly, a similar case of a 23-month-old with profound hypothyroidism due to imposed vegan restrictions that affected the neurodevelopmental growth of the child was published (Yeliosof & Silverman, 2018). Finally, Chiron and colleagues (2001) described a case of femoral epiphysiolysis, a hip condition, in a 15-year-old adolescent who was following an imposed vegan diet. The problem itself requires scientific attention as it is possible that a wholehearted and innocent effort to protect someone may unwittingly result in serious health problems.

In summary, research on the role of families in the development of ON is limited, whereas the role of family in EDs has been extensively explored. Clinicians and theorists in the area of EDs have long emphasised the importance of considering familial factors and family systems in the emergence and perpetuation of disordered eating. Thus, this review now turns to an examination of family factors in the development of EDs

more generally. Key factors include – enmeshment and communication; parental education, expectations, and eating patterns; and weight-related comments.

2.5.2 Family Functioning: Enmeshment and Communication

The concept of ‘enmeshment’, from a psychoanalytic perspective, is considered a key factor for the development of EDs. Enmeshment is defined as a family pattern which suppresses personal boundaries and autonomy (Minuchin et al., 1978). These family systems have been termed ‘psychosomatic families’, stressing the scarcity of personal privacy, rigidity, and the blurred boundaries among family members (Minuchin et al., 1978; Minuchin & Fishman, 1980). Psychoanalytic theory, as proposed by Hilda Bruch (1979) and others, suggests that in such families, these blurred parent-child boundaries, lead parents to view their children as reflections of themselves, and subsequently hampering the opportunity for children to develop their identity outside of the family (Bruch, 1979, 1982; Kerig, 2005). Overprotective and over-involved families with strict rules and less opportunities for independence have been posited as being a fertile environment for ED development, with research attempting to study this pattern of enmeshment. Overprotectiveness has been linked to EDs in general (Jones et al., 2006), as well as AN (Rowa et al., 2001), and BN (Meyer & Gillings, 2004) specifically. After having their sample assess their family functioning in terms of the boundaries established by their mothers and fathers, Ketisch et al. (2014) argued that the extent of maternal control and paternal overprotection are strongly associated with the severity of disordered eating practices, as a response to the lack of autonomy and identity development processes. These findings could indicate that enmeshment and overprotective families may provide a pathway for disordered eating by limiting opportunities for self-governance among offspring, thus food in these cases may

represent one of the limited options offspring have to assert control in their lives. Further, a study that assessed disordered eating among college athletes found that individuals coming from environments where autonomy was not encouraged, presented greater body image distress and higher levels of disordered eating (Blackmer et al., 2011). As Harter & Bukowski (2012) and Susie Orbach (1986) emphasised, dietary modifications, and eventually EDs, may be a form of personal control in these samples. Nonetheless, prior research has warned that enmeshment may be the result of an ED diagnosis of the offspring rather than the cause of it (Eisler, 2005). Therefore, family functioning and boundaries may be reorganised due to the fact that families face a life-threatening condition.

The upbringing of a child and the way families interact may influence various aspects related to EDs such as body image, concerns around weight, beauty ideals, and maturity fears (Rodgers & Chabrol, 2009; Wisotsky et al., 2003). Based on family systems theory and the McMaster model, poor communication and non-affective interactions are said to breed disordered eating practices (Epstein et al., 1983; Hayaki, 2009). In a cross-sectional study involving 243 families of female adolescents with AN, BN, and BED, adolescents with AN reported being dissatisfied with family interactions and functioning (Tafa et al., 2017). These findings are in agreement with previous research demonstrating high levels of body dissatisfaction and irregular eating habits in adolescents who experienced or even perceived a negative communication pattern with their parents (Archibald et al., 1999; Bearman et al., 2006). Further, in empirical studies across different EDs groups, poor communication styles such as high levels of distress and poorer tolerance or even avoidance of conflicts were associated with pathological forms of eating practice such as AN and BN (Cerniglia et al., 2017; Tetzlaff et al., 2016). However, a control sample was not recruited in these studies nor did they collect

longitudinal data which could report changes in family functioning. Additionally, these studies have not investigated other factors that could have impacted the links. For example, poor communication and avoidance of open disagreement may also be linked to EDs or may be associated with a third confounding factor such as depression, that is considered to be frequently co- occurring with an ED (Calvo-Rivera et al., 2022).

2.5.3 Parental Education, Expectations, and Eating Patterns

Considering parental characteristics, research has suggested a greater occurrence of EDs among children whose parents have achieved a higher educational and socioeconomic status (Ahrén-Moonga & Silverwood, 2009; Ahrén et al., 2012; Koch et al., 2022). Ahrén et al. (2013) reported similar effects when conducting a large cohort study in Sweden, which were consequently confirmed by Sundquist et al. (2016), after assessing more than 1,800 000 people. Notably, higher parental education has been associated with an increased risk of ED hospitalisation: risk doubles when parents have post-secondary education (Ahrén-Moonga & Silverwood, 2009). Other studies have noted a 6-fold increased risk for ED hospitalisation when parents or even grandparents have a higher educational background (Ahrén-Moonga & Silverwood, 2009; Ahrén et al., 2012). Finally, a Danish study that included females born from 1989 to 2010, concluded that high parental socioeconomic status was linked to an increased likelihood of developing AN, with no differences found between maternal and paternal status (Koch et al., 2022).

There are a number of explanations for these findings. It is plausible that higher parental education or social background is indicative of increased help-seeking or healthcare access. Further, there is evidence that high parental expectations and

demanding parents play a vital role in the development of EDs (Jauregui et al., 2011), and it has been speculated that well-educated families have high academic expectations that may negatively affect females to a greater extent than males (Ahrén et al., 2013). However, research indicates that different meanings are attributed to high expectations based on the cultural context. A study in young, Black and White female communities reported that although high parental expectations were perceived as negative in White communities, and associated with bulimic symptoms, in Black communities high parental expectations demonstrated a form of support or a positive moderator against the institutional disadvantages faced (Bardone-Cone et al., 2012). Therefore, different cultural contexts elicit varied emotional and behavioural responses to parental expectations.

Aside from the expectations placed on school attainment, research has demonstrated that parental expectations may expand to body size, with many adolescents being recipients of appearance teasing and weight-related comments. In their meta-synthesis of four intervention studies and thirty-eight associative studies, Gillison et al. (2016) reported a strong link between parental teasing about weight and ED development. Study findings support the hypothesis that promoting weight loss in children and criticising their weight is associated with lower physical self-perceptions and higher occurrences of dieting and dysfunctional eating patterns. After collecting data from 799 adolescents in 1992 and with a follow up in 2012, Klein et al. (2017) concluded that the drive for thinness in women due to paternal comments progressively increased over this time period. These findings suggest that comments parents make can impact the future attitudes in their adult children regarding food and body image. Zimmer-Gembeck et al. (2018) also highlighted that parental teasing contributed to a growth in appearance anxiety symptoms from the age of 10 to 15 years of age in both

genders. While all genders may be affected, the majority of the studies which have looked at parental weight-based comments have found female adolescents to be the main recipients of such comments (Almenara & Ježek, 2015; Dahill et al., 2021; Klein et al., 2017). Weight-based teasing has also been observed among female siblings, prompting an interfemale competition which extends to diet and EDs, rivalry and lack of intimacy (Bachner-Melman, 2005; Keery et al., 2005; Pearlman et al., 2019).

Parents not only serve as the models of eating behaviour but also control their children's exposure to food. Parents may have learned to control their own food intake and attempt to set food rules on their children, however such rules and restrictions can affect future eating behaviours in offspring. Family eating patterns can shape the perceptions and the attitudes toward food children develop in a range of ways. For instance, restrictive feeding practices and parental control over food, such as limiting access to certain foods, has been associated with a higher prevalence of binge eating and bulimic behaviours, and a diminished consumption of meals and snacks (Edmunds & Hill, 1999; Krug et al., 2009). Further, healthy meals within families were found to have a protective role against ED development. When 879 cases of ED were compared with a control group of 785 without and ED, parental practices of healthy eating were not linked to future disordered eating practices. Researchers suggested that healthy eating within families may reflect a structured and encouraging family context in terms of meals which could positively affect the offspring attitude toward food (Fulkerson et al., 2006; Sjöberg et al., 2003). Nonetheless, healthy eating has been found to influence the development of ON, as discussed above. Here it may be important to consider practices along with other family behaviours like parental and sibling bullying of weight, as well as the extent of the extremity in terms of parental attitudes and practices of healthy eating.

In summary, the scientific literature suggests that multiple dimensions of family functioning are implicated in the development of EDs and no specific model of family system can be abstracted, but rather a multiplicity of contexts appear important. The claim that family is the sole factor implicated in the development of EDs is considered by scholars an outdated viewpoint that overlooks contemporary aetiological frameworks which place emphasis on genetics and brain function (Schaumberg et al., 2017). While acknowledging the interplay of genetic predisposition and brain structure, this thesis seeks to explore the psychosocial aspects of familial factors and dynamics that might serve as catalysts for extreme healthy eating behaviours and thereby render individuals more vulnerable to ON. Poor family relationships (especially poor mother-daughter relationship), high parental expectations, and an ED history within the family posit risk factors for the development of EDs and ON. Yet exposure to extremism and exercise attitudes have only been identified in ON studies, suggesting that they mark out ON from other types of EDs. Aspects such as sibling relationship, appearance comments, and educational background are also likely to be involved in the onset or the perseverance of extreme healthy eating beliefs and practices. Studies on EDs are vast, however, research exploring the associations between ON and family is more limited. Therefore, conducting further studies about family influences in understanding the development of new disorders, such as ON, seems of prime importance.

The following section explores the concept of culture, both national and global, from a social constructionist perspective. Looking at the role of culture and the different cultural forces such as the Western beauty ideals, I explore the different social factors that may encourage certain eating practices, strengthening the conception of ON as a sociocultural construct. Following an exploration of Western society and American food culture, the sometimes-complex idea of the ‘orthorexic society’ (Nicolosi, 2006; Rangel

et al., 2012b) is presented, using examples to illustrate key aspects of this theory. Nicolosi's theory is pertinent in present day because people are becoming increasingly conscious about food technologies¹, especially with all the media coverage around highly processed food. The concept is also especially relevant to contemporary societal changes where the digitalisation has amplified the sources of information. Finally, the differences between the British and Greek culture are presented in this section, while certain cultural elements such as eating habits, religion, and social norms are discussed, enabling the understanding of the different cultural norms and practices that may have an impact on extreme healthy eating practices.

2.6 Culture and Food

2.6.1 Conceptualising Culture

Culture is a difficult term to define and several definitions have emerged throughout the years. Taken in its broader sense, culture encompasses all the elements that define human identity. Religion, language, music, food, art, and customs are integral parts of the cultural information engraved in each individual's identity (Tylor, 1958). Culture also guides human behaviour. The way we engage with or think about food, for instance, is shaped by cultural practices, including food literacy across generations, interactions, and rules within a society (Mingay et al., 2021). There is a biological need to eat food, but how we view and consume food is a matter of culture. It is often believed that culture is articulated as a dynamic system of rules, but rather than a fixed and theoretical repository of principles it is a regime embedded in daily life through the

¹ Food technology refers to a branch of science that concerns the preservation, production, packaging, and processing of food products.

process of identification and through relational practices (Gemignani & Peña, 2007). As individuals are socialised, their collective, cultural identity is subject to the internalisation of certain discourses and social processes. From a social constructionist perspective, culture can be considered a shared and simultaneous espousal of common interpretations, beliefs, and power-based relations that are products of discursive practice (Gemignani & Peña, 2007). Cultures have long histories across which identities are crystallised, as language is internalised by society and the individual dialectically interacts with it (Berger & Luckmann, 1984). Stead (2004, p. 393) asserts that ‘culture is not a given which is handed down authoritatively, but is created discursively’. In this sense, culture is established as certain discourse practices become common parlance within society where particular versions of truth become accepted by individuals. Hence, culture is characterised by instability instead of permanence, since identities are created discursively and thus can be revised over time.

Valsiner (2003) offers a different interpretation of what culture is, emphasising the meaning-making processes and the importance of the way the natural environment is altered. He views culture as a type of cultivation rather than a fixed entity. More specifically, he asserts that culture is a result of human efforts which intervene in the natural course and try to modify nature constructively. He also provides examples of cultivation such as the use of fire, the cultivation of crops, and the inventions of blankets and sandals. Humankind has to some extent altered nature in order to adapt it to its needs, but also in order to survive. Valsiner (2003) underscores the evolving processes that shape culture and believes that people are re-shaping these processes through social interaction. Through social interaction, individuals create and are united under shared meanings, beliefs, and values, with values being defined as feelings that have been cultured. What Valsiner’s definition highlights is the evolutionary aspects of cultural

practices that cannot be understood in isolation of social interaction and social context. New constructs emerge as discursively common interpretations of reality, values, and identities rise.

Before continuing with this chapter, it is important to state how culture is defined in the current thesis. Valsiner's, as well as Gemignani & Peña's definitions, are adopted as they align with the social constructionist perspective adopted in this thesis, and they offer a good basis upon which the cultural influences and practices of diet and extreme healthy eating can be explored. It is also important to make a clear distinction between the concepts of culture and society, since they are sometimes used interchangeably in the literature. Society can be defined as a collective system that unites and organises individuals in a socially structured manner that is usually determined by culture (Copp, 1992; Itulua-Abumere, 2013). Societies constitute a network or tend to provide a framework of interactions and relationships that are governed by behavioural standards for the key concepts of life such as friendships, kinship, residence, and co-operation (Copp, 1992). Society includes all the networks that we belong to, such as social and religious groups or the political party that we align with, and which organise our behaviour. Both cultures and societies are multi-generational and exist through time, but culture refers to the system of symbols, beliefs, and culturally defined values that people hold and define themselves with, whereas societies are characterised by an instrumental interaction among the members. The current thesis will abide by these definitions of culture and society, and will continue discussing ON within these notions.

2.6.2 National and Global Culture

Culture can be a very local phenomenon, with the traditional view of it referring to the notion of a national culture which consists of individuals from the same

geographical unit (Bird & Stevens, 2003). This traditional idea of culture is now facing a challenge as some theorists are more inclined to accept the notion of a global culture, and advocate for the obsolescence of the national culture. Welsch (2009), for instance, argues for a transcultural world. He asserts that the modern digitalised world and globalisation have amalgamated cultures and allocated more than one identity to each individual (Welsch, 2009). The new ways of interacting through online networking platforms and globalisation have offered to individuals the capability to develop varied cultural memberships and align to a number of sub-cultures either due to a political activity or a preference to a particular place. Therefore, multiple identities are created and the world seems borderless, with the importance of local cultural differences reducing (Welsch, 2009; Witchalls, 2012). Further, international traveling, immigration, global advertising and branding, expansion of the factory facilities and global entertainment sources, and media outlets create a more unified and homogeneous world (Bhugra & Becker, 2005; Bird & Stevens, 2003; Chen & Zhang, 2010). At this point, the analysis of culture takes the form of a more complex venture.

There are some theorists who no longer place importance on the notion of national cultures (Linck, 2003; McSweeney, 2001), however, we should be very careful not to adopt definitions of culture without carefully considering them. National culture represents the collective values and expectations people from the same region or nation share (Hofstede, 2010). Although there is interconnectedness among cultures and global media reach every corner, there are still some scholars that maintain that national culture is relevant. Many researchers believe that local religion, legal, political, and social systems, which are integral elements of the national culture, still remain intact despite the homogeneous, global world, and sustain the cultural memory of the population (Assmann & Czaplicka, 1995; Witchalls, 2012). It has been argued that despite social

systems within a national culture being structurally receptive to external information, they remain functionally closed because the foreign information is usually understood through the lenses of internal mechanisms of interpretation (Witchalls, 2012). For this reason, the concept of national culture is important since cultures that preserve their adaptive capacity over time may be more resilient in contrast to cultures that cannot adapt to the global changes and maintain themselves.

2.6.3 Western Culture and its Global Influences

In order to discuss Western culture and its influences to eating, I will try to define Western culture, even though no single definition is available. Western culture can be conceptualised as constituting those political and belief systems, social norms, ethical values and ways of living that are associated with the United States (US), Canada, and Europe, but particularly the Western and Southern regions of the European Continent (Syurina et al., 2018). The culture that was originated in these regions has become distinctive for key structural features like individualism, art, politics, and technological innovation. One central element of Western culture is its consumption-based focus that prioritises materialistic values, which perpetuate personal discontent as a way of stimulating consumerism, supposedly to address what is lacking (Eckersley, 2006). Individuals, motivated by this material culture, may develop a value system that prioritises wealth over other things like developing personal relationships. Accordingly, the importance of individualism and profit are fundamental components of Western culture that increase personal expectations and aspirations (Eckersley, 2006).

Capitalist social relations, Judeo-Christian morality, and competitive attitudes are said to underpin Western values (Ryan, 2012). These values reflect core conceptions of classic liberalism which has been displaced by neoliberalism (Gane, 2015).

Neoliberalism is considered a Western project that constructs individuals as entrepreneurial subjects and has made personal responsibility and control an imperative, as opposed to collective interests (Segura-Ballar, 2021). The basic tenets of neoliberalism can be summarised as being centralised on the notion of individual responsibility and limited state provision. Although these tenets seem as though they are defending democracy and valuing individual autonomy, they have been criticised for legitimising antidemocratic processes. Segura-Ballar (2021) claims that neoliberalism stems from political and economic regimes which are intent on preserving a capitalist social order. Accordingly, Harvey (2005, 2007) argued that neoliberalism prioritises market-driven values that favour the private sector, fuelling social inequality and economic instability. Criticism has also been levelled on neoliberalism for changing labour relations and encouraging employees to make changes to their appearance, a concept known as aesthetic labour (De Botton, 2005). Aesthetic labour refers to the conscious effort employees make to modify their physical appearance, either through food restriction or through clothing style, in order to meet their corporation's preferred bodily features and secure employment or advance their careers (De Botton, 2005; Mears, 2014).

2.6.3.1 Western Food Culture and its Influence on Eating Practices.

Scholars have also addressed the influence of Western food culture, and particularly of American food culture, on eating practices. Portion sizes started to increase in the 1970s and American-based fast food restaurants such as McDonald's and Burger King went global in the 1990s as a result of capital and free market, reaching populations across the world (Samuel Craig et al., 2009). These changes have been linked to the obesity pandemic not just in America, but in many countries (Ni & Alon, 2010; Young & Nestle,

2002). For instance, studies in the UK have shown that American food outlets have flourished and that exposure to such outlets is associated with higher food intake and obesity (Burgoine et al., 2018, 2021). Aside from higher body weight and fast-food restaurants, a movement of healthiness and diet, as has been discussed beforehand, was initiated by Western culture, enhancing the people's preoccupation with diet. These two different forms of food marketing flourished at the same time due to the promotion of healthiness as the solution to obesity and the marketplace competition between these, all trying to reach and captivate their audiences. The Western culture's preoccupation with diet has been linked with four industries, in particular: the food industry, the diet and weight loss industry, the fitness industry, and the cosmetic surgery industry (Syurina et al., 2018). These businesses have turned food into more of a lifestyle obsession and have equated thinness with beauty. As studies have shown, the internalisation of Western values from people living in non-Western countries, such as thinness and diet, are associated with eating pathology and the high prevalence of EDs (AlShebali et al., 2020).

In opposition to the encouragement of diets and the promotion of slim White bodies, a political movement that embraces body positivity and combats fat stigma surfaced in America. This movement, which is more prevalent on social media, questions conventional beauty norms and encourages individuals to accept their bodies and appearance irrespective of weight and imperfections (Cwynar-Horta, 2016; Webb et al., 2017). A recent content analysis of body positivity Instagram accounts documented that the posts included conceptualisations of beauty that were not confined to the thin ideal, and promoted less-represented body shapes (Cohen et al., 2019). As such, more diverse images of bodies and beauty are depicted and promoted online, aiming to combat the rise of disordered eating practices. Nonetheless, Western beauty ideals that promote thinness and praise diet are still prevalent.

Researchers suggest that the promotion of diet and Western beauty ideals by media sources have helped to increase unhealthy relationships with food as individuals are pressurised to conform to the societal expectations (Donini et al., 2004; Varga et al., 2013). Dutch health professionals suggest that striving for thin and muscular bodies, which are representative beauty ideals of the Western culture, is misinterpreted by society as healthy (Syurina et al., 2018). Societal admiration when people control their bodies was also noted in this study. Recent scholars have addressed the roots of selective and aberrant eating patterns, with some of them proposing Western culture to be an important risk factor. For instance, Zhou et al. (2020) argue that while body dissatisfaction and disordered eating patterns such as extreme healthy eating practices are not exclusive to Western culture, prevalence is higher in Western countries compared to other places, indicating that certain aspects of Western culture may be responsible for the rise in deviant eating practices. A growing number of prevalence studies show higher ON in Western countries (Dunn & Bratman, 2016; Varga et al., 2013). In these studies prevalence of ON can range from 49.5% in US dietitians (Tremelling et al., 2017), to 10.5% in Spanish students (Parra-Fernández et al., 2019). Dunn et al. (2017), suggested that prevalence inconsistencies should not be attributable to Western culture but rather to other factors like scale differences. Indeed, the existing scales present differences, as some of them fail to discern between AN and ON, or may pathologise attempts at healthy eating. It can also be argued that due to globalisation, Western culture and its structural elements can easily be transferred to every corner of the globe (Dell'Osso et al., 2016), thus countries that have been influenced by the Western cultural values may present higher rates of ON.

Brytek-Matera and colleagues (2021) used the Düsseldorf Orthorexia Scale (DOS) and the Eating Habits Questionnaire (EHQ) to measure the prevalence of ON

cross-culturally in Polish and Lebanese adult samples. Analyses revealed higher ON scores in the Lebanese sample with a strong country effect, suggesting that ON may not necessarily be more prevalent in Western countries. However, this study does not come without limitations. Participants were estimating their BMI without any objective measurement whilst men were remarkably lower in both cohorts. Further, data collection differed between countries as the Polish sample completed the questionnaires online whereas the Lebanese participants took part in an in-person interview. Hence, these results should be interpreted with caution.

Western culture and its cultural characteristics have been widely accused of being responsible for the rise in extreme healthism and deviant eating habits. However, non-Western cultures and East Asia have been poorly studied in relation to ON as European countries such as Poland, Spain, and Italy have been the central focus of empirical research (Depa et al., 2019; Gramaglia et al., 2017). More empirical verification is required to understand the extent to which Western culture has a direct effect on EDs and more specifically on ON.

2.6.4 Orthorexic Society and Eating Practices

Nicolosi (2006) comes from a philosophical position to argue that we live in an orthorexic society, in which the material and symbolic human relationship with food is diminished. This, he argues, is the result of three main factors. Firstly, the relationship between food and body used to be three-dimensional. Food represented our biological need to be fed, a pharmaceutical treatment for diseases, and a cultural object. More specifically, cultures used to attribute symbolic meanings to food, and to produce culinary systems. Culinary systems, for instance, expressed the rituals, the representations, and the regulatory criteria with regard to eating habits that each culture

used to abide by. Contrary to these communitarian societies, where dietary conventions and rituals prevailed, contemporary Western societies are lacking these traditional mores. Nicolosi argues that eating habits are less socially shared and interpretations related to food are a matter of individual choice. As the influence of traditional institutions, such as community and religion, and culinary traditions on food consumption and dietary practices are debilitated, fears about the 'correct' nourishment have captured our symbolic relationship with food (Nicolosi, 2006).

Secondly, mass food production and global economy have distanced the food producer from the consumer, and have turned food into a mere commodity (Nicolosi, 2006). Consumers are unable to trace the origins or the components of their food, leading them to seek information and professional advice with respect to the risks and benefits of their food choices (Rangel et al., 2012a). The ample yet confusing information available through a range of sources (both online and offline) make consumers more distressed, and exacerbate the mistrust they usually feel toward food industry. As such, they spend more time in researching and selecting their food. During these current times of ecological uncertainties resulting from the technological manipulation of nature coupled up with social phenomena such as the obesity epidemic, public concerns over health, and wellbeing have accentuated (Tremmel et al., 2017). Consumers are concerned about the quality of their food and the long-term consequences on their health. Amid the production and distribution of low-quality food, the introduction of novel packaging, labelling and storage practices have generated conflicting emotions (Fixsen et al., 2020; Nicolosi, 2006).

The third factor identified by Nicolosi is the notion of the human body as an individual project. Individuality in Western society sets people responsible for what they consume and how they govern their dietary practices. This idea aligns with the idea of

the ‘technologies of self’ proposed by Foucault (1998) which visualises individuals in an infinite struggle of transforming their human behaviour in terms of physicality, cognitions, and conduct. Western food systems and political economies, however, generate unease among individuals through the contradictory messages being promoted. On the one hand, low-cost restaurants have established sizeable meals and the food industry has produced multipacks of foods high in sugar that are mass marketed. On the other hand, neoliberal governance requires from individuals to have mastery over the self and perceives obese people as failing (Pirie, 2016). The co-existence of overconsumption and the public health regime of the responsible subject create incompatible expectations and conflicting pressures that may promote thoughts of the ‘right’ eating choice. Under this regime, the intensification of sources, either from media or the public sector, that emphasise the obligation of eating healthy and of becoming proactive decision makers is said to have turned healthy eating into a potentially problematic behaviour.

To these three factors, Fixsen et al. (2020) add the marketisation of psychopathologies. Industries such as service providers of therapeutic interventions tend to pathologise behaviours, including eating behaviours, expanding the sphere of medical terminology or treatment (Mayes, 2014). As such, behaviours that were once considered to be ‘normal’, have now been medicalised with novel psychiatric categories and institutions emerging. These novel categories are glamorised and eventually developed into crystalised ideas and medically accepted labels used in clinical contexts (Brechan & Kvalem, 2015). With the help of mainstream and social media, these novel labels and discussions around behaviours such as healthy eating are circulated. However, such discussions and ideas shape the ‘social existence’ of mental health categories (Brossard et al., 2023) and can draw the attention of, but also reach, individuals that for some reasons may be vulnerable to these messages (Fixsen et al., 2020). Indeed, eating habits

have been inscribed within a clinical and biomedical paradigm. Psychiatric categories such as EDs are no longer confined within psychiatric institutions (Hemmings, 2022). Instead, they have expanded beyond the medical domain and have infiltrated into various fields, shaping our 'diagnostic cultures' and proliferating mental health categories through discourse, interactions, and institutional practices (Brinkmann, 2016; Brossard et al., 2023). The motivation behind the expansion of mental health categories and the medicalisation of eating behaviours may be primarily financial but the establishment of these labels has more than economic effects for the consumers who are trying to find their way in a society that medicalises food and one that adheres to a classification system.

Another concept that has been associated with the promotion of dietary fears and orthorexic behaviours is that of 'biomedicalisation'. Clarke and colleagues (2010) view biomedicalisation as a more complex form of medicalisation that has been expanded in social life due to technological and scientific advancements. Instead of focusing on how illnesses and pathologies must be treated, the central point of attention turns to the preventative measures that must be taken. Medical and quasi-medical technologies such as dietary supplements and activity trackers have been 'normalised' and consolidated in the lives of people that would typically be viewed as being in a good health condition (Pirie, 2016). Within this largely neoliberal project, it is the individual's duty to act as a responsible and informed consumer who will be familiar with new medical drugs and will purchase the necessary technologies to prevent future illnesses. Therefore, resilience and wellbeing have been merchandised whilst responsibility for health has been placed firmly on the individual (Pirie, 2016). It could be argued that both processes of medicalisation and biomedicalisation have contributed to the emergence of the orthorexic society. On the one hand, behaviours that were traditionally deemed as

'normal' are now clinically treated. On the other hand, individuals have been transformed into subjects that strive for the non-pathological state in fear of being clinically diagnosed.

Eating behaviours are clearly subject to culture and thus vary from one individual or country to another. One of the aims of this thesis is to investigate and look for comparisons between two cultures, British and Greek, to understand the impact of the cultural environment and norms on eating behaviours, hence in the rest of the literature review I will provide a description of their key features and qualities.

2.6.5 A Description of the British and Greek Culture

Psychologist Dr Hofstede developed an internationally recognised model to help scholars understand cultural differences by examining six dimensions: power distance, individualism versus collectivism, masculinity versus femininity, uncertainty avoidance, long versus short-term orientation, and indulgence versus restraint (Hofstede, 1980, 2010). Although much has changed since 1980 in terms of cultural diffusion, these dimensions could aid our understanding of cultural differences. Based on this model, significant differences have been documented between the UK and Greece in three of these dimensions, namely power distance, individualism-collectivism, and uncertainty avoidance. Power distance indicates the extent to which social inequalities within a country are welcomed by those people that are placed at the bottom levels of power hierarchies (Hofstede, 2010). Nations that abide by a social hierarchy score high in power distance (large power-distant nations), whereas nations that advocate for equal rights report low scores in this dimension. Scholars have found that UK scores low in power distance (score =35) as opposed to the higher score of 60 that categorises Greece in the medium to large power-distant cultures (Hofstede, 1980; Sifianou, 2013;

Theocharous, 2015). This suggests that the Greek population is more accepting of a structural system that is based on dominance and power compared to the British.

With regard to the individualism versus collectivism dimension, the UK is classified as an individualistically focused culture (score =89), possibly the most individualistic country in Europe considering that interpersonal connections are weak and the needs of the individual are emphasised (Hofstede, 2010; Nezlek et al., 2008). In contrast, Greek culture conveys a relational or interdependent disposition (individualism score =35) through which individuals value their in-group identity and exhibit high levels of loyalty and dependence on their group (Hofstede, 1980; Kalogeraki, 2009). Lastly, the difficulty of accepting innovative ideas that challenge previous norms and the tendency to avoid situations that raise uncertainty and ambiguity enlist Greece in the uncertainty-avoidant societies (score =100) (de Mooij & Hofstede, 2010). Therefore, an emphasis on protecting their cultural origins, shared past, and long-standing traditions is placed upon Greek individuals' beliefs and relational attachments. In contrast, those in British society demonstrate more tolerance to uncertainty (score =35), without the concern of being threatened by ambiguity; hence, tolerance and openness to innovation are key elements of this culture (Hofstede, 2010; Nezlek et al., 2008).

Differences in the structural dimensions of the society and the overarching belief systems allow us to discern the variations between the UK and Greece. In the following sections, a closer look at some of the cultural aspects of these societies will be presented.

2.6.6 The British Culture

British culture is defined as liberal, governed by multiculturalism and individualistic elements (Davidoff, 2012). Historically, it used to present homogeneity

following a traditional family structure and a Christian religious life. Over the years, and with the integration of new cultural groups, traditional family and religious structures have changed. The twentieth century marked a change in the study of families in Britain, as the increased longevity and the depletion of family size brought a fluidity in cultural constructions and family structures (Anderson, 1985; Davidoff, 2012). The period of the two world wars, during which fathers had to serve their country or were absent due to hard work, played a central role in the cultural construction of families and emotional norms. More specifically, fathers in Britain were modelled as authoritarian figures, with prevailing ideals of masculinity and discipline (King, 2015; Strange, 2015). Accordingly, the breadwinner model which portrayed fathers as the food earners and mothers as the primary caregivers dominated British social life (Lewis, 1992). In post-war years, however, and in contemporary Britain, a more stoic masculinity has been a feature (King, 2015).

Alongside fatherly involvement, the traditional family structure has declined, with the total number of divorces being on the rise. Longitudinal studies found that during the first five years of their lives, 7.5 percent of British children will experience more than one change in their family structure (Clarke & Joshi, 2003; Panico et al., 2010). Hence, new family structures such as single parenting or parental re-partnerships have replaced the traditional, nuclear family. It has been argued that social cohesion and family values have declined due to the inordinate consumerism and individualism experienced in the UK as an outcome of the economic growth recorded in 1980 (Storry & Childs, 2007). Self-maximisation and autonomy are key elements of individualistic cultures; hence marriage and family ties may be considered barriers to individualistic preferences (Storry & Childs, 2007).

A further change concerns that of religious affiliation. Although the majority of the British community used to identify with Christian denominations, population surveys demonstrate a substantial increase in atheism (Voas & Bruce, 2018). In the same vein, religious practices such as church attendance and baptisms have declined with 66% of the individuals reporting to never have attended religious services except for special occasions (Voas & Bruce, 2018). The persuasiveness of religion is thought to be lessened as a result of industrialisation and technological advancements (Bruce, 2011). Voas & Chaves (2016) argue that this decline is generational. More specifically, they suggest that younger British generations are less religious compared to older generations which were attached to the Church of England and that as these generations are replaced by younger cohorts, religiousness declines (Voas & Chaves, 2016). The shift in religious profiles can also be attributed to 'New Age' spirituality considering that yoga, meditation, and various forms of self-healing have gained wide acceptance in the UK (Heelas & Woodhead, 2004). Since new ways of self-healing have been identified among those living in the UK, it will be relevant to explore if British individuals with orthorexic tendencies have been directed to extreme healthy eating practices by these self-recovery beliefs. Although there is little enthusiasm for religion and two-thirds of the British population believe that more conflicts arise as a result of religion, the general public is tolerant of religious people (Voas & Bruce, 2018). British society is characterised by religious pluralism as other-faith populations such as Muslims, Hindus, and Buddhists arrived in the country (Davie, 2000).

Compliance to the UK's government recommendations for healthy eating is said to be poor. The dietary profile of the UK population is characterised by increased levels of sugar, saturated fat, and salt, whereas consumption of fruit and vegetables, fibre, and micronutrient is considered low (Reid & Hammersley, 2016; Stevens et al., 2021). In

addition to the fast-paced life, the expansion of the takeaway meals and the online food delivery channels constitute barriers to healthy eating in the UK (D'angelo et al., 2020). The availability and convenience of food enable UK consumers to increasingly eat in out-of-home environments. An earlier qualitative exploration of food habits in families living in the UK suggested convenience food was an exemplar of time saving and food autonomy (Carrigan et al., 2006). More specifically, mothers reported that convenience food not only enabled them to satisfy the different food demands each family member, but also saved time in terms of meal planning and preparation.

Traditional, homemade food is still part of UK families' routine, albeit less frequently. Although weekday family meals in contemporary UK have been largely fragmented, adherence to the Sunday family dinner consisting of homemade food has been documented. Despite the time-shortages and complex professional schedules, weekend family meals with traditional food have been established in UK families as an element of family cohesion, with mothers placing a symbolic value on them (Carrigan et al., 2006; Marshall, 2005). Hence, weekends are an opportunity for reorientation around homemade food and family gathering.

The consumption of higher quantities of calorific food and the replacement of home-made meals by takeaways have contributed to the rise of overweight cases, as the UK government tries to implement intervention policies that could reduce the levels of obesity (Fatemi et al., 2021). Accordingly, the prevalence of EDs in the UK dramatically increased over the first decade of 2000, with the Eating Disorder Not Otherwise Specified (EDNOS) diagnoses outnumbering the AN and BN ones (Micali et al., 2013), an incidence that can be attributed to the increased training around EDs. In recent years, almost 1.2 millions of people in the UK are considered to be suffering from an ED and although it is considered to be a feminine phenomenon, one in five people is male

(Kinnaird et al., 2019; Nicholls et al., 2011). Research and knowledge on EDs have been advanced, yet only a minority of the sufferers has access to treatment or wait to gain access to EDs services, as many areas in the UK are lacking service provision (Chowbey et al., 2012; Koskina et al., 2012). The public view of EDs, however, remains problematic. Both quantitative and qualitative studies that have included a British sample have found that people in the British community tend to stigmatise inflicted individuals (Griffiths, et al., 2015; Griffiths, et al., 2015) and even male service providers hold negative attitudes toward individuals with EDs (McArdle et al., 2018). Media play a crucial role in perpetuating the idea of EDs as self-inflicting disorders. Studies on the UK press revealed a dualistic perspective, with some newspapers stigmatising those suffering from EDs (Rhydderch et al., 2016) and others trying to promote empathy and understanding (Bowen & Lovell, 2021; Goulden et al., 2011).

2.6.7 The Greek Culture

The main difference between the UK and Greece that can be largely identified in the existing literature is family structure. Greek families have been found to have the strongest attachment to the nuclear family form in the European Union (Papadopoulos, 2002). Family members value close-knit family relations, and food plays an important role in family and social events (Janicic & Bairaktari, 2014). Family ties are greatly valued in the Greek society and adherence to the traditional family structure is high. As such, divorce rates are low and pregnancies outside marriage are rare (Kalogeraki, 2009). Greeks stay closely attached to their families, even during adulthood, with individuals offering either emotional and practical support to the elderly members, or financial support to the economically vulnerable members of the family (Kalogeraki, 2009; Ruggiero, 2003b). Coupled with family, religion is considered a fundamental marker of

the Greek identity. The Greek Orthodox religion has shaped the Helleno-Christian civilisation, with almost 98% of the population espousing the Greek Orthodox church and children being raised according to its ecclesiastical conduct (Kalogeraki, 2009; Roudometof, 2011). Despite the relative modernisation and economic development, Greek religion has been suggested to be a strong factor in the preservation of traditionalism and collectivistic values in the Greek society with further influences in the Greek diet (Inglehart & Baker, 2000; Kalogeraki, 2009).

For decades, Greek diet was rich in plant-based sources such as fruits, vegetables, legumes, whole grain, and seeds (Kyriacou et al., 2015). Despite the Mediterranean diet, studies from the past decade or fifteen years indicate that Greece is one of the European countries with the highest childhood obesity rates, while the calorie consumption has been estimated to be the highest in Europe (Moreno et al., 2008; World Health Organization, 2011). These reports are in contrast to the records prior to the 1960s which classified Greece as the country with the lowest annual calorie consumption in Western Europe (National Action Plan for Nutrition and Eating Disorders, Athens, 2008). The Mediterranean diet, which is praised for its cardio-protective role, no longer embodies the contemporary Greek meals (Yannakoulia et al., 2003). A review paper that evaluated the results of 18 research papers suggested that contrary to the years before 1960, when Greek population was abiding by the Mediterranean diet, adherence to this diet has shown a significant drop (Kyriacou et al., 2015).

The current Greek diet consists of high proportions of animal products whereas consumption of vegetables, fruits, and cereals has decreased (Papadaki et al., 2007). Western junk food and prepared meals have infiltrated in the market, although traditional home-cooking has not been entirely eliminated (Janicic & Bairaktari, 2014; Yannakoulia et al., 2004). The alterations in dietary habits and food quality have been considered to

be a consequence of the rapid modernisation and the establishment of fast food industry during the 1990s (Ruggiero, 2003a). The transition to the more Westernised diet has increased the prevalence of diet-related diseases such as diabetes, cancer, obesity, and cardiovascular disease (Kyriacou et al., 2015). Contrary to this view, in a more recent study Greek participants, especially females and those with a higher education level, reported a rather healthier diet with an increase in the consumption of vegetables, seafood, low-fat products and fruits (Skourlis et al., 2020). These results are indicative of a healthier nutritional profile among some sectors of the Greek population, particularly female, however findings should be treated with caution as the cohort used was not a representative sample of the Greek population.

