

HOW VEGANISM INFLUENCES RELATIONSHIP WITH FOOD,
IN THE CONTEXT OF EATING DISORDER RECOVERY

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A Dissertation

Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy
Interdisciplinary Health

Northern Arizona University

May 2023

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ABSTRACT

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It is a systemic norm for eating disorder treatment centers to prohibit patients from remaining vegan while in treatment. However, literature examining the relationship between vegan diets and disordered eating is very limited. This study examined the influence of veganism on a person's relationship with food, particularly within the context of recovery from disordered eating. Semi-structured interviews were used to investigate the lived experience of people who had a history of disordered eating and were vegan during their illness and/or recovery process. An interpretive phenomenological analysis (IPA) approach was used to guide the research and analysis due to the complex, nuanced, and emotional nature of the topic. The findings revealed that veganism is not inherently tied to, or promoting of, disordered eating; although it can lead to the development of disordered behaviors in those who already carry a predisposition. Those who are in the process of eating disorder recovery may be hindered by a requirement to abandon their veganism, and supported by maintaining that value system while recovering. The primary factor influencing how veganism influences a person's relationship with food is developing a belief system and lifestyle that reflects one's personal values rather than following rules set by an external individual or group, even if they are derived from honorable motivations of nutrition or sources of expertise. Treatment centers and healthcare professionals should develop resources and models of care that support patients in maintaining veganism while facilitating treatment and recovery.

ACKNOWLEDGEMENTS

First, I would like to thank all of the participants who shared their stories with me for research study. Thank you for your openness and honesty, and thank you for going deep with me as I asked big questions. I am honored to document your experiences, and so grateful to each of you for helping me to alchemize your personal stories into the collective narrative of this research, to support the mission of improving the lives of others who find themselves in your shoes in the future.

Thank you to Jay Sutcliffe, my advisor and biggest supporter in this entire process. Thank you for seeing my vision and supporting me every step of the way. You have always been on my team, advocating for me to thrive and succeed not only in creating the final product of this dissertation but in my overall well-being while pursuing this degree. Thank you as well to Laura Noll – you saw my passion for this topic and helped me see myself as ready to take it on. You were the one to tell me not to put off researching this until I was more established or the world seemed more ‘ready’ for it, but to pursue it now. Thank you for that, and for always poking holes and asking questions that challenged me to deepen, expand, and clarify these ideas. Gigi Lopez and Michelle Parsons, I am so grateful to each of you as well for your commitment to supporting me in this pursuit, and the time and energy that you’ve put into doing so. I feel incredibly fortunate to have you all as my dissertation committee. I have always felt like each of you had my best interest in heart and mind, and that you were here to help not just me, but the deeper mission of this project – and for that I am forever grateful.

Thank you to Dotsie Bausch for providing financial support for this research, and soul sister camaraderie for this mission at large. This is just the beginning, and I look forward to all that we will continue to do and create together.

To my parents, thank you for always supporting me in pursuing what was meaningful and important to me—and believing in my ability to achieve my aspirations. Even if you didn't share the same beliefs or really understand what I was doing, you helped me to make it happen and you cheered me on along the way – that has meant the world to me, and I have boundless gratitude for your support. To my sister, Kasey, you are my earth angel and biggest fan; thank you for all of it, I am stronger because you are here with me.

To my partner, Damon, thank you for seeing and celebrating my light. Thank you for supporting me in meeting my needs, and for prioritizing my priorities, passions, and PL. I am so grateful for your support and partnership throughout the past 2.5 years of this process, and all that is to come.

And to the friends and mentors who have helped me along this path, of which there are MANY, thank you. There are more of you than I can name here, and that alone brings an incredibly warm, beautiful feeling. Each of you have had your own important role in making this possible. The cheerleading and check-ins and good questions and words of encouragement might seem small, but they have always felt big to me. Thank you. And a special shoutout to Robby Barbaro for making me promise not to ever quit on this. I kept my promise :)

TABLE OF CONTENTS

Abstract.....	ii
Acknowledgements.....	iii
Introduction.....	1
Literature Review.....	2
Background.....	2
Differences Between Vegetarians and Vegans.....	3
Orthorexia and Veganism.....	4
Treatment Models for Eating Disorder Recovery.....	5
Significance and Proposed Influence.....	10
Methods.....	11
Research Questions.....	11
Rationale for Methods.....	12
Methods & Procedures.....	13
Population Sampling.....	13
Interviews.....	14
Analysis.....	15
Results.....	15
Population.....	16
Table 1: Population Demographics.....	17
Table 2: Population Medical History.....	18
Table 3: EDE-QS Outcomes.....	19
Themes.....	19
Summary.....	19
Relationship with Food.....	20
Food Rules.....	21
Restriction.....	27
Current Treatment Model for Eating Disorders.....	31
The Medical Model's Focus on Weight.....	32
Disconnection from the Body.....	34

Being in Connection with the Self.....	35
Positive Treatment Experiences.....	36
Recovery Process.....	38
Inner Work.....	38
A Purpose Beyond the Body (and Food).....	42
Relationships.....	44
How Veganism Interacts with Eating Disorders, Treatment, and Recovery.....	51
Veganism and Eating Disorders.....	51
Veganism in Treatment.....	57
Veganism and Long-Term Recovery.....	66
Spiritual Growth.....	75
Discussion.....	82
Summary of findings.....	82
Veganism is Separable from Eating Disorders.....	83
Internally vs Externally Derived Values.....	85
Symptom Management vs. Self-Development.....	87
Honoring Veganism in Treatment.....	89
Strengths and Limitations of the Research.....	91
Strengths.....	91
Limitations.....	92
Implications for Future Research and Practice.....	93
Implications for Treatment Centers and Clinicians.....	93
Implications for Educators in the Vegan Movement (<i>and Other Plant-Based Labels, Especially Nutrition-Focused</i>).....	94
Implications for Vegan individuals with Disordered Eating.....	95
Implications for Future Research.....	95
Conclusions.....	96
References.....	101
Appendices.....	109

