'Wellness' lifts us above the Food Chaos': a narrative exploration of the experiences and conceptualisations of Orthorexia Nervosa through online social media forums.

Abstract

The increasing prevalence of eating disorders has motivated a burgeoning of research from narrative methods to illuminate the cultural and social aspects of disordered eating habits. A seemingly new eating disorder, Orthorexia Nervosa, has gained visibility through the internet sphere and popular media, though scholarly attention has been scarce. This study develops qualitative understandings of the fixation with "clean eating" through narrative inquiry by employing an internet ethnographic approach. Data were analysed using a thematic narrative analysis, focusing on parallels and divergences across narratives presented online. This article presents 30 male and female voices, illustrating how these individuals understand their eating habits through narratives of pursuit, resistance and recovery, which are largely motivated by the desire for physical, emotional and social change. Crucially, this study illuminates a range of cultural elements enabling eating disorders in response to the transmission of cultural values online set within the broader context and processes of reflexive-modernisation.

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Eating disorders and the emergence of Orthorexia Nervosa

The increasing prevalence of Eating Disorders (hereafter ED's), has come to be described as a modern epidemic (Rich 2006) and a severe public health concern often left under-treated (Hudson, Hiripi, Pope and Kessler 2007). The general definition of an ED remains contested. Initial descriptions often inferred a pathological intention to control or reduce weight, while more recent, broader definitions have emerged, acknowledging that EDs may not be exclusive to losing or controlling weight (Dalle Grave 2011). In part, these differences stem from the methods and disciplines used. Some scholars critique current approaches to researching ED's because they have tended to favour positivist, quantitative paradigms. For example, Smolack and Striegel-Moore, (2013) argued that the lack of qualitative analyses has hindered researchers' ability to grapple with the nuanced complexities of ED's, resulting in superficial diagnoses and high relapse rates. In response research from a social constructionist perspective has sought to expand post-positivist definitions and conceptualisations of ED's, particularly through narrative approaches (Busanich et al., 2012, 2014, 2016). As Busanich, McGannon and Schinke (2014, 706) contend social constructionism positions 'disordered eating as the product of social exchanges and cultural exposure… [and does not look to] reduce disordered eating to residing mainly within the individual.' In making this argument, they also posit that narrative approaches can illuminate meanings surrounding the body, food, exercise and wider social and cultural influences. Furthermore, the emerging body of literature from social constructionist perspectives confirm that ED's are reflective of wider cultural conditions of existence, and the contradictions inherent in these conditions (Stice and Shaw 2002; Polivy and Herman

2002; Nagel and Jones 1992). Subsequently, it is now widely accepted that EDs manifest through a complex interplay of social, cultural, biological, psychological and genetic factors (Fursland et al. 2010).

Early ED research identified a disproportionate occurrence 'in adolescent and adult females' (World Health Organization 2004, 44) who were upper-middle class from Western societies (Abrams, Allen, and Gray 1993). However, Gordon, Perez and Joiner's (2002) more recent research suggests that disordered eating habits have spread globally, across many cultures, societies and demographies. Moreover, Nagel and Jones' (1992) study also concluded that individuals have an increasingly problematic relationship with food which can be accredited to numerous specific socio-cultural factors. Firstly, beauty ideals have shifted over the last several decades, and the female form, once revered for being curvaceous, plump and symbolic of fertility, has shifted, glorifying thinness and the sexually liberated, slender body (Vandereycken 2002). Second, this beauty ideal has merged with a modern consumerist oriented diet-culture which conveys obesity as the enemy (*Ibid*). Third, the rise of "healthism," a cultural discourse of self-care (Crawford 1980, 2006), has medicalized the body and shifted health responsibility to an individual level. Thus, *social constructions* of health, have escalated public attention and placed responsibility on the individual to avoid risk and prevent ill-health, while at the same time, linking moral obligation and worthiness to the size and shape of bodies (Håman et al. 2015).

Shilling's (2013) conception of body projects provides a particularly useful conceptual lens to understand how these sociocultural factors encourage individuals to transform their bodies. Body transforming practices are viewed as a normalised part of individuals' everyday existence, particularly, in the pursuit of achieving an aesthetic goal.

Individuals today are encouraged to adopt *anthropometric* lifestyles (Brown 1999), monitoring food intake and scrutinising their lifestyle choices, in a manner that hitherto has been the preserve of elite athletes rather than the general population. Giddens (1991, 188) explained that "living in the world', where the world is that of late modernity, involves various distinctive tensions and difficulties on the level of the self", and that an essential part of these projects involves 'the problem of unification [which] concerns protecting and reconstructing the narrative of self-identity in the face of the massive intensional and extensional changes which modernity sets into being'. This can manifest as a process of continuous self-observation where the individual seeks to live their life with a trajectory which fulfils their inner most wishes, and to 'preserve a coherent narrative of self-identity' (*ibid*). These broad and globalising processes of reflexive modernisation provide a socio-cultural context for the emergence of a seemingly "new" ED known as *Orthorexia Nervosa.*

Orthorexia Nervosa (hereafter ON) 'uses "ortho", in its meaning of straight, correct and true, to modify "anorexia nervosa" [and] refers to a fixation on eating proper food' (Bratman 1977: Online). The term *ON* is also accompanied by excessive exercise and usually starts as a desire to achieve a goal, such as improved health, but slowly becomes what Håman et al. (2015) consider a socially, physically and mentally disabling *"illness."* A limited but promising body of research has acknowledged the link between a variety of sociological concerns and ON. Primarily, Nicolosi (2006) examined how post-modernity can be understood through various socio-cultural systems that have been reserved for food. Questioning individuals' perceptions of the industrial food system, Nicolosi (2006) found that the radical altering of food processing and production, through socio-technological structures,

had disembedded 'social relationships from their local contexts of interaction' (Nicolosi 2006, 38). Moreover, globalisation has radically distanciated the disembedding of food from its social and historical roots, creating constant alimentary uncertainty and leaving individuals feeling forced to put faith in expert systems within the fields of science and the industrial food system. Furthermore, he explained that the participants expressed increasing fears over the contrast between natural and artificial, which 'directly echoes… other stratified forms of symbolic oppositions typical of modernity' (Nicolosi 2006, 53), particularly as emerging scientific information comes to contradict itself. He referred to this climate of anxiety as an "Orthorexic Society". Interestingly, Nicolosi's (2007) later work acknowledged that individuals have an intimate inter-relationship with the condition of food and their corporeality. However, his research remained somewhat disembodied, omitting accounts of the lived-body experience lying at the heart of the "Orthorexic Society". Nonetheless, his studies provided insight into the significance of food and how biotechnologies have altered individuals' experiences, affecting them at an individual level, and further illustrating Giddens' (1991, 32) point that 'the reflexivity of modernity extends into the core of the self [and] … the self becomes a reflexive project'.