Traditional and contemporary Greek views of beauty, societal values, eating practices, and healthy lifestyle present fundamental differences compared to prior years. It is interesting to consider the typical ideal of beauty was reflected on the full-figured, ancient Greek Goddess of love, Aphrodite, an ideal that was also prominent in Britain up to Victorian times (Yannakoulia et al., 2003). Older generations, who have experienced food shortages and undernourishment during armed conflicts, still hold the full-figured ideal and the 'no waste' mentality while they continue insistent eating behaviours, e.g., overfeeding family members (Yannakoulia et al., 2003). However, the acceleration of globalisation and the influence of Western ideals have shifted the urbanised societal practices and the ideal of beauty to thin-like images (Janicic & Bairaktari, 2014). In line with this, an influx of advertising of slimming aesthetic amelioration centres, food supplements, and low-calorie food was signalled as media were privatised (Yannakoulia et al., 2003). As a result of the private channels, Western television shows and advertising campaigns reached the Greek audience, proliferating the Westernised media-influences of thinness and beauty ideals (Featherstone, 2010; Janicic & Bairaktari, 2014).

Nonetheless, studies have reported cultural contradictions on media representations as advertisements on Western food, slimming methods and traditional cooking TV programmes are broadcasted (Janicic & Bairaktari, 2014).

The contrasting media representations coupled with the influential role of globalisation of eating attitudes have been considered to have increased EDs rates in Greek population, nonetheless prevalence studies are scarce and the exact rate cannot be determined (Bacopoulou et al., 2017; Janicic & Bairaktari, 2014). Although EDs clinics are limited and there is a lack of epidemiological data on the presentation of EDs, clinicians believe that EDs percentage among the Greek population is similar to other European and Western countries (Janicic & Bairaktari, 2014). Despite the rising EDs rates, EDs treatment admissions are limited. Stigma and shame have been suggested to be the main factors impeding help-seeking behaviours in Greek individuals (Janicic & Bairaktari, 2014). Greek society tends to stigmatise individuals with mental health problems and attach shame to the families' of the sufferer (Janicic & Bairaktari, 2014). Aside from stigma, the lack of public awareness around EDs has led Greek society to undermine the seriousness of EDs, in some communities they are not even considered serious psychiatric disorders requiring professional help, and often falsely accuse the family (Janicic & Bairaktari, 2014). As such, families, in their attempt to avoid being accused responsible of their child's mental health, resolve to the nutritional route or private psychological services (Janicic & Bairaktari, 2014).

In summary, the individualistically based British culture and the highly collectivistic nature of the Greek society have a great impact on family ties, moral values, and social norms. Considering that these cultures present geographic and social variability, the exploration of the cultural factors is likely to reveal important insights regarding influences on orthorexic tendencies, such as in this study.

2.7 Rationale

Considering the methodological constraints and the research deficiency on the field of extreme healthy eating practices, the present study sought to build upon the current findings. More specifically, the study was designed to analyse the language used on HE and pro-ED websites and to understand the overlaps and the differences between them. In doing so, the ways in which messages on these websites could affect beliefs and contribute to the progression from moderate to more extreme eating behaviours could be elucidated. Although previous studies have explored these websites (Boepple & Thompson, 2014; Cesiri, 2016; Day & Keys, 2008; Stapleton et al., 2019), the current research is unique in that it explored a considerable number of both kinds of websites and paid close attention to the linguistic devices used.

Whilst prevalence studies on ON have suggested culture to be an underlying factor contributing to the observed differences among countries (Donini et al., 2005; Ramacciotti et al., 2011; Souza & Rodrigues, 2014), no known study so far has explored cultural influences in relation to extreme healthy eating behaviours. Until now, the majority of the studies that have looked into extreme eating behaviours, have recruited participants from Italy, UK, US, Spain, and Poland (Cheshire et al., 2020; Depa et al., 2019; Fixsen et al., 2020; Gramaglia et al., 2017). However, the current study utilised a more diverse sample by recruiting Greek participants which have not been studied before. Further, this is the first known study that sought to qualitatively explore cultural influences by comparing cohorts from different cultures. In doing so, the findings of the current research could elucidate the extent to which culture affects the construction of meanings around food, and the cultural factors that encourage people to adopt extreme eating practices.

In terms of the familial influences, the current study sought to understand how individuals from different cultural backgrounds experience the influence of their family on their diet. Within the field of ON, relatively little research has been carried out on familial influences, but this research either did not explore participants' personal perspective through a qualitative methodology (Cuzzolaro & Donini, 2016; Douma et al., 2021) or did not manage to explore the full spectrum of familial influences by looking into parental weight-related comments, constructed meanings around food, and sibling interactions (Cheshire et al., 2020; Fixsen et al., 2020; White et al., 2021). To date, the impact of family environment on extreme healthy eating practices has not been comprehensively studied. Therefore, the current study aimed to explore familial influences by recruiting individuals from different cultural backgrounds, allowing for an exploration of unmeasured factors related to familial backgrounds

This study therefore set out to fill in the knowledge, methodological, and sample gaps around extreme healthy eating behaviours. Given the rise in e-health information and the growing concerns of food quality, it is important to explore the impact different factors have on the development of eating behaviours, and to assist scholars, mental health professionals, and policymakers in understanding and tackling the manifestation of extreme healthy eating behaviours.

2.8 Research questions

To fill the knowledge gaps in understanding the experience of extreme healthy eating practices and the impact three factors – online messages, culture, and family – have in the shape of extreme healthy eating practices, the current study seeks to address three overarching questions:

1. How do HE and pro-ED websites construct discourses around food and healthy eating?
2. How do individuals from different cultures construct meanings around healthy eating?
3. How do individuals experience the influence of their family on their diet?

Chapter 3. Navigating the Methodological Framework and Approach

3.1 Overview of Chapter

This chapter provides an overview of the methodologies and methods employed in the studies of this thesis, which explore the experience of extreme healthy eating and the role online messages, culture, and family in shaping these eating practices. In section 3.2, I provide a rationale for following a qualitative methodology for this thesis. In section 3.3.1, I present the framework of Critical Discourse Analysis, while in 3.3.2 and 3.3.2.1, I focus on Fairclough's model around which the methodology of the first study is informed and designed. Further, in sections 3.3.3-3.3.5, I trace how data collection and data analysis of this study were performed, and consider the ethical implications associated with conducting a study of this nature. Thereafter, in sections 3.4.1 the recruitment process employed in the interview study is detailed. Data saturation and the processes of data collection and analysis are presented in sections 3.4.1.1-3.4.4. Lastly, the ethical considerations regarding this study are discussed in section 3.4.5.

3.2 Rationale for Methodology

From early in my studies, I was drawn to subjective experiences and interpretative approaches. Interpretivism, as an approach and philosophical standpoint, centres around the importance of subjective experiences and individual interpretations. It emphasises that a comprehensive understanding of phenomena requires the exploration of individual thoughts, views, and emotions (Creswell, 2013a; Geertz, 1993). Considering the aims of my thesis and the interpretative as well as the subjective nature of it, I felt that a qualitative interpretative approach would illuminate the discourses circulating online and would give voice to individuals who self-identify as being

concerned with healthy eating. This would allow a range of experiences and viewpoints to actively contribute to the collection of rich data and to a deep understanding of extreme healthy eating practices. Scientific research on ON has increased in recent years, however, studies of ON and extreme healthy eating behaviours have largely been restricted to clarifying clinical symptoms, with the role of contextual factors, like culture and family, largely being neglected. Qualitative studies, which are key to understanding under researched and emerging phenomena, are even more restricted.

A key characteristic of qualitative research is its focus on subjective experiences that allows for a deeper exploration of the topic under study, capturing both rich meanings and the complexity of the interplay between different factors (Sparkes & Smith, 2014). If we are to gain insights into extreme healthy eating behaviours, we must prioritise subjective experiences and understand the meanings ascribed to healthy eating. Further, family influences and cultural background in relation to healthy eating are a relatively unexplored area. Until now, there are a limited amount of qualitative studies that have explored familial influences, whereas cultural influences have not yet been studied qualitatively at all. Qualitative research has the capacity to investigate complex and underexplored issues (Clarke & Jack, 1998), while it enables the exploration of cultural and social phenomena within natural contexts (Creswell, 2013b). In this sense, by giving voice to the participants themselves and by allowing for an in-depth exploration of social phenomena, new theoretical frameworks that provide insights into the contextual factors underlying social phenomena can be developed. Therefore, qualitative research can elucidate both the familial and cultural influences that shape extreme healthy eating behaviours.

Qualitative research has not been immune to criticism, with some scholars arguing that it lacks trustworthiness and generalisability (Shenton, 2004). Broom (2021),

however, argues that qualitative research can also be generalisable if data are well conceptualised. More specifically, conceptualisation enables the researchers to stay grounded on their data and gain an understanding of the meanings at a broader level. According to Broom (2021), qualitative data can be applicable to several contexts and explain phenomena across different groups. To strengthen the generalisability of their findings, qualitative researchers are also encouraged to provide rich descriptions of the participants, methods, and research settings (Lincoln & Guba, 1985). This way, readers can decide whether the findings are generalised or applicable to their setting. For this reason, the following sections provide detailed information that could aid the contextualisation of the findings.

Finally, reflexivity within the process of analysis is an additional element of qualitative research that enables the researchers to critically consider their role in the interpretation and the production of meanings, thus making the research process transparent (Finlay & Gough, 2008). Contrary to the criticism that views qualitative research as a biased methodology that is lacking rigour, I argue that qualitative studies can be transparent, rigorous, and credible when the analysis is carried out competently and strategies such as member checking are employed. In his book, *Real world research*, Robson (2011), argues that the principles of rigour, transparency, and credibility can be achieved in qualitative research only if the research design and the processes of data collection and analysis are conducted methodically and with clarity. It is important for researchers to have a prolonged exposure to their data and ensure trustworthiness by accurately reporting the perspectives of their participants and their findings. Robson (2011) finally suggests that the accuracy in reporting participants' experiences will contribute to the quality and the reproducibility of the research.

3.3 Study 1. Health Eating and Pro-ED Websites: A Discourse Analysis

3.3.1 Understanding Critical Discourse Analysis

Fairclough was the first to introduce the term Critical Discourse Analysis (CDA), suggesting its main aim to be the practice of unmasking practices of dominance in social and discursive practices (Fairclough, 1989; Widdowson, 1996). An additional aim of CDA is to understand how language in our daily lives (such as oral speech or written texts) influences beliefs, and strengthens ideologies and power relationships in order to perpetuate social inequality (Fairclough, 1989; Van Dijk, 1988). From a social constructionism perspective, social problems and inequality are results of interactive processes which are affected by social context, timing, and location (Best, 2013). Fairclough is of the opinion that social problems derive from the way dominant forces employ discourse to shape expected versions of behaviour. He adds, ‘consent is achieved, ideologies are transmitted, and practices, meanings and values and identities are taught and learnt’ (Fairclough, 1995, p. 219). Therefore, discourse is used to construct meanings and values that affect social processes and individual identity.

Fairclough (1992) states that the critical element of CDA allows for a thorough examination of the text where the discourse practices of dominance are revealed. The realities and the interpretations of those in power are taken as self-evident truths, whereas the interpretations of those not in power are overlooked (Fairclough, 2002; McGregor, 2003). This happens because people have different power positions and levels of knowledge. According to Bhatia (2002), texts are not pure fragments with established boundaries. In contrast, they can be understood as fragments with incorporated realities which are ‘complex in the sense that they incorporate texts of various kinds, serving overlapping and at the same time conflicting communicative purposes’ (Bhatia, 2002, p. 7). Therefore, CDA encourages researchers to carefully

examine all the text elements, and delve into the underlying mechanisms and motivations. This way, CDA can inform and liberate those in less advantageous positions by highlighting the meanings of discourse that hold influence within particular social and political contexts. McCarthy (1991, p. 478) adds that, researchers need to ‘look at language compared with sentence-dominated models where the traditional elements of grammar, lexis, and phonology still have a fundamental part to play, but one which is bigger and more immediately relevant’.

3.3.2 Fairclough’s Model of CDA

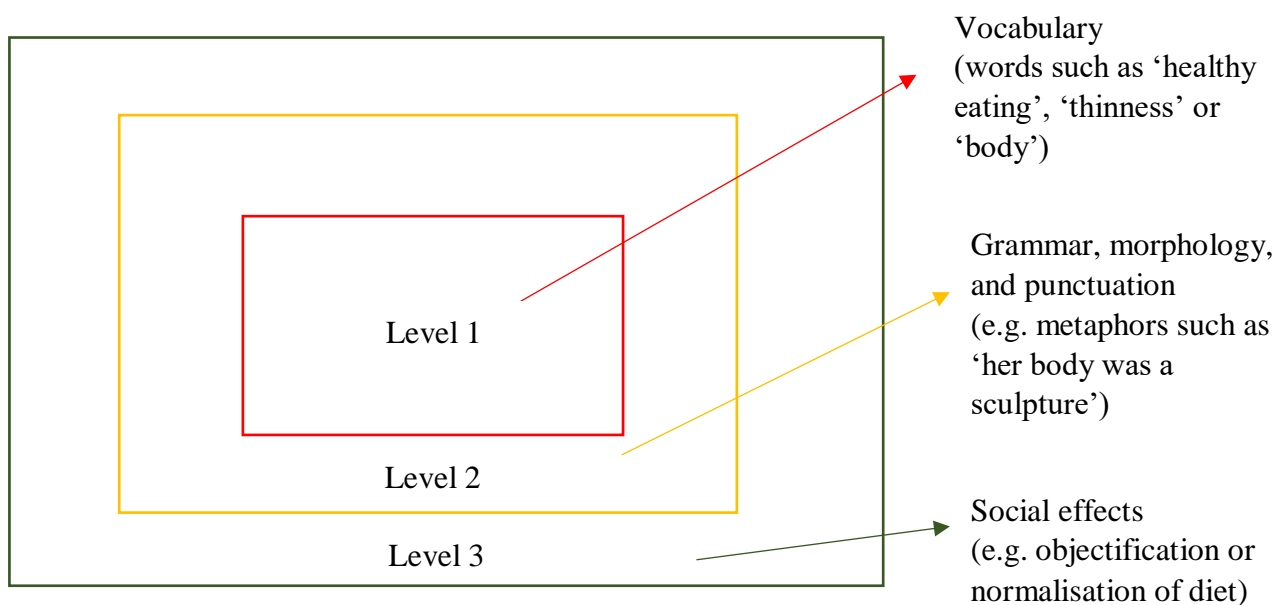
The model of CDA introduced by Fairclough intended to raise lay individuals’ awareness of the exploitative use of language in social relations. This model encompasses a three-level analysis that aims to semiotically interpret and explain the interplay between discourse and social practice (Fairclough, 1992). More specifically, the first level of analysis (micro level) is focused on the text under study that communicates a message. On this level, researchers conduct a textual analysis which, according to Fairclough (1992), is not concerned with social or contextual elements. Rather, the primary emphasis lies on the selection of vocabulary. Consequently, Fairclough describes the micro level as a text level analysis where the main focus is placed on the chosen words (Fairclough, 1992; Jørgensen & Phillips, 2002). Following the text level analysis, the second level of this model (meso level) examines how discourse is incorporated in the text, considering the situational contexts. On this level, the central focal point revolves around grammar. The main role of this level is to examine syntax, morphology, and punctuation in order to interpret how messages are produced and distributed. Finally, the third level of Fairclough’s model (macro level) attempts to discover the ways in which the distributed messages can impact social

structures and behaviours (Cots, 2006). At this level, researchers try to discern between discursive practices and social processes, and identify the extent of the social effect discourse can have. As Fairclough (1989, p. 163) claims, social practice helps ‘to portray a discourse as part of a social process, as a social practice, showing how it is determined by social structures, and what reproductive effects discourses can commutatively have on those structures, sustaining them or changing them’.

The three levels are dialectically connected and intertwined with one another, given that the meso level serves as the link between the micro and the macro level (Jørgensen & Phillips, 2002). In this sense, the meso level bridges the textual analysis to the impact the discourse has on behaviours and social practices (Figure 1). This level of interconnection is a great asset of CDA, since all three levels are needed for the analysis (Fairclough, 1995). Fairclough (1995, p. 199) adds that texts cannot be isolated, ‘description is not as separate from interpretation as it is often assumed to be. As an analyst and as an ordinary text interpreter, one is inevitably interpreting all the time, and there is no phase of analysis which is pure description’.

Figure 1.

Fairclough’s three-dimensional model



3.3.2.1 Rationale for Choosing Fairclough's Model of CDA. Fairclough's model of CDA is utilised in this study because it is a linguistically-oriented model that allows for a thorough examination of the discourse used at the micro level. This is opposed to the Foucauldian discourse analysis that is concerned with the dynamics of truth and power in socio-political contexts (Arribas-Ayllon & Walkerdine, 2008). Fairclough's model is centred around the ways in which articulations of language at the micro level reflect personal beliefs and attitudes, which thereafter gain validity through grammatical features, and influence social structures. Through the employment of this methodology, I aimed to have a close linguistic analysis of the text featured on selected webpages, while paying attention to the relation between semiotics and social practices. Further, Fairclough's model provides clearly stated levels of analysis, each of which raises questions about language patterns and objectives. As the researcher follows the sequence of levels, language patterns that reflect beliefs and power relations between the producer of the language (e.g., website moderators/authors) and the consumer (e.g., website users)

are revealed. Contrary to this concrete methodological framework, Foucauldian discourse has been criticised for being an abstract approach without clear guidance on how the analysis of the text should be conducted (Fairclough, 1992). Therefore, considering the aim of the study and the social underpinnings of language, Fairclough's model is adopted with the intention to study the micro-segments of linguistics and their impact on social structures and human behaviour.

3.3.3 Sampling and Selection

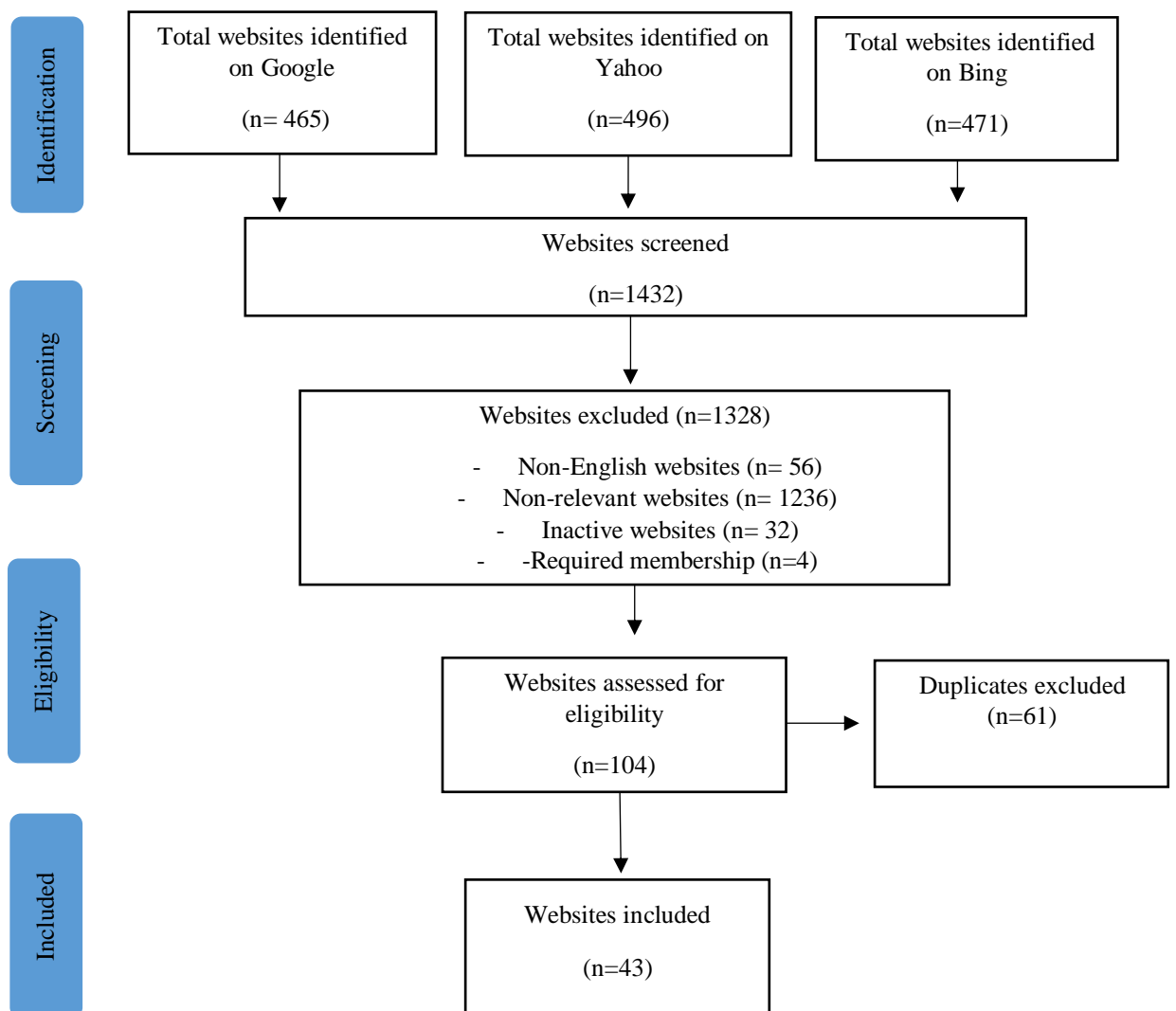
A purposive sampling approach was followed to explore the online content, particularly the linguistic devices employed on HE and pro-ED websites. These two online platforms were selected based on prior research suggesting that they are sources of nutrition-related information which can pose a public health threat due to the encouragement of diet and weight loss (Borzekowski et al., 2010; Manganello & Blake, 2010; Wilson, 2006). For the identification of HE websites, the search methodology proposed by Boepple & Thompson (2014) was adopted and web searches in three search engines: Google, Bing, and Yahoo, were conducted. The search algorithm used on these three search engines can retrieve and locate the most accessed websites based on keyword relevance and user engagement metrics, providing a hierarchical classification of the websites (Dickinson et al., 2018). Therefore, the produced results revealed the websites that were most frequently visited and referenced by users. Nonetheless, the exact number of websites available on healthy/clean eating is difficult to determine (Mento et al., 2021) and data selection was concentrated on the first six pages of each search engine. This allowed for some confidence that data saturation could be achieved since consumer search engine click-through behaviour has showed that users do not go beyond the first page of results (Jansen & Spink, 2009).

Data was collected from June 2021 to September 2021. The keywords ‘healthy’, ‘healthy eating’, ‘clean eating’, ‘ortho’, ‘diet’, ‘fitspiration’, ‘fitness’, and ‘fitspo’ were used to identify HE websites. These keywords derived from a systematic review of the terms associated with HE websites and a consideration of the keywords that have been used in previous studies. As such, each keyword was used in all three search engines and the search results from the first six pages of each search engine were collected. Each site was systematically searched and assessed for eligibility. Websites were deemed eligible if: [1] they were written in English, [2] had a minimum of one post per month, and [3] the website content focused on communicating messages about eating to the general population. Websites were excluded if [1] they were only providing healthy recipes, [2] they could not be accessed due to a broken web link, [3] they required a membership account, and [4] they were personal blogs. HE websites are places where a team of nutritionists, fitness coaches or other individuals interested in diet publish content on healthy eating, fitness, diet, health, and meal recipes every week. The diversity of HE websites stems from the online freedom that allows anyone, including self-proclaimed experts and those sponsored by food and supplement manufacturers, to create websites and assert their expertise in nutrition. They do not target a specific population and have a range of readers that are interested in healthy eating. Therefore, these websites were sought to be analysed on this study. Personal blogs were excluded from the study to preserve a clear research focus and to mitigate the risk of confidentiality breaches given the highly personal content often included on such blogs. All results (n=1432), obtained by using keywords on each of the six search engine pages, were screened against the inclusion criteria. After screening the results and excluding all the websites that were not relevant, inactive, required membership or not written in English, a total of 104 HE websites were identified. The results were tabulated and any duplicates within and across the three search engines

were removed, leaving us with 43 HE websites (Figure 2). Thereafter, posts that were related to healthy eating were collected and analysed.

Figure 2.

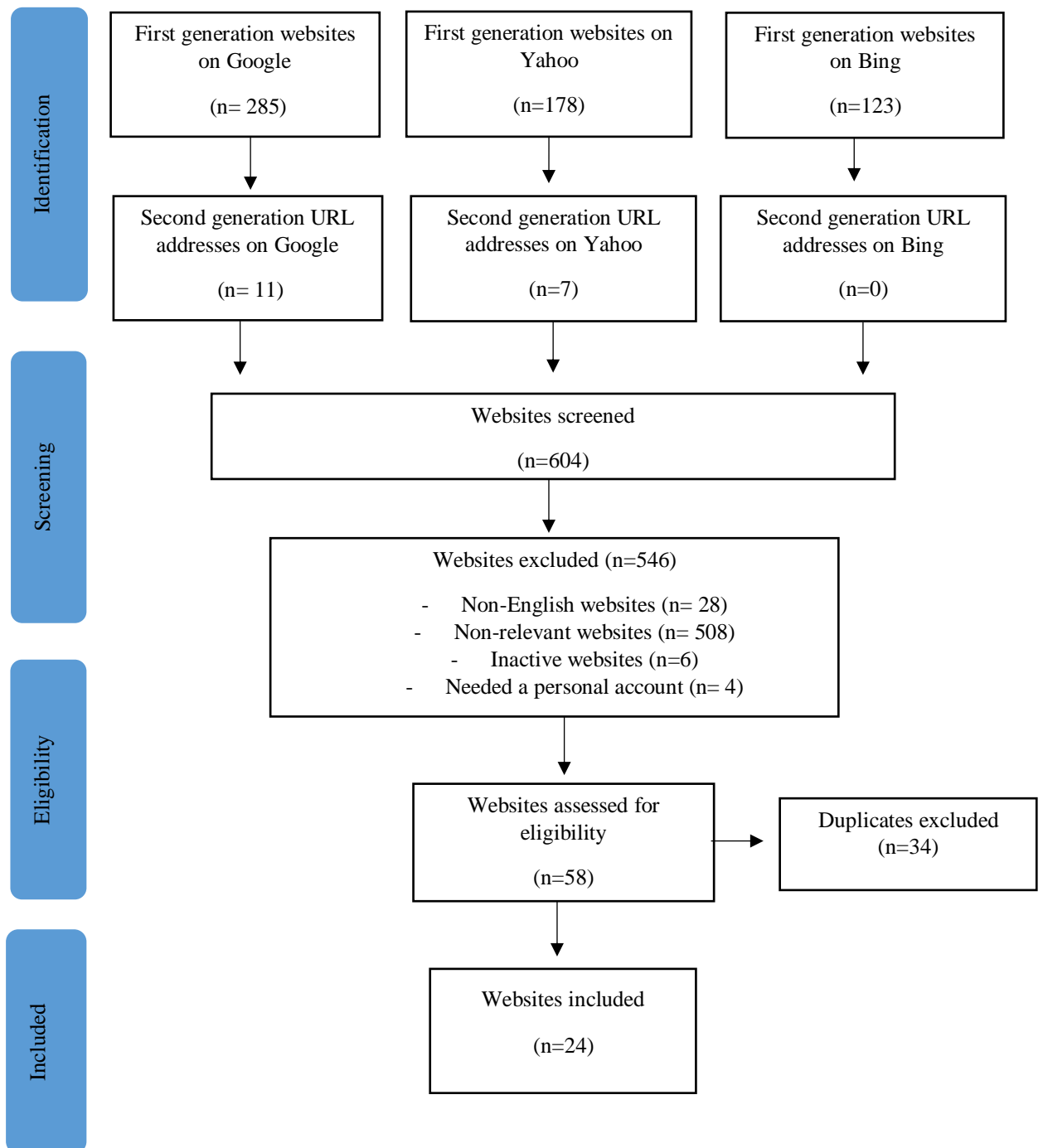
HE Website Identification Strategy



In the same manner and following the same keyword identification strategy and eligibility criteria for HE website selection, pro-ED websites were identified using the Google, Yahoo, and Bing search engines. In total 12 key terms (proana, proAna, proanorexia, pro-Anorexia, promia, proMia, probulimia, pro-Bulimia, proED, pro-ED, pro eating disorder and pro-Eating disorder) were used to generate a list of pro-ED websites. For the pro-ED sites, the methodology of Borzekowski et al. (2010) was then adopted. This methodology relies on two sources of data. Firstly, by employing specific keywords in three search engines, the initial list of sites constituted the 'first' generation data. Given that pro-ED websites aim to safeguard their platforms while offering resources for other pro-ED communities, the first-generation data—meaning the initial list of identified sites—was utilised to discover recommended links for additional pro-ED websites, thereby constituting the 'second' generation data. After adding the first- and second-generation websites, 24 pro-ED websites were identified (Figure 3). Threads that contained multiple responses (between 10 and 87) were chosen so that a range of responses and posters could be included in the study.

Figure 3.

Pro-ED Website Identification Strategy



3.3.4 Coding and Analysis

Through the four-month period of data collection, each identified website was viewed to ensure that rich data (e.g., regular posts) could be collected and the inclusion criteria are met. Every week I would visit each of the included websites to read the posts/threads, collect data, and establish that they are still active web pages. Posts on HE websites related to healthy/clean eating or healthy lifestyle (but not healthy diet plans) and forum threads on pro-ED websites were the source of my data. Some of the websites did not make weekly posts or the posts were merely meal plans; thus, data could not be collected. Due to the temporary nature of the online content, I copied and stored posts/threads on a Word document where I could ensure that data will not be lost and coding could take place. For each HE and pro-ED website I created tables where I could copy the posts/threads and code the words/phrases. The final word document of this raw material consisted of 50 pages and approximately 17.000 words. Due to the complexity of the data and the rich discourses around diet, a preliminary thematic framework was deemed important to identify the overarching ideologies and discourses disseminated on the websites. This framework formed the basis that informed the following phases of the CDA process. Each type of site and each table were analysed separately. Firstly, I read the texts on the HE websites and discerned repetitive language such as verbs, adjectives or phrases that were repeated in several posts/threads. Codes were manually applied to these words/phrases that helped me notice textual components that were similar across the data. Further, codes were either descriptive, such as 'emphasis' when systematic ways of emphasising words or phrases were identified, or more abstract, such as 'sense of community', which referred to the underlying intentions of the lexical choice (Table 1).

Table 1.*Example of coded posts/threads*

Posts and Threads	Codes
<p>Are you struggling to lose weight? You are not alone!</p> <p>Many of us have first-hand experience and know how difficult it is to diet.</p>	<p>Sense of community</p> <p>Empathy</p>
<p>It will not be easy to lose these pounds, unfortunately they won't melt as fast as the snow in the spring. So how do you get rid of this stubborn cushion?</p>	<p>Weight loss</p> <p>Body references</p>
<p>Fast for 30 days either on juice or water. Your ribs will show, especially if you are thin or at average weight. However, your face will become gaunt. So, friends and family will notice. You have to be careful.</p>	<p>Extreme eating practices</p> <p>Secrecy</p>

Once coding for HE websites had been completed, I started coding the data from the pro-ED websites. When needed, codes that were applied to HE websites were used or new codes were generated. After coding for several paragraphs, I was able to compare the data and identify codes that reflected similarities or textual units that were similar in some way. Further, I assessed the codes in terms of the degree of similarity and the frequency of their occurrence which provided the opportunity to merge the data from different tables and sites. As the codes were grouped, it became apparent that codes were representative of a range of themes. Thus, codes structured a thematic framework.

The final thematic framework encompasses 6 main themes: **Evaluations of the body and womanhood; Self-concept and punishment; Virtual communities and commitment; The ‘expert’ author and food restriction; Healthy eating and food fears; and Recovery and treatment trajectories.**

As the main themes had been established, I applied Fairclough’s model of CDA and conducted a three-level analysis on each theme, so that language comparisons between forums and the ways in which language and grammatical features are used to disseminate messages could be explored. During the text analysis (micro level), I looked at the lexical choices and the underlying belief/attitude. For instance, specific adjectives such as beautiful and lean or metaphors such as couch potato and stubborn cushion were used to describe the body. The main aim at this level was to understand why these specific words and phrases were chosen and the attitudes that this vocabulary hindered. Additionally, it was important to explore the constitution of the text and the various communication modes of the message/attitude (meso level). My purpose at this level was to identify and interpret all the grammatical features (e.g., verb tenses, active or passive construction, metaphorical content, use of imperatives, conditional sentences, choice of subject/object, and questions), and understand how the message/attitude is composed and distributed to the readers. Each theme was rich in lexico-grammatical features and a thorough record of grammatical analysis was completed. For instance, when analysing metaphors, it was important to understand what the metaphor is comparing, consider the connotations within this context, and reflect on what the metaphor attempts to emphasise. The grammatical features at this level allowed me to further comprehend the authors’ attitudes and intentions.

Finally, the social dimensions deriving from both the micro and meso level had to be interpreted. The consideration of the social dimensions at the macro level was a

gradual process as in the textual and grammatical analysis I recorded the standards and norms deriving from the lexico-grammatical features. However, at this final stage I expanded my thought process by looking at the impact of the message/attitude and grammatical features on behaviours, social structures, and social activities. For instance, after analysing the words used on the metaphors and the elements being compared, it was paramount to explore how such linguistic and grammatical practices can contribute to meaning construction, power dynamics or to the reproduction of dominant ideologies.

3.3.5 Ethical Considerations

Ethical permission for the study was gained by the liberal arts and sciences (LAS) research ethics committee (approval number: ETH2021-2605; Appendix 2). Once the websites had been identified, data were collected through careful observation without any interaction with the web moderators or the users, retaining the major advantage of online research, namely its unobtrusiveness. All the data considered for this study constitute open messages that can be widely accessible in the public sphere. With the intention to mitigate the risk of disclosing the source or an individual's identity, identifying information in the data were removed. In a similar vein, URLs or 'links' to forum websites are not provided. Finally, extracts were shortened, summarised without losing meaning or paraphrased to reduce their detectability.

3.4 Study 2. Interviews with British and Greek Individuals: A Thematic Analysis

3.4.1 Participants and Sampling

Given that there is no official diagnosis for ON, interview participants were required to (a) be 18 years and above, (b) be British or Greek, and (c) self-identify as being healthy eaters who were ‘overly concerned with the quality and the preparation of their healthy meals’. Participants that were currently receiving treatment for EDs, had received a major psychiatric diagnosis, and/or were unable to speak English or Greek were excluded. Social media (Instagram, Facebook, and Twitter) were utilised to recruit the sample, involving the distribution of recruitment material (Appendix 3) with the aim of attracting potential participants to contact the research team for more information and for consideration of enrolment. Response, however, was limited (n=1) and only one female participant was recruited through Twitter; hence, the recruitment advert was also distributed to potential participants through ‘Prolific’. Prolific is an online platform for subject recruitment that is tailored specifically for researchers (Palan & Schitter, 2018). One of the advantages of this platform is that researchers can pre-screen their sample and advertise their research only to the participants that fulfil their criteria, reaching large numbers of representative subjects (Palan & Schitter, 2018). Individuals with the aforementioned characteristics were notified and via their unique Prolific username, they were self-selecting in response to the advert.

In total, 37 British and Greek Prolific users who had stated that they were following a healthy or a raw diet were notified, and out of these, 29 users responded to the advert. Potential participants contacted the researcher through Prolific for more information and for consideration of enrolment. Subsequently, an information sheet (Appendix 4) along with a consent form (Appendix 5) were sent to each participant prior to them commencing to the study which summarised the study’s nature and included the researchers’ contact details should they have any further queries about the research.

Participants were requested to return a copy of their own completed consent form whilst retaining their own second copy for reference.

Once the users received the participant information sheet and consent form, 15 agreed to participate. The 14 individuals that did not agree to participate in the study, provided no reason for their withdrawal but recruitment materials outlined that participation would mean revealing in-depth information about their family and diet, and being interviewed for almost an hour. In total, sixteen participants, eight British and eight Greek, who self-report as being overly concerned with healthy eating were recruited for this study. More specifically, individuals identified that they had an obsession with healthy eating as evidenced by the time they spent searching for and contemplating food quality, routines that they identified as taking over their lives. However, their healthy eating practices varied widely. For instance, some participants opted for a diet consisting only of fruits and liquids, while others exclusively chose food from companies claiming to provide healthy options. Some individuals limited their diet to food they prepared themselves or sourced from markets known for selling high-quality items. Additionally, one participant consumed only raw food such as raw red meat and raw chicken. Therefore, being concerned with healthy eating was viewed differently by some of the participants recruited and a spectrum of extreme healthy eating practices were included in the study. The sample consisted of five British females and three British males ranging from 20 to 59 years old, and six Greek females and two Greek males ranging from 21 to 63 years of age. The table below gives details of the participants' age and profession (Table 2). To protect the identity of the individual that was recruited through social media as well as the Prolific participants, pseudonyms and age ranges are used.

Table 2*Participants' sociodemographics*

Number	Pseudonym	Ethnicity	Age Group	Profession
1	Emma	White British	20-29	College Student
2	Anna	White British	40-49	Healthcare Support Worker
3	Kathryn	White British	30-39	Accountant
4	Peter	White British	50-59	Consultant
5	Zac	Mixed: White British and South Asian	20-29	College Student
6	Sophie	White British	40-49	Sales Assistant
7	Laura	Black British	20-29	Charity Worker
8	Charles	White British	20-29	College Student
9	Dimitris	White Greek	20-29	College Student
10	Eirini	White Greek	20-29	Teacher
11	Maria	White Greek	20-29	College Student
12	Stelios	White Greek	30-39	Psychologist
13	Olina	White Greek	20-29	College Student
14	Athena	White Greek	40-49	Secretary
15	Sofia	White Greek	60-69	Retired
16	Niki	White Greek	20-29	Lawyer

3.4.1.1 Data Saturation. Data saturation in qualitative research refers to both the quantity and the quality of the data, with some researchers attempting to determine the number of interviews required to maximise the likelihood of achieving it. Some have suggested that a qualitative study encompassing only one participant category and with specific aims, can reach data saturation with 12 (Guest et al., 2006) or 20 interviews (Green & Thorogood, 2014). Based on these guidelines, the number of the interviews in this study sits in the middle of the suggested criteria. Whilst research has indicated that failure to reach data saturation may impact the validity of the study (Saunders et al., 2018), this conceptualisation of data saturation has been recently criticised. Braun & Clarke (2021) argue that aiming for data saturation in qualitative research means that a cut-off point is set at which no new information or experiences can be unravelled. However, setting a cut-off point in qualitative research is considered a ‘logical fallacy’, since all new data can offer new insights for analysis (Low, 2019, p. 131). In fact, recruiting more participants and collecting more data will always generate new meanings to explore as the analysis is based on the interplay between data and researcher’s interpretations. Consequently, data saturation can be perceived as existing along a spectrum and researchers themselves can determine when data have reached saturation in relation to the research aims (Aiken et al., 2015). Although recruiting more participants would have yielded more data and interpretations, the number of interviews conducted with both English and Greek participants provided a good amount of data to ensure that the research questions had been answered. Following Aiken et al.’s (2015, p. 154) approach, I believe that data saturation in this study has been ‘closely approached’, and data provided novel insights into the impact online messages, family and culture have on extreme healthy eating behaviours.