LIST OF TABLES

Table 1: Population Demographics.....	17
Table 2: Population Medical History.....	18
Table 3: EDE-QS Outcomes.....	19

LIST OF FIGURES

Figure 1.....	20
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INTRODUCTION

Historically vegan diets have been associated with restriction and disorder in the context of eating disorders and their recovery.^{1,2} This association is based on conjecture, given that vegetarianism is tied to disordered eating³⁻⁵ and veganism is perceived as a “more extreme” dietary style.⁶ It is widely known that most eating disorder treatment centers are hesitant to allow patients to eat a vegan diet—especially within residential programs—and many forbid it entirely. However, limited research has investigated the relationship between vegan diets and disordered eating, and findings from the studies that have do not support these common assumptions. In fact, most studies show that vegan diets have a neutral or positive effect on one’s relationship with food.⁷⁻⁹ The reason for the differences in how vegetarianism and veganism influence disordered eating is unknown. More research is needed to understand the lived experience of being vegan and how it influences someone’s relationship with food.

The focus of this research is to explore the effect of a vegan diet on relationship with food, particularly in the process of recovery from disordered eating. Using semi-structured interviews, the primary aim of the study is to gain insight into the lived experience of individuals who self-identify as being in a process of recovery—or in full recovery—from disordered eating and to understand the pathways and mechanisms of a vegan diet’s influence on that process, as well as the reasons for differences in the experience.

LITERATURE REVIEW

Background

Eating disorders affect 9% of the United States population, and that statistic is also true worldwide^{10,11}—and if looking at disordered eating rather than clinical diagnosis, that number increases dramatically, to 30-50% in the US.^{12,13} The economic cost of eating disorders in the US is approximately \$64.7 billion every year, not including the cost of well-being (\$326.5 billion) and lives (10,200) lost to the disease.¹⁰ Eating disorders have the second-highest mortality rate of all mental health disorders, with only opioid addiction leading to more deaths.^{10,14}

Although times are changing, there has historically been great skepticism around patients eating a plant-based diet while in recovery from an eating disorder, whether it be classified as semi-vegetarian, vegetarian, or vegan—but especially vegan diets, which remove the greatest amount of food groups from one's diet. Plant-based diets are often believed to be a socially acceptable way to restrict food intake, acting as a cover for disordered eating pathology.^{4,15} As such, it is standard practice to exert caution with vegetarian diets and to prohibit patients from eating a vegan diet during their recovery process, particularly in residential programs. Although there is not any published research concluding that this is the ideal mode of treatment, it has been widely established at the clinical level for many years. For example, the following statement regarding vegan diets in treatment was found on the website for Walden Behavioral Care, an eating disorder treatment group that has multiple facilities across the United States. Although they do allow for vegan eating plans in their outpatient programs, they “do not support a vegan diet in our residential or inpatient programs because of the

degree of nutritional risk and medical concerns for patients in these treatment settings.”¹⁶ Mirror Mirror, an educational resource for eating disorder information and treatment support, has a similar stance, stating that “a vegan diet is not advised for those in treatment or struggling with an eating disorder due to its very restrictive nature,” while vegetarian diets are said to potentially be okay but are also not encouraged.¹⁷

Differences Between Vegetarians and Vegans. Most of the literature concerning the relationship between plant-based diets and eating disorders has been conducted using a vegetarian diet, and these findings are often used to support the association between vegan diets and eating disorders. However, the findings do not translate as directly as it might seem. For example, numerous studies have found that vegetarians tend to display more symptoms of eating disorders,^{4,18,19} and surveys of adolescents and young adults show that those who are currently or were formerly vegetarians are more likely to engage in unhealthful weight-control behaviors.^{20,21} But when vegetarianism is stratified into categories of semi-vegetarians (people who avoid red meat), lacto-ovo vegetarians (people who avoid all meat but include eggs), pescatarians (people who avoid all meat except fish), true vegetarians (people who avoid all animal flesh and eggs, but include byproducts such as dairy), and vegans (people who avoid all animal products), it was vegans who had the healthiest attitude toward food.²² In fact, semi-vegetarians reported the greatest attempt to restrict, were most susceptible to overeating, had the highest levels of hedonic hunger (i.e., the desire to consume food in the absence of physical hunger, which can be a sign of using food for emotional coping, among other things), and had a greater desire to avoid negative food-related thoughts, emotions, and physiological sensations.²² A 2017 study comparing the eating behaviors

of vegans and omnivores found similar results, in which vegans had significantly lower scores on the Eating Disorder Examination Questionnaire (EDE-Q).⁸ In this study, there were not any significant differences between vegans and omnivores on any other measure of eating attitudes or disordered eating behavior, although vegans did report having healthier eating habits such as higher fruit and vegetable intake.⁸ Results from other studies show vegetarians and vegans exhibiting lower levels of dietary restraint than omnivores.^{9,23}

A recent study (McLean et al, 2022) found that vegans have higher levels of cognitive restraint than omnivores, most likely due to their intention to avoid animal products, which the researchers determined may lead other studies to over-pathologize rates of eating disorders in vegans.²⁴ In the study, body dissatisfaction was lower in vegans, and diet motives did not influence their eating. Furthermore, a 2022 systematic review of 48 studies on vegetarian and vegan diets in association with disordered eating concluded that this population has been highly understudied thus far, and that the factorial validity of eating disorder scales typically used in these studies has a poor psychometric fit for this population.²⁵ The researchers concluded that there is no current consensus as to whether meat avoidance is associated with higher rates of disordered eating.