More recently, Rangel, Dukeshire and MacDonald's (2012) research connected two key factors to the notion of healthism and reflexive modernisation, (1) the ontological insecurity resulting from the breakdown of the conventional culinary order, and (2) the anxiety and personal responsibility felt when navigating the complex and opaque industrial food system. Developing Nicolosi's concept of an Orthorexic Society to illuminate how women must attempt to 'navigate the paradoxical nature of food choices in late modernity' (Rangel et al. 2012, 130), they questioned how individuals exercised agency over

food choices today. The research, which had a gendered focus, acknowledged that women struggled to make informed choices due to a lack of consistency and accuracy surrounding food products, leading to an increased anxiety and ontological insecurity (Rangel et al. 2012). The participants structured their food intake in response to culturally transmitted ideals; from the historical culinary order, which encouraged proper family meals, to the current food/health/beauty triplex (Rangel et al. 2012). Fundamentally, their research found that the pivotal factor in food selection today, taking priority over other societal factors, was the constant exposure participants had to discourses around food risks. This exposure highlighted the impact of both lay and professional discourses disseminated by the media (see Maeseele, 2013). More concerning was that Rangel et al. (2012) found individuals were targeted as *morally obliged* agents in the construction of their own health, thus confirming the continuing presence of healthism in contemporary cultures. Moreover, their research offered an embodied approach, revealing how individuals are reflexive beings, encouraged to monitor and manage risks through being 'socialized to take charge of their own dietary health [whilst also being] constrained by a food system that is increasingly complex, contradictory, and opaque' (2012, 124). The participants used their diet to gain control over their bodies, inextricably linking food with health and illuminating how they exercised agency (Walsh 2004). In general, this work has contributed much to support and develop the notion of an 'Orthorexic Society', but has stopped short at illuminating the subjective *experience* of individuals suffering with this lifestyle syndrome (Håman et al. 2015).

Developing aspects of both Rangel et al.'s (2012) and Nicolosi's (2006) research, Musolino et al. (2015) illuminated how the body has come to be medicalised and politicised. Their findings support previous studies which suggest that certain

diets and lifestyle choices hold greater socio-cultural value over others, and that this "Orthorexic" lifestyle has come to be used as a resource to accrue honour, prestige or recognition, affording individuals' enhanced symbolic capital (Bourdieu 1986). The female participants in Musilino et al.'s (2015, 24) study were engaging in practices which ascribed them 'good moral character and individual worth,' creating a *habitus of healthism*. Additionally, this work critiqued the socio-political climate of healthism which has come to be internalised as an everyday embodied practice of self-care, resulting in disordered eating being justified through scientific hegemony[1]. This has extended to health and diet culture, as scientific writing has encouraged a *one size fits all* healthy lifestyle. Despite offering an illuminating embodied approach, Musilino et al.'s study focused only on stories from a select group of females, and makes only partial reference to Bourdieu's (1998) notion of *illusio* (being caught up in the game) through dominant discourses of self-care logic. This leaves questions around the circulation of these such discourses, and the embedding of stories and the narrative patterns which are themselves constrained by wider cultural contradictions. Further, (non-gendered) research on the individual experiential process of internalisation, maintenance and reproduction of stories is needed to provide insight into how individuals become caught up in the "game" of healthy eating lifestyles, and if and how they might develop forms of narrative resistance (Cordell and Ronai 1999). Finally, in spite of the focus on mediatised discourses, social research on ON has yet to embrace the internet and the circulation of narratives as part of its research methodology, we turn to this element next.

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[1] Nandy (1988) argues scientific hegemony is based on two Baconian assumptions '(1) the positive sciences yield absolute truths and (2) the western hegemony in science and/or life is inevitable, for the hegemony is ultimately based on Baconian truths about the natural world and on Baconian methods of reaching these truths.'

Social media and the online narratives

The internet and social media have been implicated in the increasing prevalence of ED's (Shumar and Madison 2013). More specifically, Kotler and Zaltman's (1971) social marketing theory, later defined by Andreasen (1994, 110) as the 'adaption of commercial marketing technologies to programs designed to influence the voluntary behaviour of target audiences to improve their personal welfare and that of the society of which they are part of,' suggests that the thin ideal is promoted in conjunction with a moral framework of health to alter behaviour and benefit society. However, Dittmar (2007) provides a more critical reading, arguing instead that consumer capitalist structures now market around the *thin-ideal-for-profit*, using the internet as a pervasive communicator of this idea, propagating it as a sociocultural value in the service of food and health industry profit. The consequence has been that the for-profit promotion of social change towards socially valued and accepted health behaviours and aesthetics has led to the glamorisation and moral validation of EDs as a panacea to the obesity epidemic (Thompson and Heinberg 1999).

In recent times, s*ocial* media is increasingly used to inform food consumption, be it through pictures, reviews or recipes, and in response to the 'obesity' public health issue. This has resulted in an abundance of sites attempting to offer health and wellbeing advice. Cerri, Fisher and Taheri (2012) question the use of the social media platform YouTube and how widely it is used to communicate accurate information about weight management and healthy living. Their research found that over 50% of videos viewed about diet and weight management were not scientifically supported. The problem, as Cerri et al. (2012, 1171) conclude, is 'finding reliable, scientifically based information via social media… [because] authority in social media is very different from credibility within the scientific community.'

This is particularly pertinent as social media has rapidly expanded into multifarious platforms with varying types of interaction and communication, which have collectively been found to be responsible for developing lasting health behaviours in young adults today (see Vaterlaus et al. 2015). Furthermore, the convergence of these and other technologies with everyday life 'becomes figural in the experience of the body' (Butryn 2009, 288) by transmitting dominant discourses of healthism and self-care as narrative resources (Holstein and Gubrium, 2011), used reflexively to aid the construction of new forms of narrative identity. Therefore, studying such online phenomena requires evolving traditional methodological approaches.

Early influential work on narratives and health, such as Bury (1982), Kleinman (1988) and Frank (1995) confirmed the significant role narratives play in understanding serious illness and long-term bodily conditions, and narrative approaches have since been used to understand sports injuries (Sparkes and Smith 2002, 2003), mental health (Carless and Douglas 2008) and ageing (Phoenix, Smith and Sparkes 2010), providing insight into how individual's experience illnesses and disruptions in the form of their biography. Narrative research on ED's has provided insight into the significance of sociocultural factors which become entrenched and construct individuals' experiences, illuminating aspects of the individuals' reality through story-telling about their body and themselves (White and Epston 1990).

Dias (2003) embraced a narrative approach by exploring storytelling in cyberspace around Anorexia. Her work explored the disembodied online experiences of women who found sanctuary in virtual communities, outside of the surveillance of the public eye, and highlights the importance of the visual body in interaction. Additionally, Dias' (2003) study lays claim to the importance of narrative analysis in ED research, unearthing how individuals

reproduce, negotiate or resist dominant cultural scripts surrounding their embodied identities. Narrative approaches to ED research have mostly been offered as a means of developing better treatment through narrative therapy, but others also aid the re-conceptualisation of how individuals experience their ED differently to that of medicalised and diagnostic assumptions (Busanich at al., 2012, 2014, 2016; Papathomas and Lavallee, 2006, 2010; Patching and Lawler 2009). For example, Rich (2006, 286) advocates understanding ED's outside of medicalised discourses, and no longer reducing them 'to a position of pathology'. She further highlights that whilst medical understandings are necessary, the importance of various social and moral dimensions of these conditions have been largely underestimated.