3.4.2 Data Collection

Semi-structured interviews, which lasted between 25 to 52 minutes and were audio-recorded, provided the data for this study. Semi-structured interviews are considered exploratory interviews as their flexible nature provides a clear structure that is focused on the research aim and questions, but it also allows for the exploration of any emergent topic (Magaldi & Berler, 2020). In opposition to structured interviews that include a limited set of questions, and open interviews that do not equip the researcher with a framework of themes, semi-structured interviews allow for new questions to be added and enable the researcher to tailor the interview based on the responses (Lindlof & Taylor, 2002; Mashuri et al., 2022). Thus, I decided to use semi-structured interviews which will allow for flexibility and adaptability during the data collection process.

An interview schedule consisting of 12 open-ended questions (Appendix 6) was prepared to guide the researcher, however, it was not provided to the interviewees in advance in order to preserve spontaneity and avoid rehearsed responses. The interview guide was developed along with my Director of Studies (AF) by considering the relevant literature in order to address the aims of the study. Although more questions were initially formed, they were omitted as it was thought that they were too leading or were related to a more pathological aspect of healthy eating. The interview guide consisted of three areas of questions that aimed to explore the participants' experience of extreme healthy eating, their family background, and the culture they have been raised in. Easier questions were put at the start, to help participants warm up. Thereafter, questioning continued to more sensitive questions covering topics such as family relationships. Interviewees tend to be more willing to answer sensitive and challenging questions when they are posed later in the interview, and once familiarity with the researcher and the topic has developed (McGrath et al., 2018).

This interview structure allowed for flexibility in sequencing. For instance, if the interviewees tended to refer to their culture when discussing their eating practices, the set of questions related to culture would be used and family-related questions would follow. Further, it was tailored to each participant so that the pace and the construction of their meaning could be followed. In addition to the predetermined questions, probes and follow-up questions (e.g., 'can you tell me more about that?') were used to allow the interviewees to explore their responses at a deeper level. This allowed participants to raise topics of their interest such as comparing the English culture to the Scottish, or recalling memories related to food and meal portions from other counties they had visited.

Due to the Covid-19 restrictions and the aspiration to allow participants from a range of geographical areas within the UK and Greece to participate, interviews were conducted through video-conferencing. The preparation prior to the interviews involved both conceptual and practical practice. Considering that the interview guide had been developed in advance, I wanted to be fully prepared by memorising the questions. Having memorised the questions, one pilot test interview with a volunteer was conducted. By conducting test interviews, there is opportunity to check the clarity of the questions, the language used, time, and active listening (McGrath et al., 2018). It was also important to familiarise myself with the video-conferencing software and the audio-recording equipment (a password protected USB stick). For this reason, I practiced several times logging in the software, starting a video-conferencing, and recording the test interview. In that way I could check the volume and the quality of the sound.

The software 'Calendly' was used to help with interview arrangements as individuals could select the day and the time that was most suitable for them by using their unique, Prolific username. Once they had booked their slot, an email was sent to them confirming their interview booking and including a unique link for our interview. On this email, I also drafted a short summary of the research project, what they should expect to be discussed during the interview, and why I am interested in their experiences. Finally, participants were prompted to contact me if they had further questions or concerns related to their participation. Some of the participants replied to this email, expressing their anxiety about the interview and asking if they have my permission to keep their cameras off. In these instances, I tried to relieve their anxiety by explaining what the interview will involve and respecting their desire to keep their cameras off. Replying to interviewees' emails and being attentive to their needs helps to build trust

and rapport as time during the interviews may be limited (DiCicco-Bloom & Crabtree, 2006; McGrath et al., 2018).

Before commencing the interviews, it was important to build a sense of proximity with the participants. For this reason, I started introducing myself and stating why I am interested in their experiences of healthy eating. Adopting an open and curious attitude when stating the interest in the participants' experience enables the interviewees to provide a detailed account of their experiences and build rapport (Bell, 2018). Further, whilst participants' consent forms were collected, oral consent for confirmation for their participation and their permission to record the interview was requested during the introduction. At this stage, the purpose of the study was outlined again and all participants were screened to confirm that they were abiding by the inclusion criteria. Participants were reassured that their participation was entirely voluntary and they had the right to omit questions or withdraw at any time without providing a reason.

During the interviews, I tried to be reflexive and conscious that participants should not view me as the expert but rather as the co-creator that values and tries to understand their experiences. I also made use of my skills as a psychotherapist and invited the interviewees to discuss their experiences more in-depth by paraphrasing their answers and showing empathy. Using experiences and abilities from their clinical background, researchers are able to facilitate rapport and gain richer data (Lingard & Kennedy, 2010). Although this was straight forward with some of the participants who were more willing to open up, others chose to withhold some details, such as deeper issues related to their families. These participants stated that they did not want to go deeper on these experiences and requested to omit certain questions, which was respected. As the researcher, I had duty to protect my interviewees from distressing

topics. Researchers must be able to handle such emotions and protect their participants (Varpio et al., 2015).

Online interviews may have influenced the depth with which participants were willing to explore topics, due to the inability to establish eye contact and proper rapport, with some participants who had their cameras turned off and could only see my face. Due to Covid-19, interviews had to be conducted online and researchers were required to adapt to these changes, however online interviews may involve shorter responses, lack of proximity and rapport, and inability to establish in-person interactions (Carter et al., 2021). Although challenging, online interviews allow researchers to reach a wider number of participants, whilst participants themselves are in a familiar environment and given control over their level of anonymity (Carter et al., 2021).

After the interviews, a debrief period had been allocated. The aim of the study was highlighted and further services in case feelings of distress were evident after the interview were provided, while participants had the opportunity to pose more questions to me. Some wanted to ask more details about the study, for example if it is going to get published, or if there is available literature for them to read regarding healthy eating and cultural influences. Additional time was allocated to the individuals that presented distressing symptoms so that their experience during the interview could be discussed. The whole sample was invited to check their transcripts and look for any inconsistencies or add more details to their accounts. Only six of the participants agreed to do it and returned their transcripts with minor changes such as adding more details to the narration of incidents related to conflicts with their parents. Finally, field notes were made during and after the interviews in order to highlight important parts of the discussion.

3.4.3 Data Analysis

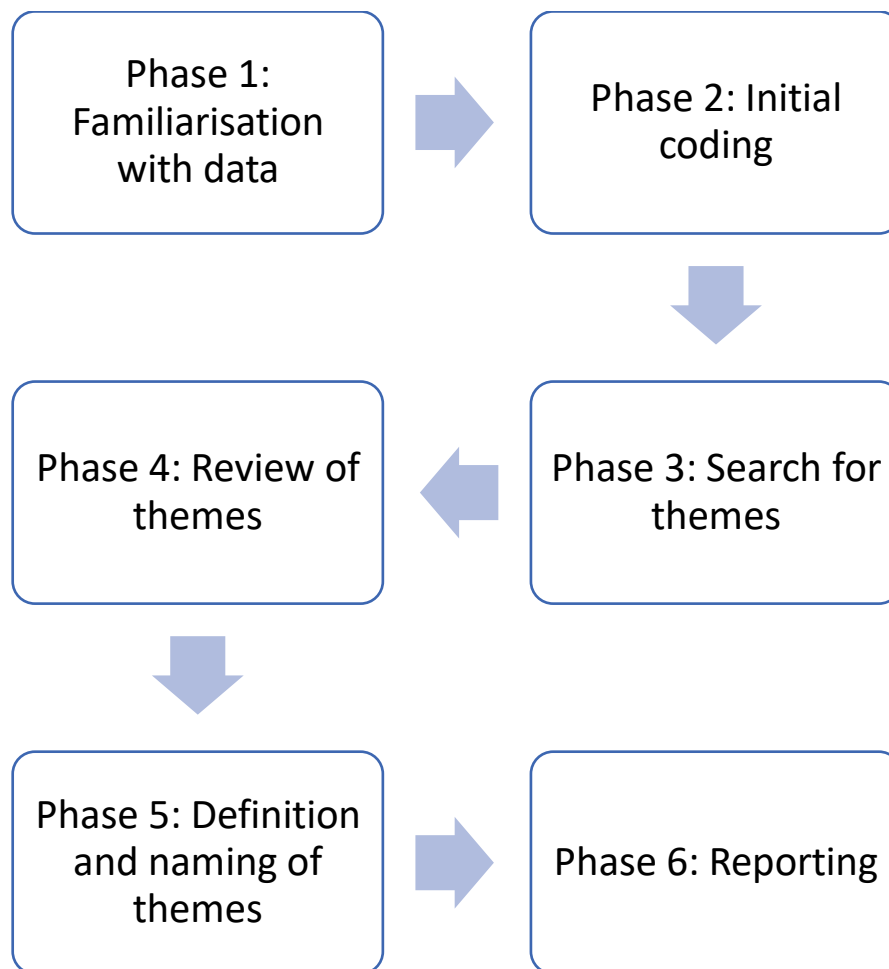
Reflexive thematic analysis (TA) was employed to analyse the data as it was deemed the most appropriate method for analysing the data compared to other methods². Reflexive TA is a theoretically flexible interpretative method that helps to identify, organise, and understand patterns of meanings in a systematic manner (Braun & Clarke, 2012). Collective experiences and shared meanings are identified as reflexive TA aims to make sense of common meanings that are relevant to the research question. TA encourages the researcher to actively make choices, including how coding will be conducted (inductive or deductive) or which theoretical perspective will be followed (Braun & Clarke, 2012). The rigour and depth of TA have been questioned, with some scholars claiming that it falls short compared to other qualitative methods. Nowell and colleagues (2017), for instance, argue that there is a lack of guidance on how TA should be conducted, compared to other methods such as ethnography or grounded theory, that could be concerning for novice researchers in terms of conducting rigorous analyses. Although TA is a flexible approach, it encourages the researcher to choose and adhere to an epistemological position. Consistency and cohesion in the empirical findings are also promoted through the application of the TA phases (Braun & Clarke, 2014). Additional critiques perceive TA as an unsophisticated method that lacks nuance and interpretative depth, and assumes only a realist or descriptive method (Braun & Clarke, 2014). TA is not limited to realist or positivist methods, instead it can contribute to robust and strong interpretations within the social constructionism paradigm and result in in-depth findings through the systematic framework developed by Braun & Clarke (2006). As such, a nuanced exploration of experiences, perspectives, and meanings can be achieved.

² Interpretative Phenomenological analysis (IPA) seeks to explore personal lived experiences and how people are making sense of them, with a small number of participants recommended for this framework (Smith, 2009). Grounded theory seeks to develop a theory, deriving from the data (McLeod, 2001), which was not the aim of the study.

Using Braun & Clarke's (2006, 2019) reflexive TA, variations in themes across interviews and patterns within the data were explored in a systematic manner. Once the interviews had been finalised, audio recordings were transcribed by the researcher, capturing the pauses (indicated by three full-stops in a row), hesitations, stammers, repetitions and non-verbal communication (e.g., laughter) in order to support the analytical requirements (Braun & Clarke, 2006). A pseudonym was allocated to each participant and no personal information was disclosed or included in the transcripts. After I transcribed the interviews verbatim, the six phases of thematic analysis proposed by Braun & Clarke (2006) were followed (Figure 4).

Figure 4

Phases of Thematic Analysis



Phase 1: The process of transcribing the interviews myself, aided my familiarisation with the data. However, before commencing line-by-line coding, I wanted to establish a more in-depth familiarisation by reading and re-reading the transcripts whilst listening to the original recordings so that corrections for any transcription mistakes could be made and accuracy could be ensured. Additionally, field notes were examined and initial ideas (considering that the researcher initiates the analyses with some prior knowledge of the data), that would aid the analytic process and could potentially be of interest, were noted down. While familiarising myself with the data and listening to the recordings, I was trying to understand: a) how do these participants make

sense of their experiences, and b) what kind of family and cultural backgrounds are revealed through their responses.

Phase 2: Once a good level of immersion in the dataset had been achieved, inductive (data-driven) and deductive (theory-driven) coding was initiated. Through the inductive coding, a bottom-up approach is achieved by deriving codes from the data themselves whereas through deductive coding a top-down approach is implemented by bringing concepts and ideas that have already been established in literature (Braun & Clarke, 2012). My aim was to start with a predominantly inductive approach, but deductive coding supplemented the coding process since prior knowledge of the area could not be ruled out. Conducting solely an inductive analysis may pose some challenges given that a theoretical framework is required to aid the researcher's evaluations of information relevance with regards to the research questions (Braun & Clarke, 2012; Byrne, 2022). The combination of inductive and deductive coding was implemented as firstly I wanted the themes to reflect the data without overriding the participants' accounts and, secondly, with the deductive coding I drew on theoretical concepts that were not explicitly stated by the participants. For instance, some of the participants referred to the widespread perceptions within their culture that view overweight people as 'lazy', 'failures', and 'dirty'. Although it was not explicitly stated, these perceptions reflect ideas regarding the 'ethical civilian' that have been prominent within a neoliberal society (Fahs, 2017). As such, the underlying ideologies and assumptions of the content could not be ignored and apart from inductive codes, a deductive code named 'neoliberal ideas' was also generated. The following table provides an example of a coded transcript.

Table 3

Example of Coded Transcript (Sophie)

Transcript	Codes
<p>S: <i>There is a real socioeconomical stereotype regarding overweight people. People with more weight are considered lazy, dirty, they are unsuccessful... yeah, they almost don't have any self-respect. It's something that I even came across in professional situations. I feel that I've come across that...that kind of attitudes.</i></p>	<p>Socioeconomical stereotypes</p> <p>Neoliberal ideas</p> <p>Overweight people viewed as unsuccessful</p> <p>Lack of self respect</p> <p>Neoliberal ideas are dispersed in professional environments</p> <p>Personal experiences</p>
<p>R: <i>In what ways have you come across that kind of attitudes?</i></p>	
<p>S: <i>as an overweight woman, I... I've been into customer service roles...you are almost invisible, you are not the attractive idea that they want in front of their business. So, you may be brilliant at your job but you are not being seen as that because you don't fit the stereotype. It isn't very obvious, it's very subtle but if you physically don't fit, you're one of the boys. You are in two categories.</i></p>	<p>Being invisible as an overweight woman</p> <p>You are not the attractive idea that businesses want</p> <p>Inability to ascend professionally</p> <p>Subtle stereotypes</p> <p>Overweight women are viewed as boys</p> <p>Two categories of employees</p>

Codes were both semantic and latent. Semantic codes were describing the content of the data by staying close to the participants' meanings. An example of a semantic code is '*overweight women are viewed as boys*' in the coded transcript, table 3. In contrast, latent codes were providing an interpretation of the meanings that were lying beneath the data. An example of this is the code '*inability to ascend professionally*' in the example of the coded transcript. Each transcript was analysed separately and was compared with the next item. First, I started with two British transcripts in order to familiarise myself with the content from the British cohort. Once, I had coded the first British transcripts, then I moved into the first two Greek transcripts. Codes that had been generated for the British transcripts were screened in relation to the Greek ones in order to see if they could be applied to relevant excerpts or if new codes should be generated. In that way, the data from both groups were constantly compared and analysed. The initial coding system I initiated was checked by two of my supervisors (AF and AC): codes and transcripts were discussed through meetings, during which ideas were shared to achieve richer interpretations of the data and the coding scheme was refined. At this point, some of the codes were renamed, reshaped or split. For instance, the code '*mentality of a strong fighter*' was renamed to '*strong will power over temptation*' whilst the code '*rules*' was reshaped and split in two codes, '*sticking to rules*' and '*physically feel worse if he deviates*'.

Phase 3: Thereafter, codes were reviewed in terms of similarity and overlapping. Clustering codes or codes that presented similarity in their meaning were grouped together, generating the themes. Potential themes were checked against the different levels of possible themes (overarching themes, themes, and sub-themes).

Phase 4: Potential themes were reviewed in terms of codes and the dataset as a whole with the intention to ensure that they represented the coded extracts (Braun &

Clarke, 2006). During the review of the themes, it was important to examine whether or not new themes could be constructed but also establish that themes were supported by data, and that they were internally homogeneous as well as externally heterogeneous to each other (Patton, 2002). Transcripts were re-read so that accuracy and consistency could be ensured, and missing codes or aspects that were not recorded in the first place, were added to potential themes. Thereafter, themes were reorganised where relevant.

Phase 5: As the themes had been reorganised, the phase of defining and naming the themes was initiated. Through ongoing analysis, themes and sub-themes were generated by constantly comparing their core meanings (Braun & Clarke, 2006). A reflexive stance was adopted throughout this process, with analytical memo writing and reflexive journaling aiding the analysis. Once the analytical explanations were refined, some of the themes were re-named and a definition capturing the scope of each theme was developed.

Phase 6: In the sixth and final stage, I synthesised the themes and sub-themes into a cohesive report. Representative anecdotes were selected to enhance confirmability, strengthen the conceptual framework, and enable the readers to understand particular instances in the data. Anecdotes were illustrative of the themes and allowed the construction of a narrative. A code to identify whether the participant is from the UK (B) or Greece (G) is used in every quote. These six phases of analysis do not reflect a linear process (Braun & Clarke, 2006, 2012). Rather, it is a back and forth process that requires time and iterative activity to navigate across and within the phases.

Methods such as respondent validation, and reflexivity were implemented to ensure rigour and quality in our study. Data were recorded by including all the level of detail such as repetitions, pauses and laughter. In that way, data are represented comprehensibly and reinforce reliability (Seale & Silverman, 1997). Respondent

validation or member checking, whereby researchers check their data with the help of their sample, is considered one of the key strategies in assessing rigour in qualitative research (Creswell, 2007). Transcripts were sent to the participants in order to verify their interview transcripts and make amendments or add details to their accounts. This tactic helped us to ensure that the transcripts reflected the subjects' meanings and increased the credibility of the analysis.

To strengthen rigour and quality, all transcripts were read by my Director of Studies and four of them by my second supervisor (AC). These two qualitative researchers made annotations in the margins of the transcripts, sharing their ideas and thoughts. This practice of cross-checking provided opportunities to explore the data in-depth, and develop both coding and themes. During the analytical process, the discussions that were generated by this practice, helped me to familiarise myself with the data in a more thorough level and identify concepts that I had overlooked at the beginning. Attention was paid to the negative cases (e.g., to experiences that had been reported by a limited number of participants and deviated from what the majority of the participants had experienced). Data presented variations and it was important to carefully consider the cases that tended to contradict or deviate from the main body of evidence. Paying attention to the negative cases improves the quality of the interpretations (Mays & Pope, 2000) and refines the analysis by documenting the meanings and experiences that deviate from the majority of the data without being 'smoothed out' (Braun & Clarke, 2006, p. 89).

Reflexivity was an additional tactic that was implemented during the analytical process. Reflexivity refers to the acknowledgement that personal values and beliefs can influence the data collection or analysis (Horsburgh, 2003), thus researchers inevitably bring their own ideas and perceptions to their research. Adopting a reflexive approach is

considered a common standard of rigour that increases the credibility of the study (Johnson et al., 2020), as the primary objective of qualitative research is to understand participants' perspectives (Jootun et al., 2009). During the study, I had to reflect on my own role and influence to the research given that I am a Greek researcher who has constructed her own assumptions and preconceptions with regards to the British and Greek culture. For instance, my familiarity with the Greek culture and language could influence the ways I interpret cultural references from Greek participants compared to British participants or could impact the assumptions I make based on my personal understanding of traditional Greek diet and norms. Patnaik (2013) suggests that qualitative researchers need to examine their own behaviour and involvement in the research given that they actively engage with the interpretation of the data. Prior assumptions or experiences with my interaction with both cultures, according to Mays & Pope (2000), could interfere with inductive approaches. Predetermined notions, experiences, and even personal characteristics such as social class or professional status can influence how data are interpreted in both inductive and deductive coding. For these reasons, I engaged with reflexive writing and kept a reflexive journal where I noted my thoughts during the different phases of the study. The aim of the journal was to provide a space for my own reflections, and to help me understand where I positioned myself within the research. Reflexive writing and journaling have been proposed to be essential elements of the auditing process, ensuring that the impact of the researchers' subjectivity is acknowledged and neutralised to some extent (Braun & Clarke, 2006; Patnaik, 2013). Nonetheless, keeping a journal is not a reflexive practice in itself. In contrast, what facilitates reflexivity is the researchers' readiness to engage with the process and to allow an introspective exploration of their own meanings, assumptions, and biases (Probst & Berenson, 2014). I actively engaged with the reflexive journal which played a crucial

role in allowing the participants' account to lead the analysis, and in informing the personal reflections discussed on section 7.11.

More recently, quality criteria have been synthesised and published, based on which the quality of qualitative research is being assessed. Although many researchers argue that the use of quality checklists can result in counterproductivity and lack of critical consideration of the data (Barbour, 2001; Green, 2014), such guidelines could improve the research process by highlighting parts in the study design or the analysis that must be addressed (Stenfors et al., 2020). The Consolidated Criteria for Reporting Qualitative Research (COREQ) was followed to help with the design and the report of this study (Appendix 7).

3.4.5 Ethical Considerations

The study was approved on May 2021 by the LAS research ethics committee (approval number: ETH2021-1717; Appendix 1), and the ethical principles of professional and researcher conduct stated by the British Psychological Society were followed. An information sheet and a copy of a consent form were distributed to those that had expressed an interest in the study through their personal or Prolific email. Participants were reassured at the beginning of each interview that their participation is entirely voluntary and that they have the right to skip over any question, and withdraw at any time without providing a reason. Due to the sensitive nature of some of the questions involved in the interview process, a sensitivity protocol (Appendix 8) was developed; participants were monitored for distressing signs and they were, also, reminded of their right to omit any question that induced stress. For instance, during the questions that referred to parental relationships, two of the participants presented distressing signs when recalling instances of conflicts or negative parental comments. At this point, they

were reminded of their right to omit the questions and both participants made use of this right.

Support services in the UK and Greece were listed on the information sheet should participants want supplementary support, and additional time was explicitly allocated to a 'debrief' period at the end of each interview for participants to reflect upon the session, ask any questions or raise anything that may be of concern. In addition to this, anonymity and confidentiality were ensured. Only pseudonyms were used and the real names of the participants were never made known to the researcher. Some of the participants requested for their cameras to remain closed in order to feel more confident that their identity will remain undisclosed, and this request was respected. Access to data was only granted to the researcher and the supervision team whilst all the data collected along with the consent forms were stored securely in line with the General Data Protection Regulation (GDPR) 2016 and the Data Protection Act 2018.

In summary, an overview of the methodologies and the methods used in both studies has been provided, so that the reader could understand how interpretations were developed. The following chapters will present the findings of the studies. In the next chapter, I present and discuss the findings from the analysis of the HE and pro-ED websites.

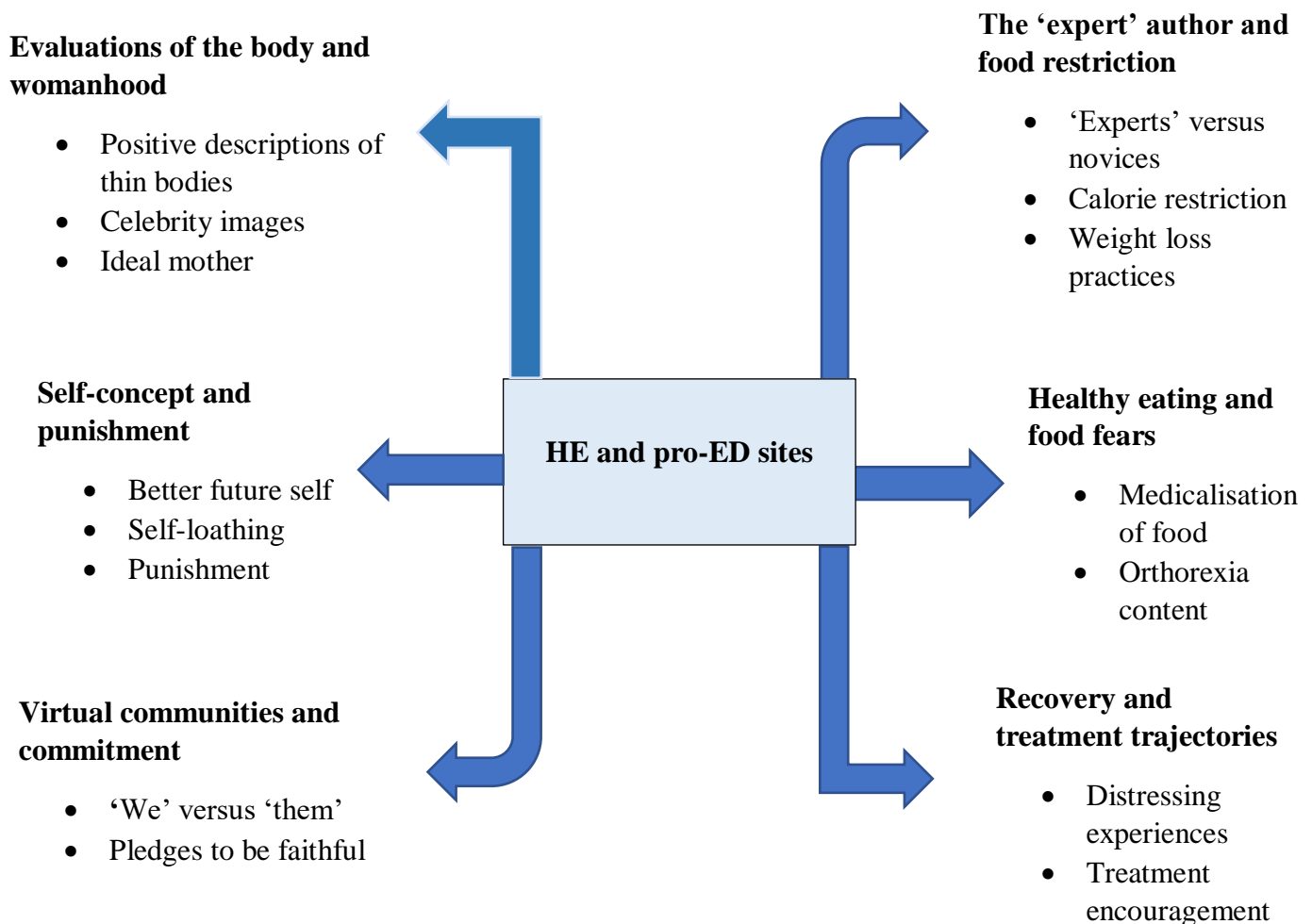
Chapter 4. Discourse Analysis Findings: Exploration of the Language Used on HE and Pro-ED Websites

4.1 Overview of Chapter

This chapter presents the findings of the discursive analysis conducted on HE and pro-ED websites. The aim of the study was to compare the messages and the discourse used on these sites, and to understand the effects language can have in terms of communication patterns and content. Fairclough's model of CDA was employed and each theme was analysed based on the three levels (micro, meso, macro). Six themes were identified and each theme is explored and discussed in relation to the linguistic and grammatical schemes used on sites. Lastly, the macro implications of the findings are presented and are further considered in the discussion section.

Figure 5.

Discourse analysis findings



4.2 Findings

4.2.1 Evaluations of the Body and Womanhood

The body was widely evaluated on HE websites through affirmative and undesirable representations, while restrictive diets were presented as a way of disciplining the body. Authors of posts used affirmative attributive adjectives for bodies related to healthy eating (*'defined thighs'*; *'beautiful glutes'*; *'lean bodies'*) and unfavorable attributive adjectives for bodies related to 'unhealthy' eating (*'big and bothersome blob'*; *'pesky stomach fat'*). Additionally, phrases such 'couch potato' were

employed to further promote the negative emphasis on body parts. A series of figures of speech were utilised to denote the negative emphasis. Examples included, similes to compare body shape with supposedly unpleasant images (*'Do you want to feel stuffed like a turkey?'*), metaphors to symbolically equate body parts with objects (*'how do you plan to lose this stubborn cushion?'*), and superlatives to denote repulsiveness in appearance (*the most unwelcome body fat*). Similarly, pro-ED website users were negatively describing their body with the use of metaphors (*'I have to get rid of this ugly sack'*) and superlatives (*'the worst case of muffin top'*) which reflected moral connotations. Only a small number of affirmative descriptions of thin bodies were identified on pro-ED websites (*'desirable thigh gap'*; *'flawless thin body'*), suggesting the high adherence to the thin ideal within these communities. Lastly, both types of websites 'body shamed', that is the use of derogatory language to criticise bodies through personifications (*'cellulite is not cute'*) and emotionally charged verbs (*'It can ruin your bikini season'*), while zero conditional sentences on pro-ED websites (*'if you aren't thin, you are not attractive'*) and comparative adjectives on HE websites (*'to have a smaller waist'*; *'to have a lower BMI'*) illustrated how deeply engrained the belief is that attractiveness constitutes a feature attributed only to thin individuals.

Evaluations of the body were also perpetuated through references on both kinds of websites that presented celebrities as the epitome of a beautiful physique, such as by using adjectives (*'enviable'*) and superlatives (*'the hottest'*). Celebrity endorsement was the key feature identified in relation to male users, conveying muscularity to be the most preferred bodily trait (*'these six-pack abs and huge muscles'*), and normalising a general picture of fitness for both genders (*'they are not few, they can be found in most gyms'*). Aside from celebrities, some HE websites used 'modelling' for female readers, in the form of testimonials or before and after pictures from mothers. Several HE websites

appeared to be making an appeal to their female readers' emotion by associating healthy/clean eating with the role of a good mother. This was conveyed using an informal tone ('*your kiddo*') and metaphors ('*constant battle*'), whilst meal prepping was presented as a challenging responsibility that could emotionally compensate the mother, if it was done according to the rules of healthy eating. More specifically, conditional sentences were challenging mothers emotionally ('*if you want to feed your kids well, you need to make sacrifices*', '*if you wish to be recognised as a good mother, consider healthy eating*'), with authors insinuating that healthy eating would secure the title of the best mom ('*the number 1 thing to stay on top*'). In contrast, no information tailored to fathers was identified. The words and the grammatical features of this theme highlight how body standards and gender roles can be generated, and thereafter reproduced at a societal level.

4.2.2 Virtual Communities and Commitment

In their efforts to foster a feeling of community, both HE and pro-ED websites employed diverse linguistic schemes. The pronoun 'we' was often used to convey a sense of understanding ('*We all know this feeling*') and a sense of support ('*We'll keep each other committed*'). Similarly, it was used to establish their distinct identity ('*we built a community*'; '*many of us*') that needed to be protected from 'others' (*be careful of the others*). References to the others (e.g., family and friends) were made when users were advised to conceal their weight loss strategies and avoid social gatherings by emphasising the 'cost' of attending with the conjunction 'but', which is positioned as the clause boundary ('*we are not telling you not attend these events, but you must realise the cost*'). Interestingly, with the use of the verb 'sabotage', family members were positioned

as opponents or enemies who deliberately try to destroy the individual's effort (*'If a family member wants to sabotage your effort'*). In further attempts to cultivate a connection with their reader, authors commonly wrote in the first person and positioned themselves as vulnerable individuals who have also faced challenges with weight (*'I personally'*; *'a diet that I even follow'*). Another strategy used by HE websites was the construction of nicknames for readers who followed the website's eating challenges or diet tips. For instance, collective nouns were used to create their distinct identity (*'Fighters!'*; *'Friends'*). Particularly on pro-ED sites, there was a noticeable desire among users to find support from other like-minded individuals who would keep them focused on their goal (*'I would like to have some like-minded friends'*; *'we'll be skinny together'*). Although the emotional similarities were visually stated through metaphors (*'we are in the same boat'*), users were looking for a 'buddy' based on their measurements (*'Looking for a buddy, preferably around my stats'*). Lastly, support and empathy were emphasised on both groups by highlighting the subject 'you' in sentence fragments and adding exclamation marks (*'You are not alone!'*).

Being 'faithful' through pledges was a significant requirement on both types of websites. On HE sites, managers were asking their readers to make vows and prevail in their combat with 'demons' (e.g., processed and unhealthy foods), urging readers through the use of imperatives to be loyal to their goal, and comply by the community's ethos (*'make a vow to not eat them again'*). On pro-ED sites this pledge to commitment could be identified through spells, psalms, and rituals to 'Ana', who was given the attributes of an entity and was praised as a deity-like figure, offering protection and guidance (*'protect me'*; *'guide me through beauty'*). In other psalms, punitive qualities were attributed to 'goddess' Ana who was serving as an agent of behavioural control (*'try harder'*; *'I have a lot of expectations from you'*; *'without my guidance, you will*

never be thin’). All these linguistic features appeared to be aimed at providing a supportive platform with the intention to keep users focused on their goal, and distance them further from the non-users, that is their offline communication channels. Although support may be provided, these websites seek to create a ‘haven’ for people and to encourage them to feel part of the group, but at the same time they required devotion to their ethics. This tactic can not only perpetuate problematic eating behaviours but can also keep them confined in these communities.

4.2.3 The ‘Expert’ Author and Food Restriction

Although not all authors on HE websites were professionals, posts were presented as suggestions and opinions of a group of professionals with phrases such as ‘our experts’, and imposing titles (*‘Experts are telling....’*; *‘10 things nutritionists want you to know....’*) aiming to establish a position of dominance. On pro-ED websites ‘coaches’/‘experts’ were individuals who had followed a restrictive diet and managed to attain a low BMI. On both types of websites, lexical verbs were utilised by ‘experts’ in an instructional manner referring to actions related to particular cooking processes or diet such as ‘cook’, ‘add’, ‘remove’, and ‘opt’. These verbs were, not surprisingly, used in the imperative form, since the nature of the majority of the websites was essentially instructional. Other imperative forms used could be defined as ‘imperatives of consumption’ intended to prompt healthy/clean eating (*‘try’*; *‘buy’*; *‘consume’*). Through these posts, power relationships between experts and non-experts are established and such relationships and instructions can be carried over into everyday life.

Some authors on both websites went beyond familiarising the reader with healthy eating behaviours, to promote specific eating practices. Readers were instructed

to screen ingredient labels and be on guard. The imperatives (*'learn to read labels'*) and the verb 'need' (*'you need to take a closer look'*) reflected the necessity and importance of this action. Consistent with this, topics such as calorie restriction and food journals were introduced by both websites. The phrase, 'calorie budget' indicated a small quantity of food that one must consume. Through the use of hedging language³ authors could make their statements less direct or soften their claims, but still trigger contentious attitudes (*'It appears that calorie limit is beneficial'*; *'you may want to combine water fasting with juice fasting'*). Superlatives (*'it's the best lifestyle'*) and conditional sentences (*'if weight loss is your goal'*) were used to strengthen testimonies, while their semantic legitimisation was achieved through extreme case formulations that showed the maximum potential benefits of dieting (*'calorie counting is beneficial for everyone'*; *'everyone lost weight by day 6'*). Further, comparative correlatives⁴ encouraged limitations in calorie intake (*the larger the slice, the greater the calories*), whilst the accompanied expertise assertions intensified the claims (*'we have proof'*).

Inevitably, the sensation and meaning of hunger was diminished in value (*'just because you are hungry'*) and pro-ED website authors emphasised the degree of thinness that one must attain (*'You can never be too thin'*). However, more extreme practices such as weight loss surgeries were found to be promoted by three websites (one HE and two pro-ED website). Positive adjectives (*'life-altering'*) and frequent inversions (*'not only can they help with weight loss, but...'*) emphasised the benefits of such practices at the beginning of the clause and were presented as striking. Interventional weigh loss methods, such as cocaine pills and gastric bypass, were also mentioned on pro-ED websites. Through metaphors, these methods were presented as the 'good guy' whose

³ A linguistic practice of expressing personal opinions in a less dogmatic manner.

⁴ A grammatical feature that involves the comparison of two elements.

properties were highlighted by superlatives (*'the most powerful diet pill'*). Against these testimonies, however, pro-recovery users were trying to safeguard the readers. For instance, the degree adverb 'very' emphasised the dangers (*'this is very dangerous'*) and the adverb 'please' with the imperative form expressed a concern (*'please be careful'*). The recommendation of these strategies could trigger problematic eating behaviours but could also normalise practices such as calorie counting, weight loss surgeries or other weight loss supplements.

4.2.4 Healthy Eating and Food Fears

Authors of HE posts were not only disseminating information about healthy eating, they were also trying to instill in readers' mind the importance of a fully healthy lifestyle, and in many cases to sell products aimed at this. Adverts and affiliated links for Amazon books with low-carb recipes, home bikes, supplements, and weight loss pills were included, claiming to 'optimise the user's performance'. A number of techniques were used here. For example, amplifiers (degree adverbs) were commonly used to boost the force of the verbs or the nouns, by denoting emphasis. The most common amplifiers on the websites that communicated a reliability of propositions and increased the intensity of the adjectives were 'so', 'too', 'really' and 'very' (*'very healthy'*; *'so tasty'*). Time adverbials were also conveying a pressure to conform to the healthy/clean eating philosophy (*'take this decision now'*) and conditional sentences challenged the readers to take up healthy eating (*'if you are smart'*; *'if you are strong enough'*).