Orthorexia and Veganism. Orthorexia nervosa—abnormal, compulsive behaviors and psychological obsessions with foods that an individual believes are most optimally health-promoting²⁶—is a disorder not recognized by the current Diagnostic and Statistical Manual for Mental Disorders (DSM-V) but is a real experience of some people, and is often studied in relationship to veganism. The reason they are tied is

because vegans have greater health awareness⁶ and the diet is seen as “restrictive” and “requiring discipline” – but although there are assumptions regarding this association, there are no published data supporting this connection.^{27,28} What has been found, however, is that the underlying motivation for eating a vegan diet is what may connect this dietary choice to disordered eating—not the vegan diet itself—which is consistent with other literature regarding the relationship between eating disorders and veganism.^{3,22}

Based on the recovery model theory of recovery^{29,30} (and various specific models within that umbrella^{31,32}) as well as the findings of feminist perspectives of eating disorder recovery,^{33,34} there is reason to believe that a vegan diet may actually have potential to promote a healthier relationship with food *and* facilitate healing from disordered eating. Recent research analyzing interviews with young adult vegan women in Australia supports this posit.³⁵ In the study, veganism was a mediating experience through which the women moved from being socially disconnected and focused on a negative body image, to living in a state of connection (emotionally, cognitively, and behaviorally). This study plans to further explore and expand upon this theory by questioning how a vegan diet affects the recovery process from disordered eating, and what factors create the differences in the outcomes of that experience.

Treatment Models for Eating Disorder Recovery

The standard eating disorder treatment takes a medical model approach, in which the goal is to eliminate pathological symptoms and return the patient to normal, pre-morbid functioning.³⁶⁻³⁸ Treatment tends to focus on three components: structured programs to normalize eating, weight restoration, and psychotherapy.³⁹ Through these

means, clinicians attempt to abate eating disorder symptoms in patients, and if they are successful, they deem the patient to be recovered.⁴⁰

To an extent, this model works. Placing focus on eliminating and reducing symptoms enables measurable and observable changes, and protects the patient from experiencing negative consequences such as osteopenia/osteoporosis, amenorrhea, slow heart rate or heart failure, heart disease, type 2 diabetes, high or low blood pressure, hormonal imbalances, or digestive issues.⁴¹

However, long-term outcomes of this treatment model are bleak, with around 30% of patients not responding to treatment and another 30-40% eventually experiencing a relapse of the disorder, meaning that up to 70% of individuals never experience a sustained state of recovery from their eating disorder.⁴²⁻⁴⁶

An alternative model of recovery from mental illness that has been gaining acknowledgment in the past few decades is the Recovery Model.^{29,30} This model emerged from the movement of researchers gathering qualitative recovery narratives from people who had personally suffered from an eating disorder and reached a state of recovery.^{29,39,40,47,48} What these narratives have shown is that recovery is not just about the remission of symptoms, but is in large part about the addition of health through aspects such as meaning, purpose, connection, empowerment, self-identity, and spirituality.^{49,50} In other words, mental health is not just the absence of illness, but the presence of wellness. This is in alignment with the concept of psychological well-being (PWB), sometimes referred to as eudaimonia, which was first put forth by Carol Ryff in the late 1980s, around which research has since proliferated.^{51,52} Research on PWB has found that mental health and mental illness are independent dimensions of

psychological functioning, and that the absence of PWB is a risk factor for mental illness.⁵³⁻⁵⁵

Even in models that take a standard Medical Model approach to eating disorder recovery, some components of the recovery model approach are included, such as using motivational interviewing to help a patient generate their own desire for behavior change.⁵⁶ However, numerous alternative models of eating disorder recovery have been developed over the past 20 years, which place greater emphasis on this recovery-focused approach. One such model is the Circle of Acceptance model developed by D'Abundo and Chally (2004). The Circle of Acceptance model describes three main elements of recovery—acceptance of the disease, acceptance of spirituality, and acceptance of others—which interact to foster recovery, primarily through building a sense of self-worth.³¹ Together, these elements contain nearly all of the factors of PWB. Study participants who had experienced the most progress in their recovery had the most complete circles.³¹ They felt more in control of their lives, more connected to themselves and a sense of purpose, and more connected to supportive friends and family.³¹

Another valuable model is the Self-Development Model, developed by Weaver, Wuest, and Ciliska (2005). This model conceptualizes eating disorders, anorexia nervosa in particular, as a perilous self-soothing mechanism.³² This perspective acknowledges the function that the eating disorder has played in the individuals' lives. The Self-Development Model sees recovery as an opposing state of informed self-care, which is achieved through building self-awareness, self-differentiation, and self-regulation.³² The stages that one moves through are all defined by the relationship that

one has with themselves, experienced within the larger social structures of society, starting with “Not Knowing Myself” and ending with “Celebrating Myself.”³² Of particular note is the finding that behaviors hold different meanings at different stages of recovery, depending upon an individual’s level of self-awareness, self-differentiation, and self-regulation—once again reiterating the concept that symptoms are simply symptoms, and it is addressing the underlying issues that facilitate and signify recovery.³²

The efficacy of taking a recovery-focused approach is evident in the Community Outreach Partnership Program (COPP), a treatment model developed by Williams and colleagues (2010). This outpatient program was developed specifically for patients who are not responsive to traditional treatment through the medical model approach. Rather than focusing on reducing or eliminating eating disorder behaviors, the goal of the COPP is to take the focus away from the eating disorder itself and instead focus on reducing stress, increasing quality of life, and increasing hope for the future.³⁹ In this model, therapy goals and pace are set by the client rather than the treatment team (including treatment non-negotiables), and clients are supported in building life management skills, self-esteem, autonomy, and a support system outside of hospitals and healthcare providers.³⁹ Individuals in the program experienced significant reductions in eating disorder symptoms, decreased distress and hopelessness, and improved relationships.³⁹ Another study on severe and enduring anorexia took a similar approach in which participants were told that the goal was not weight gain but improved quality of life.⁵⁷ This study had a very low dropout rate, and participants experienced significant improvements in all outcome measures including decreased depressive symptoms and increased BMI, quality of life, and motivation to change.⁵⁷

