Young Women With Anorexia Nervosa: Writing Oneself Back Into Life

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Abstract
The aim of this study was to describe how young women living with self-identified anorexia narrate about their lives by blogging. Thirteen Swedish blogs were chosen and analyzed by means of qualitative content analysis. The results described falling ill, the illness itself, and the path to recovery. Low self-esteem, depressed state of mind, and self-destructive behavior were typical signs at the start of the illness. The women’s lives were characterized by a need for controlling their body by tormenting it and by the illness demanding all their concentration and energy. The women suffered from the feeling of being a disappointment to their family members. The illness was like an enemy that had to be defeated with the help of family members, health care professionals, and by means of therapy. A turning point occurred when the women felt at their worst or had tired of the illness and could concentrate on something other than their body and the eating disorder. Suffering from self-identified anorexia was described as experiencing low self-esteem. The illness took all of the women's time and energy. For a turning point to be reached, the women needed support from family, friends, and health care professionals, including the use of distractions.

Keywords
anorexia nervosa, blogging, liminality, person-centered care, women

Introduction
According to the World Internet Project (WIP), going online greatly increases contact with people sharing common interests. Blogging is part of the Internet culture of young Swedish women. Among females between the ages of 16 and 25, two of three actively write or have written a blog, and three of four read other people’s blogs (Cole et al., 2013). Blogging is a way of reaching out and entering into contact with readers who can gain insights into the blogger’s life-world (Heilferty, 2011). Many blogs deal with the experiences of living with some form of ill health. An illness blog is an online expression of the narrative of illness, as well as a means for providing and receiving information, ideas, and emotions between persons, united in the story of illness. Blogging can help sick persons manage and cope with the uncertainty and identity changes accompanying their illness (Heilferty, 2011). Writing blogs provides a means for expressing one’s views and thoughts, and for providing a picture of one’s everyday life: “as the voice of the author, blogs have the potential to clarify previously misunderstood perceptions of treatments, the impact of patient-provider interactions, and of living with potentially stigmatizing illnesses” (Heilferty, 2011, p. 354). According to Bruns (2008), bloggers can be defined as produsagers, as they both produce and use blog texts. A number of studies of websites focusing on eating disorders have been conducted (Davis, 2008; Dias, 2003; Heilferty, 2011; Lipczynska, 2007; Mulveen & Hepworth, 2006; Norris, Boydell, Pinhas, & Katzman, 2006).

Anorexia reduces a woman’s self-esteem due to her unrealistic perception or denial of her weight, body shape, and amenorrhea (American Psychiatric Association, 2006). Common causes of anorexia are dysfunctional family relationships, slimming, stress, and frustration (Tozzi, Sullivan, Fear, McKenzie, & Bulik, 2003). Anorexia patients describe their experiences in terms of the illness taking over their life. The illness affects the family, and relationships, including friends, disappear (Colton & Pistrang, 2004). Patients with anorexia often avoid closeness, which in turn can lead to isolation (Jackman, 2009).

Being cared for together with other persons with anorexia in an in-patient ward is experienced as both positive and negative. Support from other patients can be of an emotional and...
practical nature, as they can share their experiences, and fellow patients can serve as role models. van Ommen, Meerwijk, Kars, van Elburg, and van Meijel (2009) believe that the alliance between psychiatric nurse and patient depends on the nurse being involved, clear, persistent, dependable, and accessible.

A good patient–psychiatric nurse alliance can be crucial for successful therapy (Button & Warren, 2001), where empathy, sympathetic understanding, listening, and recognizing the patient’s needs can be of vital importance for recovery. However, it has been found that some nurses feel that the patients have caused the illness and should therefore be able to deal with it themselves (Ramjan, 2004). King and Turner (2000) reported that nurses are suspicious of and find it difficult to understand patients exhibiting anorectic behavior. They found that when nurses are given the opportunity to reflect over their care actions, the nurses tend to change their attitude and become more understanding of the patient’s illness.