Both types of websites shared a common element of amplifying food fears. Active verbs with an aggressive mood such as 'attack' (*'since you know this product in your diet is bad, attack it first'*) and phrases such as 'label detective', 'food traps', and

‘diet bombs’ were imaginatively constructing the image of a battlefield between consumers and products, potentially inducing a fear toward certain foods. Accordingly, figures such as personifications (*‘Sugar lurks....’*) created a fearful stance, whilst the negative form of the affirmative imperative at the beginning of the sentences gave a warning (*‘Don’t fall victim to unhealthy food’*). The idea of ‘medicalising’ food and highlighting health conditions in order to recruit more healthy eaters/dieters could also be found on both forums. Posts on HE websites were either combining verbs in the imperative form with a fatal disease to trigger a fearful reaction (*‘Eat healthy to avoid cancer’*), or with chronic conditions (*‘Let’s beat type 2 diabetes’*). Medical jargon was also employed in these instances such as ‘hyperglycemia’, ‘glycemic index’, and ‘macronutrients’. Further, the zero conditional sentences that were commonly used implied a general truth with a causal link between the if-clause and the main clause (*‘If your health is important to you, healthy eating is your answer’*). Medical claims of reducing the risk of diseases through healthy eating were coupled with exclamations (*‘psst! That’s your motivation!’*), premodifiers (*‘too crucial to overlook’*), and interrogative phrasing (*‘doesn’t that sound like a great incentive?’*).

Pro-ED websites likewise associated fasting and restrictive diets with medical conditions (*‘all your health issues will disappear’*) and dermatological benefits related to beauty (*‘fasting can clear your skin’*). Orthorexia content and fears related to the quality of foods were identified on some pro-ED websites with the adjectives ‘healthy’, ‘safe’, and ‘clean’ being commonly used. Threads were mostly focused on sharing lists with ‘impure’ or ‘safe’ food (*‘found a really clean brand for safe food’*) as users were frequently asking about food fears (*‘is anyone else afraid of bananas?’*). Capital letters (*‘FEAR’*) and adjectives such as ‘major’ (*‘major fear’*) were used to indicate the products that one must avoid. The adjective ‘paranoid’ also suggested an extreme fear

and worry of ‘food impurity’ that would even lead users to practice self-starvation (*‘I haven’t eaten anything for two weeks’*). Further, the phrase ‘ortho-approved food’ suggested categories of food that have been approved by the ortho community. Sharing concerns and worries about specific food categories, aided users to further validate their fears and enhance their sense of community (*‘It is validating to know that I am not the only one with this fear’*).

4.2.5 Self-Concept and Punishment

Clean eating and unprocessed food were frequently praised and associated with a higher standard of living through superlatives (*‘most powerful’*; *‘the world’s best’*; *‘the cleanest’*) that highlighted the incomparable qualities of healthy products. Authors on HE websites frequently linked healthy/clean eating to a positive self. Positive adjectives such as ‘healthy’, ‘happy’ and ‘strong’ described the self, while the recurrent comparatives (*‘healthier’*; *‘happier’*; *‘stronger’*) constructed a better future self. These comparatives implied that readers will feel better about themselves and will observe positive changes in their self-concept if healthy/clean eating was adopted (*‘you will feel better with yourself’*). Descriptions of the old self were not found; however, the frequent comparatives were implicitly making comparisons, and indicating that the old self was dissatisfied.

In contrast, self-concept on pro-ED websites was often degraded through use of self-loathing statements and encouragements of punishment. Adjectives such as ‘fat’, ‘worthless’, ‘stupid’, and ‘useless’ directed hatred at oneself as well as at those who admitted to being hungry. Here, the modal ‘have to’ expressed the obligation to hate oneself so that hunger can be soothed (*‘you have to hate yourself’*). If the urgent need for

food was not contained, self-punishment was considered non-negotiable as the zero conditional sentences, along with the modal ‘have to’, conveyed a perceived general truth (*‘if you eat calorific foods, you have to punish yourself’*). Coaches/experts outlined their personality traits that could help pro-ED users achieve their weight goals (*‘I am very harsh, mean, strict and controlling’*) as the modal verb ‘must’ highlighted their requirements (*‘all I ask is proof’*; *‘Discipline, Consistency and Control are a must’*; *‘you must photograph your scale’*). Promises’ such as, ‘I will make your ED worse’, ‘I will hurt you’, or ‘I will traumatise you,’ were made by coaches in an attempt to attract more users. On their part, users explicitly stated that they will endure the imposed punishments (*‘I am ok with punishments’*). Although both forums presented differing perspectives of self-concept and disciplining of the body, the frame of reference was complementary and depicted an ideal self-concept that can only be achieved with diet and healthy/clean eating.

4.2.6 Recovery and Treatment Trajectories

Some, but by no means all, HE websites also referred to the negative aspects of dieting and extreme healthy eating, and showed some acknowledgement of the possibility of developing an ED. A variety of verbal constructs were used to emphasise the seriousness with which authors viewed these matters. For example, through the modality ‘should’ (*‘you should talk to a therapist’*), hedging language (*‘this might not be the best choice’*), adjectives and adverbs (*‘you should absolutely consult your doctor’*; *‘It’s definitely unhealthy’*), metaphors (*‘can become a slippery slope’*) or through the use of the negative form (*‘you don’t need to count calories’*) readers were reminded of the negative consequences of dieting. On pro-ED sites little was said about the risks of dieting per se and its potentially negative consequences. Instead, pro-ED website users

employed phrases and metaphors to depict the distressing nature of coping with an ED. A range of devices were used to highlight dark messages, including metaphors (*'this beast'*, *'lifelong battle'*), superlatives (*'the darkest and most challenging'*), adjectives (*'real feeling of captivity'*), and personal statements that denoted inability to break the cycle of the ED (*'I feel unable to break out'*). The challenging nature of these experiences was captured by negative adjectives (*'I feel scared, alone'*), and the elongation of vowels and consonants (*'sooooo harrrrrddd'*).

While many HE sites included warnings and disclaimers for those with an ED, topics around ED treatment and recovery rarely featured in sites. In contrast, pro-ED users commonly discussed the anguish of going through treatment and recovery. The word *'hell'* was frequently used to describe their treatment for an ED (*'I am back from this treatment hell'*). Additionally, the possessive pronoun *'my'* depicted a deep connection with the disorder (*'I can't lose my anorexia'*), but the self was a suffering one (*'no one understands how I am hurting'*). In this example the indefinite pronoun *'no one'* as a subject highlighted the personal, undisclosed suffering. Users in recovery or remission emphasised the psychological aspect of EDs (*'is not just a physical illness'*) and encouraged those in denial to seek advice (*'you should seek help'*; *'speak with a therapist'*), indicating that aspects of pro-ED forums may work to support people in recovery. Other users of pro-ED sites denied the need for recovery, presenting themselves as sound (*'I don't need it, I am fine'*), or seeking ways to avoid weight gain while under enforced treatment (*'how can I avoid gaining weight from their meal plan?'*). Lastly, some threads around the aetiology of EDs were found. Here, the phrase *'diet culture'* was used to point out the source of the problem (*'It's this diet culture'*; *'no surprise why we've developed this harmful connection with food'*). A particular group of pro-ED users explicitly stated how strongly the appearance-obsessed culture had

impacted their body image (*'we spend hours absorbing this information'; 'how our bodies are supposed to look'*). More specifically, pro-ED website users were equating modern culture to an enemy (*the enemy promotes its lies, they seem true*) that has stolen their true identity (*'I want to reclaim my identity'*). More complex psychological causes behind their EDs were not discussed, but the phrases and words used on the thread reflected the strong cultural influences and the need to be released from the social norms.

4.3 Discussion

The current study is a discursive analysis of HE and pro-ED websites, and is the only study to date that has compared discourses between these forums. The primary aim was to critically assess the produced discourses and the distribution of the lexical elements on HE and pro-ED websites in order to compare them and to understand their functional role and the specific effects that can be exerted. CDA was essentially vital, not only for the linguistic analysis of the texts, but more importantly for the acknowledgement of power relationships and the implications in social practice. Based on the CDA three-level analysis, each of the identified themes was analysed. The three levels are closely interrelated as each level ultimately conduces to the formation of social structures and expected behaviours. In the following sections, findings are discussed in relation to previous research and theory, whilst the impact on the macro level is further highlighted.

4.3.1 Beauty Ideals and Diet

The findings of this study indicate that both website genres promoted hegemonic beauty norms such as the thin ideal for females and, in occasional references,

the lean, muscular ideal for males. These findings are consistent with previous research on pro-ana and healthy living websites which indicated that the featured content praised thinness (Boepple & Thompson, 2014, 2016). The often unrealistic appearance standards have become ever more pervasive and online platforms are places where people get regularly exposed to Western beauty ideals (Thornborrow et al., 2020). On both types of sites, positive adjectives were attributed to thin bodies that were related to healthy eating and diet whereas negative adjectives were used to describe bodies that were not associated to healthy eating.

The frequent comparatives and superlative forms identified on websites were accentuating beauty classifications and social comparisons. A scheme of adjectives that indicates a comparative structure can be interpreted as textually-determined comparisons (Kennedy & McNally, 2005; Liao & Meskin, 2017). Therefore, authors were linguistically comparing their audiences based on their eating practices and physical appearance. Social comparisons are said to reflect an innate desire to categorise oneself, so that individuals can hold a clear perspective of where they fit in the world (Festinger, 1954; Suls et al., 2002). In this study, users were also exposed to comparisons through user or celebrity images. As a result of the ongoing body comparisons, individuals may experience a discrepancy between the ideal body and their actual body, which may have a number of outcomes. It may intensify competitive drive toward adoption of more effective weight loss practices, bolster pride for achieving greater weight loss results or increase self-criticism. As a result, individuals may be impelled to adopt restrictive practices and take more actions to 'fix' the outward appearance (Fitzsimmons-Craft et al., 2016).

To improve their beauty classification and enhance their quality of life, users were encouraged to adopt healthy eating practices or other behaviours such as calorie

restriction, keeping a food journal, and reading ingredient labels. As in Wolf et al.'s (2013) study, the majority of the words used were related to body, diet, eating, and food, whereby linking diet with beauty ideals. Further, conditional sentences and extreme case formulations were normalising dieting and were pressuring readers to restrict their food intake. The presentation of healthy eating as the means toward healthiness and the normalisation of dieting along with the ability to follow others' weight loss journeys could promote the belief that thinness and healthy eating equal worth, health, and wellness. This is consistent with Greville-harris et al.'s (2022) findings which highlighted that individuals who are at risk for ON equate health to thinness and a fit body. However, on some HE and pro-ED websites a more hazardous array of messages was identified. Users were introduced to more extreme forms of weight loss such as pills, supplements, and medical procedures. These findings support previous studies which have suggested that novel practices with detrimental effects on eating behaviour can be learnt through the exposure to HE and pro-ED websites (Feldhege et al., 2021; Turja et al., 2017), as extreme behaviours could be linguistically introduced.

4.3.2 Objectification and Representations of Motherhood

Women on Western magazines and blogs are traditionally portrayed through stereotypical roles such as the wife-mother-housewife (loyal to her husband, children, and house) and women in decorative roles (the object of desire and physical attractiveness) (Roca-Sales & Lopez-Garcia, 2017; Roca, 2006). Both these elements were present in the findings of this study. Websites in this study appeared to be adopting a conservative focus on gender roles, highlighting that a thin body is feminine and sexually attractive. The female body was often spoken of as an object, devoid of feelings.

Supporting this, descriptions of female bodies in this study had a particular focus on specific female body parts, such as legs. The focus on isolated anatomical features have been considered part of the way that the female body is culturally constructed as a sexually driven object, notably in Western societies (Hakim, 2010). This type of objectification could perpetuate stereotypes, and influence how women are perceived by themselves and others. These stereotypical messages and the diffused objectification in sociocultural contexts can lead women to be overly preoccupied with their physical appearance, and perceive their body as a defining trait of their identity (Fredrickson et al., 1997).

Another hegemonic representation of women on HE sites was that of the mother. Western media represents mothers as child-centred and central to these representations is the maternal self-sacrifice which requires mothers to be entirely dedicated to the rearing of their children (Douglas & Michaels, 2005; Orton-Johnson, 2017). Such representations were mirrored in certain messages on HE websites signalling women to 'self-sacrifice' in terms of adopting healthy eating, and carefully considering the meals provided to their children (e.g., *'If you want to feed your kids well, you need to make sacrifices'*). Some authors on HE websites appeared to speak to women's discontent and confusion about motherhood by implying that healthy eating includes the recalibration of what constitutes a good mother. Some authors suggested that 'good mothers' are those women who abide by healthy eating themselves and encourage their children to follow the same diet. Considering that some of the authors of these HE websites identified as mothers themselves or at least women coping with their own issues in an unequal system, the complexity of women's roles and societal pressures are overlooked. Interestingly, no references to motherhood were found on pro-ED websites which could be attributed to the young age of the pro-ED community members

and to the fear of weight gain pregnancy might trigger. During pregnancy and the postpartum period, women have reported experiencing body dissatisfaction as a result of bodily and weight changes (Hodgkinson et al., 2014). Therefore, it is plausible that motherhood and pregnancy-related discourses are avoided on pro-ED websites due to the undesired pregnancy changes with regards to body expansion. It is also worth noting that although males are subject to these messages related to social roles and their participation on these websites has risen (Quiniones & Oster, 2019), no references to men or fathers were identified which might be a limitation of this study. The limited references to the male population may be also attributed to the website content which could be more tailored to females, and their aim to attract women and feed their insecurities.

4.3.3 Medicalisation and Food Fears

Among the tactics employed to attract more healthy eaters/dieters, medicalisation of food was a primary approach used on HE and pro-ED websites. Medicinal properties were attributed to healthy eating which were presented as the cure for chronic and fatal illnesses as well as for dermatological issues, with medical jargon been adopted to classify behaviours. It has been suggested that medical jargon and the labelling of behaviours are prominently adopted by dietitians and others in the field of nutrition and sports. These ‘psy-professionals’, as Cohen (2015) calls them, are pressured to adopt medical labelling primarily for financial reasons (Jutel, 2011). For instance, behaviours that were once thought to be ‘normal’, are now medicalised by professionals either for profit-driven reasons such as to satisfy pharmaceutical companies and treatment services or to aid those experiencing problems. As such, labels and mental

health categories emerge and circulate, contributing to the popularisation and the ‘social existence’ of mental health categories irrespective of their acknowledgement by medical experts (Brossard et al., 2023). However, with discourses on eating behaviours and the medical properties of food gaining widespread usage in social life, in online spaces such as HE and pro-ED websites, people could over rely on the idea of food as medicine. As such, more extreme presentations of eating behaviours could be initiated, as highlighted by prior studies on extreme healthy eating practices which found that associations between food and medical properties were enhancing the rigidity of food rules followed by individuals (Douma et al., 2021; Greville-harris et al., 2022).

In the present study a perceived need to protect themselves from future illness through food was found to be promoted by both HE and pro-ED authors. In some instances, on HE websites, the metaphorical use of language portrayed a battle between consumers and products which could potentially induce a fearful stance toward food products. This is not to accuse authors of deliberately aiming to fuel readers’ food fears. In contrast, authors might employ such metaphors and linguistic devices because they have learnt to use language this way. As Foucault (1998) suggests, individuals internalise dominant discourses, leading them to regulate their conduct based on them. Further, users on pro-sites were validating their fear for specific foods and were structuring their own categories of ‘good’ food. This thought pattern of black and white concerning food (‘good’ or ‘bad’ food) has been confirmed by previous studies that looked into individuals with ON and their food fears (Bratman & Knight, 2000; Cheshire et al., 2020). Nicolosi (2006) described food fears in the orthorexic society claiming that consumers have been cut off from the producers, the places, and the processes involved in their food production. This disconnection has created a knowledge-gap that encourages concerns. When coupled up with food labelling, supermarket retailing and

novel storage practices, it further increases the distance between primary producers and consumers (Nicolosi, 2006). Additionally, social phenomena such as the obesity pandemic along with food and ecological uncertainties have escalated consumers' distress concerning food quality and health (Tremmel et al., 2017). In light of food scares and the unlimited production of low-quality food, the provenance of their food, safety, and food ingredients have been of great importance for consumers (Diemling, 2015). Therefore, such practices could not only increase the users' fear toward food products, but also have the potential to initiate extreme behaviours ranging from the exclusion of specific food categories to the decrease of food intake.

4.3.4 The Dynamic of the Community

The content analysed on both kinds of websites appeared to be promoting a segregation between “us” and “them”, with “us” being the members of the website community and “them” representing all those outside of the community such as friends and family. Although a sense of community was also communicated on HE websites these collective nouns and a group identity were limited to those following the diet plans or the clean eating challenges. This segregation was particularly prevalent on the pro-ED sites. In line with a previous language analysis of pro-ED websites (Yeshua-Katz, 2015), the employment of “us” versus “them” language depicts a commitment to the community and a desire to protect their pro-ED identity. The segregation of “us” and “them” is believed by some scholars to be rooted in in/out group comparisons that have the intention to positively evaluate one's own group (in group favouritism) and later on differentiate from the out-groups, maintaining a superiority over them (Lamont & Molnar, 2002; Tajfel & Turner, 1986). Rooted in the fundamental human need for

belonging, such practices of selective identity attribution and group favouritism could impel readers to adopt more extreme eating behaviours. Belonging can satisfy the innate need for social connection and acceptance but it can also threaten the healthy functioning of the individual (Allen et al., 2021).

Pledges to be 'faithful' were an important requisite of HE and pro-ED websites. On HE sites, authors asked their readers to make 'vows', a tactic that could reflect a method of control or an insinuation of a spiritual commitment to healthy eating. On pro-ED sites, language was more extreme with weight loss and clean eating portrayed as a dietary project that required punishment and self-hate, while sadistic language and pledges to Ana were explicit. In line with previous studies (Borzekowski et al., 2010; Day & Keys, 2008; Norris et al., 2006; Stapleton et al., 2019), EDs were personified on pro-ED sites as a deity-like figure named 'Ana' whose role could be interpreted as either strengthening the community's behavioural code and offering guidance or demanding absolute loyalty. Thus, both a protective and a punitive substance was attributed to this mythological Ana. These associations of self-starvation and saintliness presented on the websites reflect similarities with some of the historical accounts on holy anorexia.

Pro-ED websites were not limited in their capacity to introduce novel restrictive eating practices and encourage self-starvation. Rather they were also places of support where, as it was highlighted by previous research (Gale et al., 2016; Yeshua-Katz & Martins, 2013), pro-ED users in treatment were trying to offer emotional support and boost the self-esteem of the rest of the users. In line with Borzekowski et al.'s (2010) and Schroeder's (2009) findings, pro-recovery content was identified on some pro-ED websites. There were also instances where users in the process of recovery were attempting to safeguard or express concerns for the eating or weight loss practices being discussed. This content can be beneficial to pro-ED users who desire to inhibit their ED

identity and encounter a more treatment-encouraging support. Thus, although both these types of websites could provide a supportive context, this could create a hazardous pattern where users could feel part of a group and gain support, but at the same time feel bad about themselves, their bodies, their basic needs (e.g., hunger) and their social roles (e.g., being a mother).

4.3.5 Power Relationships

The analysis of the websites showed that power relationships between experts and novice readers were well-established. On HE websites, authors who presented themselves as experts adopted a dynamic tone in their discourses. On pro-ED websites those who had successfully managed to survive on a restrictive diet were often the ones to assert their ‘authority’ and coach others. Knowledge and experience on these sites are considered power by authors and readers, and the dominant discourses become truth. Foucault (1991) suggests that power is based on knowledge and those who have power make use of knowledge. Further, according to Fairclough (2002), discourses of those in power become self-evident truths and prevail over the discourses and the interpretations of those who are in different power positions and levels of knowledge. Looked at from this perspective, those who hold the knowledge on these sites can claim and acquire status, compared to those that are lacking knowledge. In these communities, such power relationships encourage readers to adopt beliefs and behaviours. These inequalities of power may be applicable not just between site managers and their audiences but between experts and lay persons or businesses and consumers in terms of institutional communicative power. Surveillance capitalism has allowed businesses such as Google, Facebook or food companies to collect personal information and dictate choices.

Therefore, businesses are branded as the experts who hold the knowledge while tailoring their advertisements to consumers and shaping their dietary choices.

From a linguistic perspective, power on sites was strengthened via discursive means such as use of emotive language and the imperative use which involves a directive force that is used for commands, advices, and requests (Jary & Kissine, 2014; Pennock-Speck & Fuster-Márquez, 2014). This use of imperatives was also found by Cesiri (2016), where the instructional nature of sites was reinforced through the use of imperatives which encouraged readers to be responsible for their food choices and health. The working of neoliberal governance has shifted collective responsibility into an individual liability that requires personal surveillance and discipline (Lupton, 2013). Thus, the use of imperatives employed on sites intended to construct disciplined and overdetermined subjects whom, under the marketised label of self-care, will adhere to dietary and fitness regimes. Thus, such neoliberal policies could render individuals vulnerable to corporate messaging and online content.

Websites in this study appeared to be places where biopedagogy – moral instructions for living around bodies and health (Harwood, 2009; Leahy & Wright, 2016) - was flourishing, as experts were teaching their audiences how to discipline their bodies and be ‘good biocitizens’. This finding confirms Rodney’s (2021) study which suggested that websites can act biopedagogically through their authors who are depicted as exemplars of citizens and healthy eaters. Employing their success stories of thinness and sharing diet tips, coaches on pro-ED websites and authors on HE websites, reflect and expect from their audience to showcase self-discipline and self-regulation which are characteristic elements of biopower⁵. Nonetheless, it could be argued that biopedagogy

⁵ A form of power exercised by institutions, governments, and socio-cultural mechanisms in modern societies aiming to take control over bodily management.

and power in these sites may have a positive impact on readers. As Foucault (1991) has argued, power is not just oppressive. Instead, it can also be enabling. Therefore, websites in this study, particularly HE websites, were places where readers could be educated on healthy eating and be motivated by discourses on diet and personal struggles with eating.

4.4 Conclusion

To my knowledge, the findings of the present study provide a unique demonstration of a discourse comparison between HE and pro-ED websites. This study highlights written language functions and the ways in which online discourses on HE and pro-ED websites may operate. Despite the supportive environment and the recovery encouragements on some sites, findings consolidate the evidence that exposure to extreme online content could potentially trigger more pathological presentations of eating behaviours. An important finding of this study was the presence of power relationships between ‘experts’ and novices on both site genres. Nonetheless, power relationships on such websites appear to have both undesired and favourable implications. On the one hand, they may encourage ‘orthorexic’ type behaviours and reinforce certain body types, but on the other hand, such websites and power relationships may help readers to find motivation and knowledge around diet that contribute to their well-being. Whilst messages and expectations tailored to women were prolific, an area that remains less clear and requires further development is the exploration of the messages that are targeting male readers. With this study, I intended to capture the linguistic devices and online messages employed for both genders, but the collected data were mainly referring to females. Although the ways in which individuals on online platforms may transition from moderate to extreme eating behaviours and the different constructions around womanhood have been illuminated, the manner in which

linguistic schemes are used to encourage healthy eating and extreme eating practices in males warrants additional exploration.

Chapter 5. Qualitative Findings: Participants' Experiences of Cultural Influences on Their Eating Behaviour

5.1. Overview of Chapter

In this chapter, I present the interview findings in relation to cultural influences. The analysis of the interviewees' accounts resulted in three themes related to cultural environments, which are: *'We don't stick to oh we're British' Versus 'We are a very conservative society'*; *'Eat more' but 'Look in a certain way'*, and *Americanisation, social media, and feeling 'desired'*. Table 4 illustrates the themes and subthemes of the findings. The results provide an understanding of the context in which extreme healthy eating behaviours arise and how beliefs around healthy eating could have been constructed within a cultural environment.

Table 4.

Overview of themes for cultural influences

Themes	Sub-Themes
THEME 1 'We don't stick to oh we're British' Versus 'We are a very conservative society'	a) Openness to new ideas b) Finding common grounds with peers
THEME 2 'Eat more' but 'Look in a certain way'	a) The contradictions of food norms b) Appearance is a valuable qualification

THEME 3**Americanisation, social media, and feeling****‘desired’**

- a) Western ideals and disordered eating practices
- b) Trends on social media

5.2 Theme 1: ‘We Don’t Stick to oh We’re British’ Versus ‘We are a Very Conservative Society’

This theme centred on the perceived cultural differences between the two cohorts, with participants highlighting such things as openness to new habits in the British culture and the adherence to the established customs and beliefs in the Greek cohort. Openness to new habits, on the one hand, and resistance to change, on the other were also mentioned in relation to peer group relationships. The sub-themes ‘*openness to new ideas*’ and ‘*finding common grounds with peers*’ compare the individuals’ perspectives from these two cohorts and offer a perspective as to how different cultures may endorse or prohibit different types of eating practices.

5.2.1 Openness to New Ideas

Most UK participants described British people as being receptive to new ideas and food habits. Peter, a British male in his 50s, was of the opinion that having people from ‘*different religious and cultural backgrounds*’ moving to the UK, had changed the variety of food options being present in the market. Now, according to Peter, ‘*you can choose to eat Chinese, Turkish, Italian, French, Russian, you name it*’ and British people were viewed by Peter as taking pleasure in tasting food from different countries. British interviewees perceived their culture and food as

multicultural and emphasised their interactions with distinct ethnic and cultural groups. Emma, a college student who was travelling abroad from a very young age due to her father's profession, described English individuals as open to new foods and cuisines. British families in her experience tended to adopt a creative and experimental approach to cooking by integrating ingredients and spices from different countries. They also enjoyed visiting restaurants from different cultures and tasting a variety of cuisines:

“We don't stick to oh we're British and we'll eat only mash potato, fish and chips. We want to go to the Brazilian restaurant and try all their fun food, so I think we kind of immerse ourselves in that way.” (Emma, B).

In contrast, Greek culture was framed by Greek participants as *“welcoming in terms of people but extremely unwelcoming in terms of ideas”* and one that needed *“progress”*. Despite the expansion of fast food chains in Greece, the traditional Greek cuisine was viewed as having remained intact to some extent. Greeks were described as *“hesitant”* or even *“unwilling”* to change their eating habits and try different cuisines because they *“fear that they will lose their habits, their traditions or that their culture will be influenced”*. Greek participants perceived religion as part of their tradition and some interviewees viewed religion, and more particularly the Greek Orthodoxy, as having an impact on their diet and the welcoming nature of the Greek society. Some Greek participants also recounted the strong, religious beliefs and the fasting regimen undertaken during childhood for spiritual rather than health purposes. Fasting, which is part of the Greek Orthodoxy, was considered to have been a habit of the past generations and involved abstinence from specific food such as meat, eggs,

animal and dairy products, fish, and various alcoholic beverages. Greek participants discussed fasting and highlighted the frequency of this practice. Niki, for instance, referred to Greek families that *“have their children fast almost half of the year”*. Maria, a Greek college student, spoke about her experience of fasting and the influences it had on controlling her current food intake. Maria’s parents had cultivated in her the feeling of guilt at the thought (or idea) of deviating from fasting. Although she thought of secretly eating, the feeling of guilt would restrain her cravings. She developed a range of reasons that would justify her eating behaviour and maintain her devotion to fasting. Having the favour of God was one of the reasons that Maria came up with. Contrary to her classmates who were eating freely, she felt that she would have more benefits if she would continue fasting, as God would love her more. Finally, she would benefit from learning how to control her cravings and lose weight:

“I was thinking that I have more benefits from refraining from that delicious pizza that my classmate would eat... In my mind, I wanted to find a range of reasons that could justify my fasting... to lose weight or that I’ll fast and in turn I will have God’s love... it helped me to be restrained, to have self-control.” (Maria, G).

5.2.2 Finding Common Grounds With Peers

The Greek cohort reported current difficulties in respect of their eating practices and peer relationships. Peer groups involved individuals that did not practice healthy eating, and most of the Greek interviewees had been the frequent recipients of negative comments when gatherings involved food. As a result, some interviewees resorted to lying to their peers with regards to their eating practices. Eirini and Sophia,

although being in different age groups, both perceived that using the excuse of religious fasting in order to avoid eating processed food when going out with friends, instead of admitting they follow a healthy diet, would get more easily accepted by their surroundings and friends. Dimitris, a college student living in Crete, admitted to lying about his food choices in order to avoid being laughed at or being bullied by his friends. In the example below, Dimitris described his experience of socialising with friends that do not practice healthy eating. Dimitris perceived that his eating behaviour was often mocked because it was diverging from the Greek habit of overeating and drinking alcohol when going out. Although he felt in the “*minority*” in his peer group, body changes and improvements in his life increased his dedication to healthy eating:

“When you go out with other 5-10 friends among whom you are the only one...you are the minority that follows this healthy diet, there is no understanding due to cultural barriers. I cannot describe to you the bullying that I have suffered in terms of alcohol or food. It’s unbelievable.” (Dimitris, G)

In contrast, the British cohort did not describe negative experiences with regards to their eating practices with peers. Most of the participants spoke about feeling accepted by their peers and mentioned that “*there is a lot more understanding*” in their culture and peer groups with respect to eating practices. Charles, a young British individual who was eating raw foods, described a diverse group of friends in terms of food practices. Although some of his friends were overweight, and others were vegan, Charles thought that food practices “*should not*

affect” friendships. Emma also spoke about acceptance in terms of diet and peers but described a more homogeneous group of friends. Emma’s friends were viewed as a “*healthy friendship group*”, given that all of them were athletic and were following healthy food practices. Sharing common interests and following a similar way of living in terms of food and exercise was thought to be a key factor that brought them together and motivated them to maintain their food practices:

“I think most of the people that I socialise with are very sporty, you know...we do activities together and the food part moves into that quite naturally. So yeah there might be something like being drawn to more like-minded people.” (Emma, B).

5.3 Theme 2: ‘Eat More’ but ‘Look in a Certain Way’

Under this theme, dispersed neoliberal ideas and the resulting overemphasis placed on body and appearance by both cultures are explored. Contradicting norms such as the pressure to eat but also maintain a good physique, and stereotypical ideas with regards to obese individuals, were discussed. The constructions of this theme are discussed within the sub-themes: *‘the contradictions of food norms’* and *‘appearance is a valuable qualification’*, highlighting the cultural messages that urge individuals to adopt extreme healthy eating practices.

5.3.1 The Contradictions of Food Norms

In this sub-theme, the paradoxical nature of the neoliberal society that, on the one hand, encourages food overconsumption and, on the other hand, normalises dieting was captured in the British descriptions. Take-away and ready-made meals

were perceived as being a central part of the everyday, British culture. The busy schedules and the work-related responsibilities that British individuals had were believed to be the reasons why individuals opted for processed food which had contributed to the “*bad food culture*”. Collecting “*easy food*” in the form of takeaway meals and home delivered meals was emphasised in interviews, coupled with the advertisements and deals being seen by some British participants as more appealing than preparing a meal from scratch. As a consequence, the need to buy groceries had been reduced and the time spent on cooking homemade meals had been cut out, whereas the consumption of ready meals had been increased:

“We also have all these ready meals and meal deals... Everybody is in a rush. You are not inclined to think, oh I’ll buy these vegetables and cook this meal. You are more inclined to think, you know what? I’ll buy this meal that it’s on offer. We are more sort of the easy food if you like.” (Anna, B).

The ready availability of easy and processed food was considered to be a “*temptation*” and most of the British interviewees felt that there is a heightened pressure in their society to consume, as food is constantly “*in front of your face*”. Interviewees depicted British culture as prompting people to consume as much as possible, considering that different markets promote their products via advertisements and try to attract larger audiences. However, British culture was framed in the interviews as being a “*diet culture*” that also promotes a “*quick fix*”. Interviewees viewed British culture as prompting people to consume but also be responsible for “*fixing*” their appearance by using weight-loss products:

“There is this pressure to buy them [food products]. Back then we didn’t have these advertisements...this pressure to buy every new product. [British culture] just encourages us to eat more and there is a huge pressure on appearance but there isn’t a focus on fixing this issue around food and around diet.” (Peter, B).

Diet supplements, weight-loss pills and surgeries, diet teas and weight-management products were seen by some British interviewees as being often merchandised as the *“quick-fix to the problem”* that one must resort to, in order to eat plentifully as well as look attractive. Encouragement for diets and weight-loss products was thought by some British participants to have a *“strong presence”*, including being supported by British celebrities and influencers. Sophie, for instance, viewed influencers on social media as one of the sources that promoted *“not realistic, achievable or even accurate”* messages. Regular exposure to these messages was described as being a *“temptation”* that can even persuade the most rational individual. In the example below, Sophie described how social media messages and advertisements about weight-loss, convinced her that by subjecting herself to surgical procedures, diets, and supplements, a thin body could be attained:

“I have had a gastric balloon...I have tried various supplements, very famous diets...yeah very tempted and I think that I am a quite rational person but I’ve still been very tempted by these claims that there is a quick fix.” (Sophie, B).

Although most of the Greek participants did not discuss these pressures in the same way as the British cohort, Sophia referred to the marketing practices being

used to promote the overconsumption of food. In her experience, food brands use the label “*Mediterranean*” with the intention to create a “*healthy halo*”. As such, people buy these products by inferring healthy attributes. In other scenarios, overconsumption was perceived to be a culturally endorsed practice rather than a marketing one. Some participants described the stereotype of the “*chubby child*” which was viewed as having roots in the Greek culture from leaner times. Deriving from older generations that had experienced severe political events and wars such as the Balkan and world wars, interviewees perceived Greeks as individuals who have been taught to consume and overeat. In the example below, Niki recounts her family’s tendency to overeat, a habit that eventually left her feeling emotionally fatigued by the excessive quantity of food she was regularly presented with. From a very young age, grandparents prepare large meals and chubbiness is considered a sign of health:

“In younger ages, you will come across children that are obese...I mean my cousin is....mainly because his parents’ and our grandmother’s mentality is that when you eat, you are healthy” (Niki, G).

5.3.2 Appearance is a Valuable Qualification

Both Greek and British cultures were framed as appearance-obsessed with the majority of the participants stating that individuals are expected to “*look in a certain way*”. People that did not conform to the stereotypical beauty ideals of being skinny and fit that society promoted, were seen by both cohorts as leaving themselves open to criticism and disapproval. Some interviewees thought that there was a widespread socioeconomical stereotype that overweight individuals or people that did not adopt a healthy/clean eating are “*lazy, dirty, unsuccessful and with almost no self-*

respect". One participant stated that these stereotypical ideas were more pervasive than society thought and could be found even in professional situations. Maria, a Greek college student, perceived that women who represent society's beauty ideals were accepted by people and could find jobs effortlessly. In the same manner, Sophie, a UK-based sales assistant, judging from her own experiences, was of the opinion that attractive women could "*get away with more*" whereas other women, judged as less attractive, were undervalued and left in the shadow of the women that "*fit the stereotype*" of the thin and attractive female. This dualistic perspective of women in professional life put pressure on participants to comply with the societal expectations of thinness and espouse healthy eating or dieting:

"You are almost invisible. You are not the attractive idea that they want in front of their business. So, you may be brilliant at your job but you are not being seen as that because you don't fit the stereotype. It isn't very obvious...it's very subtle." (Sophie, B).

The societal expectations for beauty and appearance were framed by participants as being initiated from a very young age. In the narratives, children and young adults were seen as recipients of appearance-based comments that aimed to evaluate their outward appearance and create expectations. Stelios, a Greek psychologist, thought that the societal message conveyed from a very young age was such that "*your external features are a valuable qualification*" for societal acceptance. Based on Stelios's experience, a good physical appearance was socially accepted by the Greek society and was a pre-requisite for a better life prospect. Niki, a young Greek lawyer, viewed Greek culture as one of the key factors that impelled her to practice "*more extreme diets*". Niki's need to fit in the society had resulted in her

stated adoption of healthy and clean eating practices as well as a heightened preoccupation with appearance. Maria also framed societal expectations as high. Her perception that she was not able to live up to the beauty standards, even though she had been extremely careful with her food choices, elicited feelings of sadness and disappointment with her own self, and anger toward Greek society:

“I know that I don’t live up to the society’s beauty standards. This makes me so sad. I can say that Greek culture influences me psychologically because I don’t portray the ideal female...it’s more like an anger for the society. It bothers me.” (Maria, G).

5.4 Theme 3: Americanisation, Social Media, and Feeling ‘Desired’

In this theme, the perceived changes in eating habits over the past decades are discussed. Participants from both Greek and British cultures attributed changes in eating habits to the ‘Americanisation’ of their food, which was also viewed with suspicion by some of the interviewees. In accordance, the role of social media in transforming eating practices and promoting Western beauty ideals was highlighted. This theme is upon within the sub-themes: ‘*Western ideals and disordered eating practices*’; and ‘*Trends on social media*’.

5.4.1 *Western ideals and disordered eating practices*

Participants from both cohorts perceived their culture as having undergone a transition by which their way of living and eating had been Americanised. Compared to times gone by, eating habits were considered as having been influenced by American eating practices. Peter, who was born in the 1960s, described how “*there*

wasn't in a way exposure to non-traditional English food" when he was younger; families had only homecooked food. In contrast, Laura remarked the expansion of American fast food restaurant chains in Britain, the increased availability of processed food, and the bigger portions offered. British interviewees viewed the UK as a country with high obesity rates. They acknowledged that a small portion of the English population tends to eat healthy, however, the British population was labelled as "*obese*" as a nation. Interviewees perceived the process of food 'Americanisation' as a factor that has significantly contributed to the high rates of overweight children and adults whilst their multicultural society, which urges individuals to try different cuisines, as the reason for overeating:

"It also encourages us to eat more rather than make different choices...it just encourages us to eat more and to have all the extras." (Sophie, B)

Greek interviewees also were of the view that 'Americanisation' has influenced their eating habits in terms of the consumption of processed food but mostly in respect of dieting and problematic eating behaviours. As a result of the internet and the more Westernised way of living, dieting "*has turned into a widespread trend*". Some interviewees perceived a discrepancy among generations, with older generations neglecting their health and diet, whereas younger generations were more concerned with dieting. The oldest participant in the Greek cohort described contemporary, Greek individuals as "*confused*" because on the one hand they have the tendency to overeat, whilst on the other hand they have started to think about nutrients and calories. Olina perceived that younger adults were motivated to diet by "*aesthetic rather than health reasons*", while Maria agreed that aesthetic

reasons are the main motivation of the dieting trend. Further, some Greek participants viewed the influence by the US as having increased the rates of EDs in their country. In the example below, Stelios discussed how Western beauty ideals have impacted Greek adolescents. Western beauty ideals were considered easily transmissible via the internet, compared to previous decades when there was no such media. Stelios viewed frequent exposure to these ideals through TV and easy internet access as one of the main reasons for increased disordered eating practices in Greek adolescents:

“I can see that during my practice as a psychologist. I see adolescents struggling with eating disorders because they see all these ideals promoted...the images of thin women and fit guys” (Stelios, G).