Recent qualitative narrative research has focused on giving individuals a voice by allowing their subjective perspectives of disordered eating to be heard, whilst questioning how their 'experience is culturally and contextually shaped and limited by the narrative resources available at the time' (Papathomas and Lavallee 2010, 357). For example, Busanich et al's (2012) work used a narrative approach to deepen understandings of the relationship between the body, food and exercise in distance runners. Their work found that athletes' eating and exercise practices were socially and culturally shaped in, and through, specific narratives and cultural discourses. These specific narratives had broader consequences for the runners, shaping their experiences of their bodies, food and exercise in both positive and negative ways. Moreover, their research highlighted the complex meaning-making process of experience, and overall, how experiences are narratively and discursively constructed and gendered. Likewise, Papathomas and Lavallee, (2010) have also contributed to existing knowledge, by documenting athletes' subjective experiences of their conflict between the disordered self and the athletic self. Therefore, narrative research centred on ED's can redress

the literature and conceptual imbalance, by illuminating individuals' personal perceptions within their social and cultural context (Papathomas and Lavallee 2010).

At the time of writing, research on narratives in 'cyberspace' remains relatively limited, but appears to be an emerging research genre in the advent of cyborg-culture (Featherstone and Burrows 1995). This article, aims to contribute to current qualitative understandings of self-reflexive body projects (Giddens 1991; Shilling 2013), ED research and storytelling in cyberspace, by questioning how individuals suffering from ON express their experiences and self-identities narratively online. In so doing, the article reports on findings from an internet ethnography conducted in 2016 which provides insights into how sufferers understood and ascribed meaning to their daily experiences of ON, illuminating the wider cultural mechanism which fuels this lifestyle syndrome.

Method

This research employed a virtual (internet) ethnography, which modifies face-to-face ethnographic methods to study online behaviour (Wittel, 2000). Internet ethnography was considered a naturalistic setting because the experience of ON often manifests online via social media. It also provided more detail than relying on participant recall (Keim-Malpass, Steeves and Kennedy 2014) and enabled automatic transcription, thereby reducing issues of human error (Gavin, Rodham and Poyer 2008). It explored individuals' online interactions and the social meanings interwoven in these using covert online observations. Prior to starting the research, the study was granted ethics approval from the University of ***. Though, some scholars argue that explicit permission should be sought (see Sharf 1999), this study adopted Tripathy's (2013) stance that messages posted online are intended for public

consumption, implying the permission for further use, therefore, participants were not informed of the research, and data was *only* taken from freely-available online public forums. All data and quotes were anonymised by employing pseudonyms. The primary researcher (author 1), immersed herself in the gamut of digital content and technologically-mediated relationships, communities and networks, utilising the internet as a unique field through which to explore this topic in an unobtrusive manner. This involved becoming engaged in online communications, following communities and networks, and learning from the inside. Following Hine (2000, 38), internet users are dually 'involved in the construction of the technology: through the practices by which they understand it and through the content they produce'. Therefore, the researcher was involved in this construction and treated the ethnography as a textual practice and a lived craft. Furthermore, as Postill and Pink (2012, 6) explained 'the everyday life of the social media ethnographer involves living part of one's life on the internet, keeping up-to-date with and participating and collaborating in social media discussions'. The benefit of new social media platforms is that there is a novel technological ease, where users are encouraged to continuously update and share new digital content, which is a skilled embodied activity many have already mastered (Postill and Pink 2012). Thus, participation for the primary research-ethnographer ranged from sharing and commenting through their own personal social media account, to phatic communication (likes, shares, retweets).

Participants and procedure

A sample of individuals who had described their experiences, in line with aspects of this lifestyle syndrome, as identified in the diagnostic criterion for ON detailed by Moroze et al. ([2015] as quoted in Dunn and Bratman 2016, 13) were selected and further analysed. The

stories and online communications were collected and analysed simultaneously, and close attention was paid to whether participants had been clinically diagnosed, self-diagnosed, or presented *"symptoms"* as detailed in the diagnostic criterion. Håman et al. (2015,   13) explained that recruitment of participants can be challenging 'because orthorexia does not have its own code of diagnosis and is not clearly defined'. Therefore, the researchers used the suggested diagnostic criterion to help inform their inclusion/exclusion criterion, along with their current knowledge and understanding of how this lifestyle syndrome manifested in varying degrees. Self-diagnoses was most common amongst participants, as to date, no clear picture of Orthorexia Nervosa can be presented, and we, the researchers, wanted to avoid reducing individual experiences down to a singular medicalised definition. Bratman's description and other current scholarly reviews (Haman et al 2015; Brytek-Matera 2012; Chaki, Pal and Bandyopadhyay, 2013) informed the sample selection, which agreed that the obsession with food and eating were primary elements central to the individuals' storied events (Haman et al 2015). Alongside this, opportunistic sampling was also used to accumulate more information-rich cases (Patton 1990) through unanticipated online connections and relationships. Some of the participants operated in pro-Orthorexia forums (e.g. Lindsay, Rita, Simone, Olivia and Mandy), whilst some were commentators on blogs and articles (e.g. Alicia, Lisa, Oliver, Lucy, Alex, Nora), and others featured in their own blogs (e.g. Aimie, Riley, Sam, Dave, Tina). Of 102 stories collected and analysed, 30 voices are used to represent findings here. The 30 voices presented here are selected for their richness and capacity to relate to other themes. These extracts from the participants are interspersed with our interpretations. Not all voices and stories could be presented due to restrictions of space, but the chosen voices and their stories were indicative of the broader range of stories.

The 30 voices presented, represent mixed genders, but are nevertheless, dominated by female voices. The nature of the research resulted in background characteristics and demographics of the participants being unverifiable. That said, (following Fornaciari 2013) certain situational information could be inferred. A number of participants did disclose personal details (such as age, location, access to resources, and education level) indicating they were representative of working-middle class individuals from affluent countries. The disembodied and anonymous nature of online interactions could be considered a methodological limitation, in the sense that demographics are difficult to control and participants select which aspects of their life they portray online. Conversely, it is thought to be a strength, as studies into online identities reveal that individuals express a more "authentic self" due to perceived anonymity and the dissolving of inhibitions surrounding face-to-face interactions (Waskul and Douglass 1997). This latter aspect was key to the purpose of this study. Moreover, the critique of selective portrayal of *self* can be levelled at all research, be it qualitative face-to-face, online or quantitative survey research. A performative analysis (Riessman 2005a) was considered to offset such issues and illuminate the performative nature of this ED. However, this was deemed to be outside of the scope of this particular research article which sought to establish some of the types of narratives drawn on by those with ON, in order to provide a reference point for future research, a point we return to in our conclusions.