Feminist theory also has valuable insights for eating disorder recovery. Studies taking a transcultural perspective on eating disorders emphasize their social and political foundations beyond poor body image and fear of fatness. These studies point to larger societal problems, primarily power differences as a result of being female in a patriarchal world.^{58,59} At a cultural level, disordered eating is often found in locations where women have an oppressed voice or must chase the “superwoman ideal” of simultaneously meeting historical female roles and ideals while also challenging them.^{58,60-62} Rather than a disease of fat phobia, theorists and researchers label eating disorders as being more of a “no control phobia.”⁵⁸ By focusing primarily on weight restoration and eating behavior maintenance (as is the case using the medical model described at the start of this section), women are left feeling unfulfilled by the treatment process, because the deeper issues are not addressed.³⁴ Through a feminist perspective, treatment would focus on helping women to develop personal fulfillment in their lives, outside of their body and interactions with food,³⁴ which is aligned with the recovery model. Furthermore, feminist theory posits that key to recovery from an eating disorder is placing the patient in a place of authority for their care; to feel empowered in the process. It is recommended that treatment involve helping women to develop a sense of identity and connection to one’s self, finding her voice and her place in the world.^{34,63} This is why feminist psychodynamic theory promotes recovery models that encourage women to become socially and politically engaged, often through confronting and rejecting the cultural narratives of ideal beauty standards and actively fighting back against them through their daily actions.^{33,34,63-66} By doing so, women learn to connect

to their own ideals and judgments, rather than blindly adopting those of society, and acquire a more compassionate stance toward the self.^{34,65,66}

Significance and Proposed Influence

Veganism is growing in popularity. According to Google Trends, veganism was the number one diet search worldwide between 2004 to 2019, with a spike in popularity happening around 2015.⁶⁷ In the UK, the number of people eating a vegan diet quadrupled between 2014 to 2019,⁶⁸ and as many as 6.5 million Americans currently follow a plant-based or vegan dietary pattern.⁶⁹ In 2020, retail sales of plant-based foods in the United States grew 27 percent, twice the rate of the total retail food market, with the market value of plant-based products now worth \$7 billion.⁷⁰ The projected reasons for this rise in interest in a vegan diet are [1] growing evidence of the health benefits of displacing animal foods with plant foods,⁷¹⁻⁷⁵ [2] increased awareness of factory farming practices and a resulting interest in animal rights and diets excluding meat,⁷⁶ and [3] rising data reporting animal agriculture as a driving factor in climate change.⁷⁷

As the number of people choosing a vegan lifestyle rises, the number of people seeking treatment for disordered eating while choosing a vegan lifestyle also rises simply due to the increased vegan population. Historically, eating disorder treatment centers have made it mandatory to eat “all foods” during treatment (and therefore turned away potential patients who are unwilling to abandon their veganism), which leaves a growing segment of the population unable to find care. Treatment centers are now faced with a choice of either turning down vegan people seeking support, or learning to adapt to the evolution of eating patterns. For those that choose the latter approach,

providing evidence-based practice is important—but right now, it is effectively impossible given the lack of data on the topic.

Although data do not support the widely held belief that vegan diets are associated with higher rates of disordered eating behaviors and symptomology than omnivorous diets, it is still important to recognize that a vegan diet is characteristically different from omnivorous eating, which is the standard for most of the population as well as within treatment for eating disorders. Furthermore, veganism can mimic or mask eating disorder behaviors, making it difficult to determine a person's health standing simply by observing their food choices. For example, not eating meat or dairy products looks like restriction—and might *be* restriction—but it also may be a true value-driven decision. Research is needed to understand how veganism can affect a person's relationship with food. To provide care in a way that will be supportive to someone's ultimate recovery, it is important to know how veganism can affect a person's relationship with food in general, and how it overlaps with disordered eating patterns—and the recovery process to restore mental and behavioral well-being. We can look to the personal experiences of people who have undergone this experience to provide this foundational information in this new frontier for eating disorder recovery.

METHODS

Research Questions

The specific research questions this study aims to answer are as follows:

1. How do people perceive the role of a vegan diet in their relationship with food, within the context of recovery from disordered eating?

2. What factors are related to whether a vegan diet is helpful or harmful to a person's recovery process?

Rationale for Methods

This study used Interpretive Phenomenological Analysis (IPA), a well-known form of qualitative psychological methodology, to guide the interviews and analysis.⁷⁸ The goal of IPA is to explore how people are making sense of their personal experiences. IPA draws on the principles of phenomenology, hermeneutics, and idiography; and the focus of the researcher is to uncover and understand the meanings that particular experiences hold for that person.⁷⁹ This methodology is especially useful for examining topics that are complex, nuanced, and emotional.⁸⁰ The researcher chose IPA due to the goal of conducting an exploratory analysis of individuals' lived experiences of the trajectory of their relationship with food, with eating a vegan diet, and how their veganism influenced their relationship with food. The double hermeneutic approach of IPA enabled the researcher to develop a deeper and more complex understanding of the phenomena while remaining close to the individuals' own narratives.⁸¹

Methods & Procedures

Population Sampling

The criteria for inclusion in the study were as follows: [a] First, participants needed to self-identify as having experienced disordered eating behaviors previously or currently (such as chronic dieting, binge eating, unhealthy weight control behaviors, and orthorexia), [b] second, they needed to be in a process or state of recovery, and [c] they must have identified as vegan at some point in time while they were experiencing

disordered eating or during their recovery process. Adults (age 18 and older) of all genders, sexual orientations, and ethnicities living in the United States were invited to participate.

Ethics approval was obtained from the Northern Arizona University Institutional Review Board. The researcher used purposive sampling to recruit participants. Purposive sampling is used in IPA to examine a particular phenomenon in a specific group. Participants were recruited on social media (Instagram) and directed to a web page where they could learn more about the research study and complete the consent form and demographic survey on a HIPPA-compliant and secure site if they decided to participate. Then, the researcher selected the study participants from this group based on selection goals of having a diverse population of gender, race, sexual orientation, age, income, diagnoses (and non-diagnoses), distribution of types of care received, and current dietary pattern.