5.4.2 Trends on Social Media

The majority of the participants in both cohorts viewed appearance overvaluation and beauty standards as being endorsed by social media. Social media were seen as both the launchers and the supporters of the thin and healthy ideal that urged people to become “*extreme healthy eaters and dieters*”. Interviewees felt that “*the culture of healthy eating and fitness is widely spread*” on social media and affects people “*everywhere*”. Celebrities and influencers portrayed in advertisements and the images uploaded online were framed as the representatives of the Western beauty ideal which sustained the thin model for females and the muscular exemplar for males as a norm. Olina, a college student from Greece in her 20’s, felt that she was been constantly “*attacked*” by the content on social media that aims to make individuals feel vulnerable about their own bodies, objectify female bodies, and advertise “*food trends*”. As explained by Charles, a college student from the UK, the

mass media's effort to promote, and to a certain extent, impose the specific beauty standards is highly invasive:

“You see [them] everywhere...like on Instagram, on the news, on these magazines... like all these slim models saying that's what beauty is...like there is an encouragement from how people are portrayed online and what the beauty standards are... like everywhere” (Charles, B).

Most of the interviewees in the study spoke about their own experiences of being influenced by social media. Although Emma and Eirini were from two different cultures, both viewed that their eating behaviours had been influenced by social media, which were seen as a key element of their social life. Being exposed to *“fitness videos and online images”* as well as comparing *“yourself to others”* urged Emma and Eirini to adopt extreme eating behaviours in order to feel *“appreciated”* and *“desirable”*. Athena, who also thought that social media had influenced her eating practices, was of the opinion that social media portray of healthy eating attitudes was accepted by society. Influencers and individuals who are fit and abide by healthy eating receive *“the most likes”* or have *“the most followers”*. Thus, the message that is being spread is that if you wish to be likable and accepted by society, you should control your eating behaviour. Most of the participants ascribed a negative perspective to the social media influence. However, a few like Zac, perceived a more positive impact. In the example below, Zac described how watching fitness and transformation videos on Tik Tok motivated him to change his eating habits. The changes in his body kept Zac focused on his goal to control his food intake and workout, since observing his body being transformed similarly to the influencers on Tik Tok, he became satisfied with himself:

“So, this [Tik Tok] started to become like my fuel for what I’ve been practicing for the last couple of months. Seeing this and seeing what I used to be like a year ago was one of the biggest influences. So, I went from you know making me feel bad about myself to making me feel good, it helped me” (Zac, B).

5.5 Discussion

This second study of the thesis further explored the cultural context in which extreme healthy eating behaviours arise and, specifically, the ways in which individuals from different cultures construct meanings around healthy eating. This was achieved by comparing interview data from individuals living in the UK and those living in Greece. Understanding the cultural influences is fundamental to advancing our understanding and the research field of ON. The analysis of the interviews showed that the British and the Greek cultures presented differences in terms of openness to new ideas and food, which were also reflected in peer group interactions. Although these differences were documented, similarities were also present. A key finding of this study was that both cohorts described food industry’s pressure to consume and societal expectations to control their eating behaviour. On the one hand, British participants described the food industry’s attempts to promote processed foods via frequent advertisements and celebrity involvement, while weight-management products were viewed as been advertised as the ‘quick-fix’ to the problem. Greek interviewees, on the other hand, referred to the market’s endeavour to promote the consumption of processed foods through the use of the ‘Mediterranean’ label, and discussed the ‘chubby child’ notion which was thought to reflect a healthy individual. The Americanisation of diet and Western beauty ideals were perceived by both cohorts to be threats as the British interviewees referred to the rise in obesity

rates and the Greek interviewees to the rise in EDs cases. Finally, appearance and self-control were thought to be valued in both cultures, while the pervasiveness of social media was described as being integral to both cultures.

5.5.1 Disentangling the Cultural Dimensions of the UK and Greece

The findings of the study indicate that the UK and Greece as cultural contexts promote distinct ways of acting in terms of food and ideas. Participants in the UK viewed those in the British culture as being open to new ideas and food habits. Openness to new ideas was also described in respect of peer groups. UK participants viewed their friends as being more receptive to ideas about different eating practices and, for some participants, they were thought to be a key motivating factor for healthy eating and exercise. This finding is in contrast to the experiences outlined in the Cheshire et al. (2020) study. In that study, participants sometimes engaged in self-imposed isolation or resorted to compensatory practices such as purging or exercising when faced with the prospect of eating with friends, in fear of losing their friendships. These contrasting findings could be attributed to variations in participants' characteristics or they may be reflective of cultural nuances and regional differences within the UK, or of a recent opening up of attitudes to dietary choices based on health concerns.

Individuals from the Greek culture conversely, were depicted as stereotypically conservative, hesitant, and reluctant to replace their traditional habits and food in fear of losing their cultural identity, while peer groups were viewed as being non-receptive to eating practices that were 'diverging' from the cultural norm. These findings are in line with Hofstede's (1980, 2010) cultural index which suggests

Greece to be an uncertainty-avoidant society that feels threatened by uncertainty and has the tendency to protect its cultural origins instead. As such, historical values, customs, habits such as food preferences, and beliefs that have been held for many years, have persisted in present-day Greece. British society, on the other hand, has been found to embrace novelty without avoiding situations that are characterised by ambiguity or adopting an attitude of protectionism in terms of its cultural context (Hofstede, 2010). Therefore, the implementation of different cuisines and diets is part of its everyday life. The influx of immigration in modern Britain and the multifaceted nature of multiculturalism that had implications in terms of religious freedom, race amalgamation, and language policy (Ashcroft & Bevir, 2018) could have contributed to its openness to new food practices.

Another important finding of this study— and one which aligns with the previous points about adherence to traditional habits and conservatism — is that religion, and particularly the canon laws of the Orthodox church with regards to eating and fasting, were framed by Greek participants as being key to the pattern of traditionalism that was described in the Greek culture. Religious influences were mentioned by the Greek rather than the British cohort, emphasising a strong, religious element in their culture. It was interesting how some Greek participants viewed religious fasting as the only excuse that would get accepted by their peers when eating processed foods needed to be avoided. The feeling of guilt was also mentioned in relation to food and religion. One Greek participant who had been exposed to extreme religious practices such as religious fasting, felt that she had been tutored on how to control her eating practices and cravings from a very young age. In that way, she could also control her diet and adopt a strict eating regimen. Previous evidence has showed that exposure to extreme attitudes during childhood and adolescence are

associated with extreme healthy eating behaviours (Cheshire et al., 2020).

Additionally, a study that examined ON predisposition in Turkish college students found that participants who were living in a religious environment were found to be significantly more predisposed toward ON (Karakus et al., 2017). Being raised in a spiritually disciplined environment where the control of impulses is rewarded by society and religious groups such as the Orthodox church, could 'educate' individuals on how the control of their eating behaviour can be achieved.

Greek participants, also, spoke about the cultural notion of the 'chubby child'. Participants reported the cultural belief that consuming and being chubby was considered across generations a cultural endorsement of overconsumption and a sign of health. This belief was thought to have been cultivated during periods of undernourishment and armed conflicts. In the past two centuries, Greece was characterised by food shortages and periods of economic uncertainties during which the 'no waste' ideal was developed (Janicic & Bairaktari, 2014). Older generations thought that families would be sustained, if no food was discarded. Additionally, consuming as much as possible was thought to reflect a state of good health and was adopted in the upbringing of the children. Although previous research suggests that such practices and beliefs are much diminished (Yannakoulia et al., 2003), participants perceived that there are still cultural remnants of these practices, which were often described as having influenced them in terms of dieting and extreme healthy eating practices.

5.5.2. Western Influences and Social Media

Although the differences in the structural components of the cultures were documented, both cohorts presented similarities and a more globalised image, in terms of recent cultural influences. Similarities included perceptions and feelings of suspicion towards the Americanisation of society particularly in terms of food and a perceived threat from Western beauty ideals, social media influences, and societal beliefs that reflected neoliberal ideas. British individuals were framed as being open to new ideas and eating habits, however, the Americanisation of the British diet was viewed with suspicion or distaste. Interviews revealed a generational alteration in lifestyle and eating habits, with the increased availability of processed food, American-style fast food outlets, and larger meal portions being seen as contributory to rising obesity rates. The Americanisation of food refers to the assimilation of the American food identity, in the sense that food choices reflect the American lifestyle (Ueyama, 2010). Contextual factors such as capital, technology, immigration, and free market have enabled the expansion of American-themed restaurants and high-fat food-related preferences that resemble the American diet (Samuel Craig et al., 2009). In accordance with the export of the American diet, healthism, a health consciousness movement which played a key role in the proliferation of diets, health magazines, and slimming industry is said to have initiated from the US (Crawford, 1980; Kristensen et al., 2016). Given that American dietary patterns have been considered to be major contributors to obesity and chronic health implications, (Adams & White, 2015; Harrell et al., 2015; Kopp, 2019; Naja et al., 2015; Rozowski et al., 2005), health consciousness and awareness of nutrition-related illnesses can be seen as conducive to a heightened, fearful attitude toward the Americanisation of food and eating practices.

The internalisation of Western values has been associated with eating pathology and the high prevalence of EDs (AlShebali et al., 2020). Greek participants

shared the concerns about the influence of the US food culture and the pervasiveness of Western, beauty ideals with British participants, and also raised their concerns about their influence on ED development. Recent epidemiological data on the Greek population is scarce, hence estimating the prevalence and distribution of EDs in Greece is difficult. It has been suggested that Greece is a culture in transition as a result of dramatic socioeconomic changes, urbanisation and globalisation, which could have potentially spiked the rates of obesity and EDs (Janicic & Bairaktari, 2014). Globalisation and the growing interdependence among countries have been amplified by the influence of social media, which has also aided the worldwide diffusion of Western appearance ideals, creating a homogeneous outlook within media (Widdows, 2018). As such, Western depictions of the thin-ideal reach individuals around the world, which are juxtaposed alongside each culture's beauty ideals.

Notably, all participants perceived social media as being a key influence to their eating behaviour and, more importantly, as the main source of reproduction of Western appearance standards and trends such as diets and healthy eating in younger generations. There is increasing infiltration of Western body ideals, with social media becoming the primary source of influence in youths (Saiphoo & Vahedi, 2019). Two male British participants viewed their exposure to fitness and bodybuilding-related content on social media as having motivated them to change their eating habits and maintaining a strict, dietary regimen. It has been estimated that individuals with regular exposure to health and fitness content on social media are more likely to develop disordered eating practices (Carrotte et al., 2015). Instagram use has also been associated with extreme healthy eating practices, with celebrities and their image-based content motivating individuals to conform to such behaviours (Turner & Lefevre, 2017). Tik Tok and Instagram were the platforms most often mentioned by

both cohorts in this study, where participants generally perceived that influencers and celebrities perpetuate the thin ideal and clean eating. Therefore, these platforms may be more popular among healthy eaters due to their visual nature and algorithmic function, but it is possible that other platforms are also prominent in their healthy eating content, based on different cultural contexts and demographics.

5.5.3 Neoliberalism and Market-oriented Policies

One of the principal themes that emerged from the study was the paradoxical nature of neoliberal society. Interviewees in both cohorts emphasised the food industry's pressure to consume and overeat as well as the societal pressure to diet and look a certain way. Neoliberal ideologies have suggested that fat bodies and non-governance of eating practices are symbols of failure (Schorb, 2022), with these ideas infiltrating social and professional life. Participants from both cohorts highlighted the influence of beauty ideals and thinness in professional life. Being thin and attractive were considered by participants as advantageous features that would be valued by job managers and would open up more professional options. Neoliberal ideas of self-control and personal responsibility have increased the efforts employees make to enhance their appearance and control their food intake in order to ascend professionally, a concept known as aesthetic labour (De Botton, 2005). Aside from their professional progress, employees engage in restrictive eating practices aiming to meet the company's aesthetic appeal and be placed at positions that would not make them feel invisible, as it was mentioned by interviewees. Therefore, aesthetic labour and the professional pressure to be visually appealing may encourage individuals to engage in extreme eating behaviours.

At the same time, neoliberal ideologies promote a free market economy, which places profits from food above quality, health, and ecological concerns (Pirie, 2016). Neoliberal society is best defined through the logic of ‘responsible subjects’ given that neoliberal governance has remodelled its behaviour by limiting social provision of healthcare (Pirie, 2016). In this study, the paradoxical nature of the neoliberal society in the English cohort lay in the marketing of fast food alongside supplements and diets. British participants described the double bind of advertisements that pressure them, on the one hand to consume and, on the other hand, to diet. Food systems normalise food consumption which is incompatible with the neoliberal mode of governance that advocates for self-management and individual responsibility (Pirie, 2016). Most of the participants framed their contemporary culture as a ‘quick-fix’ culture, and one that urges them to engage in disordered eating behaviours such as supplements, slimming pills, and extreme diets or surgical alterations. As a result, participants perceived that they are being culturally moulded to adopt extreme eating practices. In another study, semi-structured interviews among individuals with a history of dieting and disordered eating confirmed that weight-loss advertisements reinforce pre-existing anxieties with regard to food and exercise, while self-esteem was undermined as it is assumed that advertisements mirror normative, societal values (Gak et al., 2022).

In the Greek cohort, on the other hand, the paradox lay in the marketing of fast food along with the label ‘Mediterranean’. In the narratives, some Greek participants referred to the health benefits of the Mediterranean diet and highlighted the variety of locally available foods such as fresh vegetables and legumes. One participant, however, discussed the food industry’s strategy to marketise fast food with the label ‘Mediterranean’ so that consumption could be promoted. The

traditional Greek diet which represents the epitome of the Mediterranean diet has been praised for its health benefits and the prolongation of life expectancy (Papadimitriou et al., 2022). Epidemiological studies have suggested Mediterranean diet to be a protective factor against cancer, cardiovascular and chronic diseases, obesity, and diabetes (Dilis et al., 2012; Gotsis et al., 2015). Through industry-led labelling initiatives, fast food is repackaged as healthy, and consumers then infer healthy attributes, a phenomenon called the halo effect.

Both cohorts described their cultures as appearance-obsessed and ones that expect individuals to look a certain way. In both cultures, a focus on slimness and beliefs that reflected neoliberal ideas were reported. It should be noted that participants in both cohorts discussed how their culture negatively perceives individuals who do not control their eating behaviours but rewards those that do so. In both cohorts, interviewees referred to the cultural belief that perceives individuals who do not control their eating practices as lazy or dirty. While overweight people are blamed for their condition, interviewees perceived that those who control their eating habits and abide by the beauty ideals, are afforded respect. Participants expressed their desire to fit into society and attributed their eating behaviour to a need to feel socially accepted. Concerns over acceptance and social rejection exert pressure on human behaviour, which can cause hurt feelings or a pervasive effort to improve physical appearance, given that social interactions and the sense of belonging are central to humans (Leary, 2010; Leary & Gabriel, 2022).

5.6 Conclusion

The findings of this study provide a novel examination of the interplay of cultural environments in the shape of extreme healthy eating practices and present a first exploration of the construction of meanings around healthy eating, acknowledging the influence of culture. Further, they contribute to future learning regarding the influence of national cultures but more specifically regarding neoliberal influences. Central features of the neoliberal society such as pressure to consume, marketisation of food products, stereotypical beliefs about overweight individuals, and aesthetic labour were viewed as being key in the adoption of extreme healthy eating practices. These findings provide a novel comparison of two cultures and create a common ground where more research can be conducted. To further explore the factors that have an influence in the development of extreme healthy eating practices, chapter 6 continues to present the findings from the interviews with British and Greek participants, delving into family influences.

Chapter 6. Qualitative Findings: Participants' Experiences of Familial Influences on Their Eating Behaviour

6.1 Overview of Chapter

In this chapter, I present the interview findings in relation to family influences on individuals who identify as overly concerned with healthy eating, using illustrative quotes. The main influences discussed by participants included the different meanings family attributed to food, high expectations, comments on body size, and the lack of affection in the parent-child relationship. Analysis resulted in three themes: **meanings attributed to food; emphasis on body and achievement; and navigating in a restrained environment.** The table below provides an overview of the themes and sub-themes.

Table 5.

Overview of themes for familial influences

Themes	Sub-Themes
THEME 1 Meanings attributed to food	a) Emotional relief, love, and security b) Rapport building c) Perceived therapeutic properties
THEME 2	a) Parental weight-related comments b) High expectations

<p>Emphasis on body and achievement</p>	
<p>THEME 3</p> <p>Navigating in a restrained environment</p>	<p>a) Lack of emotional and physical availability</p> <p>b) Conflicts and antagonism</p> <p>c) Connection to siblings</p>

6.2 Theme 1: Meanings Attributed to Food

Food meant different things to different individuals. Some participants talked about their emotional connection with food directly; for example, in some families, stressful feelings were relieved through food, which could also be used for celebrating success or happy family moments. Other participants spoke about the perceived benefits of healthy eating and others reflected on food as an indicator of family cohesion. In this section, key sub-themes around food are grouped under the headings: *‘emotional relief, love, and security’*, *‘rapport building’*, and *‘perceived therapeutic properties’*.

6.2.1 Emotional Relief, Love, and Security

Some participants, both British and Greek, perceived food as being associated with emotions and as a means of coping with emotional experiences. Either

under stressful or joyful situations, finding comfort in food was described in some of the participants' narratives. Kathryn, a British female who characterised herself as a fussy eater, described her younger self as an '*emotional eater*' who had learned from her family to find comfort in food in order to cope with stress and negative emotions. Stelios, a Greek participant who also perceived food as an act of emotional relief, viewed his family's habit of connecting food to emotions as having impacted him greatly during his adolescence and early adulthood, in the sense that he was utilising food to fill a void. Stelios started to gain weight as a result of using food to address his emotions, and later adopting healthy eating was his way of changing his body:

“Before my 25 years of age, I'd say that it had impacted me greatly because my family's mentality was 'give the kid something to eat'...because food is linked to emotions. If we have a good time, we eat, if we deal with a difficulty, we eat.” (Stelios, G).

In other scenarios, food in families was viewed as a means for expressing affection and love. Sophie, a British participant who recounted periods of extreme overeating in the past to the point of physical pain, described food as a '*big element*' in their household that symbolised an '*act of love*'. The offering of food in Sophie's family was perceived as being a manifestation of affection that was thought to be closely linked to love; thus, food was served in plentiful quantities. Some participants stated that food was seen by their parents, especially their fathers, as the tangible form of love that was provided in the form of a sweet or a chocolate when conflicts occurred, or even when parents wanted to express their affection. In the example below, Niki, a Greek participant who avoids any kind of sweet or processed food and

exclusively consumes products directly sourced from producers, described her father as someone who could not demonstrate his affection in a physical form, and providing food was the way he could express his love:

“My father used to express his love, his affection with food...this is not how I wanted to receive his affection...he would buy us several chocolates, sweets, ice creams, [and] sandwiches... he didn't know how to express his love.”

(Niki, G).

In some narrative accounts, the availability of food in the family and big portions of meals, were framed as an indication of overcoming financial hardship and security. Some interviewees, both British and Greek, described poor economic conditions in their families which not only affected their living conditions but also their relationship with food. Laura, for instance, a young English female whose parents had been divorced, perceived the limited financial resources within the family as restricting family eating habits, resulting in poor quality foods and repetitive choices:

“We were pretty tight when we were growing up, so food would be quite repetitive like fish and chips because we didn't have a lot of money...food was never adventurous I suppose due to lack of money.” (Laura, B).

In some of these families, poor economic conditions and nutrition insecurity had been overcome and replaced by increased food availability and larger portions of meals. Food in these families was now viewed as a sign of economic security and an “essential” component of their lives. Particularly some of the young Greek

participants spoke about the “*eating more mentality*”; the practice of overfeeding family members that reflected security as the political landscape in Greece was reformed and the economy grew. Participants perceived the “*eating more mentality*” as a habit that had been originated due to wars, political instability, and poor socioeconomic conditions. However, the Greek cohort viewed this habit within their families as one of the reasons for becoming interested in healthy eating. Interviewees understood why their families might feel and act the way they do in respect of food, but nevertheless they wanted to move away from this kind of response to food availability by adopting a more health-oriented approach. Stelios, a Greek participant from a rural family, spoke about his need to distance himself from the family’s eating habits and make healthier, food choices:

“In terms of my current eating habits, I’d say that it functioned reversely. For instance, I got tired of the eating more mentality.” (Stelios, G).

6.2.2 Rapport Building

The majority of the interviewees stated that their fathers were/are working long hours, resulting in shifts in daily routine and particularly at meal time. Members of the family reportedly would eat individually given that their different work and college schedules had restricted time spent at home together. However, it remained important for some families from both cohorts to have “*a family meal in the evening*”. Some of the participants in both cohorts perceived eating as a shared, family activity. For these participants, mealtimes were seen as a family activity that had been allocated a specific place in the family routine. Mealtimes were good opportunities for family members to spend quality time together. Emma, for example, nostalgically

framed meals as a family activity that all members engaged in. Either at the sofa or around the table, meals were a collective activity that was providing to family the place to engage and communicate:

“Meals were something that we all did together...watched TV or ate at the sofa. We always sat in the table...you know, it was family time as well.”

(Emma, B)

Other participants saw the sharing of food as the incentive for larger family gatherings during the weekends. *“It was the usual thing”* that some British and Greek participants would do every weekend and was associated with visits to their villages or their parents/grandparents and socialising with extended family members. One Greek participant, Eirini who described her mother as a healthy eater, viewed food not just as a family activity, but also as an opportunity to learn from her mother how to choose the *“right”* food, suggesting an educational side of their activity. Her mother was careful with the ingredients she would cook her family’s meals and wanted to instil in her daughter’s mind the idea that not all products are to be consumed. For this reason, going to the farmer’s market every week, learning how to choose products, and spending time with her mother were seen by Eirini as important activities that were strengthening their relationship:

“We would go together every Saturday to the farmer’s market and choose all the ingredients for our week. I learned how to pick the right tomatoes, the right eggplants...It felt like an activity that we did together.” (Eirini, G).

6.2.3 Perceived Therapeutic Properties

All participants in both cohorts were able to describe their perceptions of healthy eating. Both Greek and British participants referred to vegetables, fruits, gluten-free products, porridge, legumes, and a plant-based diet as disease-preventing, whereas bread, dairy products, red meat, pasta, sugar, carbs, and ‘processed’ food were commonly described as *‘bad’* foods that must be avoided. One British participant described raw chicken as the main food option he was opting for, ascribing both health and body benefits in terms of muscle building to this raw food diet. In the Greek cohort, some of the participants discussed the benefits of the Mediterranean diet and its associations to a healthy lifestyle. Most of the participants from both cohorts spoke about improvements in digestive issues, headaches, and energy levels, on a healthier diet whilst two young English males referred to the perceived benefits in respect of bodybuilding. Anna, an English healthcare worker who joined a fitness group and subscribed to a company that provides daily healthy meals, referred to skin improvements and discussed how her skin *“always looks better”*. People complementing her skin, would make Anna feel better. The two oldest participants of the study, Peter and Sofia, saw healthy eating as a means of longevity. For them, being cautious of their food intake meant that future health issues could be prevented and better health sustained:

“First of all, the older you get, you do get more cautious of health issues and problems ...and also, I think some parts of your body are more delicate. It gets more important to be healthy.” (Sofia, G).

There were a number of participants who *“grew up learning the importance”* of food in terms of caring for their own bodily health and for others. However,

participants' parents' way of caring for their children's health, and beliefs about the benefits of healthy eating varied and included researching food alternatives or unusual ingredients; being more proactive in gaining nutrition knowledge; attempting to be more responsive to their children's needs; and minimising their children's exposure to processed food. In Emma's instance, for example, her mother would search for published studies or other evidence which provided information about the beneficial and therapeutic properties of different ingredients. Emma's mother thought that healthy eating could relieve her son of concerning, autistic symptoms. She attributed medicinal properties to certain food, ensuring that her children's exposure to 'unhealthy' food is limited:

“In terms of food she would do her research, how to help him calm in his body. At some time, there was research which now has been disapproved claiming that a specific ingredient would make him more relieved, calm and we would have to eat this.” (Emma, B).

Such beliefs around food and illness prevention were thought to be part of their upbringing and their diet. Although participants' parents were trying to provide adequate care through food, some, like Emma and Stelios, felt the need to resist the control their parents exerted over their eating behaviours. They both sought to be independent, do their own research, and make their own choices with regards to food. In this sense, once they became adults, they perceived healthy eating as a way of gaining control over their diet, instead of following their parents' guidance:

“it was one thing [healthy eating] that I could control in a way...In my life...I could make what I wanted and do that for me and it hadn't to be dictated by anyone”

(Emma, B).

6.3 Theme 2: Emphasis on Body and Achievement

In this theme, the emphasis placed on appearance and achievements by parents was discussed. Some parents would comment on their daughter's appearance and body, whilst expectations for academic and athletic achievements were perceived as *“excessive and unfair”*. Overtraining was described by some participants while appearance-related comments led interviewees to place importance on their physical features and commence extreme eating behaviours. The sub-themes *‘parental weight-related comments’* and *‘high expectations’* further unravel the key details of this theme.

6.3.1 Parental Weight-related Comments

Some female interviewees in both cohorts spoke of a family environment in which weight-related comments were commonplace during adolescence. Some of these females described themselves as been overweight as children, whereas others considered themselves as having a normal weight for their age, but had still been recipients of weight-related comments. Interviewees stated that they would try to cope with these comments, although reports of coping were usually accompanied by narratives of food intake restriction or overeating. Sometimes, comments had been made by fathers who would even use abusive language and insults. Interviewees

confessed that hearing these insults from their parents could be devastating, especially for those who were struggling with their weight:

“He called me a fat something when we were on an argument and that was it. I never spoke to him for 2 years and said I would never speak to him again. It’s very, very deep and cutting.” (Anna, B).

Although some participants’ fathers were overweight themselves, empathy was perceived as being absent. When one of the interviewees confronted her father, he confided in her that his “game” of insults was to prepare Sophie for the comments that she would receive from a society that overvalues appearance. As distressing and painful as such comments were perceived, Anna, a British individual who avoided visiting places that offered food, stated that she also resorted to this “game” of insults toward her grandchildren. Knowing that society will judge her grandchildren for their body, Anna was not only taking care of their food quality but she was also deliberately intimidating them with regards to their appearance:

“But if they don’t want to eat or try what I offer, they won’t have anything else. I try to bully them as a grandmother and say your tummy is fat.”
(Anna, B).

6.3.2 High Expectations

Some interviewees, both British and Greek, perceived their parents as individuals with high expectations during their childhood. School achievements were the central point of their expectations and participants felt burdened by parents’

demands on them to always excel. These expectations were framed as having been stemmed from parents' own failures and desire to be proficient within a competitive society. However, this pressure was seen by some interviewees, who described more extreme eating patterns, as excessive and although they were trying their best, no signs of praise or recognition of their effort were shown:

“I was satisfied with my performance and he replied...that's not good, you can do better. On the one hand that hurt because I knew that I cannot satisfy his expectations and do you know what's funny? He was never a good student, he struggled to finish school whereas I had always been one of the best students. That's unfair” (Niki, G).

Some parents were perceived as difficult to please. For this reason, some participants started to emulate their parents' behaviour or be stricter with themselves in order to gain their approval and impress them. Athena, however, a Greek participant who was very cautious of the quality of her food and would always cook her own meals, could not cope with the pressure and reacted in a more rebellious way by leaving the house. Expectations would mostly focus on school performance, however, there were instances where they would expand on exercising and fitness. It is noteworthy that two male British participants who described more extreme healthy eating practices made references to bodybuilders, expressing a form of respect for their devotion to fitness and control of their eating behaviour. Zac, who described himself as being very conscious of his food, was feeling pressured to attend tennis practice. Niki, who, as a result of the pressures she experienced in her adolescence, described spending days consuming only 2-3 fruits and tea in her adult life, recounted

how her father would pressure her to follow a healthy diet and work out, resulting in overtraining:

“He wanted us to go to all the training sessions...every afternoon...sometimes twice a day...that is, once at 6:00am before school and once at 5pm after school.” (Niki, G).

Due to the pressure for daily exercise, Niki felt she had been deprived of other activities, such as quality-time with friends. This sense of deprivation would make her feel sorrowful since she could not enjoy the same things as other children of her age. For this reason, Niki would make up lies in order to skip training but the reaction of her father was intimidating. In cases where his expectations of exercising were not met, Niki had to deal with his anger. These reactions would feel like emotional blackmail and led to Niki surrendering to his expectations in order to avoid them. In addition to the emotional manipulation, the ideals of thinness and attractiveness had an added influence on Niki’s decision to over-exercise:

“My dad knew that this was my weak spot...He would say, come on, let’s go to the training...don’t you want to be good at it? To win medals? To be the best? To have a beautiful body that makes others envious? Yes, I want all of these. So, I used to push myself and go to the trainings.” (Niki, G).

6.4 Theme 3: Navigating in a Restrained Environment

In this theme, the relationships within the family are discussed, with a particular focus being placed on the emotional connectedness among family members. Most participants perceived their relationship with their parents as “*distant*”,

attributing this to the way their parents had been brought up and the workload carried by their parents. This meant that the different beliefs among parents and children that usually resulted in conflicts were highlighted. Relationship with siblings was not viewed as straight forward either, with feelings of envy being voiced. The subthemes '*lack of emotional and physical availability*', '*conflicts and antagonism*', and '*connection to siblings*' illustrate the key dimensions of this theme that could have led some interviewees to find comfort in controlling their food. They, also, help us understand the family environment that could have contributed to the adoption of extreme healthy eating practices.

6.4.1 Lack of Emotional and Physical Availability

Lack of emotional expressiveness on the part of parents was central in most of the narratives. Interviewees regarded their relationship with their parents as "*lacking the emotional side*" whilst their parents were viewed as being "*emotionally shut off*". Fathers were perceived as feeling uncomfortable in dealing not only with their own emotions but also with their children's. Emma, for instance, a college student in her 20s who used to criticise herself for deviating from her meal plan, stated that her father used to "*bottle up*" his emotions because he was not feeling able to handle emotional situations. Emma thought that, as a result of his emotional suppression, family conflicts used to occur. For others, emotional inexpressiveness in the family environment was framed as a way of gaining self-control. For example, Athena spoke about how her mother's emotional inexpressiveness and strict attitude were a way of teaching her children how to master emotions, without being carried away by them:

“My mom was strict because she wanted us to be strong, not be influenced by others or by our emotions. She wanted us to have self-control with food, emotions...just like her.” (Athena, G).

Some interviewees felt that their feelings were not validated and emotional expressiveness was lacking in their environment. In the case of Zac, a mixed-race, white British and South Asian college student, interactions with his parents were perceived as impassive and unsentimental. Although Zac’s parents attempted to facilitate discussions with him and an interest in his life was present, it was mostly communicated in an emotionless manner. Zac felt that his parents were not considering his own feelings and their advice was articulated in a strict manner:

“They don’t really tend to express things emotionally...it’s more like an advice kind of way...asking when are you going to do this, when are you going to do that instead of hey, how is it going? Or like what do you think you want to do? It’s more in a stricter way, when are you going to do this?” (Zac, B).

Some interviewees, such as Peter and Kathryn who reported having a big age difference with their fathers, attributed the lack of emotional connection with them to their grandparents and the manner of raising their children (the interviewees’ parents). Peter, for instance, saw his parents and grandparents as belonging to a generation where communication among family members was not valued whereas being overly emotional was considered a drawback for men. Most of the participants described their fathers as physically “absent”. The sense of physical unavailability was not limited to fathers, other interviewees perceived their relationship with their mother as

“*distant*” and often described an unavailable maternal figure. Sophie and Peter, for example- two British participants above the age of 40- described their mothers as care providers rather than a parent. Their thinking was that in order for a mother to be considered a parent, she had to make herself available to her children by being present and responsive to their feelings in a timely manner. Although both participants stated that their mothers were not working in order to take care of them, their mothers’ physical availability was perceived as lacking the connectedness that a parent-child relationship should have:

“She (her mother) was always in the background so she was always a care provider rather than a parent if that makes sense. She mostly cared about pleasing others in terms of food but not emotionally. My mom was distant.” (Sophie, B).

6.4.2 Conflicts and Antagonism

The generational differences in values and opinions espoused by the members of the family were perceived as creating distance in their relationships. Participants from both British and Greek cohorts emphasised the anachronistic beliefs of their parents in terms of family functioning and interactions, and their ‘*different way of thinking*’. For instance, despite being an adult, Zac’s parents desired to influence his decisions and maintained a strong focus on family matters. Most participants reported that their thinking differed substantially from their parents and often created conflicts within the family and problems in communication. The contrasting views of parents and children were also expressed in relation to food and nutrition. A few of the participants in both cohorts spoke of their parents, particularly their mothers, as being highly informative to them in terms of nutrition. Emma

discussed her mother's habit of cooking meals from scratch and always being, "*conscious of [the] eat-well plate balance*". Other participants, however, in the British and Greek cohorts described their parents as closed-minded and obstinate, lacking basic knowledge in healthy nutrition. Shifts in eating behaviours, excessive interest in nutrients and quality of food, as well as regular exercising seemed incomprehensible and unordinary to their parents. Some of them were not acceptive of their children's novel eating practices and name-calling was their way of showing their opposition. Although devastating for the participants to endure such comments, they stayed attentive to their meal plans hoping that acceptance and support will follow:

"Every day they call me weird. The first 2-3 years were difficult hearing...I imagine that in a household where parents are more open-minded, they tend to accept it [the practice of extreme healthy eating] earlier." (Dimitris, G).

In the Greek cohort, two female participants over the age of 40 framed their relationship with their mother as antagonistic. Athena, who described a family environment where only home-made meals were consumed, perceived her antagonistic relationship as an outcome of her mother's intention to prove who had the best school performance between them. This competitive attitude was often resulted in arguments. On the other hand, Sofia, a 63-year-old retired woman who was cautious of the quality of the ingredients used on her food, perceived her antagonistic relationship as a matter of self-absorption and resentment. Sofia's determination and firmness of character were upsetting her mother but Sofia began to understand that the antagonistic dimension of their relationship was attributive to an interplay of

admiration and jealousy on the part of her mother. On the one hand, Sofia's mother admired her strength, on the other hand she envied this trait because she had never been able to act autonomously and make her own choices. Sofia also felt that her personal choices such as the decision to never get married were disappointing her mother who used to object because *“all she wanted was the party, the chance to buy new clothes”*:

“With my mother it was mostly antagonistic in many ways. I think I was a disappointment to her, not as a person but as a fact that she couldn't live vicarious through me...I think she admired it but resented it.” (Sofia, G).

6.4.3 Connection to Siblings

Most of the Greek participants characterised their relationship with their siblings as being close and supportive. In the British cohort, most of the British participants viewed their relationship with their siblings as being distant. Interviewees described an ongoing conflict with their siblings which had been initiated from childhood and had mostly taken the form of name-calling, feelings of envy, and competitive inclinations. One of the British interviewees framed the disturbed relationship with her sisters as a result of body shape and weight comparisons. Body comparisons resulted in an antagonistic relationship as those that were struggling with their weight were feeling jealous or hatred towards their siblings that were on the slimmer side:

“I hated it and that's one of the reasons why I never used to get along with them. My oldest sister used to call me names just as they did at school. And I couldn't retaliate because she was slim.” (Anna, B).

These participants viewed healthy eating, good quality of food, and control of food intake as the main means of achieving a thin body. Two of the British participants that had also framed their sibling relationship as being distant and antagonistic, suggested that they maintained a close relationship only with the siblings that had similar weight struggles. A few Greek participants also described a closer relationship with those siblings that has the same food concerns. It was important for them to know that siblings understand *'the importance of food'* and how challenging weight loss or keeping a healthy diet could be. Sharing common experiences such as trying different diets or having similar food concerns were framed as being the main factors that could contribute to a strong emotional bond among siblings:

"Ironically the oldest that I have a good relationship is very similar to me...with her relationship with food and the struggles with the weight...the other 2 siblings never had an interest in food...yeah that's not obviously why but it's sort of disconnected the type of people we are." (Sophie, B).

6.5 Discussion

The primary objective of the present study was to understand how different family backgrounds and food perceptions might affect extreme healthy eating behaviours, by exploring the views of British and Greek individuals who describe themselves as being overly concerned with healthy eating. The findings throw light on parent-child and sibling interactions between cohorts of different nationalities, all of whom self-identify as extreme healthy eaters, and as such can contribute to the understanding of the family profile and the dynamics of the

interactions taking place within the families of such individuals. Notably many parent-child interactions were characterised by lack of physical and emotional availability, while in some scenarios antagonistic relationships were described. Further, participants from both cohorts described a family environment where expectations with regards to school performance and exercising were high while many female participants reported having experienced parental comments on their weight and body. Lastly, the findings provide insights into how families affect the way offspring construct their meanings around food, either through their connection to food or their concerns about the perceived benefits of healthy eating. Consequently, these findings detail and shed light on unexplored familial factors, providing evidence for the potential impact of familial influences on eating behaviour.

6.5.1 Food and Health Concerns

One of the principal foci of the present study was the meanings attributed to food, more particularly the perceived benefits of healthy eating, and the overarching parental concerns over food quality. A small number of participants highlighted how their mothers had been concerned with healthy diets ranging from this being an educational or shared activity with their child to controlling their exposure to processed foods. Being overly-selective about food and having excessive concerns over the quality and provenance of food have been considered to be key criteria for ON (Cena et al., 2019; Dunn & Bratman, 2016; McGovern et al., 2020). This study highlights that for some individuals, parental influences appear to be a factor that encourages offspring to become fixated on eating only foods that are perceived as

'clean'. Previous studies have reported cases of parents who have attempted to impose a rigid diet on their children with some scholars even mentioning the likelihood of ON by proxy, e.g., the condition where parents who are obsessed with health eating, impose inflexible eating habits on their children (Cuzzolaro & Donini, 2016; Hunter & Crudo, 2018; White et al., 2021). Some parents in the study with concerns over the quality of food reportedly attempted to minimise their children's exposure to eating products that were perceived as harmful and to instill in their minds the importance of making 'good' food choices. There is no fault in parents endeavouring to impart to their children the significance of maintaining a healthy diet, but such parental attitudes towards food along with other contributing factors may escalate offspring preoccupation with healthy eating.

In addition to highlighting parental concerns over the quality of food when participants were growing up, the study also identified that participants were coming from different familial backgrounds in term of their nutritional profile. Most participants reported their parents were lacking basic knowledge in nutrition and did not follow a healthy diet. In other cases, however, some families had promoted an ethic of self-care, where food was regarded as a form of medicine. This has also been observed by Douma and colleagues (2021) who claimed that excessive healthy or unhealthy habits in family environments can both predispose individuals to extreme healthy eating practices.