Recovery is achieved when patients receive help bolstering their motivation and working through their emotions generally (Federici & Kaplan, 2008). Other important factors are social support, for example, having a supportive partner, receiving therapy and counseling, and being recognized as individuals with specific needs (Federici & Kaplan, 2008; Tozzi et al., 2003). Colton and Pistrang (2004) found that normalization, structure, and responsibility are aspects contributing to recovery. Aspects shown to have a negative influence on recovery are competing and comparing oneself with others in terms of slimmness and learning new destructive behaviors from others (Ramjan, 2004).

A delay from recovery can be due to a relapse caused by ambivalence in terms of the will to recover, dissatisfaction with the therapy, or not being adequately prepared for life after therapy. Lack of social support, inability to manage emotions, poor self-esteem, and difficulties relating to family and friends expecting the patient to become free of the illness can also lead to relapse (Federici & Kaplan, 2008; Tozzi et al., 2003; van Ommen et al., 2009).

Theoretical Framework

The life-world perspective makes it possible to gain understanding of a human being’s everyday life by describing and analyzing the world on the basis of human experiences (Dahlberg, 2011). Philosopher Husserl highlighted “life-world” as a scientific concept. It was developed by Heidegger as a “human being-in-world.” Merleau-Ponty considered it a “being-to-world” and incorporated the theory of the lived body, meaning that people have access to the world through the body as a unified whole (Dahlberg, 2011; Toadvine & Embree, 2002; Young, 2003). According to Merleau-Ponty, a prerequisite for knowledge development is awareness and understanding of the life-world as the lived world, where we seek the meaning and content of life (Dahlberg, 2011). In the present study, a life-world perspective implies a turn toward the lived existence of women with an eating disorder to understand how they perceive their illness and suffering and how it influences their lives. The life-world is both unique to each individual and shared with others. One’s own body can never be relinquished and encompasses the person’s lived experiences, memories, and impressions. The body is the medium through which we comprehend the world around us and which conveys knowledge about the individual person to that world. Illness changes the life-world, as nothing can be taken for granted anymore (Dahlberg, 2011). Similar to person-centered care (PCC), the life-world perspective emphasizes that an ill human being is a subject and not merely a disease (Dahlberg & Segesten, 2010), and that his or her context and cultural needs should be taken into account (Ekman et al., 2011).

According to Eastham (2011), “blogs are unsolicited narratives that offer a naturalistic entrée into the illness experience unconstrained by time” (p. 353). A blog is a web page consisting of posts that appear in reverse chronological order and is ideally updated on a frequent basis (Kozinets, Hemetsberger, & Schau, 2008).

Blogs generally offer readers an opportunity to respond, provide author information, and offer links to other sites (Eastham, 2011; Hookway, 2013). Today, social lives on the Internet and in the real world have merged. Technology is used to communicate, socialize, express, and understand (Kozinets et al., 2008). The shift from verbal narrative to written language can be regarded as a shift from “orality to literacy” and may be compared with the postmodern “shift within language” (Ong, 1982). According to Heilferty (2011), written narratives on blogs can provide important knowledge about what health and suffering mean. Internet is the platform where blogs with narratives can be found, and a defining characteristic of illness blogs is the blogger’s unique “from-me-to-the-world” perspective (Heilferty, 2011). Winer (2003) considers a blog to be the “unedited voice of a single person” (http://blogs.law.harvard.edu/whatmakesaweblogaweblog).