One hundred fifty-nine people completed the consent form and demographic survey. After removing international submissions (53) and duplicates (1), there were 105 eligible entries. The researcher objectively and systematically applied the specified selection criteria to the submissions to determine which participants would be included. After undergoing this process, 50 people received an email invitation to book an interview via Zoom videoconferencing for the study. Of these 50 people, 40 booked interviews and 35 ultimately participated.

Interviews

Semi-structured interviews ranged from 60-120 minutes. Participants consented permission to have the interviews recorded and transcribed. The researcher had

predetermined questions that acted as a guide for the interview. The questions were open-ended and invited in-depth responses. The questions started by asking the participant about their present-day experience of their relationship with food. Based on the flow of the interview, the researcher eventually guided the participant to share their past experience when their disordered eating was at its peak, and to describe the support or treatment options that they received and utilized. They were asked to note what experiences, lessons, or resources most supported their recovery process. Finally, if it hadn't come up already (which was rare), participants were asked to share when and why they adopted a vegan diet, and how that influenced their overall relationship with food and their recovery. At the end of the interview, the participants completed the EDE-Q verbally, led by the researcher. Following the interview, participants received a \$25 Visa gift card.

Analysis

The researcher took notes during and after each interview. Interviews were audio-recorded and transcribed through the Zoom software. The researcher listened back through each interview and made any necessary edits. A second researcher was included in the analysis to have inter-rater reliability and ensure that the data extracted from the interviews was representative of what was measured.

In the first stage of analysis, the researchers independently produced notes to document their initial thoughts and observations regarding the content of the interviews. In the second stage, the researchers each identified and labeled themes that emerged from their readings of the text. Following this, in the third stage, the researchers compared and connected the themes, making any adjustments to group and relate

themes to one another. In the fourth stage of analysis, the themes were organized with cluster labels and lists of example quotes for each individual theme. Finally, a thematic map was created to show the relationships between the different thematic concepts and processes that surfaced through the data analysis.

Statement of Positionality

A researcher's personal history and present position shape the topic of investigation, the methods used to investigate, and the analysis of the findings of an investigation. The researcher's positionality also shapes the way they interpret, understand, and deem true or valuable the findings of other literature. Reflexivity is important to the process of qualitative research as it brings to light the context of knowledge construction through which the findings are communicated by the researcher.

The lead researcher and author experienced disordered eating in her teenage years, and adopted a vegan lifestyle in the final stages of her recovery approximately 12 years ago. She also worked in the fields of plant-based nutrition and lifestyle medicine for 7 years prior to pursuing her PhD. Prior to and during her PhD program, she also provided personal and group coaching to women seeking a healthier relationship with food and body. These experiences led her to take personal interest in the intersection of veganism and disordered eating, and feel driven to explore the questions presented in this study. Her personal history as well as her background in working with other women's food journeys enabled her to bring compassion and understanding to the interviews, which also created a safe space for participants to share more openly about their experiences.

A second researcher was included to help reduce the bias brought to the analysis of the data and explanation of findings. To ensure the most impartial analysis and conclusions, the second researcher went through the first two passes of the data on their own, and then the researchers compared themes and ideas. The second researcher provided reflection and critical engagement to ensure mutual agreement on the findings.

RESULTS

Population

Thirty-five total participants took part in the study (30 women, 5 men). The participants ranged from age 22 to 61, with 60% ranging from age 22-29. The population was 3% Black, 3% Asian or Pacific Islander, 6% Multiracial or Biracial, and 88% White. Seventeen percent identified as being gay/lesbian, bisexual, or queer. Eighty-nine percent of participants had a college degree, with 29% having completed a graduate-level degree. East coast, west coast, midwest, south, urban, and rural locations were represented by the study population.

In regards to diagnoses, 63% of participants had received a clinical eating disorder diagnosis from a healthcare professional, including anorexia (16), avoidant restrictive food intake disorder (1), binge eating disorder (5), bulimia (5), other specified food and eating disorders (5). Overall, participants had histories of the following disordered eating behaviors: caloric restriction (31), binge eating (21), purging (15), chewing and spitting (6), orthorexia (26), excessive exercise (26), and other (1). Eighty percent of participants had received professional help for disordered eating, including inpatient (7), residential (7), partial hospital (7), intensive outpatient (8), outpatient (8),

psychotherapy (23), dietitian/nutrition services (20), and health coaching (11).

Participants identified with the following current dietary patterns and were able to select more than one: vegan (19), vegetarian (3), plant-based (16) whole food plant-based (11), and omnivore (5). Of the total population, 1 participant identified as still being in a state of disordered eating, 18 participants identified as being in the process of recovery, 12 identified as being in a fully recovered state, and 3 identified as “other” (all 3 shared that they felt they were beyond/healthier than being ‘in the process of recovery,’ but didn’t yet feel ready to identify as ‘fully recovered’).

Table 1: Population Demographics

Total Participants	35
Men	5 (14.29%)
Women	30 (85.71%)
Age 22-29	21 (60%)
Age 30-61	14 (40%)
Black	1 (2.86%)
Asian / Pacific Islander	1 (2.86%)
Multi- or Bi-racial	2 (5.71%)
White	31 (88.57%)
College Degree	31 (88.57%)
Graduate Degree	10 (28.57%)

Table 2: Population Medical History

Overall Clinical Eating Disorder Diagnosis	63%
Anorexia	16
Avoidant restrictive food intake disorder	1
Binge Eating Disorder	5
Bulimia	5
Other Specified Food and Eating Disorders	5
Disordered Eating Behaviors	
Caloric Restriction	31
Binge Eating	21
Purging	15
Chewing and Spitting	6
Orthorexia	26
Excessive Exercise	26
Other	1
Received Professional Treatment for Disordered Eating	80%
Inpatient	7
Residential	7
Partial Hospital	7
Intensive Outpatient	8
Outpatient	8
Psychotherapy	23
Dietician/Nutrition Services	20
Health Coaching	11
Participant Dietary Patterns	
Vegan	19
Vegetarian	3
Plant-based	16
Whole-food plant based	11
Omnivore	5
Level of Recovery from Disordered Eating	
In state of disordered eating	1
Process of recovery	18
Fully recovered state	13
Other	3