Some of the Greek participants discussed the health benefits of the Mediterranean diet while the oldest participants of the cohorts viewed healthy eating as a mean of prolonging their life expectancy. Many participants had adjusted their diets as a means of self-care to address health concerns such as digestive issues, and many of them reported improvements in skin conditions and energy levels, which

strengthened their tendency to attribute medicinal properties to food. These findings support previous qualitative studies that have found concerns over health and beliefs in the medicinal properties of food among individuals with orthorexic tendencies (Cheshire et al., 2020; Fixsen et al., 2020; Mitrofanova et al., 2021). Indeed, the current study has confirmed these findings but has also demonstrated that individuals construct their own lists of ‘good’ food, with legumes, vegetables, fruits, gluten-free products, porridge, a plant-based diet being perceived as disease-preventing foods. It is important to mention that these food choices and lists do not derive just from their own personal philosophies, but they can be influenced by other sources such as social media and biopedagogies. Food choices can be guided by the association that people construct between food and health (Rangel et al., 2012b), while the ‘illusion of safety’ that food provides can influence ON development (Poirier, 2016).

Lastly, some male participants that described regular exercise and more extreme eating practices such as eating raw foods, referred to their benefits in relation to fitness and muscle building. Previous research has pointed out that male bodybuilders exhibit high levels of obsessional preoccupation with food and a behavioural profile that is comparable to that of males experiencing EDs (Chaba et al., 2019; Murray et al., 2012). In a qualitative study involving personal trainers, bodybuilders with ON were thought to exhibit two characteristics in their behaviour (Håman et al., 2017). Firstly, they were thought to engage in frequent and intensive exercise and secondly, they were viewed as having a strong focus on clean eating and an excessive preoccupation with food quality. Therefore, it may be hypothesised that individuals who are interested in the fitness culture may manifest extreme eating practices similar to ON through clean eating and exercise.

6.5.2 Food Availability and Family Interactions

The offering of food by parents was associated by some participants in this study with love and security, but participants were of the view that it could also encourage overeating. Interviewees who described poor economic conditions borne by families in recent history discussed how these economic hardships affected their parents and subsequently their own feelings toward food. Economic security was linked in both cohorts to offering large portions of food, overeating, and overfeeding the family members. The economic malaise in post-war years, industrial decline, and the rising unemployment in both countries increased economic food hardships (Fouskas & Dimoulas, 2018; Gurney, 2005). As Greece's economic welfare was reasonably stabilised through geo-political decisions such as its entry to the Euro-Zone and external borrowing policies, many challenges had to be overcome (Fouskas & Dimoulas, 2018). In Britain, austerity receded through trade, well-served transportation and the establishment of large-chain businesses (Gurney, 2005; Tomlinson, 2016). Such socio-political changes were seen as having affecting the way families from both countries viewed food, but also how such views urged participants to move away from their family's response to food availability. Socio-political influences could have shaped eating practices in both countries differently. In Greece, the emphasis placed by older relatives on feeding up family members could have increased food quantities and calorific portions. Conversely, in the UK, such socio-political changes created a different set of problems with the proliferation of fast food outlets and the US eating influences.

All participants reported belonging to middle or low social class, with some mentioning economic hardships during their childhood, such as being unable to afford certain foods or having limited dietary variety. Nonetheless, their constructed list of

‘good’ and healthy food did not present differences between the two cohorts, despite their engagement in a range of eating behaviours, from raw food consumption to exclusively eating home-cooked meals. These findings contribute to existing literature, which suggests that individuals from higher socioeconomic statuses (SES) are more inclined towards healthy eating (Aksoydan & Camci, 2013; Varga et al., 2013). They also contribute to research on social class and food, which indicates that unhealthy dietary habits and limited access to healthy food are more prevalent in lower social classes due to financial constraints, disparities in health education, cultural influences, and restricted access to nutritious food options (Giskes et al., 2010; Burgoine et al., 2017; Stormacq et al., 2019; van der Heijden et al., 2021; Vos et al., 2022). Hence, the present study suggests that beyond social class and economic constraints, broader social factors may influence individuals' inclination toward healthy eating. The fact that individuals from both cohorts exhibited overlapping food preferences suggests that global messages around healthy eating may play a significant role, overriding the influence of culture and social class in shaping food-related identities and behaviours. While social status may influence access to resources, globalised food industries and media may promote certain dietary preferences and body ideals that encourage people from middle or low social classes and different national cultures to adopt similar dietary preferences and opt for the food that is considered to be ‘healthy’, even in the face of financial barriers. However, there may still be barriers to accessing healthy food for those in the lowest SES, and the sample included in the study may not be fully representative of this group.

The similarity in the constructed list of foods may also be explained through the shared norms and practices prevalent within the middle to low social classes, regardless of national culture. Social class plays a crucial role in shaping food

practices and preferences. This influence extends beyond material resources like money and time, encompassing cultural tastes and ingrained habits specific to their social class (Bourdieu, 1984). The list of food constructed by the participants may be reflective of what is affordable for them, and may reflect the food practices, habits or preferences within their class culture. Social class differences are mirrored in lifestyle choices, including food preferences. These food-related practices are integral to both personal and collective identities, highlighting the profound connection between social class and everyday life (Bourdieu, 1984; Johnston et al., 2011). Therefore, participants in this study may perceive similar foods as good or bad because of their class culture, yet these beliefs and preferences may differ from those of individuals in other social classes due to varying norms and class cultures.

Although food in this study was framed by some participants as a social and family activity during which individuals were establishing rapport with family members, family meals and time spent at home were reported as been restricted. Previous findings have found that controlled eating behaviours such as extreme healthy eating practices were, in some cases, attributable to parental physical or emotional unavailability (Cheshire et al., 2020). In the current study, interviews showed that some parents from both cohorts were perceived as being physically and emotionally unavailable and lacking overt affection, with three interviewees referring to their mothers as ‘carers’ rather than parents. This experience of unavailability was framed by study participants as resulting from a variety of factors including busy workloads and differences in upbringing or beliefs between generations. Some interviewees, for instance, attributed their father’s emotional unavailability to the stereotypical belief of previous generations which assumed emotional expressiveness in men to be a weakness. A body of research suggests that emotional restriction in

men represents male efforts to distinguish themselves in a society that educates men to conceal their emotions (Cleary, 2012; Garcia, 2016; Scourfield et al., 2012). Such beliefs that were prevalent in previous decades may have perpetuated and affected the parenting style some fathers had adopted.

Parent-child divergences in beliefs and communication, or differences in attitudes and food choices were reported as being present in families of both cohorts. Although some parents were described as highly informed in terms of nutrition, others were viewed as lacking basic nutrition knowledge and opposing their children's eating practices. The findings of this study also showed that many participants had adopted healthy eating practices partly in defiance of parental norms. This was perceived as a way of regaining a control over their diet which is supported by previous literature that have suggested dietary modifications and EDs to be forms of control over self-identity (Harter & Bukowski, 2012; Mitrofanova et al., 2021; Orbach, 1986). Further, the perceived conflict in attitude toward food was discussed by participants in this study as often leading to disagreements, a sense of a generational gap, and lack of communication. Antagonistic relationships with mothers could also result in conflicts and poor communication. Poor communication as well as challenging family relationships have been found to negatively affect adolescents and have a negative mark in the development of ON (Cheshire et al., 2020; Douma et al., 2021). Poor communication may lead to more extreme eating practices as a result of the unresolved conflicts and the suppression of emotions which cultivate the feelings of isolation and of insufficient emotional support. Low quality of communication has also been reported in families with EDs. Exploration of their communicational profile suggested that poor communication, constant conflicts, and high levels of distress are common in these families (Cerniglia et al., 2017). Therefore, a poor communication

style with ongoing conflicts may be a common characteristic observed in both families with EDs and those with extreme healthy eating practices.

6.5.3 Body Shaming, School, and Training

In congruence with literature on EDs (Berge et al., 2015; Gillison et al., 2016), parent weight-related comments during adolescence were commonly reported by females in this study. During adolescence, parents were commenting on their daughters' body and were sometimes using abusive language and insults. Adolescence is a critical period of emotional development during which parents lay the foundations of behaviour, as well as eating practices, with important implications for adolescents' self-esteem and wellbeing (Berge et al., 2014; Faught et al., 2016). Body shaming and teasing or joking about weight could be perceived by participants as a form of rejection from their parents. The experience of being rejected by parents has been shown to be positively associated with problematic eating such as restrictive practices and bulimic behaviours but also with an increase in body dissatisfaction and thin-ideal internalisation (Keery et al., 2005). This study corroborates these claims and adds to the literature by suggesting that what motivated such comments by parents was thought to be the societal overemphasis on appearance and thin bodies.

Previous research has indicated that parental weight-based teasing is usually reproduced by other members of the family such as siblings who perceive it as an acceptable act within the family (Almenara & Ježek, 2015; Pearlman et al., 2019). A novel finding in our study was that the female participants who experienced parental weight-related comments, reported being teased about their weight by their female siblings too. The practice of weight-based teasing by parents was perceived as having

initiated body comparisons among female siblings. As such, those that were on the slimmer side would verbally criticise their sisters' body and insult them. This negative interaction among siblings would create an antagonism with regard to body shape, which would increase participants' interest in clean eating. High prevalence of teasing, antagonism, and lack of intimacy among female siblings have been confirmed to be found in individuals with problematic eating practices (Bachner-Melman, 2005; Keery et al., 2005; Pearlman et al., 2019). Adherence to healthy eating and the consumption of pure food was seen by the female participants in this study as the main means of achieving a thin body. Healthy eating could also have been an effort to bolster their self-esteem, increase their sense of personal worth, and reach their respect. As Bratman & Knight (2000) have suggested, individuals that practice extreme healthy eating base their self-esteem on their diet.

Aside from parental weight comments, findings from this study indicated that high expectations in respect of school achievement were present in some family environments. Many parents were characterised as having high standards and as being difficult to be pleased, expecting their children to always excel. Contrary to previous studies on EDs which have suggested that the highly educated parents are those that hold high academic expectations (Ahrén-Moonga & Silverwood, 2009; Ahrén et al., 2012, 2013; Sundquist et al., 2016), an issue of potential importance emerging from the data was the fact that even parents from less advantaged class and lower socioeconomic status were setting high standards and putting pressure on their children.

In some cases, high parental expectations applied to athletic performance, leading to greater demands in the form of intensive physical activity and tailored nutrition programmes. In line with previous research (Brytek-Matera et al., 2022;

Hamdi et al., 2020), extreme exercise attitudes and intensive training can be risk factors that can turn one's healthy interest in food into a pathological preoccupation with healthy eating. Previous studies have confirmed the relationship between time spent on training and ON, as ON symptoms have been found to be higher in individuals with high volume of exercise (more than 10 hours a week) (Clifford et al., 2019; Oberle et al., 2018; Varga et al., 2014). Further, high prevalence of ON in both female and male athletes has been corroborated by quantitative data (Surała et al., 2020), with studies indicating that ON is more commonly observed in athletes and individuals with regular physical activity compared to the general public (Clifford et al., 2019; Segura-García et al., 2012). This population may be at higher risk of ON, in believing that optimal sport performance, ideal weight, and recovery can be achieved through nutrition (Bartrina, 2007).

Finally, a tentative finding that was reported by three participants was that aside from the expectations with regards to performance and success, some parents were described as having cultivated in their children feelings of guilt in the event of skipping sports training, and some participants described a state of emotional conflict over whether they should train or relax. Kiss-Leizer et al. (2019) suggest that guilt over skipping training sessions can be perceived as a strong predictor of ON. Student-athletes face increased demands and stressors with regards to their performance both in school and sports, and without having a strong support system, over-training and strict dietary regimen could be perceived by student-athletes as regulatory tools that balance their need for acceptance and approval.

6.6 Conclusion

This study adds to the existing body of evidence supporting the impact family dynamics have on extreme healthy eating practices. Physical and emotional unavailability, high expectations, and extreme attitudes in relation to exercise have been found to play a crucial role in eating behaviours, which is consistent with past findings (Brytek-Matera et al., 2022; Cheshire et al., 2020; Douma et al., 2021). Moreover, findings from this study provide evidence that parental weight-related comments, antagonistic relationships with siblings, and perceived health and therapeutic benefits could trigger an extreme obsessiveness with healthy eating. This is particularly important given that parental concerns over food quality and beliefs about food as medicine may exacerbate the offspring preoccupation with healthy eating. Finally, the findings tentatively indicate that families of individuals with extreme healthy eating practices share common attributes, such as high expectations, parental weight-related comments, and poor communication and relationships with parents and siblings, with the families of individuals with a diagnosis of an ED. The following chapter provides a comprehensive synthesis and interpretation of the key findings from both studies in this thesis as their significance and contribution to the study of extreme healthy eating behaviours is evaluated.

Chapter 7. Synthesis of the Findings

7.1 Overview of Chapter

This chapter includes discussion of key study findings and is organised as follows. In section 7.2, I provide a brief overview of my findings. In section 7.3, I critically examine neoliberalism and its effects on individual eating behaviour by looking at entrepreneurship and aesthetic labour. The impact of the slimming industry and Western culture on extreme healthy eating practices are discussed in sections 7.3.3 and 7.3.4, where the role of social media is emphasised. In 7.4-7.4.2, I consider the role of social media and websites as well as the power inequalities within them. In these sections, a feminist approach is adopted, where websites are interpreted as fields where the female body is objectified and novel feminine constructions are developed. Given that food preferences and meanings are not shaped in isolation, in sections 7.5-7.5.2, family and peer influences are discussed in line with the existing literature. In 7.6-7.6.2, I discuss perceptions of food as illness prevention, while explore the construction of healthy eating as a spiritual practice is explored. A conclusion is proffered in section 7.7. Finally, sections 7.8-7.11 address the study's limitations and future directions for research, its original contribution and implications in relation to clinical practice, and my reflections on my PhD journey.

7.2 Summary of Findings From Both Studies

The aim of the thesis was to understand experiences of extreme healthy eating and explore the influence of factors such as online messages, family, and culture on extreme healthy eating practices. Using CDA to critically examine the choice of language and use of linguistic devices, I gained insights into the types of

messages commonly disseminated on HE and pro-ED websites. Sites were advisory web pages which allowed users to interact with each other and receive advice on their diet. Both kinds of sites were found to use authoritarian and persuasive language, designed to hook people in through their messages. The messages and linguistic devices exerted a form of control and had 'educational' features, as readers/users were instructed by moderators and authors to control their eating and punish themselves when self-discipline was not achieved. A sense of community with power inequalities and pledges to be faithful was promoted on both types of site and authors of the sites positioned their community in contrast to 'others' (e.g., those opposing their views).

Interviews with British and Greek individuals allowed the exploration of different cultural backgrounds. The data suggested that, compared to Britain, Greece was perceived as traditional and sometimes rather conservative. However, participants from both cohorts described more globalised influences in terms of eating practices. Participants attributed features of their eating habits to the 'Americanisation' of their food, which some viewed with suspicion. Conflicting norms such as the pressure to eat but also maintain a good physique and stereotypical ideas about obese individuals were discussed by both cohorts. Cultural expectations of attractiveness, thinness, and fitness were perceived as pervasive, while an overemphasis on appearance was thought to be present even in professional situations. Social media was also considered to promote new diet trends and affect dietary practices. It could be argued that although local cultures exist, social media and online discourses disseminate global messages that reach wider audiences and promote homogeneous behaviours and beliefs. In this sense, a global diet culture was observed.

Further, interviews with individuals who defined themselves as being overly concerned with their diet, provided insights into the experience of healthy eating and

the influence peers and family have. I discovered that participants attributed medicinal properties to certain foods and that a variety of ‘healthy eating’ practices were present. British participants talked about how their peers were important for maintaining a healthy diet and fitness routines, whereas the Greek cohort talked more about being impacted by media and family as well as cultural habits. Both Greek and British participants came from families that had had high expectations of their children and parent-child interactions were viewed by participants as lacking affection. Antagonistic relationships with mothers and female siblings were discussed by some female participants, while shared experiences of parental weight-related comments were reported by female participants in both cohorts.

I will now discuss the study’s key findings to understand how they fit with the literature on ON and theories about eating practices.

7.3 Neoliberal Ideas and Contemporary Society

7.3.1 Neoliberal Mindset and Aesthetic Labour

Neoliberalism has developed as a rhetoric of empowerment that situates individuals as responsible for their healthy dietary practices, shifting responsibility away from the state (Bergman et al., 2019; Håman et al., 2015). This culture of hyper-individualism is frequently portrayed as the civilian’s moral duty to adopt a healthy lifestyle, insinuating that those who are not willing to practice health-related self-management are somehow ‘immoral’ (Madden & Chamberlain, 2010). Due to the current emphasis on diet, a fundamental part of social discourse concerns the quantity, quality, and origin of food, and is often accompanied by moral judgements about individuals whose appearance and eating behaviour diverge from the expected

(Rangel et al., 2012a). Inevitably, societies tend to stigmatise individuals who are overweight or obese, perceiving them as lazy or undisciplined, with an impaired self-identity due to their inability to show self-control (Lupton, 1996). Conversely, citizens who conform to the societal ideal of the attractive, slender, and healthy individual epitomise a moral citizen with ‘correct’ characteristics (Madden & Chamberlain, 2004). In contemporary society wherein, obesity is treated with contempt, healthy eating and slenderness are considered ‘super values’. Based on Rodger’s (2016) theoretical model, sociocultural discourses that promote anti-fat attitudes, appearance standards, and healthy eating – resulting in the need to fit into the healthy/thin ideal and control body weight – feed pathological eating practices.

Such neoliberal norms and values were prominent in the interviews’ and websites’ findings. The websites presented negative rhetoric about bodies perceived as not engaging in healthy eating, whilst pro-ED users commented negatively on bodies that did not typify the thin ideal (“*pesky stomach fat*”; “*if you aren’t thin, you are not attractive*”; “*A key element of your overall personality is your tummy*”). Similarly, both British and Greek interview participants who had received parental weight-based teasing perceived that such anti-fat attitudes were their parents’ attempts to protect them from negative societal evaluations of their bodies. The societal idealisation of slenderness and its association with perceived attractiveness appeared to have led parents to comment on their daughters’ bodies in particular, meaning that participants were encouraged to be more concerned with their diet. Both Greek and British participants felt they grew up with the expectation to “*look in a certain way*”, referring to stereotypical ideas about overweight individuals lacking self-control, which they saw in family, professional, and cultural settings. These stereotypes

included perceiving those who cannot control their food intake as “*lazy*”, “*dirty*”, “*unsuccessful*” and with “*no self-respect*”.

The present study highlights the commonality of such neoliberal ideas across families and national boundaries, as well via online media. Neoliberal ideas about self-care and anti-fat attitudes may influence families, as parents pressure their daughters to master their hunger and control their food intake. As the current findings illustrate, expectations of control, appearance, and individual responsibility are placed on people across cultures and generations.

Neoliberalism has shaped a culture of self-transformation which is even used as a social indicator of competence in the workplace, highlighting the role of aesthetic labour in professional lives (De Botton, 2005). The concept of aesthetic labour refers to requirements – such as attractiveness, personal grooming, and overall appearance – that employers place on workers (Mears, 2014). By looking at social interactions, the present study revealed that aesthetic labour is present in professions such as brand ambassadors, sales assistant, and law. Participants perceived that people who portray contemporary standards of beauty are preferred in these work contexts and can secure employment relatively easily. According to participants from both cohorts, employee selection is at least partly based on a corporation’s preferred bodily attributes, and individuals who do not reflect these attributes were thought to be thwarted professionally. Therefore, it could be argued that the concept of aesthetic labour contributes to a rise in competition, given that achievements are usually measured in relation to others’ performance (De Botton, 2005; Festinger, 1954), adding to the obsession with healthy food. These influences of aesthetic labour can heighten preoccupation with healthy eating, since beauty and health through diet are believed to be key for professional development and recognition in our neoliberal times. It

could also be argued that healthy eating for some professionals may take the form of social approbation in an attempt to stand out in the job market by developing a healthy veneer to secure their employment. Aesthetic labour encourages employees to treat their bodies as a personal brand that will be a valuable asset to both progressing their own professional career and the corporation's marketability. People, irrespective of culture and ethnicity, are exposed to the same expectations and pressures that aim to promote universal behaviours. They are expected to strive for bodily flawlessness, with ideals constantly being reinforced in the media and workplaces.

7.3.2 Entrepreneurship and Healthy Eating Economy

In the current study, the effects of neoliberal policies were not limited to the promotion of individual responsibility and restricted state provision, but also to free markets and entrepreneurship. In societies where a capitalist and free-market spirit has been adopted, competition is stimulated and corporations are expected to pursue entrepreneurial endeavours to maintain viability and profits (Fernández-Herrería & Martínez-Rodríguez, 2016; Silva, 2023). Therefore, market governance moves from a state level to an individual level, while people are viewed as human capital. As Foucault and other commentators have argued, neoliberalism has shifted how people view themselves, turning them into 'homo economicus' (Becker, 1962; Foucault, 2010; Read, 2009), e.g., competitive individuals who expand their economic activity to maximise their income and utility (Tsakalotos, 2004). Thus, individuals are entrepreneurs of their own selves and, as Becker (1962) suggested, more governable subjects. Individuals are governed by the neoliberal principles of investment and competition, themselves espousing a spirit of expansion and business investment.

Both interviews and website analysis in the present study revealed the pervasiveness of entrepreneurial endeavours and free-markets by highlighting the exploitative nature of today's food industry, and the lengths it goes to increase its gains. The British cohort discussed the pressure from advertisements, celebrity engagement, and price discounts to consume both high calorific food and slimming supplements. In contrast, Greek participants placed more emphasis on the marketing practices aimed at promoting mass food consumption, particularly of processed food, such as the rebranding and labelling of foods as '*Mediterranean*'. These findings are in line with previous research that has highlighted different mediums such as price discounts, celebrity recruitment, and 'buzzwords' ('*clean*'; '*healthy*') used by the food industry to publicise its products (Duarte et al., 2019; Eriksson & Machin, 2020; Goodman, 2010; Kidd et al., 2020).

According to previous studies of the Greek and British dietary profiles (D'angelo et al., 2020; Theocharous, 2015) and the interview findings of the current study, it appears that culturally-influenced techniques are used by food industries and advertisements to lure consumers to purchase foods in an attempt to raise their profits and guide human behaviour. Industries promote foods and slimming products via celebrity engagement and labels that aim to portray such products as healthy or culturally endorsed options. Although economic theorists suggest that industries and advertising respond to consumer demand (Richardson, 2003), a more structured consumption was observed in the current study. Capitalism relies on targeted and culturally-informed advertising to create new desires for economic growth. A previous exploration of food advertisements in the UK and Greece confirmed a localised approach in marketing food (Theocharous, 2015). UK advertisements were found to place emphasis on entertaining content and rational appeals, using a

conventional tone to persuade consumers. In contrast, Greek advertisements employed emotional appeals that highlighted local origin and cultural identity. These cultural preferences and differences are mirrored in the advertising strategies used to establish preferences in varying national cultures.

Entrepreneurial promotion in this study, however, was not limited to corporations. At an individual level and contrary to pro-ED websites, HE website authors also engaged in business activities. For instance, some HE website authors were selling foods or slimming products, while others were advertising dietary and fitness programs which promised quick results. Like those who use online platforms such as YouTube to publicise and derive profit from their ED (Duffy, 2023), HE website authors in this study were also expanding their economic activity by treating their sites and weight-loss stories as marketable businesses. What the current study underscores is the operation of an economy based on healthy eating and food where key actors have monetary incentives rather than professional codes. The pursuit of profitability and entrepreneurship has turned individuals into subjects who invest in their entrepreneurial selves, and some treat their preoccupation with healthy eating as a means of income. Such strategies may in turn contribute to more pathological eating behaviours with poor health outcomes.

7.3.3 The Slimming Industry and the ‘Quick Fix’ Model

The slimming industry has expanded, advertising new diets, recruiting celebrities to promote weight-loss products, and pressuring women to continually diet (de Beaufort & Vandamme, 2008; Pallister et al., 2009). Nowadays, as the present study highlights, the slimming industry thrives on ‘quick-fix’ products and services

that promise to change people's lives. Participants in the current study perceived that they were culturally pressured to adopt 'quick-fix' solutions. Further, some website authors commercialised their content by promoting products such as weight-loss pills and diet supplements which were accompanied by claims of rapid weight loss, perpetuating the idea that weight loss can be achieved effortlessly through the sole use of 'quick-fix' and at times unsafe solutions.

Social media platforms in this study were also found to promote dubious diets. Participants felt that "*the culture of healthy eating and fitness is widely spread*" on social media, while new diets are always emerging. Weight-loss industries make use of social media and exert pressure on consumers with regards to beauty standards to maximise their profits. New diets, slim bodies, 'clean' foods, cosmetic surgeries, weight-loss pills, and diet supplements are advertised on social media (Klassen et al., 2018). These advertisements do not just financially exploit users' desire to meet unrealistic beauty standards, but also potentially feed unhealthy relationships with eating and one's body. As interviews have shown, many participants who were exposed to these advertisements either resorted to stricter eating regimes or made use of services that promised a 'perfect' body.

One ideology that drives the use of quick-fix products is the belief in the 'good life' (Stuart et al., 2020). Stuart et al. (2020) suggest that the overconsumption of goods and services is advertised as a fundamental part of what is considered a 'good life' in late capitalism. The overarching notion, prominent in advertisements and also promoted by the websites analysed in this study, is that certain products (e.g., healthy foods or weight-loss pills) will increase happiness and provide a fulfilling life. This idea is inextricably tied to personal identity as consumption of quick-fix products and the body are tied to social status and identity. It is also tied to the notion of

healthism, a health consciousness movement, which encourages people to have a heightened preoccupation with their health in order to live a happier life, and achieve well-being by modifying their lifestyles (Crawford, 1980). After the 1970s, diets and the slimming industry were popularised and obesity was considered a problem that required medical intervention. As the current study highlights, the slimming industry is well established and individuals are urged not only to achieve optimal physical health but also to treat the consumption of food as a problem that should be solved.

People are judged on the basis of their body and well-being status, as body size and healthy eating have become key objectives in life (Hehlmann et al., 2018). Thus, if food intake and weight gain are regulated, one is considered a 'good' subject. According to Giddens (2013), global ideas have influenced how people construct their identities. Modernity has destabilised the way identities were previously formed (e.g., religion and family), with the construction of human identity having become a project consistent with changing social and cultural contexts (Giddens, 2013). Thus, people may resort to mass food consumption and 'quick-fix' products in an attempt to adapt their identity to the contradictions of the modern world, such as corporations' promotion of unlimited food consumption, which clashes with the neoliberal advocacy of individual responsibility and health promotion (Pirie, 2016).

This pattern reflects the tug-of-war between different markets such as the food and weight loss industries, all of whom are trying to win audiences. As Harvey (2007) suggested, neoliberalism has prioritised market-driven values and market-free capitalism by setting an open market where industries compete. Thus, neoliberalism supports a more globalised economy which allows businesses to sell their services freely, with limited state interference. However, industries such as food and weight-loss corporations may have competing interests, meaning that attempts to convince

consumers to make purchases may require persuasive efforts. These conflicting messages may raise feelings of confusion as people try to navigate them. As such, extreme healthy eating practices may escalate and people may resort to widely sold diet supplements and weight-loss products that may be harmful.

7.3.4 The Challenge to Traditional Foods by North American and Celebrity Culture

North American food culture has led to fast food culture, and popularised convenience food (McWilliams, 2006). This food culture is associated with larger food portions and the consumption of more highly processed food, while fast food chains have expanded across the globe, influencing dietary preferences and culinary practices (Counihan, 2002; McWilliams, 2006). Since the early 1980s, the number of American fast-food restaurants has grown in Britain, shaping British food culture and providing quick food options (Jones, 1985; Murphy, 1999). American ‘junk food’ also became an established presence in Greece in the 1990s, which is when advertisements for slimming products and food supplements also emerged (Featherstone, 2010; Janicic & Bairaktari, 2014). Although I did not anticipate examining the role of the US in extreme healthy eating practices, participants from both cohorts highlighted the influence of North America on their own culture and eating behaviours. Indeed, a novel finding of this research was the sense of suspicion toward the American influences on their food culture. Participants from the British cohort described changes to their food culture such as the expansion of American fast-food restaurant chains in Britain and the increased availability of processed food and bigger portions, which were thought to reflect an ‘Americanisation’ of British eating habits. The Greek cohort also felt that ‘Americanisation’ had influenced their eating habits and way of

living, echoing previous findings from Greece (Janicic & Bairaktari, 2014; Yannakoulia et al., 2003).

Participants from both cohorts mostly viewed Americanisation as detrimental to traditional values and culture. The British cohort thought that the influx of fast-food industries had contributed to rises in obesity through the availability of processed food and the larger meal portions. The Greek cohort, on the other hand, viewed the perceived rise of EDs in their country as a consequence of Western, and particularly American, influences. Rather than attempting to explain the association between Western culture and EDs, I was concerned with how American influences might influence eating practices. Findings from this study suggest that the unrealistic ideals of beauty and dieting that are promoted through advertising, including via mainstream and, increasingly, social media – all of which are features of Western culture – have potential to shape people’s eating behaviours. Western beauty ideals portray an idealised body image that prioritises thinness, although nowadays there is an increasing trend towards a more muscular physique (Thornborrow et al., 2020). These beauty ideals are also reinforced through celebrity culture. Websites analysed in this study urged users to compare their bodies to celebrity images, portraying those as representations of attractiveness.

Participants from both cohorts discussed their exposure to social media content in which celebrities’ bodies are highlighted. Exposure to online fitness videos and images were seen as key motivators for healthy eating practices to feel “*appreciated*” and “*desirable*”. Celebrities and social media influencers both embody and endorse these beauty ideals given that they receive public attention and admiration for their self-control. Exposure to celebrity images through social media has been found to contribute to body dissatisfaction, severe EDs and depression

(Brown & Tiggemann, 2022). Social media has intensified exposure to celebrity images which, as participants in this study discussed, have accentuated their body vulnerabilities and the sense of being ‘attacked’ by Western beauty ideals.

Social media platforms publicise celebrities as ideals of ‘thinspiration’, promoting online social comparisons. Proponents of social comparison theory postulate that humans are naturally inclined to compare themselves to others in order to categorise themselves and see where they fit in the world (Festinger, 1954; Suls et al., 2002). However, social media provides a place with featured images to compare with celebrities romanticised as portrayals of beauty. Ultimately, users’ perceived inability to conform to societal expectations of appearance leads to a sense of inadequacy. Given that an overemphasis on attractiveness and the culture of thinness were highlighted by both cohorts in this study, users may be encouraged to consider restrictive and extreme eating behaviours to match their body look to the thin ideal standard out of fear of being unfavourably compared to others.

7.4. Websites and Social Media

7.4.1 Power Hierarchies on Websites and Social Media

A key finding of the current study is that hierarchies of power exist on social media when it comes to HE/pro-ED websites. HE website authors and pro-ED moderators/users were self-appointed experts, ‘educating’ and advising their audience to adopt restrictive behaviours by promoting individual and group responsibility as well as by selling products. In this context, communication has not only a commercial but also an educational feature that reflects a form of biopedagogy (e.g., instructing how hunger and the body should be regulated) with promotion of power differences

between expert and layperson. Knowledge inequalities between experts and laypeople are important in the production of power (Foucault & Sheridan, 1970; Plummer, 2020). Foucault (1991) stated that those who exercise power are ‘experts’ as they have the knowledge to shape reality. Power is a function of knowledge and, on both HE and pro-ED forums, authors, moderators, and users with experiences of clean/restrictive eating are presented as knowing how to ‘perfect’ the body. As such, a level of expertise is expected to be attributed to them by the audience, which can influence how those with apparently less knowledge can interpret healthy eating and food. This is not to accuse authors of deliberately aiming to fuel readers’ fears and preoccupation with food. In contrast, authors might employ such metaphors and linguistic devices because they have learnt to use language this way also. Foucault (1998) suggests that dominant discourses are internalised by individuals, prompting them to govern their conduct accordingly. As such, although ‘experts’ in this study have power within their online space, they may simply be playing out their own internalised beliefs and fears generated through their own life experiences.

Whilst ‘experts’ on HE and pro-ED websites play a crucial role in circulating ideologies and shaping behaviours, on a macro scale, there are powerful forces at play that need to be considered. Social media platforms such as Instagram and TikTok, by collaborating with influencers and celebrities, show how a ‘desirable’ and ‘acceptable’ body should look whilst also promoting food products (Anixiadis et al., 2019; Klassen et al., 2018). As such, social media not only influences how we come to see our bodies and food, but also how we govern our eating behaviours. Again, Foucauldian concepts of power are important. Here ‘governmentality’ (Foucault, 1982) refers to a form of disciplining power that aims to control individuals’ conduct. The governmentality of eating behaviours on social media takes place when

corporations collect detailed data and scrutinise online behaviour to produce targeted advertising and gain profits. This has been called ‘surveillance capitalism’ (Zuboff, 2019). When corporations employ these practices to promote their products, improve their services or enhance consumption, they do so within a framework of neoliberal rationality (Lawrence, 2018). Neoliberalism has turned digital activities into market acts under surveillance capitalism, allowing corporations not only to predict but also shape behaviours (Lawrence, 2018). When businesses such as Instagram and TikTok use online behaviours (such as searches for diets or fitness videos), they can both predict future searches and influence users’ behaviour by enhancing their exposure to content through algorithms promoting food products and diets likely to appeal to certain consumers for economic ends. In this sense, corporations use social media and online behaviour to maximise their profits by targeting certain dieting and healthy eating practices.

The messages disseminated on social media and websites have become an integral part of neoliberal society (Docherty, 2021). They operate as forms of biopower that aim to control individuals’ behaviour based on self-discipline and constant surveillance. In neoliberal governance, biopower operates by the dissemination of discourses that aim to mould citizens who will manage their bodies through self-restraint and self-governance so that the state’s responsibility for promoting health is reduced (Crawford, 2006; Foucault, 1979). Websites and social media promote self-regulation and devotion to certain morals from their audience, monitored by the ‘experts’ and the audience. It should be noted that there are also power inequalities between website moderators and corporate bodies such as Instagram. It could be argued that the power of the HE authors and pro-ED moderators is not the same as that of the corporate bodies that have the power to set

trends and dictate behaviours. In this sense, both the moderators and their audience are ultimately shaped by corporate power.

7.4.2 The Different Functions of the Websites

The analysis of the HE and pro-ED websites uncovered similarities, but different functions underlying their operations. Although commercial purposes were more prevalent on the HE websites, both sites were advisory, offering guidance on how their audience could change their diet. Sites also provided a range of opportunities for interaction among authors/moderators and readers/users. As previous studies have demonstrated, digital communities facilitate fast interactions, including rapid dissemination of food-related practices and eating concerns (Quick et al., 2015; Sidani et al., 2016). Both HE and pro-ED sites promoted behaviours and attitudes around eating; the former promoted healthy eating whereas the latter focused on restrictive eating practices. However, it was not just the site moderators or HE website authors who were potentially shaping users' food relationships and preferences. Rather, the group dynamic on both interactive sites encouraged users to stick to (extreme) healthy eating practices. While moderators and authors provided behavioural choices, such as limiting food intake or choosing specific food categories, it was the community of users who made meanings of these choices and shaped the group's ways of thinking about eating, via interaction and promotion of certain discourses.

Some sites appeared to fuel readers' concerns over the quality of their food by validating their fears and suggesting deception on the part of the food industry. Considering Nicolosi's (2006) concept of the 'orthorexic society', the distance

between food producers and consumers has escalated concerns over the provenance of food. Simultaneously, consumers try to make responsible decisions when navigating the ample yet deficient food information provided. Although Nicolosi's concept was developed before the capabilities of the internet had been considered fully, the current study highlights the role of websites as both a resource of diet information and one of the key factors in the creation of an 'orthorexic society'.

In some posts, users on both sites shared weight loss ideas or healthy recipes. In others, they validated others' hopes and fears around eating. However, the overarching – and perhaps most harmful – difference between HE and pro-ED sites lies in the level of interaction and circulating messages. Whilst both sites created psychological pressures on their audience and perpetuated dangerous discourses around diet, interactions on pro-ED sites had a more authoritarian and immediately hazardous nature. Discourses on pro-ED sites included more dangerous messages in relation to restrictive eating and diet. Users shared 'tips' for losing more weight or avoiding treatment, with posts looking for 'coaches' willing to punish them appearing frequently on the forums. Therefore, users could be introduced to novel dietary practices, a finding that aligns with previous research (Gale et al., 2016; Wilson, 2006). Discourses around punishment promoted self-hate and practices of self-punishment that reflected conformity to the group's morals was also introduced. Conformity on these sites is bound up with users' eating practices; a reflection of the 'good anorectic' discourse which represents the super-compliant user (Eckermann, 1997). Although users posted individualistic messages about diet and EDs, the opportunity for others to reply, share ideas and support the messages suggested a more collectivistic endeavour that might reinforce attempts to lose weight and avoid treatment, thus amplifying engagement in self-criticism and negative self-evaluation.

Despite hazardous messages on pro-ED sites, recovery content was detected on some forums. Users and authors advised those admitting to having an ED to seek treatment. In congruence with Borzekowski et al.'s (2010) and Schroeder's (2009) findings, pro-ED users in treatment provided support and options for recovery to other users. This suggests that treatment-focused support with experiences of body distress could be provided to pro-ED users, aiding recovery. Nonetheless, it could be argued that endeavours to support those trying to recover are undermined by the vast quantity of extreme views and beliefs around eating circulating on these sites.

The audience of pro-ED sites was predominantly female, which is reflected by the messages on the forums. It could be inferred that pro-ED sites attract females due to their function as venues where women can deal with body distress, and form an identity that is not being constantly criticised by others. Female audiences can share concerns related to the pursuit of cultural standards such as the thin ideal, which has long been imposed on women (Kellie et al., 2019). Day & Keys (2008) saw pro-ED sites as places where women resist conforming to social expectations and strive to retain their independence and autonomy. Such sites may allow women to develop their own 'politics' and reclaim control over their bodies, in a world where the female body is always evaluated and at risk of being devalued. It could be suggested that women on these sites are doing more than just sharing weight-loss tips and worsening their ED. Instead, they are trying to make active (albeit potentially harmful) choices about eating and body modifications that represent acts of defiance against cultural instructions that require women to conform. In line with Day & Keys (2008) and Harris (2001), resistance on these sites expands women's classification as passive victims. The medical profession and ED theorists have long pathologised extreme weight loss and body modifications (Schott et al., 2016). Therefore, pro-ED sites may

attract women because they are spaces where psychiatric constructions about EDs are suspended and women craft new ways of being despite dominant social discourses.