Posting narrative blogs is a more symmetric type of sharing, as the traditional power relationship between patient and professional carer does not exist. Meyrowitz (in Marwick, 2013) claims that the boundaries between the “back and front regions” of a narrative are beginning to become blurred in line with the development of media use. The back regions represent that which is private and where you can expose your emotions and problems, whereas the front regions embody the presentation of a more controlled behavior. Blogs represent a kind of diary where the reader can post comments and the Internet eliminates many of the prerequisites necessary for the creation of relationships, such as knowing who the others are and how to contact them, which are key aspects when encountering a person face to face (Eastham, 2011; Marwick, 2013). However, the absence of these prerequisites on the Internet can also make certain
interactions more difficult as it allows people to alter their identity and be the persons they wish to be (Marwick, 2013). Links to other blogs and comments from readers provide communication within the cyberspace social community, thus turning bloggers into produsagers (Bruns, 2008). How people with self-identified anorexia write about their life on blogs has not been studied sufficiently. Only a few studies have been conducted in Sweden despite the fact that many people use the Internet for blogging. Narratives of illness can provide a deeper understanding about thoughts and emotions between persons, brought together in the story of illness. Sharing of the blog content provides an opportunity to gain knowledge about how persons with eating disorders can relate their illness to their life-world. Therefore, the aim of the present study was to describe how young women living with self-identified anorexia narrate about their lives by means of blogging.

Method

Blogs, Facebook, and chat rooms are similar in that they offer researchers the ability to observe and/or participate in textual conversations. However, they differ in terms of access and communication: Some blogs require readers to sign in or register, whereas others may be read simply by clicking the provided link; chat rooms require users to sign in with a user name. Blogs are primarily the writings of the blogger, although a dialogue may develop between the blogger and readers who choose to comment.

Blogs were selected by searching Google.se for “anorexia blog” in Swedish (December 6, 2010). Fifty-five blogs pertaining to anorexia nervosa and eating disorders were identified. All the 55 blogs were read to gain a general impression of the material. After that the blogs who did not meet the inclusion criterias were put aside. The criteria for being included in the study were that the blog had to be written by a young female aged 12 to 25 years and that the blog must deal exclusively with self-identified anorexia. Thirteen blogs met these criteria. Blogs meeting the inclusion criteria between September 1 and December 6 2010 were included in the study, although their entire content, that is, entries before and/or after said dates, was included for analysis. In this study, the analysis object was the individual blogger’s content. Consequently, the interaction between the blogger and her followers, that is, comments and replies between the parties, were excluded from the analysis. All blogs were treated confidentially. In the “Results” section, the participants will be termed bloggers.

Analysis

The narratives were analyzed by means of qualitative content analysis (Graneheim & Lundman, 2004). The analysis process comprised the following four steps: (a) Meaning units in the texts were identified, (b) the meaning units were condensed and coded, (c) the codes were brought together and sorted into categories, and (d) themes were developed by interpreting the underlying meanings of the codes and categories. To offset the possible bias effects of the researchers’ prior understanding, in the form of theoretical knowledge and personal experience, on the result of the analysis, the researchers were acutely aware of the importance of clearly describing the sampling procedure, participants, data collection, analysis process, and their own prior understanding to ensure a high level of rigor (Graneheim & Lundman, 2004).

In practice, three of the researchers (A.G., H.K., and J.T.M.) first read all the 13 selected blog texts to obtain an overall understanding of them and highlighted the meaning units corresponding with the study’s aim. Subsequently, the researchers condensed the meaning units to a higher level of abstraction, coded them, and brought the codes together into categories based on differences and similarities. Finally, they developed sub-themes and themes by interpreting the underlying meaning of the categories. The two remaining researchers (I.B. and E.D.L.) then validated the results by reviewing the themes and categories to ensure that they corresponded with the contents of the empirical data.

Ethical Reflections

The bloggers described self-identified anorexia and shared their thoughts and reflections on their illness on blogs openly available to anyone wishing to read them. The individual posting the blog is responsible for the material published (Shih-Ming, Hsiu-Li, Su-Houn, & Hsieh, 2010). Merely reading a blog post offers no form of interaction between blogger and reader, and the blogger has no ability to determine who is reading the blog, although there is always a theoretical possibility to obtain Internet protocol (IP) addresses and attempt to back-track to the reader. Interaction only takes place if the blogger and the reader actively engage in written or verbal conversation. The lack of interaction of a blog per se meets one criterion for defining the blog’s public nature as laid down by the Swedish Freedom of the Press Act (SFS 1949:105). Consequently, the bloggers in the present study were not asked whether they wanted to participate and thus had no opportunity to decline. However, the blogs were treated confidentially, and no reference was made to specific names, although it was sometimes possible to identify quotations. This study was approved by University West’s Ethics Committee.