Previous research has suggested a cut-off score of 15 for using the EDE-QS scale for screening purposes, meaning that a score greater than or equal to 15 would indicate risk for eating disorder.⁸² Using this metric, in this study the EDE-QS scores indicated that 9 of the 35 participants (25.71%) were at risk for an eating disorder. This aligns with the self-reported numbers in Table 2. Mean scores for individual questions and factors were low, with the highest score on question 11, “Has your weight or shape influenced how you think about (judge) yourself as a person?”; and the lowest score on question 7, “Have you tried to control your weight or shape by making yourself sick (vomit) or taking laxatives?”.

Table 3: EDE-QS Outcomes

# OF DAYS	0	Percentage	1	Percentage	2	Percentage	3	Percentage	Mean Scores
# OF PARTICIPANT	35								
QUESTION 1	19	54.29%	7	20.00%	4	11.43%	5	14.29%	0.86
QUESTION 2	29	82.86%	1	2.86%	4	11.43%	1	2.86%	0.23
QUESTION 3	20	57.14%	8	22.86%	4	11.43%	3	8.57%	0.71
QUESTION 4	16	45.71%	14	40.00%	4	11.43%	1	2.86%	0.71
QUESTION 5	19	54.29%	6	17.14%	3	8.57%	7	20.00%	0.94
QUESTION 6	16	45.71%	5	14.29%	7	20.00%	7	20.00%	1.14
QUESTION 7	33	94.29%	1	2.86%	1	2.86%	0	0.00%	0.09
QUESTION 8	26	74.29%	4	11.43%	4	11.43%	1	2.86%	0.43
QUESTION 9	23	65.71%	7	20.00%	2	5.71%	3	8.57%	0.57
QUESTION 10	29	82.86%	1	2.86%	2	5.71%	3	8.57%	0.4
QUESTION 11	9	25.71%	16	45.71%	5	14.29%	5	14.29%	1.17
QUESTION 12	12	34.29%	13	37.14%	5	14.29%	5	14.29%	1.09

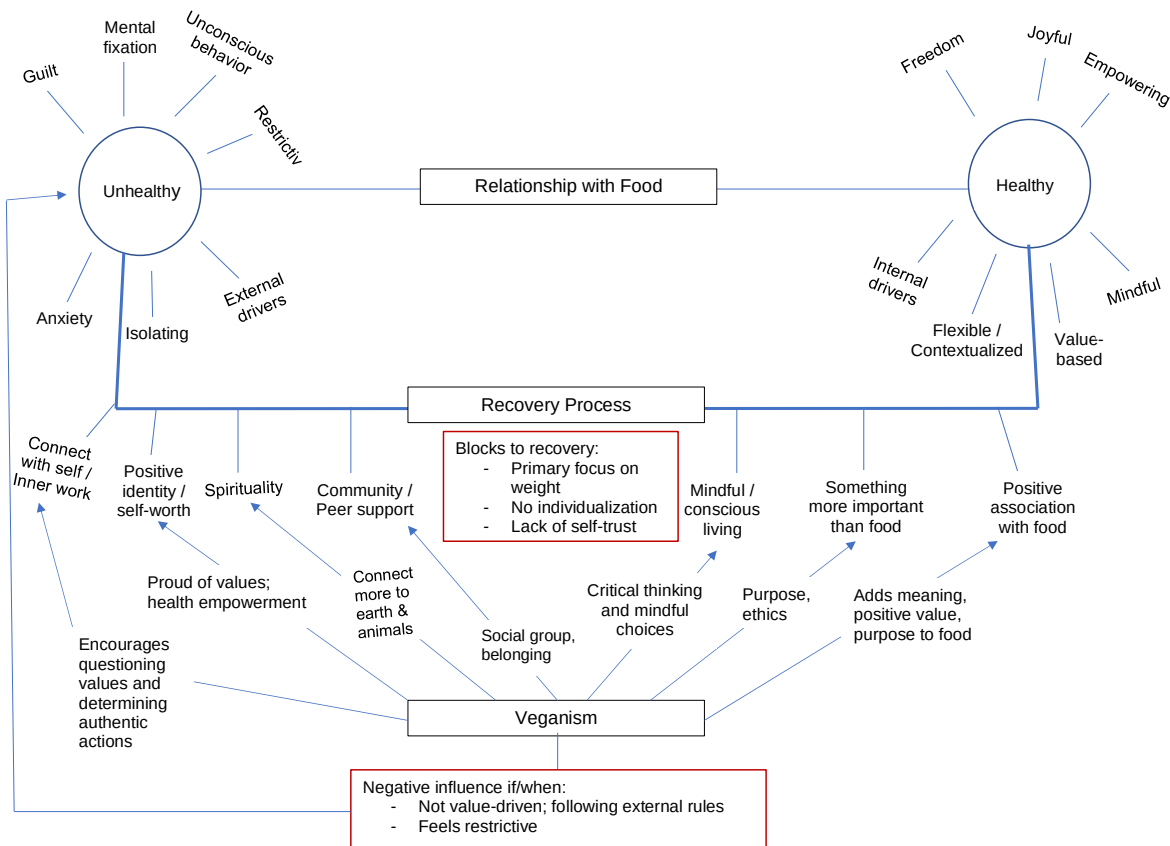
Themes

Summary

The following map shows the relationships between emergent themes from the data. The recovery process moves a person from an unhealthy relationship with food to a healthy relationship with food. Veganism is not inherently disordered, but disordered eating can be carried out within veganism. For those of whom it is a personal value,

veganism can support the recovery process. Patients should be guided in the process of removing disordered thoughts and behaviors from their value of veganism.