As indicated above, the lead researcher (author 1) used a relatively unobtrusive data collection strategy, involving lengthy submersion in the public domain alongside casual interaction and phatic communication within the communities. Data were collected from publicly available online information and variations of the following phrases were entered

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into Yahoo, Google and Bing search engines, as well as directly into Instagram, Tumblr and Facebook search facilities: *Orthorexia Nervosa, Clean Eating, Orthorexic Journey and Digital Age Eating Disorder.* The search terms deliberately began broad and narrowed as knowledge of "member vocabulary" used within the community were extracted. Initially, the search terms chosen were used to identify interactions, communities and practices evolving online around ON and associated behaviours and characteristics; drawing out individuals who associated with, or wanted to contest the term. Importantly, these search terms identified spaces for individuals who felt their behaviours or experiences did not fit to contest the term *ON*, leading to our interpretations of a narrative of resistance. Moreover, the searches yielded multiple links to blogs, social media platforms, news articles and forums concerned with ON. The broader search terms also enabled layers of the internet to be unearthed through what would be considered snowball sampling and data collection (Patton 1990), as interactions progressed and diverged to span across other areas of the internet, leading the researcher to study aspects outside of the immediate search. Therefore, snowball sampling allowed for other stories, outside of specific terms and vocabulary, to come to light, which may otherwise have been hidden from the chosen search terms. Data were taken from a total of 41 online sources over a two month period from November-December 2016.

Analysis and representation

Through a thematic narrative analysis (Riessman 2005a), this study questioned the individual experiential process of internalisation, maintenance and reproduction of stories surrounding ON, and how individuals become caught up in the "game" of healthy eating lifestyles. Using a thematic narrative analysis, the data collected were analysed to find common and deviant elements across and within the events reported, alongside questioning how underlying

broader narratives shaped the "personal" stories of the participants. The analysis placed emphasis on the content of the text, which was underpinned by a philosophy of discourse (Riessman 2005a), and traced dominant thematic threads throughout individuals' storied accounts to draw out underlying narrative frameworks as a resource available in culture (Frank 2010). The researchers studied language in its temporal form, through which meaning and reality were socially constructed, providing insights into subjective experiences. These storied accounts of their lives, often told as episodes, have been presented in a typology of narratives, and numerous exemplars from different voices were used to illustrate their thematic commonalities and variations. The use of singular forms of narrative analysis have been criticised, as some scholars have suggested this eradicates the nuances of the story-telling process and under-appreciates the heterogeneity of personal experience (Smith and Sparkes 2009). Therefore, and as previously mentioned, a performative analysis was considered to overcome such concerns (particularly in terms potential of gendered, ethnic and socioeconomic divergences), but space limitations preclude such a task, and an in-depth thematic narrative analysis was considered most applicable *to begin* to develop a body of research literature surrounding ON from a social constructionist approach.

The data collection, gathered during a 2-month period, used past and current blogs, articles, commentary and interactions published online. Sites were visited multiple times throughout this period with new stories accumulated, adding to the data. Some online spaces had a greater virtual community presence than others, therefore the number of stories collected per site varied. Informal preliminary analysis was followed throughout the data collection. Preliminary coding was conducted using a computer based spreadsheet alongside field notes containing emerging interpretations. At the end of the collection period, data were printed, re-

coded and formally analysed**.** These data were coded first on the computer in an Excel document, and field notes (initial thoughts) were written up alongside the data collection. Data analysis, involved reading each story multiple times to achieve a sense of familiarity, and then initial thoughts and annotations were made that identified points of interest. Data were re-examined repeatedly for familiarity and to check the rigour of the coding. During the final stage of coding, dominant themes, such as 'ON as Pursuit' and 'Sacrifice', were compared with previous research and existing theories (for example, healthism, risk society and technologies of self) as explored in this paper. Utilising only textual material, a critical mindfulness (Lietz and Zayas 2010) was taken towards narrative contents such as themes, discourses and overarching plots. Alongside central organising narrative components, the characteristics of language as a communication process (discourses) were explored to unearth the relationship between words and how the individual associated ideas. Earlier impressions were later converted into several, inductive conceptual themes which represented the participants accounts. This was a cyclical process as encouraged by Smith (1996) where themes were compared across cases and, where necessary, merged.

The research sought to illuminate what Spence (1982) termed a "narrative truth" which adopts the interpretative ontological stance that subjective truths are multiple and can be captured within their past, present and envisaged future modes of telling. Using narrative and discourse analysis in this way, language was studied in its temporal form: meaning and reality were taken as socially constructed, providing insights into subjective experiences and individuals' conceptions of their self-identity. The configurative process of qualitative narrative analysis centred on identifying a thematic thread, how it unfolded temporally and culminated towards an outcome. Considering the thematic thread temporally revealed plot,

because as events or happenings were constructed through individuals' stories 'they [took] on narrative meaning' (Polkinghorne 2006, 5). This approach also recognised that narratives refer to a wider ideology or cultural view (Smith 2000), and aimed to draw out underlying frameworks as a narrative resource available in culture which worked as a guidance system for individuals to understand their experiential worlds and self-identity (Somers 1994; Frank 2010). Accordingly, a typology of narratives organised by theme was the chosen representational strategy rather than the production of stories through biographies or case studies (Riessman 2005b).

As a white, mesomorphic, working-class female, who has the embodied experience of being immersed in ON culture, - though her own struggles with "clean eating" never fully resulted in an ED according to Moroze et al.'s ([2015] as quoted in Dunn and Bratman 2016) criterion - the principle researcher and first author recognised her own dispositions in the storied experiences, which inevitably influenced the analysis. Nevertheless, this closeness was also a strength in facilitating, *reflexivity* (Alvesson and Skoldberg 2000) and *indwelling* (Maykut and Morehouse 1999), which combined to invoke thoughtful and critical reflection throughout the research process and developing *verisimilitude* (Miller 1974) in its representational criteria for judgement as it is hoped other sufferers of the condition would recognise these narratives in their own experience. This stance follows with Sparkes and Smith (2014, 19) who contend alternative notions of validity and reliability have 'exploded into academic consciousness,' challenging the popularly conceived "problem" of subjectivity into a welcomed opportunity. Throughout the following section, interpretive insights are offered of how ON is experienced, and narratively constructed through cyber stories. Three

prominent narratives of ON were identified; *pursuit, resistance* and *recovery*[2]. The following discussion presents extracts of raw data collected, foregrounding the participants' voices whilst supplementing with the researcher's reflections (Sparkes and Smith 2014).

Findings and discussion

Three prominent narratives were identified largely framing individuals' stories of ON; Pursuit, Resistance and Recovery. The first narrative, to be discussed, was termed a narrative of pursuit as the individuals were on a quest to 'better' themselves through a dominant cultural narrative of becoming, founded upon individualism. The second narrative centred on resisting the illness narrative, to maintain control, narrative cohesion and sustain Identity. The final narrative found individuals accepting the "illness narrative", and those who felt the bearing of this lifestyle syndrome weighing too heavily, began speaking through a narrative of recovery. The analysis below presents extracts of a variety of individuals' stories, illustrating how ON is experienced and narratively constructed through online-stories.