Results

The blogs dealt with being afflicted and living with anorexia, overcoming it, and reaching a turning point. Many bloggers described the blog as a room allowing them to share their life-world and let others accompany them on “a journey.” At times, the blog was used to alleviate anxiety and communicate with family and others, as it was an easier communication.
channel and dispensed with the need to meet in person. It constituted a platform for receiving support and inspiration from others. The bloggers emphasized that they did not want others to be distressed by what they wrote. Although we did not analyze the readers' comments and the bloggers' replies on the blogs, we noted that the bloggers received both positive and negative comments. The former provided support and strength, whereas the latter made the bloggers doubt their strength to continue the struggle.

Being Afflicted With Anorexia

The causes of anorexia were described as self-defeating behavior, poor self-esteem, and depressed state of mind. A common characteristic was the feeling of being of less value than others. Compliments and praise were negatively interpreted, and a lack of willingness to become involved in life was a prominent feature. All the bloggers reported placing high demands on themselves and suffering from constant performance anxiety, expressions of which were never feeling satisfied, constantly setting new goals, and striving for perfection. “If you succeed once, the goals are raised. It becomes a vicious circle. I think that is where some of it started, unfortunately.”

Living With Anorexia

Living with anorexia was described as being one’s body, being in control over and tormenting one’s body, exemplified by perceptions that the body contained fat that was spilling over, or that the body was growing. In some blogs, the women wrote about their anxiety about gaining weight when body lotion was absorbed by the skin, that biting one’s nails as well as chewing gum could add unwanted calories. They could experience anxiety and shame over their thin body in changing rooms with mirrors. “First you want to be thin in order to be satisfied with and exhibit yourself. But when you get frightfully thin you hide everything under large tunics and sweaters. Because then you feel ashamed.”

Being in control provided a sense of security, which was difficult to relinquish due to uncertainty about what would happen. Control was related to the content and amount of food, as well as weight, body, and emotions. Loss of control led to anxiety and feelings of chaos. “I believed that I had control over food and the eating disorder but the question is whether that’s really the case. It’s rather the eating disorder that’s in control.”

Living with anorexia implied rapid swings in mood and thoughts. They could feel both happy and empty, as well as hate and love the illness, all at the same time. Feelings of being trapped and wanting to escape were described. Showing emotions openly was difficult, which made it easier to shut out feelings than to try to maintain a facade of normality.

Tormenting oneself was a way of countering the pain caused by anorexia, such as forcing oneself to lie in different positions to cause pain and create a feeling of worthlessness. “Every person in the whole world deserves to be happy and enjoy good health . . . except me. It’s an awful feeling.” Cutting oneself; concentrating on other things, such as computer games, blogging, or needlework; vomiting; or performing extreme physical training relieved the anxiety. “Nothing cures pain as effectively as pain.”

Although conflicts regarding food intake and treatment existed in the family, being disagreeable led to anxiety, feelings of guilt, and fear of losing one’s relatives. It could be difficult to regain trust after many years of lying and broken promises. “I don’t even have to make an effort anymore; the lies emerge in a steady stream.”

A consequence of the illness was lagging behind with one’s school work and not meeting school friends. It also affected the blogger’s leisure time; when their friends were out having a good time, the bloggers were struggling to survive, which resulted in difficulty knowing what constitutes normal behavior.

Overcoming the Anorexia: Treatment and Recovery

In all blogs, anorexia was described as an enemy, a devil, a monster, or an uninvited guest that one constantly had to combat. The illness could detect weight gain and “scream” that you had eaten too much, thereby rendering any sense of well-being impossible. Being rewarded by the anorexia made the struggle more difficult. “If you go along with the anorexia it will give you a hug.” Fighting the illness was a constant burden requiring all the blogger’s strength. It was described as an exhausting struggle against the self. Fear of what would happen after weight gain and doubt that they would accept their new weight made the struggle even more difficult. However, fighting the negative thoughts could make the person feel stronger.