7.4.3 New Constructions of Femininity and Motherhood

Fredrickson & Roberts (1997) define objectification as the view of the female body as a mere object or even a compilation of body parts, a perspective that dehumanises the individual and has negative consequences for the objectified person. For instance, being objectified can encourage eating restrictions, a false perception of diminished morality and competence, as well as feelings of shame (Fredrickson et al., 1997; Heflick et al., 2011). Social media and websites are fertile fields for the objectification of the female body. In this study, both Greek and British participants viewed social media as objectifying women, with some female participants feeling “*attacked*” by content that heightened their sense of bodily vulnerability. Similarly, sites included discourses around restriction and the perfect body. Both in real life and on social media, women are urged to treat their bodies as objects that will grant them acceptance, admiration, and the prospect of a better life. Thus, norms about feminine appearance are created which influence what women eat. The prospect of a better life, which was discussed above, might help to explain the appeal that websites and social media about fitness and food have on users. Ironically, however, this content escalates users’ concerns over food and body image, leading to extreme behaviours, rather than providing a better life.

Feminist theorists such as Bartky (1990) explain objectification as a result of fragmentation. Influenced by Marx’s theory of alienation, Bartky defined fragmentation as the identification of the body with the representation of the person,

without acknowledging the human themselves. Thus, the individual is fragmented and aspects such as personality are not considered important. Bartky (1988, 1990) stated that neoliberalism has further objectified women's bodies, with severe consequences for how women look at and evaluate their bodies. Women are 'passive recipients' of neoliberal expectations which promote the assumption that desired and moral female subjects abide by the notions of self-discipline and self-surveillance (Kellie et al., 2019; Schott et al., 2016). Websites in the current study urged their audiences to be disciplined, presenting diets and healthy eating as ways of disciplining their bodies for aesthetic reasons. This can affect not only how women think of themselves, but also how they treat their bodies. This could lead to constant body monitoring and an excessive emphasis on food intake (Day & Keys, 2008; Schott et al., 2016). Nonetheless, the idea of women as 'passive recipients' of instructions and expectations is challenged by the body positivity movement which seeks to empower women and tackle stereotypes around female bodies (Cwynar-Horta, 2016).

Women are pressured by social media and society to be preoccupied with their appearance and are conditioned to view their bodies as objects of social acceptability that must be gazed at and evaluated by others. Bartky (1990) proposed that two subjects are involved in the process of objectification: the 'objectifier' and the 'objectified person'. On HE and pro-ED sites, the objectifiers are often the site's authors and moderators. Inevitably, most authors and moderators are women. Although these women must cope with their own issues in an unequal system that pressures them to be a certain size and shape, they also exercise disciplinary power over other females by reinforcing pressure and objectifying discourses. Vaes et al. (2011) suggested that women may objectify other women if they think that those women are not exemplars of femininity. The pervasiveness of objectification may

encourage women to internalise the idea that femininity is based on body size and a preoccupation with a ‘natural’ appearance. As Young (1979) pointed out, objectification and the internalisation of this practice suppress bodily autonomy. Women think of their bodies as objects rather than active subjects that have potential and should be taken care of.

Notably, some HE sites in the current study featured moral discourses around the qualities and eating behaviour of a ‘good’ mother. Thus, healthy eating and restrictive diets were attempting to shape motherhood. As such, sites were found to contribute to constructions of femininity, womanhood, and motherhood based on self-discipline. Overwhelming and sometimes confusing expectations in relation to women’s roles (e.g., caring mother, attractive woman, good wife and successful career woman) are placed upon women and can be contextualised within notions of self-discipline and food restriction. Society expects women to comply with such roles and demonstrate a flawless image (DeGroot & Vik, 2021). Lawrence (1984) and MacSween (1993) argued that women have been nurtured to be responsive to these expectations and to demonstrate passive femininity. Sites in this study fuelled these expectations and put more pressure on women through discourses that presented healthy eating and restrictive diets as ways of being the ideal woman. Healthy eating on these sites represents a way (albeit a hazardous one) of attaining the feminine body and the ideal of womanhood. For women to manifest their femininity and womanhood within social structures that always require excellence, exercising control over diet is a way of controlling and negotiating the feminine identity.

7.5 The Role of Relationships: Family and Peer Group

7.5.1 The Role of the Family

Participants in this study saw eating as a social and family activity. However, there were also instances where it was more of an individual activity. Family members might eat individually, restricting shared time at meals. Nowadays, family meals have declined due to long working hours and conflicting schedules (Holm & Lund, 2019; Neumark-Sztainer et al., 2013). As a result, family members spend less time together and food has lost its collectivistic nature, while family rituals and connectedness are reduced (Holm & Lund, 2019). Researchers have found a relationship between family meals and positive eating behaviours. For instance, in their systematic review, Harrison et al. (2015) suggested that frequent family meals protect against disordered eating behaviours and health risk behaviours. This, however, might not be the case in families where parents have a strong focus on healthy eating.

There were cases where families regarded food as a form of medicine and an ethic of care was promoted. Those parents appeared to be attempting to ‘educate’ their children on the importance of making ‘good’ food choices, and to be minimising their exposure to eating products perceived as ‘harmful’. Similarly, cases where parents imposed rigid diets on their children have been reported, with scholars discussing the likelihood of ON by proxy (Cuzzolaro & Donini, 2016; Hunter & Crudo, 2018; White et al., 2021). Ideas about diet and eating are mirrored among family members. Therefore, it is likely that these parents will model inflexible eating habits and children will copy these principles of ‘good’ food choices.

Interviews established that food was loaded with symbolism. Some participants viewed food as a means of emotional regulation, whilst others perceived

the offering of food as an act of love and a substitute for real affection from their loved ones. Scholars have confirmed that food is associated with emotional soothing, for example, coping with stress or helplessness, but also with feelings of joy or reward (Locher et al., 2005; Macht, 2008; Macht & Dettmer, 2006). This indicates that food intake is not merely driven by the feeling of hunger, but is also used to attenuate negative emotional states, reward behaviour, and elevate an individual's mood. The offering of food, on the other hand, is an early parent-child regulatory interaction; offering affection and care through food provision is a fundamental element of survival and maternal behaviour (Hofer, 2006). Congruent with past research (Devoldre et al., 2010; Jaeggi & Van Schaik, 2011), some individuals in this study saw food as a symbol of love and affection. Although food offerings may positively affect interpersonal relationships, being overly reliant on it may replace other forms of affection such as the physical expression of affection, encouraging dysfunctional support behaviours and eating practices such as extreme healthy eating.

Based on family systems theory and the McMaster model, affective responsiveness is a crucial dimension of family functioning (Epstein et al., 1983). Affective responsiveness refers to the use of a spectrum of feelings in response to appropriate circumstances. Miller et al. (2000) suggested that effective family functioning will be characterised by the right quantity and quality of responses. It has been found that EDs exist in families that lack affective responsiveness (Eisler, 2005; Holtom-Viesel & Allan, 2014; Kog & Vandereycken, 1985). This study adds to the literature by highlighting that families of individuals with extreme healthy eating behaviours may also lack affective responsiveness, which could lead individuals to develop more hazardous dietary practices in response to this lack or as a way to take control over their food intake and provide 'care' to their bodies.

Communication is also thought to be key for family functioning (Epstein et al., 1983). Both Greek and British participants perceived their parent-child interactions as lacking in communication and some participants noted that their interactions were characterised by differences in attitudes to food. Parents were reported to discount the importance of their children's emotional problems or to be strict. The lack of and divergences in communication were thought to spark controversies and the sense of a generation gap. Previous studies on families and ON indicated that challenging family relationships where there is poor communication can negatively affect eating practices and play a crucial role in the development of ON (Cheshire et al., 2020; Douma et al., 2021).

Limited verbal exchanges and failures of communication have been found to encourage disordered eating behaviours and affect body image, beauty ideals and concerns about weight (Rodgers & Chabrol, 2009; Wisotsky et al., 2003). Cerniglia and colleagues (2017) found that poor communication, constant conflicts and high levels of distress are common if a family member has an ED. A complex set of factors contributes to controlled behaviours. The current study adds to the existing literature by highlighting the importance of effective communication in families. Importantly, although research has focused primarily on mother-child communication patterns, participants in this study referred to both parents. Hence, examining communication with both parents will help us understand how difficult communication facilitates the development of extreme healthy eating practices.

A perceived lack of emotional and physical availability were two dimensions of family interactions captured in interviews. This finding corroborates a recent qualitative study where extreme healthy eating behaviours were attributed to parental physical or emotional unavailability (Cheshire et al., 2020). It is worth noting that, in

contrast, Cheshire et al. (2020) also found that parents of individuals who engage in extreme healthy eating could be overprotective. In her theoretical work, Hilda Bruch (1979, 1982) considered parents to be part of eating problems. Bruch proposed that adolescents cannot develop complete self-definitions when parents are controlling and overprotective. She argued that adolescents develop restrictive and disordered eating practices to address identity deficits and feelings of helplessness. Overprotectiveness in the context of food exposure and family functioning was discussed only by a few participants in the current study. However, considering that research on families and extreme healthy eating behaviours is limited and that overprotectiveness in family functioning is considered by many to be a key risk factor for EDs (Blackmer et al., 2011; Ketisch et al., 2014), further research is needed to explore family characteristics in individuals with controlled eating behaviours.

Findings from this study indicated that high expectations related to school and exercise were present in some participants' family environments. Participants in both cohorts perceived their parents as being difficult to please and as setting unreasonably high standards. Demanding types of parenting, typified by high expectations and control, can impel children to adopt unhealthy perfectionistic traits and create an environment where disordered eating behaviours can develop (Reilly et al., 2016; Zubatsky et al., 2015). Segrin et al. (2020) explained that the need to control behaviour may stem from the children's diminished confidence and perceived inability to meet parental expectations.

Interestingly, many participants had adopted healthy eating practices in defiance of parental norms. In her book, *Hunger strike: The anorectic's struggle as a metaphor for our age*, Susie Orbach (1986) considered EDs, and particularly AN, to be teenage acts of rebellion against overwhelming expectations. The findings of my

study partially mirror this theory, as parental expectations and food rules were discussed. Participants from both cohorts perceived their adherence to healthy eating as a way of taking control over their dietary choices and life. Perhaps the development of extreme dietary practices is a way of resisting – and protesting – parental expectations by developing a self-identity away from experiences of subordination. EDs enable people to be in charge of their selves, and particularly their dietary practices, providing a sense of power and satisfaction which is not dictated by others (e.g., their parents) (Harter & Bukowski, 2012).

One theme that emerged from most female accounts was the adverse effects of parents' and siblings' weight-related comments. Female participants from both cohorts perceived relationships with female siblings as antagonistic and contributing to their interest in healthy eating. Pearlman et al. (2019) confirmed that lack of intimacy and antagonism are present among female siblings in the families of individuals with disordered eating. Considering that appearance-related teasing by siblings is a risk factor for eating restriction and body dissatisfaction (Keery et al., 2005), it is reasonable to think that antagonistic, weight-related teasing may have strengthened participants' desire to overly focus on healthy eating. It is also reasonable to think that the antagonism could have stemmed from parental weight-related comments. Some female participants in both cohorts, including those who reported antagonistic relationships with their female siblings, discussed their experience of weight-related comments from their parents during adolescence.

The initiation of insults and weight-related comments between parents and daughters was thought to be a means of protection and of 'training' against societal, negative body-weight comments. Importantly, only the female participants in this study reported parental weight-related comments, whereas none of the male

participants did. Women are trained to be excessively preoccupied with their appearance, emphasising the centrality of the thin ideal. Several feminist writers have argued that women are required to be thin so that they can be considered attractive and valuable by males, a notion that is rooted in Western cultures (Bartky, 1988; Bordo, 1993; Orbach, 1986). Such expectations have urged women to modify their bodies through extreme diets and weight loss. The thin ideal has progressively become thinner as the media and the food, fitness and fashion industries require women to 'look good'. However, it is not only the media and industries that promote this ideal. As this study has demonstrated, the thin ideal has infiltrated into the core of family life, meaning expectations around slenderness are placed on females by their parents, making preoccupation with diet and the body a normative behaviour.

7.5.2 Peers as Models of Eating Behaviours

Most websites investigated in this study appeared to be aimed at establishing a friendly, supportive environment for members and developing a sense of community. Sites established their distinct identities by positioning their community in contrast to others and instigating a sense of loyalty in their members. The segregation between 'us' and 'them' was promoted in both HE and pro-ED sites, setting boundaries between their communities and those with opposing views. In line with previous analysis (Yeshua-Katz, 2015), the employment of 'us' versus 'them' language depicts a strong homophily and desire to protect the identity. In this study, this language also depicts the level of devotion these communities expected from their members, given that those who were abiding by their rules and ethos were especially welcomed by the authors/moderators and peers/users.

One way of interpreting community and peer influences on online platforms such as HE or pro-ED websites is by looking at the promoted representations. Proponents of social representation theory (Jodelet, 1994; Moscovici, 1984) suggest that users form their representations within an active context of discourse by anchoring meanings to behaviours and practices. Representations on sites such as ‘thin body’, ‘healthy eating’ or ‘individual responsibility’ not only give groups a distinctive identity but also explain or justify behaviours and attempts to shape eating practices. Such representations may also facilitate a sense of belonging and validation, where healthy eating and struggling for the ‘perfect’ body are mutual goals. It is seen as important for the members to abide by the group’s social representations as they are shaped by the group and define its function (Jodelet, 1994; Tremblay, 2005). Hence, interactive HE and pro-ED sites may represent a hazardous place for those seeking to find meaning and ways of belonging through diet.

Some of the British participants reported socialising with individuals who had a similar interest in healthy eating and fitness. Participants viewed socialising with these individuals as a motivation for maintaining their diet and exercise routines. Peer groups are known to shape behaviours and attitudes (O’Connell & Cuthbertson, 2009). Individuals form their social identities and categorise themselves based on the groups they socialise with and belong to, whilst group norms and adherence to these norms either empower or change behaviours. Individuals with a strict healthy eating food philosophy and orthorexic tendencies may be more likely to form like-minded peer communities (Bratman & Knight, 2000; Douma et al., 2021). As the interviews in this study have shown, the tendency to socially network with individuals who hold the same food philosophy may enable the preservation of a strict food regimen,

provide a sense of belonging to a group that values and prioritises eating principles, and consolidate their 'healthy eater' identity.

In the context of eating behaviours, proponents of social modelling theory postulate that individuals adjust their food intake based on the behaviours of their social group (Liu & Higgs, 2019). Thus, the group's behaviour is used as an eating norm and reference for change. In this study, eating norms were communicated by the group (e.g., authors, moderators, users, and peers). Thus, individuals were more likely to model norms like avoidance of specific foods, calorie deficit and exercise, which were derived from in-groups and endorsed by group members. It is also important to mention that some individuals in the interview study described poor relationships with their family, therefore peer groups and belonging may be more important to them.

Social constructionists emphasise that an individual's food preferences are never shaped in isolation; rather, they result from meaningful interactions and negotiations with others in the wider society, family and peers (Berger & Luckmann, 1984). This can lead to such things as secretive shame over eating practices (Lydecker & Grilo, 2019; Murray et al., 2015). Participants, particularly from the Greek cohort, reported concealing their eating practices, such as avoiding particular foods, for fear of being criticised. One Greek participant was worried about bullying from peers with more conservative views on eating. Therefore, Greek participants were trying to negotiate their healthy eater identity and find meaning in their action of lying within a context that was either rejecting or opposing to their eating behaviour. Further, contrary to social modelling theory and group dynamics, the Greek cohort did not appear to be modelling their peers' eating practices, but rather based their preferences on other information sources, including family habits and what they had read about healthy diets in the media.

7.6 Properties of Food: Illness Prevention and Spiritual Practice

7.6.1 *Food as a Preventative of Illness*

Beliefs around food potentially preventing or being a cure for illness were common. All participants referred to improvements in digestive issues, headaches, energy levels, and skin quality, while the older participants saw healthy eating primarily as a means for a longer life. As people get older, they are more likely to be concerned about ageing and to think about healthy eating as a means of prolonging life (Szakos et al., 2020). These findings align with other qualitative studies which suggest that beliefs about food as a medicine are often voiced by those who are preoccupied with healthy eating (Cheshire et al., 2020). This may be problematic for some and not for others if worries or eating behaviours become extreme.

The current study, however, extends these findings by showing that there are particular foods that people perceive as disease-preventing and therapeutic. Vegetables, fruits, gluten-free products, porridge, legumes, and a plant-based diet were commonly described by participants as being capable of preventing chronic diseases. In contrast, bread, dairy products, red meat, pasta, sugar, carbs, and ‘processed’ food tended to be avoided to ward off ill health. Thus, individuals constructed lists of ‘good’ and ‘bad’ food. In particular, participants from the Greek cohort spoke of the benefits of the Mediterranean diet and its associations with good health. The Mediterranean diet – which includes the Greek diet – is well known as a healthy eating pattern that can increase lifespan and prevent ill health (Papadimitriou et al., 2022). Vegetables, legumes, and plant-based foods are key elements of this diet; the Greek cohort highlighted the wide availability of such products at farmers’ markets. Therefore, coming from Greece and being raised not only with the

availability of fresh food but also with the knowledge that the Mediterranean diet enhances health could have influenced how the Greek cohort thought about eating.

Beliefs around foods as cures could also be influenced by the internet and online platforms. Website authors used advice-giving and moral censorship to urge their users to choose their food carefully and control their dietary behaviour. HE website authors associated healthy eating with health benefits, while health concerns were also widely expressed on pro-ED websites. Certain food groups (such as sweets, red meat, and 'processed' food) were linked to illnesses such as cancer and diabetes on HE and pro-ED sites, while medicinal and protective qualities were attributed to other foods such as fruits and vegetables.

Participants' and website users' preoccupation with their health was not surprising given that health claims made in food advertising have increased since the early 2000s, with healthy eating presented as part of a health-promoting lifestyle and particular foods advertised as remedies for physical and mental conditions (Adelman & Haushofer, 2018; Bialkova et al., 2016; Zwier, 2009). Consumer food choices are often guided by the link between food and health (Rangel et al., 2012a). Online platforms such as HE and pro-ED websites are a place where beliefs about food as an illness prevention strategy are shared. As such, exaggeration in relation to the medical or protective qualities of that food is likely. Users, however, are not just passive recipients of information. On the interactive sites, they can actively share opinions, reply to others, and redistribute content to other platforms. Therefore, the content and opinions about food and illness are amplified. Given that the internet now functions as a primary source of nutrition information, sites may reinforce an individual's belief that healthy eating has excessive medical qualities.

7.6.2 Healthy Eating as a Modern Spiritual Practice

Religion is a fundamental aspect of culture that provides a framework of symbols which can establish norms, shape beliefs, and reinforce cultural identities (Abdulla, 2018; Beyers, 2017). The Greek cohort mentioned religion, particularly Greek Orthodoxy, as an influence on extreme healthy eating practices and food dominion. Greek Orthodoxy was described by Greek participants as a religious tradition that preserves traditionalism and places a strong emphasis on established religious practices. Thus, the present study highlighted how exposure to extreme attitudes such as spirituality and religious fasting could shape an individual's preoccupation with them more extreme forms of healthy eating.

Researchers have linked religion and spirituality with ON development. Bratman (1997) linked ON with spirituality by attributing a sense of holiness to individuals who have an obsessive focus on controlling their food intake. For instance, he suggested that “a day filled with sprouts, umeboshi plums, and amaranth biscuits comes to feel as holy as one spent serving the poor and homeless” (1997, p. 2). A Buddhist Christian female, described in a study by Musolino et al. (2015), viewed eating the ‘right’ foods as a religious practice of self-control that was culturally appreciated. Attending a “left-wing Uniting Church”, made her believe that “choosing the right food is a Protestant work ethic” (Musolino et al., 2015, p. 23).

These findings align with mine, where fasting was a religious tradition mentioned by some Greek participants. For example, one female participant described a religious family environment where fasting was imposed by parents from a young age and was considered both a norm and a means of control and purification for the body and soul. Authors of a qualitative study stated that exposure to extreme attitudes and behaviours during childhood and adolescence can influence extreme healthy

eating practices such as ON (Cheshire et al., 2020). Thus, individuals who come from religious and cultural contexts, including Greece, may be more predisposed to extreme behaviours and may see healthy eating as a way of mastering their bodily desires that reflects worship and devotion.

The link between religiosity and EDs has long been observed, starting from the medieval era and examples of women who voluntarily practised self-starvation (anorexia mirabilis) for long periods as an attempt to be 'pure' and control their biological urges (Brumberg, 1989). Despite their wealthy background, these women lived ascetic lives and were declared to be saints. Their eating behaviour was highly regarded and priests encouraged believers to follow suit (Bell, 1985). Anorexia mirabilis was thought to liberate individuals from their physical urges and cultivate a deeper connection with God. Perhaps in religious cultures, fasting and extreme food restriction are linked to virtue. This, however, raises the question of whether extreme healthy eating behaviours and ON are practices that could be influenced by remnants of earlier times (e.g., from the Orthodox canons) or if they are displays of modern religious practices.

Giddens (2013) argued that there is no pre-existing identity in late modernity, but rather identity and the body have become central projects. In modern societies, individuals actively negotiate their identities and view their bodies as canvases or projects for improvement. Body modification becomes a high-priority task that demands effort and commitment to attain the desired outcome (Giddens, 2013). Therefore, it could be argued that extreme healthy eating practices are a manifestation of a quasi-religious practice, as the body becomes an end in itself. Indeed, some people may still practice traditional dietary restrictions such as religious fasting to build a deeper connection to God and abide by their religion. However, a quasi-

religion which has some foundation in traditional religion may also have surfaced, as people see food control and their bodies as projects of improvement that require a ‘spiritual’ commitment.

In this study, messages that conveyed a ‘spiritual’ commitment to healthy eating were found on both HE and pro-ED websites yet were ambiguous. HE websites utilised spiritual language around food consumption by asking readers to make vows (e.g., “*make a vow to not eat them again*”), while pro-ED websites promoted ‘magical’ belief systems that resemble cult-like beliefs. As in previous studies (Day & Keys, 2008; Stapleton et al., 2019) spells, psalms, and rituals to ‘Ana’, who was praised as a deity-like figure, were found on pro-ED sites, accompanied by feelings of shame and thoughts of impurity which could serve as both maintainers and promoters of EDs. A quasi-religion appears to be being constructed on ED sites, founded on the figure of ‘Ana’, who can be both punitive and supportive in the journey of thinness. In this way, they differ from HE sites, where optimum health is the pinnacle of success.

An additional finding of the current study was that spiritual messages on pro-ED websites were often accompanied by encouragements to self-hate/punishment. The mortification of the body through food restriction and purging was treated on these sites as a spiritual project that required loyalty and devotion from users. Although authors of previous quantitative studies have found that spiritual/religious content may not be harmful to individuals and may serve as a supporting agent of health (Boisvert & Harrell, 2013; Bóna et al., 2021), the current study highlights that the religious content observed on pro-ED websites could promote more extreme eating behaviours under the guise of a spiritual practice. Such content could reinforce harmful behaviours and adherence to strict eating rules by fuelling users’ desires for

spiritual practices of eating. However, these sites portray a different view of spirituality by encouraging users to engage in acts of self-punishment and self-hate.

Stommel (2009) explained that becoming a member of the pro-ED community means encompassing expected behaviours, normative requirements, and the appropriate mindset toward the disorder. This means that assuming an identity in the pro-ED community could be attained only if users and newcomers adopt this kind of spiritual commitment to their bodies and food. In cases where the members' attitudes do not align with the expected manner of behaviour, self-hate is encouraged and directions to 'correct' their attitude are frequently communicated (Stommel, 2009). Sites also promote users' feelings of guilt and shame when adherence to the standards of this spiritual belief system cannot be maintained, potentially exacerbating their ED and raising more treatment barriers. Aarnio & Lindeman (2004) confirmed that magical food beliefs strengthen food avoidance behaviours. Food avoidance, however, is encouraged not only by websites but also by adverts and societal notions that cast the restriction of food as a moral issue. Thus, while studies have evidenced the link between food avoidance and pro-ED website usage, such dangers may be overlooked given that this behaviour is both accepted and applauded by modern societies.

Discourses that equate morality with the control of food and regard people who abide by healthy eating as pure are prevalent in contemporary societies (Ditlevsen & Andersen, 2021; Madden & Chamberlain, 2010). A global culture of diet and healthy eating where food is a means of either shame or holiness has arisen. Amid these sociocultural changes, extreme healthy eating practices may be interpreted as a form of spiritual practice. Some people may use religious fasting and food restriction to deepen their relationship with God, and others, such as pro-ED users, to

consolidate their identity within the community. Nonetheless, within societies where neoliberal policies prioritise self-optimisation, traditional ideas such as fasting and healthy eating may be framed as personal fulfilment. Although some websites may echo ideas that are not accepted by wider society, people strive to show devotion to food purity so that they can feel respect from a society that views commitment to healthy eating as a sign of spirituality, purity, and/or morality.

7.7 Conclusion

The present study emphasised the multifactorial nature of extreme healthy eating practices by exploring the complex interplay of online and offline factors. Through the qualitative methodology, it has been acknowledged that extreme healthy eating practices cannot be attributed only to the individual. Rather, more intricate and interconnected factors such as sociocultural influences (online discourses, parental influences, and religion) and neoliberalism's encouragement of individual responsibility and self-optimisation are operating at individual, societal, and cultural levels, resulting in a synergy of circumstances. The present study highlights the socially constructed nature of extreme healthy eating behaviours, elucidating the strong macro-level influences that encourage individuals to transition from moderate to more extreme eating practices. In light of this, my future objective involves pursuing further research in this area, aiming to understand how individuals, particularly those that deal with an illness and view healthy eating as treatment, construct their lists of 'bad' and 'good' foods. By doing so, a more nuanced understanding of this newly emerged phenomenon that impacts individuals across their lives, is hoped to be cultivated.

7.8 Strengths, Limitations, and Future Directions of Research

My conclusions concerning the role of family, online messages, and culture in the development and shape of extreme healthy eating practices expand the findings of the existing literature. However, this study was not without its challenges and limitations. Although a large quantity of websites, both HE and pro-ED websites, were analysed, references related to men and LGBTQ+ communities were limited. HE website posts addressing healthy eating and body ideals for men were scarce, whilst pro-ED threads made by or addressing male issues were less than twenty. On the contrary, no posts or threads related to LGBTQ+ communities were identified. Although this study tried to explore the influence of online messages on individuals of all genders, one possible reason for this disparity could be the websites' focus. Historically, websites are designed to attract the female audience through linguistic devices and messages that leverage their body image concerns and insecurities. An additional reason for possible exploration is the similarities in the presentation of extreme eating practices. It might be that websites feature this content because men and women manifest extreme eating behaviours such as extreme healthy eating in a similar way or due to common micro and macro mechanisms that transcend gender boundaries. Therefore, it could be argued that some of the findings may apply to these populations as men and LGBTQ+ community members could have been exposed to the threads and posts that were analysed.

Previous studies have confirmed male participation in pro-ED communities (Almenara & Machackova, 2016; Quiniones & Oster, 2019) and EDs behaviours in men and LGBTQ+ community members have increased (Parker & Harriger, 2020; Quiniones & Oster, 2019). Given that these populations are under-represented in the EDs area and research has indicated their engagement in online communities, future

studies into the posts and threads that are addressing eating practices and body ideals for men and LGBTQ+ communities are recommended. Considering the interview findings of this study where some of the male participants referred to muscle building, future research could also explore if there are other online spaces where men form their own communities or could focus on recruiting men from bodybuilding places and explore issues around men and masculinity. Lastly, this study exclusively encompassed websites that were written in English, hence the full spectrum of messages circulating on the two website genres cannot be captured. Nevertheless, it is important to note that English is a global language with international presence, with users from different countries, even developing countries, accessing these sites. Epidemiological studies in Africa and Asia have confirmed that ED cases have risen within developing countries (Pike & Dunne, 2015; Safiri et al., 2022), raising questions if individuals from these countries who might access online platforms present the same concerns or if we are likely to see differences across continents and countries given their low economic and educational development.

With regards to the interviews, participants were recruited through Prolific. The recruitment strategy that was followed might have hindered the sampling and the data collection process in relation to the range of the reported cultural and familial backgrounds. The population registered on Prolific may not fully reflect the general population that practices extreme healthy eating, restricting the generalisability of the findings. Recruited participants were classifying themselves as middle and working class and no individual from the high social class was included in the study. This limited the opportunity to explore the backgrounds of people who were coming from varied social classes. Further, the nature of Prolific as a platform primarily tailored to quantitative studies, along with its appeal to individuals motivated by economic

motives, may have impacted the data collection and results. Specifically, participants recruited through Prolific, who may not be accustomed to participating in interview-based studies through the platform and prioritise their anonymisation, posed challenges during data collection. Some participants requested to keep their cameras off to maintain anonymity, potentially hindering rapport-building and their willingness to share experiences on sensitive topics. There were also two participants who were laconic, providing brief responses and showing reluctance to elaborate on aspects such as diet, family, and sociocultural environment. Previous research has found that paid participants score lower in openness to experience compared to volunteers (Buchanan, 2018). Based on this finding, the laconic behaviour of my study's participants suggests that their primary motivation for participation was the reimbursement offered. Additionally, some participants did not engage in member checking, possibly due to the lack of compensation for reviewing their transcripts. Nonetheless, it is crucial to highlight that member checking, as a tool for enhancing trustworthiness, is generally reported to be difficult to achieve in research due to a general lack of engagement from participants in this stage of the research, whether paid or unpaid (Bell & Pahl, 2018).

It should be noted, however, that the utilisation of Prolific for participant recruitment offered the advantage of potentially capturing a more diverse representation of individuals, including those motivated by financial incentives rather than solely by specific dietary practices, thereby reflecting a broader cultural shift towards healthier eating habits observed within the general population. This approach suggests that the findings may better represent societal trends in healthy eating behaviours, rather than solely targeting niche groups often associated with extreme dietary practices. Further, a novel category of people that abide by healthy eating was

introduced through Prolific. Literature has suggested that healthy eating and ON are common among individuals with a high socioeconomic status (Aksoydan & Camci, 2009; Shelton, 2005; Varga et al., 2013). In this study, however, the characteristics of the sample indicated that extreme healthy eating is not limited to high social class. Instead, more people with ‘ordinary’ backgrounds and from the working class are engaging in extreme eating practices. Future research could include individuals from different socioeconomic backgrounds and compare their cultural and familial influences. An additional advantage of using Prolific that significantly influenced the study results was the assurance of participant authenticity. In recent years, scholars have highlighted the prevalence of imposter participants in qualitative research, who may not meet the inclusion criteria but falsely claim specific characteristics or identities due to economic incentives (Ridge et al., 2023). However, Prolific provides additional reassurance regarding participant authenticity and data trustworthiness, compared with those simply recruited through social media. Participants provide personal characteristics such as education level, dietary preferences, and physical health issues when creating their accounts (Palan & Schitter, 2018). Only those participants who have accurately selected these characteristics are notified of studies that align with their profile. This personalised approach enhances the reliability of the research endeavour.

The interviewee narratives provided rich details about the cultural and familial constellations that could have influenced the participants’ eating behaviour and their meanings around healthy eating, but the number of the interviewees could be considered a limitation. It would also be interesting to explore the cultural influences by comparing larger quantities of individuals who live in cultural settings that present similarities, such as Italy and Greece, or settings that are considered to be divergent

such as the US and Israel. By doing so, the spectrum of the cultural and familial elements that promote self-optimisation through healthy eating could be elucidated.

Although this did not arise in the present study, it should be acknowledged that the body positivity movement has now appeared on social media. This movement, which aims to combat fat stigma, questions conventional beauty norms and encourages individuals to accept their bodies and appearance irrespective of weight and imperfections (Cwynar-Horta, 2016; Webb et al., 2017). A recent content analysis of body positivity Instagram accounts documented that posts included conceptualisations of beauty that were not confined to the thin ideal, and promoted less-represented body shapes (Cohen et al., 2019). As such, more diverse images of bodies and beauty are now depicted, allowing for a broader spectrum of beauty representations that foster acceptance and challenge traditional beauty standards to be promoted online (Cwynar-Horta, 2016; Webb et al., 2017). Future studies could explore both platforms or social media accounts that promote this movement or conduct interviews and focus groups with supporters of body positivity. This way, the different nuances and attitudes towards body appearance could be acknowledged.

7.9 Original Contribution to Knowledge

The aim of this study was to contribute to the knowledge about extreme healthy eating practices and ON, considering that qualitative research and other literature on orthorexic behaviour are scarce. Collectively, the two studies conducted aimed to enhance and add to present understanding of the presentation of ON and the factors that influence individuals who self-identify as being overly concerned with healthy eating. I have employed various methodologies that enabled me to gather and

juxtapose various sets of data in order to understand potentially problematic healthy eating practices across different cohorts and cultural contexts, encompassing digital and offline domains.

7.9.1 Contribution to Literature on Familial and Cultural Influences

The limited literature on familial and cultural influences on the development of problematic eating views and behaviours provided a unique opportunity to address this research gap in the field of ON. Although the key impact of family and cultural dynamics in the shape of eating behaviours has been recognised by preceding studies on EDs, my literature review on ON suggests that only a limited number of qualitative studies have investigated familial influences on extreme eating behaviors, while studies looking at cultural influences and comparing individuals from different cultural backgrounds are still very much in their infancy.

Previous studies that qualitatively examined relationships between family members and their impact on orthorexic tendencies, provided a basis of empirical knowledge for my study (Cheshire et al., 2020; Fixsen et al., 2020; White et al., 2021). The analysis in this thesis confirmed that poor communication and challenging family relationships (such as lack of physical and emotional parental availability) may have links to the development of ON. In line with studies on EDs (Ahrén-Moonga & Silverwood, 2009; Ahrén et al., 2012, 2013; Sundquist et al., 2016), the present study underscores that families of individuals with a high preoccupation with healthy eating share common characteristics with families from individuals with EDs, such as high parental expectations with regards to school and exercise, antagonistic relationships among siblings, and parental weight-related comments. However, a further insight

provided by my own participants' reports relates to the reasons underlying parental weight-related comments and the ways parental and sibling antagonism fuelled the participants' engagement with healthy eating. The societal overemphasis placed on appearance and thin bodies has been postulated by participants as the reason behind the incitement of these comments in family relationships. This finding demonstrates the pervasive reach of anti-fat attitudes on family dynamics and how individuals may ascribe an important meaning to healthy eating as a result of family interactions.

By considering and comparing the different social and communal contexts in which individuals develop their food preferences, this study was able to uncover specific cultural influences on individuals. So far, no study has looked into cultural influences comparatively, with the current study illuminating cultural disparities that could have shaped eating behaviours. Although findings from the present study confirm that cultures present differences in terms of conservatism and openness to new ideas (Hofstede, 1980, 2010), the study highlights the genesis of a more globalised culture in which American influences, especially Western beauty ideals, neoliberalism and its philosophy of individual responsibility continue to shape citizens. Following the footsteps of others (Harvey, 2005, 2007; Segura-Ballar, 2021) I set out to understand the influence of neoliberalism and its pervasiveness. By demonstrating how the contradictory messages of overconsumption and food control are promoted online, and the longstanding neoliberal ideas about self-control that even influence professionals, this work has added to existing knowledge and theory on the impact of neoliberal ideology on people with extreme healthy eating practices.

7.9.2. Contribution to Knowledge on ON and Progress to Pathological Eating Behaviours

As an object of study, ON is relatively new, but also one that has attracted considerable academic interest. A key feature of the present study is its multidisciplinary nature. By bringing together literature from psychology, sociology, and media studies, I was able to gain insights into the experience of extreme healthy eating. Individuals that develop this preoccupation with healthy eating tend to voice beliefs about food as a medicine and as a preventative. My analysis fits with these findings, but adds to existing knowledge by highlighting that there are particular foods considered to have disease-preventing and healing properties. Foods such as vegetables, fruits, gluten-free products, porridge, and legumes, as well as a plant-based diet were included in the list of ‘good’ food being constructed by both cohorts. Therefore, it is acknowledged that individuals construct lists of ‘good’ and ‘bad’ food based on the perceived medicinal properties which might strengthen food avoidance and restriction. Such lists could be influenced by circulating discourses and individual health concerns. As it was found in this study, many participants from both cohorts had adopted healthy eating to deal with health problems such as digestive issues and headaches or other illness.

Another set of ideas explored in this study is spirituality within the context of ON. Through the literature review on the past cases on EDs, I contributed to understanding the religious content found on online sites, the loyalty expected from the users, and especially the spiritual component of fasting discussed by the Greek cohort of participants. I have suggested ON to be akin to a modern spiritual practice which may have links to traditional eating behaviours such as religious fasting. Some individuals who grew up in religious settings may strive for family/societal approval

similar to the sainthood sought by known female cases in the medieval era. Further, websites employ language with religious references to promote their eating approach and a spiritual commitment to healthy eating which could encourage users to go to extremes via a strict adherence to food purity as a means to garner respect linked to the moral worth of healthy eating.

I also set out to understand how sites construct discourses around healthy eating and how the messages can affect beliefs around eating. This exploration of language and discourses featured on both sites could help to deepen understanding of links to moderate/extreme eating behaviours on online platforms. Both HE and pro-ED sites have been criticised for being sources of misinformation that normalise pathological forms of eating (Boepple & Thompson, 2014; Davis et al., 2020; Rouleau & von Ranson, 2011). Although there is evidence of more extreme language being used on pro-ED sites than HE ones, my contribution lies in identifying commonalities as well as disparities between sites. As such, it contributes to understanding the different ways in which people speak about extreme eating behaviours on different platforms so that they can begin to be better understood, and the shapings of cultural knowledge as well as understanding of these site as expressions of society can begin to be unpacked.

7.9.3 Contribution to Theory: Female Objectification, Orthorexic Society, and Biopower

The study of EDs has been explicated with theories on femininity and female objectification. Although I have interpreted some of my findings through the use of Bartky's (1988, 1990) and Fredrickson's (1997) doctrines, I have also argued that the

sites looked at in this study are in fact a space of female repression where women are further objectified. Sites in this study were educating women to treat their bodies as objects that are evaluated. I have also pointed out site's attempts to shape motherhood through moral discourses, which put pressure - and confusing expectations - on women. As such, feelings of shame, false perceptions of diminished morality, and dietary constraints arise (Fredrickson et al., 1997; Heflick et al., 2011). This has deepened and broadened our understanding of online female objectification and the pressures placed upon women, and how this might lead to extreme eating behaviours. Nonetheless, I have also suggested sites to be a place of identity construction and resistance to psychiatric constructions of EDs. Aligned with Day & Keys's (2008) and Harris's (2001) observations, sites in this study are places where women are trying to make active choices in relation to food and body modification in defiance of cultural expectations and dominant discourses. By striving for self-improvement and self-optimisation, and by promoting self-control and devotion in the pursuit of the perfect body, women on these sites are negotiating and constructing their own neoliberal identity.