The Pursuit: Self-reflexive body projects

The first and most prevalent narrative, guiding individuals' storied experiences of ON, was one of pursuit. Woven in this narrative, were discourses of "clean eating" as a form of cultural but also reproductive body work through which they could obtain some personal or social goal (Adams 2010). Narrative parallels were unearthed from the participant's stories in this study centring on metaphors of cultural bodywork,

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[2] However, it is important to note that individuals may progress through different narratives throughout life (Frank, 1995)

such as, purifying the body, and cleansing and improving the self through the materiality of food. Many individuals often spoke of their experience of ON as a means to an end, and though their goals differed, they expressed a deep-rooted belief that adopting this lifestyle choice, would move them closer towards the elusive ideology of fulfilment. As Dave, Tina and Aimie described:

> Some of us have decided to put the right foods in our body so we can obtain true health. [Dave]

> I became fixated. For me, this meant looking at myself every time I walked by a mirror. Lifting up my shirt to see if I had abs yet. Standing straight to see if my thighs were touching. I was fixated on how I looked. Fixated on whether or not my 'methods' were working. [Tina]

> It was also a little bit of a fun competition for me. Each day was a challenge to eat fewer calories or have a shorter list on my food diary. I also strived to run a greater number of miles or hold a plank for another minute. [Aimie]

Similarly, Blogger Marta referred to her eating habits as "Orthorexic", though she did not consider this to be an illness or disorder which negatively impaired or reduced the quality of her life:

> I don't believe my orthorexia is something to struggle against, or something that takes away from my life. Instead, it adds to it, and actually gives it a sense of purpose, beauty, and virtue. [Marta]

These extracts all signify a pursuit, placing the body project at the epicentre of the storying process. Therefore, for these people at least, this ED or lifestyle syndrome, can be placed on the spectrum of contemporary body projects (Adams 2010), and defined as a 'self-reflexive body project' (Shillings 2013), actualised through the progressive adherence to an anthropometric lifestyle of dieting and exercising. As Clara, Chloe and Helen explained, this involved strictly monitoring calorie quantities, nutrition content and exercising regularly:

> It wasn't enough after a while to eat a safe amount of calories, every morsel had to be safe too. And the compulsion to measure food perfectly was awful. [Clara]

> I calorie counted, I worked out daily, and I worried constantly about what I was eating. [Tina]

> I couldn't NOT track something. And if I didn't know how many cals it was, I would GOOGLE it!! Ugh! [Helen]

The typology of a pursuit narrative is a popular rhetoric which has encouraged individuals to focus on altering both the visibility of their body, as well as what they put into their bodies, to reform and improve their sense of their human embodiment; representing a conformity to a logic of care, developed through a culture of a healthism. Shillings' (2013) work provides insight into the cultural mechanisms which embolden and legitimate body transforming practices, and today practices which alter bodies to achieve an aesthetic goal are viewed as an acceptable part of everyday

existence. These practices sit at the centre of a widely-encouraged narrative which pursues 'health', and is constructed in line with the Obesity Epidemic Narrative:

> After all, healthy eating is everywhere extolled. Orthorexia seems to be right up there with good work habits and a clean life… orthorexics strut with pride. 'Look at those degenerates,' the mind says of everyone else, 'hopelessly addicted to junk.' [Ray]

> There is a way in which food is used to either self-congratulate - you're a better person because you're eating like that - or to self-persecute, because you'll not allow yourself to eat what you want. [Alex]

The participants' stories were constructed in line with a widespread belief that agents should be doing everything in their power to stop the 'obesity disease' from spreading; both a public duty and personal responsibility. As seen in the quotes above, the practice of "eating clean" is considered a symbol of good living, and has become a means of self-governing.

Moreover, the encouragement of healthy eating and exercise is a pervasive rhetoric which has narrated obesity as an irresponsible personal choice, encouraging discrimination and anti-fat bias (Throsby 2007), and resulting in food being used to congratulate or persecute the self. Thus, individuals who engage in practices which actively appear to be stopping the spread of this disease are afforded social acceptance and "moral citizenship"; a social illusio (see Bourdieu and Wacquant 1992). Subsequently, "clean eating" has become an endemic form of body work and a

gateway to boost incorporated cultural capital (Bourdieu 1986), resulting in the moralisation of food ingestion practices.

Furthermore, the narrative of pursuit offered a sense of meaningful engagement with practices evolving around cultural and reproductive body work, which resulted in feelings of superiority, virtuosity and pride. Foucault's notion of technologies of self can be applied to illuminate how these individuals bought into the social illusio of righteous eating, through the spiritual materiality of food, as '"clean eating" has become a means of engaging in ethical work. Dedicated forums were created where individuals vent their judgements over others' eating habits, reinforcing how they felt morally superior leading this lifestyle, as Carla, Lindsay and Rita expressed:

> I was high on it. I felt elated, holy almost, because of how virtuously I was eating and how disciplined I could be. All I thought about was eating the perfect meal. [Carla]

> Do you find yourself judging other people's unhealthy food choices? My roommate was eating Doritos on the couch and I couldn't help but judge. [Lindsay]

> We get there and what was her healthy choices? Either a boots shapers bar or what she eventually decided on... a 'belvita soft bake'… Mmmm so much health. (Meanwhile I munched on my salad and beans slightly smug and bewildered). [Rita]

The above quotes demonstrate the individuals' belief that "eating clean" will afford social acceptance and "moral citizenship". This supported Musilino et al.'s (2015) work which found that the 'Orthorexic' lifestyle has come to be used as a resource to accrue honour, prestige or recognition, affording individuals' enhanced symbolic capital (Bourdieu 1986), creating a habitus of healthism. Furthermore, the online world has created an omnipresent space for the transmission of these cultural values, and the above quotes demonstrate that individuals sustain, reproduce, and co-construct these dominant discourses placing responsibility at an individual level.

This lifestyle has tethered value judgements to specific food groups, and the knowledge that food is now constrained with moralistic hues has come to be used by individuals through the production of mediated selves to negotiate power relations and boost capital (Thorpe 2008). Individuals today are marked by a sense of self-responsibility, not only by way of the physicality of their bodies, but also the production of their bodies through social media. The concern with living autobiographically-online is that popular narratives of becoming can be created, viewed and reproduced at both micro and macro levels and individuals' levels of saturation in these online line communities can be almost limitless (Smith 2000). Many voices from the data collected commented on the role the media played in the portrayal of the "clean eating" lifestyle, as Chloe and Rosie highlighted:

> Try scrolling through Instagram, or browsing your favourite blogs, you'll likely find lots of #fitspo for your #cleaneating, #cleansing and #detoxing endeavor. [Chloe]

I posted constant photo comparisons to Facebook, desperate for someone

to tell me I was worth something, for someone to tell me I actually was

smaller. I acted like I was some kind of fitness guru, lying to myself and

everyone else, all the while wondering why I still hated myself. [Rosie]

The above quotes illustrate the central role the internet plays in this narrative of pursuit. The age of the internet has given birth to a "post-modern" self, which can enter the digital realm as an active agent no longer fixed in the objective world (Shumar and Madison 2013). Poster (2001) referred to this as a society in a state of constant 'underdetermination'; denoting how the digital world can be infinitely revised. Mobile devices have enabled new technologies of self, affording individuals the ability to continually work upon their presentation of self and portray an airbrushed version of their lives. Moreover, these new technologies have come to be used to achieve gratification through social media, aiding, extending and reproducing this narrative of pursuit.