Feeling supported by family, friends, partners, therapists, fellow patients, God, and those who read the blog was important. Mothers were perceived as supportive, but in some cases, support from fathers was non-existent. “I hated Dad too. He said things that I hated hearing. I was never good enough in his eyes and he wasn’t satisfied with me. Kept complaining.”

Undergoing treatment involved many demanding discussions and different therapists provided contradictory advice. The young women found the focus on their weight unpleasant and unnatural, especially as nobody asked them how they felt. They described that as in-patients, they competed to be the best at cheating staff and learnt from other patients how to starve themselves. However, descriptions of support among patients in various phases of the illness also emerged.

The bloggers stated that positive factors for recovery were encouragement, peace and quiet during meals, rest and relaxation, assistance to achieve structure, normalization of activities, and learning table manners. One way of regaining a normal body image and getting to know the body again was
moving by means of dance. The bloggers wrote that supportive dialogues with one and the same therapist were important and that evoking the therapist’s voice could help them remember the different strategies that they had been instructed to utilize to manage a difficult situation. The fact that the therapist did not stop believing in them and never gave up hope inspired a sense of security.

All the bloggers expressed anxiety about the weighing procedure; both weight gain and weight loss were reasons for concern. Being able to influence how, when, and where the weighing would take place was mentioned as being important. Undressing in front of another person could be experienced as a vulnerable and violating situation. “I’m aware that my anorexia has deteriorated since I first learnt how much I weigh . . . Weight is one’s worst enemy when suffering from an eating disorder.”

Many of the bloggers lacked knowledge of how to regain health although they believed that it was possible.

**Reaching a Turning Point**

The turning point could occur at a particular point in time or be a drawn-out process. The change could happen when they felt at their worst or when they were tired of the illness and all its negative consequences. One young woman wrote that she was curious about leading a healthy life. “I’m tired of living a life without life.”

The anorexia turned into something that was no longer desirable. Finding motivation was difficult but important. It could take the form of determination to study, work, have children, or quite simply to be free, happy, and experience a feeling of fellowship, although trusting oneself and others and letting go of the illness were challenging. “You can’t trust yourself but the problem is that’s the only thing you do, as you refuse to trust others, but if you want to become healthy you have to trust others.”

Recovery involved a fear of being abandoned, difficulty assuming responsibility, and a wish to continue to be taken care of. Reassumming the responsibility that had been taken away during the illness was not easy. Furthermore, they had to learn to think about other things to divert their thoughts from the illness, such as dancing, going for walks, and shopping. Other methods for distraction were using their sense of humor or intoxicating themselves with alcohol. However, the anorectic thoughts returned when they were not otherwise occupied.

**Discussion**

The aim of the present study was to describe how young women living with self-identified anorexia narrate about their lives by blogging. Reading the blogs made it possible to follow the young women’s emotional ups and downs. Writing a blog enabled the bloggers to reveal aspects of themselves that they feel unable to disclose in face-to-face encounters with nurses or therapists, where they feel they have to keep up appearances and their mask intact. They wrote about being unable to show their emotions and that their sense of loneliness increases despite being surrounded by many supportive persons. As blogs primarily are writings of the blogger, dialogue is not the primary motivation of the blogger, although dialogue may develop between the blogger and readers. We believe this may be relevant to take into account when considering to what extent an eating disorder may be exacerbated by various comments. According to Rains (2014), anonymity as a blogger may help mitigate the effects of a potential exacerbation and facilitate ongoing illness-related self-disclosure.

The bloggers’ emotions give rise to confusion, and they are uncertain as to what constitutes normal behavior. The blogs revealed that they want to be seen as the person they are and not for their illness. A study of in-patients with anorexia demonstrated that treatment improves their self-esteem (Karpowicz, Skarsater, & Nevonen, 2009). Consequently, enhanced self-esteem in women with anorexia is crucial for recovery. Telling stories is a human activity, but illness can be seen as a disruption of the story for both the one who is ill and for the caregiver (Frank, 1995). PCC means a shift away from a model in which the patient is the passive target of a medical intervention to a more contractual arrangement involving the patient as an active participant in his care and the decision-making process (Ekman et al., 2011; Federici & Kaplan, 2008).