The concept of the 'orthorexic society' developed by Nicolosi in 2006 could be deemed limited in certain ways, since Nicolosi conceived this concept in an era where the expansive functionalities and the capabilities of the internet had not yet been realised in the way they have today. The current study applied Nicolosi's concept and confirmed the idea that confusing messages around food online can escalate consumers fears towards food and contribute to the orthorexic society. The study also extended Nicolosi's theory by proposing websites to be a key source of dietary information, and a catalyst which significantly fuels the formation of the 'orthorexic society'. As eating practices have become subject to increased

medicalisation, online platforms amplify this phenomenon by pathologising eating behaviours and glamorising trends such as food avoidance (Brechan & Kvaalem, 2015). In addition, power relationships associated with knowledge and the ‘experts’ of these websites emerged from my study findings which could serve as a valuable foundation for future research into HE and pro-ED websites. As explained in my discussion, those with personal experiences of clean/restrictive eating were considered to be ‘experts’ and their discourses gained power, which can influence the meanings those with less knowledge place upon healthy eating and food.

Another aspect investigated and expanded upon in this study relates to the role of websites and the power hierarchies observed on sites and social media. I have drawn on Foucault’s ideas of biopower (1977) and governmentality (1982) as well as the idea of Zuboff (2015, 2019) on capitalist surveillance to understand how corporations such as Instagram and TikTok operate and how sites are using the online space to shape behaviours. Social media and sites, I have suggested, function as forms of biopedagogy and biopower under the notions of self-discipline and constant surveillance, aiming not only to predict, but also control eating behaviours, and as such, users are encouraged to diet and adhere to healthy eating in ways that are by definition likely to be masked from users. The surveillance capabilities of sites and of social media used by corporations are extensive, allowing them to collect personal information from users, including interests, preferences, and online interactions. Thereby, corporations, with the use of AI, are able to analyse online behaviour and exert control over the users’ choices. This function of control is emphasised by the present study as participants that presented more extreme eating behaviours, perceiving their online exposure to healthy eating and fitness content as being a key factor in aggravating their preoccupation with food.

7.10 Implications for Practice

The aim of the study was not to place blame on any individual who is connected to the development of an ED or advocate for the complete cancellation of the use of online platforms such as HE and pro-ED websites. However, it seems important to highlight different factors in social and cultural life that could influence the value people place on healthy eating, and stimulate conversations related to the unhealthy obsession with ‘clean’ food. Considering the implications of the study, critical reviewing and challenging online information, informing therapeutic practice, and advancing scholarly discussions are important implications that can open new avenues for research endeavours.

7.10.1 Implications for Website Use

The digital sphere has witnessed an influx of food related websites, either HE or pro-ED, and online searches for nutrition information and guidance have presented a noticeable rise (Ek, 2015; Google, 2018; Topaloglu et al., 2013). The present study has illuminated the multifaceted use of language and the messages that are disseminated on online websites. Digital literacy is vital for users who access these online websites, engage with the disseminated information, and form distinct communities. Awareness of the underlying motives of certain lexicogrammatical features and the potential negative effects exposure to such content may have, could encourage users to critically evaluate the information to which they are exposed. Since some of the HE and pro-ED websites were found in this study to provide a

supportive environment and to offer information about treatment, website users could filter and choose the online content to which they are exposed to.

It might also be an opportunity to publish these findings in health, fitness, diet or practitioner magazines, aiming to inform readers, authors, and professionals. A more optimistic aspiration is that this study could inform website authors, both registered dietitians and individuals with no formal educational training on nutrition who hold their own websites or post for other site managers. The analysis of the messages showed that not only the latter individuals disseminated messages that could motivate readers to engage in extreme behaviours through the use of metaphors, comparisons and adjectives, but the former individuals tended to use similar lexicogrammatical practices and promote comparable messages about healthy eating. The findings of this study could inform both groups of individuals that disseminate such messages about the effects language could have on eating practices. While changing entrenched beliefs around eating may be challenging, the hope is that authors may be open to considering the impact linguistic features can have on eating behaviours.

7.10.2 Implications for Mental Health Professionals

Aside from the website users and authors, digital literacy is essential to professionals that undertake the treatment of people with EDs or ON. In today's digital environment where information can be widely spread through platforms, professionals should be aware of the online content to which their clients may expose themselves. Considering that treatment is undermined by some sites (Firkins et al., 2019; Rouleau & von Ranson, 2011), insights into the messages that are circulated on

HE websites and the norms or rules of the pro-ED communities may enhance the professionals' understanding of their clients influences and the potential barriers in treatment. As the study has highlighted, the strong power relationships in these communities and the fixated norms that underlie the formation of 'we versus them' may urge users to adhere to strict and restrictive eating practices or avoid treatment in pursuit of perfection, health and sense of belonging.

It is important for professionals to be aware of the content circulated online in order to adapt their clinical practice and strengthen their clients' resistance to its effects. Healthy eating disinformation could be tackled with the aid of professionals who could guide individuals to trusted websites with credentials. Given that some pro-ED websites are more treatment-oriented, professionals could recommend trusted websites to their EDs clients in order to feel supported. This acknowledges the important role and function that such websites appear to play and independently of the reader's/user's education, race/ethnicity, or health care access, the efficacy of website-delivered nutrition messages will be meliorated by confining the online content that is liable for perilous impacts on eating behaviours.

The findings related to peer, familial and cultural influences could aid professionals' understanding with regards to the underlying reasons of extreme healthy eating practices with the aim to develop a more holistic therapeutic plan. In terms of clinical practice, however, implications may seem more complicated given that mental health professionals are also recipients of the same global messages around self-control and food, meaning that they might also have the same beliefs or feel the pressure to monitor their food and body.

7.10.3. Implications for Research and Policy-making

It is anticipated that the wider dissemination of the findings through conferences and peer-reviewed papers, will generate interest among scholars and policy makers. For other scholars in the field of healthy and restrictive eating, I hope that these findings will contribute to further conversations on the different factors that have an impact on eating behaviour, and more particularly, on how transitions from moderate to more pathological forms of eating behaviours can be, and are, initiated on and off-line. By considering the macro level dimensions of the findings, policy makers could find discourse analysis a useful tool that can have a wider use, beyond academic purposes, which has the potential to inform their practice. Further, the interpretations of the findings may help policy makers acknowledge the varied pressures and expectations placed on individuals that play a key role in the meanings attributed to food and body size. In light of these findings, extreme healthy eating practices should be framed as behaviours that are sociocultural in origin. Instead of perceiving extreme healthy eating practices as personal dyscrasias that need to be psychiatrically categorised, they should be understood as a complex configuration initiated by cultural and more specifically neoliberal applications under which websites and online platforms operate, and by familial and peer representations of food and health. This is particularly relevant to those involved in the categorisation of conditions for the DSM. The psychiatric categorisation of ON should be carefully made in light of the sociocultural influences placed on individuals as some psychiatric conditions may be understood more as lifestyle-related conditions rather than illnesses. Therefore, the recognition of ON calls for a critical examination of the sociocultural pressures so that labels and psychiatric diagnoses do not exacerbate extreme healthy eating behaviours and health anxiety in an attempt to avoid being

clinically diagnosed with a condition or even stigmatise individuals who are merely trying to follow a healthy lifestyle. By acknowledging the factors underlying this unhealthy obsession with healthy eating, scholars, on the one hand, can further understand the concept of ON and policy makers, on the other hand, can be more attentive to the factors that perpetuate this eating behaviour, and deescalate the health anxiety individuals in modern societies experience.

7.11 Final Personal Reflections

In the earlier sections, I actively engaged in a discussion concerning the study's findings and their contribution to knowledge, alongside the exchange of thoughts on practical implications. In this final section, I will reflect on my experiences of conducting two qualitative studies, and my PhD journey. In studies where data are analysed through CDA, researchers are expected to unmask the linguistic practices that perpetuate beliefs and govern behaviours (Fairclough, 1992). At the beginning of my PhD, I had little idea about CDA and how this qualitative methodology can be used in practice. The first study of my PhD exposed me to a transformative experience where I had to teach myself how online studies and CDA are conducted, but also engage in training courses that would allow me to further my understanding and test my skills on both CDA and thematic analysis. Although CDA can be considered a rather neglected qualitative methodology, I found that it has potentials to challenge current literature and come to important conclusions.

Delving deep into the HE and pro-ED cosmos was not an easy task to undertake or complete as part of a doctoral project. My exposure to the online messages around body and female appearance, escalated my own body vulnerabilities.

Spending hours reading online threads and posts made me reflect on my food intake, the possibility of restricting calories, and checking the ingredients used in food products. Through my review of the literature, I knew that exposure to such sites negatively affects users (Jett et al., 2010; Peebles et al., 2012). However, I was not expecting to experience these negative effects which I attribute to my lack of prior experience of how these sites function and, at times, their harsh content. My gender also played a key role as it inevitably shaped my perspectives on websites that were mostly targeting women and commenting on the female body. This initial, negative experience of mine with the online content, in one way, provided me with insight into the experiences of site users but also led me to have a more negative outlook on the sites. For instance, I would present sites in my discussion section as demonic online platforms, without acknowledging some of their positive elements that have reportedly helped users. Reading how they constructed the image of the ideal woman elicited negative feelings towards the authors and these online places. I had to continuously question and reflect upon my responses to the fieldwork to ensure transparency and validity in my analysis. By questioning my preconceptions and revisiting my assumptions through my supervisors' assistance, I was able to analyse my data drawing on the strengths of interpretative approaches, and to provide evidence-based findings (Galdas, 2017).

Further, my gender could have influenced the data collection during the interviews. I felt that female participants were more open to discussing their experiences of healthy eating and body image as they perceived that body issues are inherent to women's experiences. Male participants seemed more willing to discuss sensitive topics related to their family or peer environment. Additionally, my gender may have influenced the analysis, as I have found myself resonating more deeply with

the experiences shared by female participants. Participants in qualitative studies provide meaningful interpretations of events and offer deep insights into their experiences, which can enhance the connection felt by researchers (Goldstein, 2017; Elliot & Bonsall, 2018). The stereotypes and societal pressures that we, as women, experience likely influenced the relationships that developed between myself and the participant, the narratives shared, and my interpretations of what I heard and felt.

My previous professional experience as a psychotherapist also aided the processes of data collection and analysis. More specifically, during the interviews and drawing on my training in therapy, I used active listening and paraphrasing to convey to participants the feeling that they were genuinely heard. Researchers with clinical experience can leverage their skills to establish rapport with participants, encouraging them to share personal experiences, including those that may be sensitive in nature (Lingard & Kennedy, 2010). Further, I have been more attuned to the underlying psychological motivations and triggers expressed by the participants which could have further impacted the prompting questions and some interpretations of their narratives, potentially shaping the identification of particular sub-themes and the deeper understanding of familial and sociocultural influences on eating.

By opting for a qualitative methodology in this study, I aspired and anticipated that the findings would hold significance in the area of EDs and ON. My research endeavours shifted the clinical-based perspective I had adopted at the beginning, and introduced me to social constructionism. Social constructionism asserts that reality is a product of social processes during which individuals and societies create their shared meanings and understanding (Burr, 2015; Gasper, 1999; Young & Collin, 2004). This theoretical perspective provided a framework on which I could explore and negotiate the meanings my participants had constructed around

healthy eating and food. Embracing the subjectivity and interpretative nature of this theoretical perspective required challenging my positivist mindset in order to fully comprehend my data and the socially constructed nature of ON. I found that this framework contributed to a process of pushing the boundaries of my knowledge.

Until I had fully developed my arguments, there were many times that I had used the terms ‘power’ and ‘neoliberalism’ in the interpretation of my findings. Nonetheless, I understood the importance of revisiting my findings and interpreting them through a fully supported theory. Through this work, I was introduced to Foucault’s notions of power and biopower (Foucault, 1982, 1991), to neoliberalism and the criticism around it (Gane, 2015; Harvey, 2005). Further, I was exposed to feministic theories (Bartky, 1988; Bartky, 1990), and to the macro-level perspectives of social interactions which I had not fully considered the extent to which they can influence values and meanings. I found that those theories provided a foundation for my arguments, stretched my capabilities, and aided personal growth.

As I approach the final phase of my PhD, I would parallel it with an intellectual odyssey. *Odyssey*, a Greek poem by Homer, recounts Odysseus hardships as he endeavours to return back to Ithaca after the Trojan war. My PhD experience was a journey with challenges and self-discovery, similar to Odysseus travails, as I tried to succeed in my quest to complete the requirements of my doctoral programme. There were moments of self-doubt during which I wondered if I fit in academia. Receiving feedback and criticism on my outputs made me contemplate on my abilities to complete my studies. Embarking on the path to earn a PhD is commonly acknowledged to be a mentally and emotionally taxing task (Levecque et al., 2018), however, the unrepresented period of COVID-19 brought novel challenges. During that period, there was a sense of loneliness and agony to meet my supervisors and fellow

doctoral candidates, progress with my research design, and adapt my interview schedule based on the COVID-19 restrictions. All these challenges tested my patience and made me learn to navigate through the complexities, regain my strength, and remain dedicated to my goal.

Opportunities to meet fellow researchers, which provided a sense of camaraderie, and present my findings throughout these years, presented during my second year. In November 2021, I presented my preliminary findings to the academic staff of the Social and Life Sciences departments at the University of Westminster. I have also shared my findings with other researchers at the annual Midlands Health Psychology network, in June 2022, at the British Psychological society, postgraduate affairs group in August, 2022, and at the Midlands Health Psychology network, in June 2023. After these presentations, which some were awarded with the prize of the best oral presentation, I was able to receive feedback on my studies, network with other PhD students, and receive requests on reading my full findings. As I embark on the next phase of my career, the resilience nurtured and the skills developed throughout these years have shaped the researcher I aspire to be. The existing body of research around ON is notably limited, leaving, in my opinion, boundless potentials and ample room for further exploration. I remain mindful of my aim to continue understanding ON and addressing the gap in the literature. In hope that this thesis will be a stepping stone for other scholars and my own research adventures. The vastness and the complexity of the pursuit of knowledge is exemplified through Einstein's quote *'The more I learn, the more I realise how much there is to discover'*!

Appendices

Appendix 1: Ethics Application Decision Letter for Interview Study



Project title: A comparison of attitudes for extreme healthy eating practices between the UK and Greece: Exploring the role of culture and family

Application ID: ETH2021-1717

Date: 27 May 2021

Dear Panagiota

I am writing to inform you that your application was considered by the LAS Research Ethics Committee at its meeting of 27 May 2021.

The proposal was approved.

The expiry date for this proposal is 01 Jun 2024.

Yours,

Mandy Walton

LAS Research Ethics Committee

I am advised by the Committee to remind you of the following points:

Your responsibility to notify the Research Ethics Committee immediately of any information received by you, or of which you become aware, which would cast doubt upon, or alter, any information contained in the original application, or a later amendment, submitted to the Research Ethics Committee and/or which would raise questions about the safety and/or continued conduct of the research.

The need to comply with the Data Protection Act 2018 and General Data Protection Regulation (GDPR) 2018.

The need to comply, throughout the conduct of the study, with good research practice standards.

The need to refer proposed amendments to the protocol to the Research Ethics Committee for further review and to obtain Research Ethics Committee approval thereto prior to implementation (except only in cases of emergency when the welfare of the subject is paramount).

The desirability of including full details of the consent form in an appendix to your research, and of addressing specifically ethical issues in your methodological discussion.

The requirement to furnish the Research Ethics Committee with details of the conclusion and outcome of the project, and to inform the Research Ethics Committee should the research be discontinued. The Committee would prefer a concise summary of the conclusion and outcome of the project, which would fit no more than one side of A4 paper, please.

Appendix 2: Ethics Application Decision Letter for Website Study



Project title: A comparison of attitudes for extreme healthy eating practices between the UK and Greece: Exploring the role of culture and family

Application ID: ETH2021-2605

Date: 25 Jun 2021

Dear Panagiota

I am writing to inform you that your application was considered by the LAS Research Ethics Committee at its meeting of 24 Jun 2021.

The proposal was approved.

The expiry date for this proposal is 28 Jun 2024.

Yours,

Mandy Walton

LAS Research Ethics Committee

I am advised by the Committee to remind you of the following points:

Your responsibility to notify the Research Ethics Committee immediately of any information received by you, or of which you become aware, which would cast doubt upon, or alter, any information contained in the original application, or a later amendment, submitted to the Research Ethics Committee and/or which would raise questions about the safety and/or continued conduct of the research.

The need to comply with the Data Protection Act 2018 and General Data Protection Regulation (GDPR) 2018.

The need to comply, throughout the conduct of the study, with good research practice standards.

The need to refer proposed amendments to the protocol to the Research Ethics Committee for further review and to obtain Research Ethics Committee approval thereto prior to implementation (except only in cases of emergency when the welfare of the subject is paramount).

The desirability of including full details of the consent form in an appendix to your research, and of addressing specifically ethical issues in your methodological discussion.

The requirement to furnish the Research Ethics Committee with details of the conclusion and outcome of the project, and to inform the Research Ethics Committee should the research be discontinued. The Committee would prefer a concise summary of the conclusion and outcome of the project, which would fit no more than one side of A4 paper, please.

Appendix 3: Recruitment Material

PARTICIPANTS NEEDED:

DO YOU SELF-IDENTIFY AS BEING OVERLY
CONCERNED WITH THE QUALITY AND THE
PREPARATION OF YOUR HEALTHY MEALS?

THIS STUDY MAY BE FOR YOU!

Are you eligible?

- Are you British or Greek?
- Aged 18+?
- A healthy eater?
- Currently not receiving treatment for eating disorders?
- Willing to talk about your eating habits from the comfort of your own home?



What will you be asked to do?

We are looking for British and Greek adults (18 years +) who self-report as having an immoderate focus on their healthy diet to participate in an audio-recorded interview with the researcher lasting up to 1 hour.

For further information, please contact:

Ms Panagiota Tragantzopoulou
w1804114@my.westminster.ac.uk
or

Dr Alison Fixsen
a.fixsen@westminster.ac.uk

**UNIVERSITY OF
WESTMINSTER**

Appendix 4: Participant Information Sheet

Participant Information Sheet

A comparison of attitudes for extreme healthy eating practices between the UK and Greece: exploring the role of culture and family.

Extreme healthy eating is a newly emerged phenomenon that has attracted academic interest. You are being invited to take part in this study because you have a personal experience with healthy eating. Before you decide whether or not to participate, it is important for you to understand why the research is being conducted and what it will involve. Please, take the time to read the following information carefully and decide if you want to take part in the study.

What is this study about?

The main purpose of the current project is to get a better understanding of the lived experience of extreme healthy eating practices in different cultural and familial contexts, in this case the UK and Greece. This aim will be achieved by listening to British and Greek individuals (18 years and above) who have adopted a healthy lifestyle with a clear focus on their diet and the products consumed.

What will I be asked to do?

You will be asked to participate in a one-to one interview with the researcher that is going to last approximately up to 1 hour. The interview will involve topics such as

which were the motivating factors for initiating a healthy diet, what you consider as the benefits or the obstacles of maintaining a healthy diet schedule in conjunction with daily activities, what were the eating habits of your family during childhood and adolescence; any cultural values pertaining to eating.

Do I have to take part?

Participation is totally voluntary; you are under no obligation to take part in this study. The data that you provide will be very useful for our study. If you decide to take part, you will be given this information sheet to keep and will be asked to sign a consent form.

What does my participation involve?

Firstly, you will be asked to sign two copies of the consent form- one for the research team and one to keep for yourself. You only sign this form if you have comprehended the nature of the study and if you fully agree to take part in the interview. You will then be invited to an interview which will take place on Telephone or Teams, based on your preference. The interview will be audio recorded. All the personal information provided, including names of people and places, will be removed from the transcript so that confidentiality can be ensured.

Do I have to answer all the questions?

No. You are not required to answer all the questions. You have the right to omit questions that feel intrusive or distressing and even stop the interview.

What if I decide to withdraw after the interview has taken place?

You have the right to withdraw your data at any point until the data has been anonymised or analysed as part of the research project. If you decide to leave the study after the interview has ended, your recording will be destroyed and no quote will be used. However, it will not be feasible to do this once the study has been published.

What will happen after the interview has taken place?

After the interviews, transcription will be initiated and a copy of your transcript will be available for you to review. All materials, including interview recordings and transcriptions, will be anonymised. This means that your name and other identifying information (including the names of anyone mentioned) will be changed so that nobody reading your transcript or any statement you made that we quote in any document can link anything you said with you as an individual. The signed consent forms will be stored separately and securely to ensure the confidentiality and safety of your personal information. Anything said in the interview will then be entered onto a computer; the computer and the data file will be password protected.

How will the information I provide be used?

The information you provide will be confidential. All data use adheres strictly to the terms of the Data Protection Act (DPA 2018). No one apart from the researcher and the supervision team will have access to the information you provide and no details will be passed on to anyone else. Once the data is analysed, a report of the findings may be

submitted for publication. A summary of the results will be available from the researcher on request once the study is complete.

Contacts for further information:

We hope you find this sheet has adequately informed you about the project before you decide whether you would wish to participate or not. Please, feel free to ask questions if there is anything that is not clear or if you would like more information by contacting the principle researcher of the project Ms Panagiota Tragantzopoulou [w1804114@my.westminster.ac.uk] or Dr Alison Fixsen [a.fixsen@westminster.ac.uk].

Further Contacts for Support:

Organisation	Contact
Beat	www.beateatingdisorders.org.uk
Mind	www.mind.org.uk
Anasa	www.anasa.com.gr

Appendix 5: Consent form

My participation in this research is on an entirely voluntary basis.	
I am able to stop at any point during the process without having to provide an explanation.	
Once I have taken part, I am still able to withdraw my data at any point until the data has been anonymised or analysed as part of the research project. I understand that if I do not provide any identifying information it will not be possible to remove my data after I submit it as it will not be possible to identify it.	
I do not have to answer all questions or complete all tasks that are presented to me.	
My data will be anonymised and all identifying features will be removed so that my contribution will not be identifiable when reporting this research.	
If I provide any personal identity data this will be treated confidentially and in accordance with the University of Westminster ethical guidelines and British Psychological Society code of human research ethics. It will be securely stored and managed in accordance with the Data Protection Regulation 2018 and the General Data Protection Act 2018.	
My responses and/or personal information that I provide may be shared with members of the research and/or teaching team, and the University of Westminster External Examiner.	
The duty of confidentiality is not absolute and in exceptional circumstances this may be overridden by more compelling duties such as to protect individuals from harm.	
My anonymised contribution to this research may be used for future research and may undergo secondary analysis. Future research may be unrelated to the goals of this study and may be conducted by researchers that are unrelated to this study.	

I consent to take part in this research study	
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In signing this consent form I am indicating that my participation has been explained to my satisfaction and I am agreeing to and understand the following – please initial each box below, as appropriate:

Participant's Signature:	Researcher's Signature:
Date:	Date:

Appendix 6: Interview Guide

1.	<i>Can you tell me about your diet and your daily routine?</i>
2.	<i>How did you become interested in healthy eating? What prompted you to adopt this healthy eating practice?</i>
3.	<i>Have you used any healthy eating website/forum? If yes, in what context?</i>
4.	<i>What do you see as the key strengths of maintaining a strict and healthy diet?</i>
5.	<i>What have been the main challenges in keeping up with a healthy lifestyle?</i>
6.	<i>How has your diet affected your emotional and personal or professional life?</i>
7.	<i>What differences, if any, do you think that healthy eating could make to people?</i>
8.	<p><i>Could you describe your family environment during your childhood/adolescence from your perspective? In terms of</i></p> <ul style="list-style-type: none"> • <i>Eating habits</i> • <i>Function</i> • <i>Relationships among/with family members</i>
9.	<i>In what ways has your family background affected your current choice of eating?</i>
10.	<i>Could you describe the culture that you have been raised in?</i>

11. *From your experience, are there any social or religious barriers to eating behaviours? If, yes, could you describe them?*

12. *To what extent has your culture influenced your current eating habits?*

Appendix 7: COREQ Criteria for Reporting Qualitative Research

COREQ Domain 1: Research Team and Reflexivity

	Criteria	Guide Question	Researcher Response
	1. Interviewer	Which author/s conducted the interview?	The author (PT) conducted all the interviews
	2. Credentials	What were the researcher's credentials?	PT has a BA in Philosophy and Pedagogy, a MA in Educational Psychology, a MSc in Integrative Counselling and Psychotherapy and was a PhD student at the time of the interviews.
Personal Characteristics	3. Occupation	What was their occupation at the time of the study?	PT was a full-time PhD student and a part-time visiting lecturer at the university of Westminster.
	4. Gender	Was the researcher male or female?	Female.
	5. Experience and Training	What experience or training did the researcher	PT had already conducted two qualitative studies for her postgraduate studies. Prior to the

	have?	interviews, PT attended two qualitative trainings at King's College which further prepared her for the interviews and the analysis of the data.	
Relationship with participants	6. Relationship establishment	Was a relationship established prior to study commencement	The researcher had no prior knowledge or direct contact with any of the participants before the interviews.
	7. Participant knowledge of the researcher	What did the participants know about the researcher?	Participants were not previously acquainted with the researcher. Before commencing the interviews, PT introduced herself, explaining that she was a full-time PhD student who was interested in their experiences of healthy eating and the factors that could have influenced their diet.
	8. Interviewer characteristics	What characteristics were reported about the interviewer?	PT is a Greek researcher who is completing her PhD in the UK. Prior to the interviews, PT noted in the reflexive journal her own assumptions and biases.

COREQ Domain 2: Study Design.

	Criteria	Guide Question	Researcher Response
Theoretical framework	9. Methodological orientation and theory	What methodological orientation underpinned the study?	Reflexive thematic analysis underpinned the study.
	10. Sampling	How were participants selected?	Participants that abided by the inclusion criteria were either contacting the research or self-selecting through Prolific.
	11. Method of Approach	How were participants approached?	An advertisement of the study was posted on the researcher's social media accounts and on Prolific.
	12. Sample Size	How many participants were in the study?	In total, 16 (8 British and 8 Greek) participants were interviewed.

Participant Selection	13. Non-Participation	How many people refused to participate or dropped out? Reasons?	No participant directly refused to participate. 14 individuals did not respond to the researcher after reading the recruitment material. No reason was provided for their withdrawal.
Setting	14. Setting of Data Collection	Where was the data collected? E.g., home, clinic, workplace	Data was collected online through Teams app.
	15. Presence of Non-Participants	Was anyone else present besides the participants and researcher?	No- only the researcher and the participant were present during each interview.
	16. Description of Sample	What are the important characteristics of the sample?	Sample demographics are presented in Table 2 (participants' socio-demographics)
	17. Interview Guide	Were questions, prompts, guides provided by the authors? Was it pilot	The interview guide is provided in Appendix 6. The guide was not provided to the participants beforehand so that spontaneity is preserved. A pilot study to check

	tested?	the interview guide was conducted before the interviews.
Data collection	18. Repeat Interviews	Were repeat interviews carried out? If yes, how many?
	19. Audio/Visual Recording	Did the research use audio or visual recording to collect the data?
	20. Field Notes	Were field notes made during/after the interview or focus group?
		No repeat interviews were carried out.
		Yes, interviews were audio recorded and then transcribed verbatim.
		Yes, some field notes were made during the interview and after each interview they were written in the reflexive journal.

21. Duration	What was the duration of the interviews or focus group?	Interviews lasted between 25 to 52 minutes.
22. Data Saturation	Was data saturation discussed?	Yes, data saturation was discussed and the sample was within the guidelines for qualitative research, providing rich data that provide responses to the research questions.
23. Transcripts Returned	Were transcripts returned to participants for comment and/or correction?	Yes, transcripts were returned to participants for comments and corrections but only six of the participants agreed to do it.
24. Number of Data Coders	How many data coders coded the data?	The data was coded by the researcher PT. The DoS (AF) reviewed all the transcripts while the second supervisor (AC) reviewed four of the coded transcripts.
25. Description of the Coding Tree	Did authors provide a description of the coding tree?	Yes- coding trees have been provided in appendices 9 & 10.

Analysis	26. Derivation of Themes	Were themes identified in advance or derived from the data?	Themes derived from the data.
	27. Software	What software, if applicable, was used to manage the data?	No software was used.
	28. Participant Checking	Did participants provide feedback on the findings?	Findings were not communicated to the participants; thus, they did not provide feedback.
	Criteria	Guide Question	Researcher Response
Reporting	29. Quotations Presented	Were participant quotations presented to illustrate the themes? Was each quotation identified?	Yes, participant quotations are presented to illustrate the themes. Quote authors were identified by the pseudonym and the letter B or G that indicates their nationality.
	30. Data and Findings Consistent	Was there consistency between the data presented and the findings?	Yes, each theme encompasses illustrative quotes that demonstrate the consistency between the data and the findings.

31. Clarity of Major Themes	Were major themes clearly presented in the findings?	Yes, the major themes along with sub-themes are presented.
32. Clarity of Minor Themes	Is there a description of diverse cases or discussion of minor themes?	Yes, attention was paid to the negative cases and where participants described a different experience, this is mentioned in the corresponding theme.

Appendix 8: Research Sensitivity Protocol

In one-to-one interviews where disclosure about personal and sensitive topics occurs as participants discuss their experiences, high levels of distress may be reported. To address such occasions and secure the participants' mental health, a variety of approaches are employed to avoid or address potential distress to participants. These approaches include the implementation of a research sensitive protocol, the ethically good use of participants information sheets and consent forms and the referral sheets.

Patient Information Sheet and Consent form

We will ensure that all the following will be made clear to participants, in all written information sheets and verbal communication (e.g. during recruitment and data collection):

- a) What the interview topic is about
- b) That they have the right to stop or delay the interview at any time, or even withdraw from the study, without having to give a reason
- c) That their participation is entirely voluntary and their decline to participate in the research will not affect the project in any way
- d) That all data will be treated as confidential and will be reported in a way that preserves their anonymity

Interviews

For the process of data collection, a sensitivity research protocol will be implemented.

The researcher will have the responsibility to:

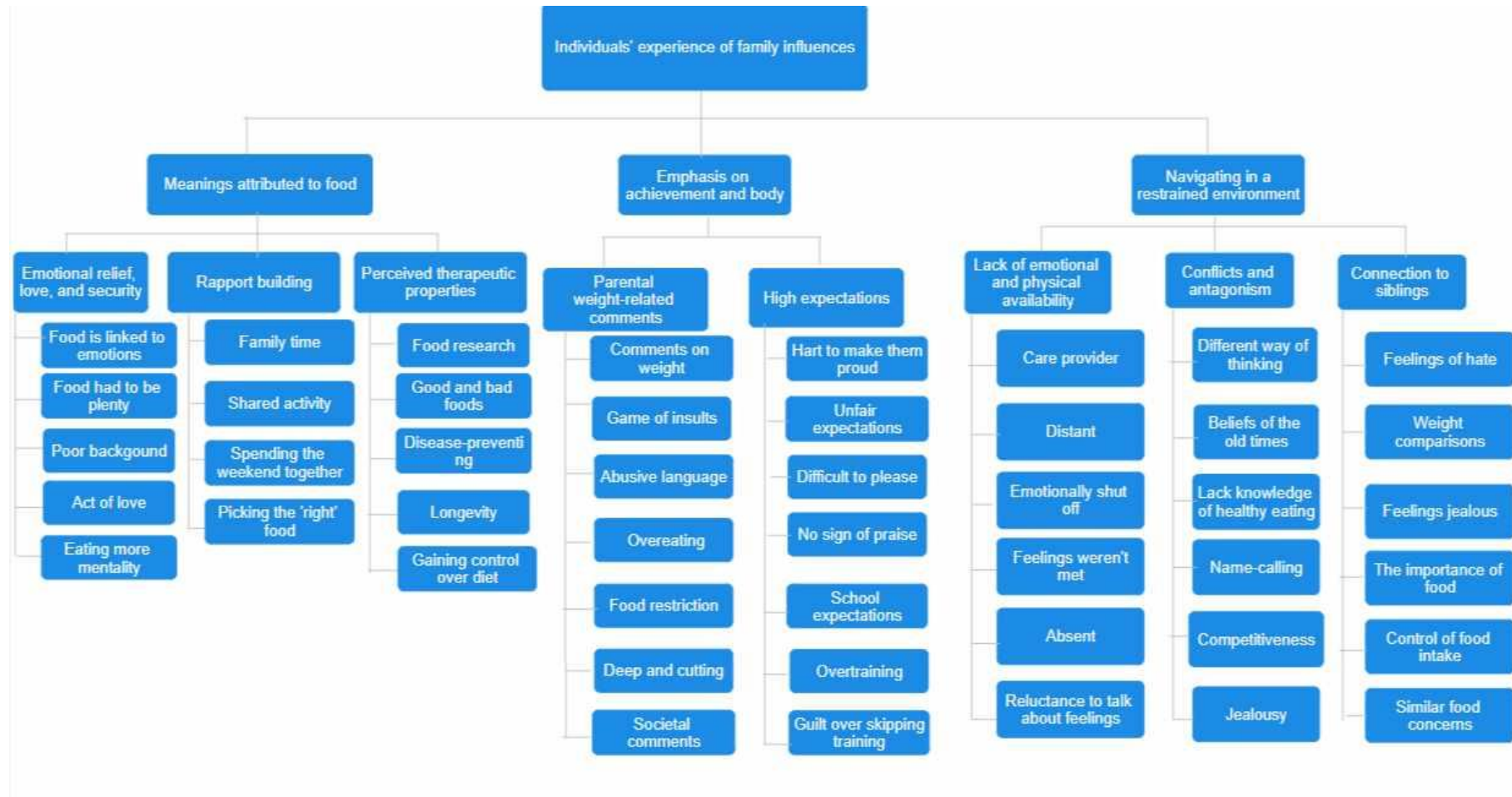
- Monitor participants for distress during interviews;
- Stop the interview if a participant becomes upset and only recommence it (and if) the interviewee is willing and ready to do so;
- Cease any interview completely if the interviewee is too distressed to continue and no pressure or contact for rescheduling will be made;
- Remind the participant that he/she can stop the interview at any time or omit questions
- Use questions designed to keep the conversation on topics which would not induce distress;
- Take time to ask specifically if there were any issues raised by the interview at the end;
- Offer to listen to any participant who has become upset during an interview, for as long as it takes;
- Follow up any participant that become upset in the days following the interview, e.g., by email or phone;
- Provide all participants with a support and information sheet that includes free and low-cost counselling options (see below);
- Encourage participants to contact the principle investigator should participants become upset in the days following the interview, e.g., by email or phone.

Support and Information sheet

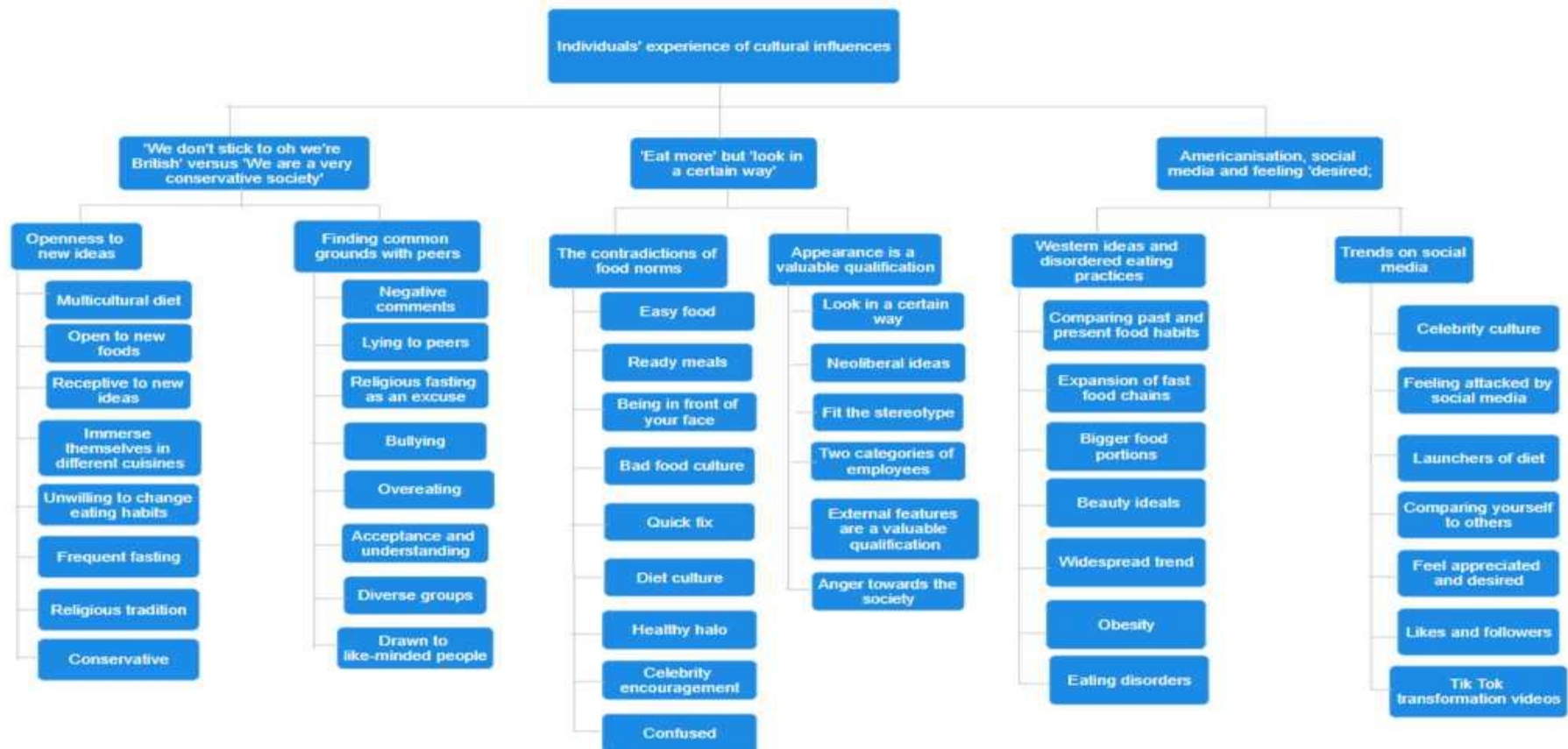
Participants will be provided with a list of organisations that can provide support and counselling options:

Organisation	Contact
Beat	www.beateatingdisorders.org.uk
Mind	www.mind.org.uk
Anasa	www.anasa.com.gr

Appendix 9: Coding Tree for Family Influences



Appendix 10: Coding Tree for Cultural Influences



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