The narrative of pursuit framed individual's stories, providing meaningful engagement with practices evolving around cultural and reproductive body work. Individuals came to ascribe positive connotations to the term Orthorexia, and social media has come to be used as an apparatus of domination and discipline (Markula and Pringle 2006). Many found refuge in the disembodied benefits of online communities, using it to bolster their position in the social hierarchy, which in turn reproduced narratives of pursuit through a habitus of healthism (Musolino et al. 2015). Crucially,

this narrative can be difficult to walk away from as it promotes the promise of a sustained and coherent identity, by encouraging self-regulation and governance.

Resistance: Maintaining narrative cohesion

The second prominent narrative was one of resistance. ON has not formally been recognised as an Eating Disorder, however, research has noted that it shares many characteristics with other diagnosed Eating Disorders and Obsessive Compulsive Disorders (Håman Lindgren and Prell 2017). This narrative encompassed themes of body–projects and technologies of self, but was largely characterised by stories of control, and feelings of fear and anxiety. The potential categorisation of ON as an ED threatened to derail the individual's narrative trajectory, and therefore some individuals rejected the illness narrative; we refer to this as a narrative of resistance. As Oliver, Lucy and Aimie expressed:

> There are eating disorders, but eating healthy isn't one of them... Unless you consider eliminating diabetes, heart disease, skin disease, digestion issues, etc., as unhealthy. This quackery is a dis-service to those who lead a healthy lifestyle. [Oliver]

> This cr*p is just one more way in which the industrial food system tries to make people who eat real food feel marginalised. [Lucy]

> I was having trouble with my roommates and felt cut off from my friends back home. The guy I swooned over for months had rejected me for a prettier girl. Most painfully, one of my cousins suddenly died of a brain

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aneurism…There was nothing I could do about any of those things. But, I sure could control my calories. [Aimie]

Resisting the categorisation of Orthorexia as an illness or disorder, the above responses can be read as an attempt to maintain narrative coherence and ontological security. The individuals progressing through this narrative believed that the classification of ON as an ED was an attempt to marginalise and discredit those actively opposing the corporate industrial food industry. This is not an entirely irrational response, as Nicolosi (2007, 11) explains 'we cannot fail to recognize that eating unknown artefacts…may mean losing the deepest sense of the self; and that to eat 'unnatural' foodstuffs means to symbolically de-naturalise oneself.' Frank (1995, 68) also argued that 'a condition of perpetual narrative uncertainty is endemic to postmodern times,' and thus, the "Orthorexic Lifestyle" offered a means of coping with insecurities induced through reflexive modernisation to sustain narrative-self:

Life is complicated, unpredictable, and often scary. It is not always possible to control your life, but you can control what you eat. A heavy-handed domination over what goes onto your fork or spoon can create the comfortable illusion that your life is no longer in danger of veering from the plan. [Ray]

I find researching food and nutrition during my free time to be comforting. My rituals and rules make me feel safe and give me a purpose. It gets exhausting and annoying and sometimes I just wish I could *be normal* but my obsession with food is my only friend. [Simone]

Ray and Simone, like Aimie, demonstrate how they felt uneasy today and reflexively managed their lifestyles and anxiety in response. They felt in control. The narrative of resistance supports Nicolosi's (2006) findings, that peoples' trust in expert systems have come to be shaken through competing scientific information and misinformation about food science, motivating them to "take back control". The irony here, and the problem too, is that they are still reliant on scientific knowledge even though as Giddens (1990) argued the inherent circumstantiality of scientifically informed knowledge has extended to the core of these individuals' self-identities, and serves to undermine ontological certainties previously offered by traditional and earlier scientific knowledge. These individuals are left to 'reflexively create, revise and give meaning to both having and being a body' (Brown 1999, 83), and, according to scientific hegemony, this can be achieved through a one size fits all diet and exercise regime:

> I knew I had lost weight, but I was also eating really healthy (or so I thought). I knew I was being somewhat restrictive with my calories, but I was only trying to follow the advice of the media. [Jennifer]

> I haven't consumed anything non-vegan in so long, I'm overly upset... I feel betrayed because my initial response was to not eat it, but I didn't trust that judgement, I trusted someone else, and I have such a hard time trusting others, so that's a big step for me... but a step right into ruin this time. It really reinforces my trust issues. [Mandy]

This narrative of resistance, which contrasts the illness narrative, may stem from ontological insecurity, distrust and a belief that wider social food structures were colluding in the spread of physical and mental diseases. Shunning or resisting the 'illness' term as stamped upon them by the medical community and wider society, demonstrates the loaded and idiosyncratic nature of this term, which may limit our understandings of experiences Moreover,Busanich, McGannon and Schinke (2014, 711) argued that 'we should not assume that even when such a condition is present that it will be experienced in the same way'. Therefore, the illness narrative may not fit people's lived experiences, and they may choose other narrative resources to draw upon, such as the narrative of resistance.

Furthermore, the individuals discussed their eating habits, and strict food regimes as a normal part of maintaining a healthy lifestyle, such normalisation is consistent with previous research demonstrating how these thoughts, emotions and behaviours are often positioned as "normal" and/or even encouraged for many individuals to demonstrate their moral citizenship and self-governance within broader cultural narratives:

> I honestly think orthorexia is one of the scariest ED's because it's completely invisible, even to some health professionals who know what to look for… Orthorexic habits are even reinforced in the medical and fitness industries, which makes it an extremely hard mindset to break. Doctors, nutritionists, and fitness professionals (and like 95% of "fitblrs" tbh) frequently urge people to "eat clean" to achieve a healthier body and mind,

which makes it almost impossible for a struggling orthorexic to receive medical recovery advice. [Riley]

Orthorexia can also be a cover-up, a ruse, a mask over a hidden agenda. Since it's socially acceptable, applauded even, to say you want to be "healthy" vs "skinny," orthorexia can often at times be a way to mask anorexia – or a way for someone to replace bulemia or anorexia when they want to seem recovered to the world around them. [Sarah]

But, never, ever did I think I was anorexic. No, anorexics didn't eat food. I did eat food -- just as long as it met my "healthy" standards. [Aimie]

These quotes, further demonstrate 'the power that words like "anorexia," "bulimia" and "disordered eating" can hold, as these words gain their meanings depending upon the broader narrative within which each is constructed… [and] may result in these going unnoticed, ignored, stigmatized or silenced' (Busanich, McGannon and Schinke 2014, 710). For example, the normalisation of ON as a habitus of healthism, or, the individual's experiences' failing to fit the set criteria for diagnoses.

Within this narrative of resistance, individuals expressed feeling empowered through gaining knowledge, and being informed about their food choices, as Aimie confides, 'Yes, knowledge is power! Besides, why wouldn't you want to know how many calories are in a bagel?' [Aimie].