Their struggle with their bodies and emotions during the various phases became clear. The emotions drained so much energy that it is difficult for them to be present in the here and now. The anorexia constitutes a changed and in many ways bizarre life-world, where they are trapped in a body fighting against the own self, a struggle demanding all the women’s time and energy. Their life-world is closely related to their bodies; they encounter life through their bodies (Young, 2003), and at the hospital, they must confront the sick body. An important part of the treatment is weighing. Undressing in front of a nurse can give rise to anxiety and feelings of being violated, both when they have gained and lost weight.

The narratives made it clear that the young women feel an existential break in relation to self. The anorexia breaks the trajectory of life and creates a fracture in their lived bodies. In the blogs, destructive behaviors were described as a way of alleviating the mental pain, which is in line with previous findings (Federici & Kaplan, 2008; Skarderud, 2007). In the initial phase, the treatment increases the patient’s stress and can trigger strong emotions, which represent a challenge to the psychiatric nurse who can sometimes be perceived as heartless and frustrated (Federici & Kaplan, 2008). Seeing the self-harm, the scars caused by knife wounds, and the thin bodies created by the young women and their friend and foe, anorexia can be distressing for the nurse (Snell, Crowe, & Jordan, 2010). A process of bodily breakdown can also cause
anxiety, fear, and disgust in health care professionals. Both Rudge and Holmes (2010) and Lindahl (2011) used the Kristevian concept of abjection to describe the body when it is in a state of disruption and decay that threatens its physical boundaries.

The lives of the women encompass both endurance and uncertainty. Sometimes, they feel abandoned, both by the illness and by their partners, friends, and families. It was evident from the blogs that the illness puts a strain on these different relationships. Similar to our findings, studies have indicated that individuals, including relatives, can distance themselves from the anorectic person (Button & Warren, 2001; Jackman, 2009). However, we also found that family, friends, partners, care staff, psychiatric nurses, fellow patients, and others constitute a significant source of support, which corresponds with other studies (Federici & Kaplan, 2008; Nilsson & Hägglöf, 2006). One prerequisite for recovery is development of the therapeutic relationship, which among other things can be achieved by the psychiatric nurse sharing knowledge, for example, by providing the patient with information about anorexia and its consequences (van Ommen et al., 2009). Knowledge about what happens to the body during the illness can reduce the patient’s inner resistance to treatment (Snell et al., 2010).

Systematic use of blogs in therapeutic encounters with these young women can be a means of strengthening them in their recovery and overcoming their guarded attitude about their illness. Listening to the patient’s narrative is one of the cornerstones of PCC (Ekman et al., 2011). Blogging can serve as an alternative to personal talks, as many of these young women have difficulty talking about their emotions. A study by Pettersen, Thune-Larsen, Wynn, and Rosenvinge (2013) revealed important challenges in terms of exploring identity, relearning eating, and developing social skills as well as coping with grief, which we believe can be achieved by means of systematic work with blogs. The blog enables the nurse to understand that the women need to be able to cry and make their vulnerability visible, as well as understand the women’s important need to be strong and brave despite feeling powerless in relation to the illness destroying their body.

Having the opportunity to state their wishes regarding how the weighing should be performed contributes to the young women feeling involved and makes it easier for them to endure. Other aspects of the treatment described as positive in the blogs were relaxation, rest, and tranquility.