This supports influential works by Giddens' (1991) and Beck (1992) which drew attention to risk societies, and how health promotion has become a preventative

strategy, at an individual level, utilising 'the agency of subjects in processes of self-regulation' and individual governance (Peterson 1996, 189). Entwined with discourses of a cultural-political hegemony of scientism, as well as subjectivism, the participants' stories illuminated elements of reflexive modernisation. As aforementioned, certain diets have come to be diffused with a moralistic hue, through hegemonic speech, which has consolidated characteristics of science and ethical ideology, entrenching these as common-sense notions to negotiate risk (Nicolosi 2006). This anthropometric lifestyle has become a signifier of control, power and knowledge. Individuals in this narrative openly discussed adverse thoughts, emotions and behaviours around this lifestyle in a non-apologetic way providing insight into how this normalised discourse of disordered eating may have the potential to silence such experiences and/or downplay their significance. Through their body projects, these individuals, believed they were 'engag[ing] in ethical work…practices of freedom, and develop[ing] practices of transformation' (Thorpe 2008, 209). As Maria explained:

> But our health is more muddled now – we live in an age of "obesity epidemics", horse meat scandals, and fears over hidden food nasties and carcinogenic additives. "Wellness" lifts us above this food chaos. [Maria]

The narrative typology of resistance appeared to be borne from the fear and anxiety of being thrust into an illness narrative (Frank 1995), and the potential diagnoses of an ED threatened to de-rail this narrative, and create 'narrative wreckage' (Frank 1995). The appraisal of illness symptoms and suffering, also threatened to leave individuals feeling disempowered, invalid, demoralised and fearful; which is part of the illness

problem (Kleinman 1988). The possibility of being faced with an unwanted and unanticipated "illness" narrative, as their practices align with descriptions of ON instead of the life they envisaged, the individuals may fear cultural separation, physical undervaluation and an inability to control and manage power relations through previously relied on technologies-of-self. As a result, some individuals shunned the Orthorexic diagnoses, and others did not want to be "cured":

> I don't want to be "cured" eating like this just makes me feel more calm and I just feel better and if other people weren't such d**ks about it, it wouldn't be a problem for me. [Olivia]

Both the narrative of pursuit and the narrative of resistance offered a sense of valued identity for individuals, making it difficult for them to stray. Trying to share stories of suffering when an individual is constantly being bombarded with ideological stories of "perfection", good health and beauty, resulted in many struggling to story their experience outside of the dominant narrative of pursuit. Similarly, the illness narrative may provide equally narrow prescriptions for individuals to live by, and may limit understandings of individuals' experiences. Nonetheless, implicit themes of sacrifice were embedded throughout both narratives, and when the sacrifice became too great, some individuals were eventually forced to recognise the problem existed and began to draw upon other narrative resources.

The Recovery: Undoing narrative foreclosure and the seduction of eating clean

Over time, alternative narrative types emerged as the individual is provoked to undertake moral reflection surrounding their actions and current storying process. Subsequently, this resulted in some tellers' stories being framed around a narrative of recovery, acknowledging the detrimental side effects of this lifestyle, as Emma and Lesley noted:

> So… I made the decision to acknowledge my eating disorder and begin the recovery process. [Emma]

> To be "perfectly healthy" and get that "perfect body" we're sometimes after, you have to almost drop all social aspects of your life, but eating with friends and family and sharing those little indulgences with them is more important for our relationships than we sometimes realise. [Lesley]

These individuals had come to identify as having an ED, and were travelling down a path of personal recovery. Stories of recovery were entwined with notions of isolation, loneliness, sacrifice and disappointment. The rigid avoidance of certain foods, severe distress or impairment of, social, academic or vocational functioning, and feelings of guilt when consuming impure foods, became overwhelming, as Maggy and Jade detailed:

> My rules were strict and if I stuck to them then I was happy… But gradually, I came to dread social situations...My once healthy self-esteem was diminished by disappointment… Healthy eating to the detriment of

your social life, your sanity and your happiness? Not so healthy after all. [Maggy]

It's a path you never want to go down. Where food is the enemy, where hunger is a good thing, because it means that you're losing weight. It's hell... Your rationale is gone, you become afraid of food, afraid to inhale its scent, worrying that even the smell of it will expand your waistline, petrified to even hold a loaf of bread. [Jade]

In addition, individuals telling stories with the underlining narrative of recovery, expressed how they felt pulled into the dominant narrative plot of pursuit, or chose to reject the illness narrative to remain a key player in the "game". As Arianna and Rosie voiced:

I know I'm not the only one out there who has been tricked into thinking that clean eating and the Paleo Diet is the be all and end all of weight loss and health gain. I know I am not the only one who has ended up with disordered eating as a result of trying to better myself and the lives of others… I quite honestly felt brainwashed! [Arianna]

100lbs of weight loss was where everything would change. I would love myself… Life would be like a musical, happy and gleeful. Orthorexia had me completely convinced that this was the gospel truth. [Rosie]

Metaphors of seduction underlined the narrative of recovery, as individuals considered how they had been enticed by the allure of "clean eating". These

metaphors illuminated how stories "work" on individuals. Frank's (2010) notion of stories at work sheds light on how cultural narrative resources may help or hinder the storytelling process. Frank (2010, 46) explained that 'stories get under peoples' skin,' affecting how they think, perceive and come to know the world around them; what should and should not be valued; and, what to take notice of and what to ignore. Culturally dominant narratives get told, retold and internalised within certain contexts. Science and hegemonic values have become intertwined, forming a construction of utopia, selling a-one-size-fits-all "healthy" lifestyle which hopes to bring a world free from disease (Gavroglu 2012); and the internet and social media has created a culture of micro-celebrities who are reinforcing and revamping this scientistic-hegemonic ideology.

There is no universal categorisation of good and bad food, and the philosophical notion that certain diets or lifestyle choices are tied to moral values, is complex and unclear; providing a very narrow and ambiguous prescription for individuals to live by. This can make it challenging for individuals to align their experiences with dominant cultural narratives. Nonetheless, an individuals' sense of self may be tied to the story they have cast (Frank 2010) and it may be difficult to walk away from certain narratives which provide identity, and narrative cohesion. The narrative of recovery often features moments of reflection, referring to an obsession or fixation, as the ongoing pursuit results in a pathological fixation and an impossible feat, As Maggy and Janice expressed:

Twitter and Instagram are filled with celebrities and health bloggers attributing their glowing appearance to eating "clean"... But in trying to emulate them, I became so obsessed with eating the perfect diet that it took over my life and made me absolutely miserable. [Maggy]

To someone who doesn't have a good awareness of a balanced diet, this could be taken literally and that person will become obsessive in only eating what the person on social media eats… We choose the best bits of our lives, our meals, our lifestyles, to share. [Janice]

Additionally, individuals expressed how they always seemed to fall short of standards set by society, revealing both the joy and the problem of social media. The online world is a place that can be disembodied away from the public gaze of which mediates interactions, and can be selectively embodied through carefully chosen photos and filters (Dias 2003). Hogan (2010) referred to this as impression management through selective disclosure in order to present an "idealised" self. The distribution of unrealistic standards, ideal selves and flawless bodies, comes with serious psychological costs, such as EDs (Thompson and Stice 2001); widening the gulf between individuals' perceptions of who they are and who they ought to be. As these individuals' obsession with clean eating deepened into damaging body projects, many expressed feelings of being thrust into narrative foreclosure (Freeman 2000), struggling to align their experiences with the narrative fate they envisaged. The inherent and taken for granted meanings attached to such diagnoses,' meant that many discussed how they refused to open up with those around them about their

experiences leading to further psychological distress and withdrawal. As a result, underlying tensions began to emerge as the individuals in this study struggled to live purposefully and meaningfully through narratives of pursuit or resistance (Phoenix and Griffin 2013) creating a vicious cycle of greater uncertainty. Previous storying processes became so restricting and no longer aligned with the individuals' experiences, to the extent to which it had colonised and constricted their identity (Carless and Douglass 2013), As Maggy and Rosie explained:

Where had the old, fun Maggy gone? Where indeed. Lost in endless rules and regulations that left me neurotic, unhappy and exhausted. [Maggy]

I felt like a failure. I didn't know how to tell anyone that I was a fraud, that I wasn't some health guru, that I was actually a broken woman suffering from disordered eating…If you have suffered from orthorexia, if it left you feeling broken and unworthy, I am with you. [Rosie]

Behind the shiny covers of the clean-eating books, there is a harsh form of economic exclusion that says that someone who can't afford wheatgrass or spirulina can never be truly "well". [Alicia].

These participants articulated their struggles and openly accepted that this lifestyle choice had manifested into a serious pathological eating problem. They expressed feeling anxious, isolated and lonely. For some, this pursuit had become life-inhibiting, supporting Lester's (1997) argument that EDs are not merely an illness of the body, but a complex technology-of-self as a body project taken too far. However, by

accepting the narrative of recovery, the individual must accept the "diagnosis" and act upon this identity, severing previous identities which have afforded them moral citizenship, social and physical capital. The participants' stories constructed around the recovery narrative, echoed Frank's (1995) typology of a Quest narrative, whereby the individuals accept they have an illness and proceed to gain something from it. In this instance, individuals often spoke of finding balance, greater happiness and overcoming their anxieties, as Claire and Audrey shared:

> Eating healthfully is not about how strict and forbidding you can be, but about eating wholesome foods with balance and flexibility. Being healthy is a lifestyle, but I had to learn that eating healthy is not my life. [Claire]

> Finding balance is a process and you're allowed to have off days. I don't think it's as important to strive for a 'perfect' state of recovery where you never look back. Nothing's perfect, and you just want to be happy as often as possible. That's what balance really means to me. [Audrey]

Crucially though, narratives are not created upon free-will but drawn from a limited library of cultural resources (Somers 1994), which leaves little guidance on how to narrate the self outside of dominant storylines. Therefore, individuals progressing through a narrative of recovery are offering up their story online, which simultaneously broadens narratives and provides other ways of "being" for sufferers outside of popular rhetoric.

Concluding comments

Current research on ON suggests that reflexive modernisation processes leave individuals struggling to navigate the contradictory dieting landscape and the food/health/beauty triplex (Rangel et al. 2012). The rich inflection of narratives traced through the online sphere illuminate how the individuals in this study narratively constructed a body project that centred on changing their relationship with food, their body and identity. Theses individuals' journey of ON is expressed through narratives of pursuit, resistance and recovery as individuals tried to make sense of their identity and experience, by drawing from a limited library of cultural resources (Somers 1994) to live meaningfully in the midst of an alimentary risk society. Crucially, the advent of reflexive-modernity has created a culture of hegemonic-scientism destabilising these individuals down to their core, resulting in extreme forms of self-preservation by ascribing moralistic hues to foodstuffs. As a result, these individuals became caught up in the "game", using the "clean eating movement" to manage impending risks. For these individuals at least, the normalisation of body transforming practices and the reflexive process of continuous self-observation provided the socio-cultural context for the emergence of this seemingly new lifestyle syndrome, ON; these processes spoke through each narrative typology. A complex technology-of-self as a body project taken too far, this lifestyle syndrome has accrued positive connotations and manifests online to control and manage power relations. Using it to bolster their position in the social hierarchy, and reproduce narratives of pursuit through a habitus of healthism, individuals who buy into the illusio of "clean eating" are afforded social acceptance and "moral citizenship". This illuminated how, in the instances observed, the body has come to be medicalised and politicised, and everyday embodied practices of self-care are being justified through scientific hegemony.

This study highlighted how discourses within the health industry and consumer capitalism structures marketing the thin-ideal-for-profit appear in the narratives of individuals. There were signs that these discourses emerge as socially valued and accepted behaviours has led to the glamorisation and moral validation of EDs in the face of the obesity epidemic; implicating the "for profit" media as a powerful factor in the construction of body and eating disturbances and lifestyle syndromes such as ON. The fear of being thrust into an unwanted illness narrative and severing previously valued identities resulted in a narrative of pursuit and resistance. Moreover, narratives of pursuit and resistance were entwined with underling metaphoric tensions of seduction, sacrifice and loneliness, demonstrating how stories can work for and against people (Frank 2010); hindering their storying process by restricting their own narrative expression. Subsequently, some individuals proceeded to engage in moral reflection, pushing them towards another narrative option, the narrative of recovery. These individuals offered up their story online and provided other ways of "being" for sufferers outside of the dominant narrative.

Our research reinforces the idea that while ON is being targeted as a mental illness, this is not simply a condition of cognitive processes driving behaviour, but a far more complex issue which is inherently embodied, social and cultural and might be considered a lifestyle syndrome. Narrative analysis offered a means of understanding ON through the lived body, however, the chosen methodology somewhat hindered the embodied approach. Recognising the limitations of this study, we, the researchers, were unable to probe outside of the portrayal of online selves, which are inherently disembodied. Therefore, future research should look to explore the growth of this ED

by questioning the inequalities of consumption by gender, class, age, ethnicity and nation; investigating the social and cultural background of individuals' suffering (Hine 2011), in order to further contextualise individuals' stories and narratives (Frank 2010).

Future work on ON and its online representations might usefully involve performative analysis, which, following Riessman (2005a, 5), approaches storytelling 'as performance – by a '"self" with a past – who involves, persuades, and (perhaps) moves an audience through language and gesture, "doing" rather than telling alone.' This will be particularly helpful to draw out possible nuances mentioned above, and how the performative aspect of online narratives may be gendered in nature, further expanding our understandings of ON as a socially constructed experience. Nevertheless, it is our hope that this study has added further impetus into gaining a critical vista onto the ever-changing cultural context in which EDs have increased and altered. We have illuminated multiple and competing narratives (Pursuit, Resistance and Recovery) drawn on by individuals experiencing Orthorexia Nervosa as they grappled with their self and social identities in an attempt to maintain narrative cohesion, reconciling their own self reflexive body projects and their relationships with food in the context of a reflexively modernising risk society.

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