The young women feel that they are left with too much responsibility due to their choice to start eating. This can be understood in the light of the theories of being and nothingness by existential philosophers such as Sartre and Merleau-Ponty (Meyers, 2008). The concept of liminality has been used to designate a process (Little, Jordens, Paul, Montgomery, & Philipson, 1998) as well as a way of being after becoming ill with a serious disease (Navon & Morag, 2004). It can also be understood as an ambiguous space between being healthy and being sick (Syme, 2011). The bloggers narrated how their liminality manifests itself in everyday life and how they try to organize a self that connects with the liminal space. For these women, being in a liminal space is about balancing demands, both from the illness itself and from those around them. In different daily life situations, they adjust their self-image and stretch their limits by means of forbidden thoughts, lies, and self-harm. Previous research has demonstrated that a person with anorexia makes a pact with the illness, which can be called a friend and a foe, thus allowing it to gain full control over the person’s life and body (Skarderud, 2007; Treasure & Schmidt, 2001), which was also described in the blogs in the present study.

The young women in our study repeatedly doubted that recovery was possible. Federici and Kaplan (2008) described that the recovery process demands vigilance and persistence. Nilsson and Hägglöf (2006) found that all persons suffering from anorexia in their study were able to remember or describe the turning point that constituted the start of their recovery process. The blogs revealed that motivation is important for recovery and can involve educating oneself and/or becoming pregnant. Talking to parents, friends, and partners about one’s emotions can also be beneficial. Thus, individuals with anorexia need support to be able to endure their emotions and learn to cope with and verbalize them. Pettersen et al. (2013) outlined important challenges in terms of exploring one’s identity, relearning eating, and developing social skills as well as coping with grief. The bloggers described fear of the future as hindering recovery and that the sense of security provided by the anorexia is alluring. According to Federici and Kaplan (2008), those who have recovered from anorexia exhibit a realistic view of obstacles, whereas those who have suffered a relapse consider that the hard work was behind them and have difficulty envisaging obstacles. In our study, a barrier to recovery was the fear of being abandoned. Pettersen et al. (2013) suggested that the concept of recovery as a linear development of increasing well-being and reduction of symptoms should be questioned. The closer one gets to recovery from an eating disorder, the more challenges emerge at psychological and existential levels. Consequently, patients in the later stages of recovery may need professional treatment or counseling when the impact of their eating disorder symptoms is reduced. Even if the Internet and blogging do not provide a solution, they introduce new possibilities for leveraging visibility to learn from and reach out to those who live with an eating disorder (Boyd, Ryan, & Leavitt, 2010).

**Practical Implications of This Study**

Systematic use of blogs in therapeutic encounters with these young women can be a means of strengthening them in their recovery and overcoming their guarded attitude about their illness. Blogging can provide an alternative to personal talks, as many of these women have difficulties in talking about
their emotions. Reading the blog narrative of a young woman with anorexia nervosa can make it easier for the nurse to provide more PCC. However, considering bloggers’ frequent desire for anonymity, nurses may be limited to reading anorectic patients’ blogs in general.

Limitations of the Study

When analyzing blog texts, you can always question the truthfulness of the blogger. A blogger may blur the frontiers between truth, reality, and fantasy. According to Gavin, Rodham, and Poyer (2008), blogs are forums that provide important support for the bloggers. Blogs permit an exchange of information, ideas, and emotions, united in the story of an illness experience (Heilferty, 2011).

Some believe that the blog format, as against, for instance, that of Facebook, reduces the risk of comments that can worsen the disease (Eastham, 2011). Others believe that an illness blog can have the power to trigger the disease (Norris et al., 2006). In our study, we excluded the interaction between the blog posts, the comments from readers, and the blogger’s replies, so our results cannot contribute to either confirm or refute these claims.

Conclusion

The blogs reflect a process from falling ill to the turning point where the will to recover is strong. This process can be understood as being between illness and health, and the blogs described how the young women’s lives were transformed and how they fought to control the illness. However, they were still unable to change their anorectic behavior and remained in liminality. Blogging can be seen as “resistance” to norms about the female body, and being able to offer such resistance requires a certain degree of freedom and self-efficacy. The ability to write blogs indicates a kind of freedom that can generate a sense of being good enough, thereby leading to enhanced self-esteem. Blogging can be a way of allowing oneself to be ill, thus eliminating the guilt experienced by the young women in relation to the illness and finding motivation to recover.

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