Figure 1: Theme Map



Relationship with Food

When participants described their relationship with food, there was a clear delineation of descriptions about what it was like to have a healthy versus unhealthy relationship with food. This was in part due to the guided interview questions, but also often arose organically in conversation as participants described their transition from unhealthy to healthy over time. When reflecting on what it was like to experience an unhealthy relationship with food, participants mentioned feelings of guilt, stress, and

anxiety. These feelings were attributed to—in one way or another—breaking a rule they tried to adhere to. Regardless of the specific origin, participants experienced mental rumination to a distressing degree, which felt outside of their control. That is, much like obsessive-compulsive disorder, they did not feel able to “let go” of the thoughts or avoid the behaviors. It was an experience of feeling trapped, unable to practice agency and make a conscious choice.

When describing a healthy relationship with food, the ability to choose was present. Participants described being able to situate preferences within a context, in contrast to feeling stuck to a rule without exceptions. Words such as empowering, intuitive, sustainable, and joyful were used to describe the healthy state they wanted to maintain.

Food Rules

One theme that came up consistently throughout the interviews in a variety of contexts was the contrast between internally- and externally-derived “rules.” Rules derived internally were experienced as helpful in creating and maintaining a healthy relationship with food when they were motivated by a value system determined by the individual. External rules contributed to an unhealthy relationship with food when they had not been filtered through the personal values of the individual. This was most discussed in regard to health-related rules such as abstaining from processed sugars or processed oils, as well as adhering to veganism itself. One participant described the process of sliding into orthorexia within her veganism:

“When I first went vegan, it was like “wow there’s this whole new world that’s opened up to me” and it felt good. I started off feeling like there were so many

options. As long as something was vegan, I would eat it. But then it snowballed into like whole food plant-based vegan, salt/oil/sugar-free vegan, gluten-free vegan, trying to go raw vegan. I would not let anyone cook for me. I would not eat out. I would not go anywhere without packing my own food...What changed was listening to more doctors, reading articles, following a lot of people on social media and I was putting myself in a position to hear all these people's extreme beliefs. And I was aspiring to be like that. I really wanted to be like that...I was following people who don't support any leniency and I started following that and like holding myself to certain standards of like, you have to do it this way and you cannot bend the rules... And I just got to a point where I was like, this is not living." (female, 26, omnivore)

What started out as an ideology that aligned with her values and identity, and felt good to do—became a set of strict rules that she felt she needed to follow, as well as a deep fear of what would happen if she didn't follow them. Another participant who'd had a similar experience with veganism explained how she shifted from adhering to the whole food plant-based dietary guidelines of avoiding sugar, salt, and oil to having more flexibility by recognizing that she could make those decisions for herself based on an understanding of her personal needs:

"[I realized], I'm a healthy 20 year old and I don't have any disease and I'm an athlete, and maybe all these things don't necessarily apply to me. Like salt in particular, I would avoid salt, but then in the summer I would crave it so much when I was sweating a lot with running and then I would not feel as well, and then I finally started to allow myself to eat salt because I was craving it and while

I'm running I can feel my skin is salty from my sweat. So it's like okay, maybe all of these things don't necessarily apply to me, and maybe it was a little unhealthy to go all in, you know, whole foods all the time, and not allow any processed food and not allow any sugar. Like, if it's gonna be a cake or cookies you know, [only] using dates or whatever, which is fun sometimes but it doesn't have to be like that, and now I'll use sugar when I want to. Not all the time, but when I want to."

(female, 28, vegan)

For the participant above, the path to creating a healthy diet came from remaining vegan but releasing the rules that didn't apply to her and didn't allow her to feel free in her choices. For another (quoted below), she found that the healthiest balance for her was to allow some gray space in her diet, based on competing values and priorities in situations:

"The majority of my diet is always going to be plant-based... I know that that is where I'm aligned and where I feel best. And also, I'm not going to beat myself up for the occasional occurrence of an animal product in my diet. Because I know what it is, I know what it does, I don't like it, I have other reasons for it though.

And I like that I have other reasons, I think that that's been something that I had to really, really come to terms with. And I think that flexibility is variable.

Sometimes I'm really *not* flexible about it, sometimes I'm like yeah, I'm gonna be flexible on this—but again, it goes back to the beginning of our conversation. I get to pick. Right? I get to pick and it's my decision, and nobody else can judge me...and I actually feel like a more compassionate person now because I'm more compassionate with myself." (female, 38, plant-based)

One participant—who became vegan after going through inpatient treatment and had a wholly positive experience with being vegan, but currently no longer follows a vegan diet due to dietary changes for a mold illness—described being mindful about staying flexible within her veganism from the start:

“I always allowed some level of flexibility in my veganism just to help because I know that my mother is very orthorexic to this day. So I know I have that tendency, so I always called myself a ‘wedding cake vegan’...I started doing wedding photography and it’s like yeah, I haven’t had anything to eat all day, I’m busting my ass running around, and someone hands me a slice of wedding cake with buttercream icing, like yes please, sure. If I really wanted a piece of cheese, I’d eat a fucking piece of cheese. Or like I’m Jewish and around Hanukkah we’d have stuffed jelly donuts. And I slowly learned how to walk that line, without allowing veganism to become orthorexic because I knew that going into that was going to be a risk.” (female, 28, omnivore)

Both this understanding of flexibility within different contexts, as well as the delineation between one’s internally-derived values and the resulting boundaries as opposed to externally-derived rules that are not tied to one’s own value system, seem to be important for protecting against orthorexia. Those who experienced orthorexia described an experience of following the prescribed plans they were hearing from outside sources, whether those were physicians or social media influencers, with a very black-and-white perspective. Moving into a perspective of seeing gray space and allowing themselves to filter the information through their own life circumstances and personal values to be the ultimate authority helped them to find a healthier landing place

for their vegan lifestyle. For some, this was the result of doing their own research or school degree in nutrition to be more educated on the topic themselves. For others, this was the result of reducing the amount of information they were taking in through Instagram, books, and podcasts. One participant explained the latter:

“I’ve lessened the amount of information coming in and going out, that’s been the driver. I think a lot of my move away from extremism back towards sensuality is limiting the podcasts, it’s limiting the YouTube videos, it’s limiting the media consumption that drives towards you know, the McDougall diet or whatever it is. It’s trying to mitigate the information, because I think ultimately that information becomes toxic at some level...it feels like there’s always a war, do you eat olive oil or do you not eat olive oil, and stuff like that. And limiting exposure to that is what has helped me seemingly get back towards a more centrist position I guess.” (male, 33, vegan)

Another shared a similar sentiment:

“I think what I really needed was someone to just say, ‘it’s okay.’ Because I was so strict with myself and so rigid, I just needed someone to say it’s actually okay to eat that, like you’re not going to die, you’re not going to get diabetes immediately upon eating that. You’re not going to immediately get cancer. That was the fear, it was like, ‘I have to or I’m going to get a disease.’” (female, 26, omnivore)

For most people, healing from their orthorexia and finding a healthier relationship with food did not come from abandoning their veganism entirely, but from finding a better balance within veganism; a more flexible but still plant-based approach. For

some, this meant eating a predominantly plant-based diet but allowing for animal products on occasion. For others, this meant continuing to eat a fully vegan diet and creating freedom and balance within those value-based guidelines. Some, however, found it helpful to let go of the vegan lifestyle and identity entirely in order to remove any lingering fears around food. One participant described the challenges—but ultimately benefits—of this process:

“I was at a point where I wanted to break those rules entirely and start from scratch. I wanted to start with no rules and then use intuitive eating and how I was feeling eating things to determine... not rules, but guidelines in terms of what feels good to eat and what doesn't. I was at a point where I felt so restricted that I don't think peddling back halfway was going to help. I needed to understand that having cheese or an egg wasn't a detriment to my health... but I definitely had an identity crisis. I was like, these are really really strong values of mine, and I really care about this stuff. But ultimately, I had to put my mental health first. For a while I really struggled with like, I didn't just do [veganism] for my health, I did it for the animals, for the environment. So I had to find other ways to feel good about my contributions there I guess. But yeah, it was hard, because there was a lot of shame... And I still very much value all of that. Like to this day I will still choose vegan options, it's just, I'm still a slippery slope like I really have to be careful, and so I don't put myself in situations where I know I could like, you know, go backwards.” (female, 26, omnivore)

Those who reflected on the reason for developing orthorexia did not blame veganism, but rather explained that veganism brought forward already-present

tendencies toward restriction and obsessive-compulsive behaviors. One participant expressed, “I would definitely say [veganism]’s been a positive [influence on my relationship with food]. I feel like the orthorexia and all that other stuff is just historically something that I’ve carried.” (female, 52, vegan)

Restriction

Restriction is a word that is often tied to veganism. Because choosing a vegan diet eliminates one of the USDA’s five food groups (dairy) and one third of the typical dinner plate (meat) from the traditional American diet, veganism is categorized as restrictive in the sense that it limits the number of options a person has within the typically available foods in public spaces. However, restriction is also used to describe a psychological state of depriving one’s self of what they want—and this is the definition that is used as a measure of eating disorder symptomatology. While a few (currently vegan) participants acknowledged the social difficulties that can come with veganism sometimes led them to feel restricted in their ability to participate in experiences like restaurant outings, none described feeling psychologically restricted from eating what they desired to eat. Rather, they feel that they are choosing their dietary choices with full agency, from a state of freedom. One participant’s response exemplifies the mixed ways of understanding and experiencing restriction:

“In the mainstream aspect of restrictive eating, a vegan diet is for sure restrictive in the sense of what is, at least in the West, normal and what is accessible, and just sort of the status quo of what the average person, how the average person eats and lives, it’s very restrictive right? Because most people eat some form of animal product in almost every single meal right and so if you’re taking an entire

food group out, then that is inherently by definition restrictive...Whether or not we should even consider those certain foods as being food is a whole other discussion, but [veganism] is *not* restrictive of nutrients and energy and the things that we need to survive because there is a huge variety of different ways to get that...For me, I wouldn't characterize it as restrictive...I just sort of see food as you know, this super abundant varied system that is, as long as you understand how certain foods are nourishing you and provide you with the plethora of different macro and micronutrients and minerals and things. I see the plant kingdom, across all the different types of foods you can eat on a plant based diet, as being way more abundant than you know the four or five animals and their products that most people consume on a normal basis. And so for me it doesn't, like I just don't see those items as food anymore, and I've long lost the desire to eat them." (male, 28, vegan)

Many participants expressed this perspective that animal products are not "food" to them anymore. In the same way that different cultures have different norms, veganism brings a whole new perspective on what is and is not food. For example, whereas in places such as China, the Philippines, Vietnam, and Thailand (among others), it is a relatively common practice to eat dog meat, in the United States most people would shudder to even consider eating meat from dogs. Dogs simply are not something that we classify as food within our culture, so it doesn't feel restrictive not to eat them. Similarly, for people who are vegan, meat and dairy are not items that they view as being within the realm of things to eat, so it doesn't feel restrictive to not eat them. One participant explained:

“I just don't want to eat [animal products]. Like I don't feel restricted from not eating rocks, you know. That's just it's just not part of my, my scope of living, so I don't feel restricted because I wouldn't even touch those foods anyway.” (female, 25, vegan)

Others echoed shared similar sentiments:

“I don't see [veganism] as restriction because I don't see non-vegan food as food. Like it's not food...It's just like people don't think that it's restricting if we don't eat dead babies...I know that's really gross, but non-vegan food is really gross. Like it doesn't make sense to me...it's not restriction to me because restriction is restricting myself from food, and non-vegan food does not occur to me as food.” (female, 28, vegan)

And, “By definition [veganism] is restrictive [because] my options are limited, but psychologically, not at all. I just don't view, like now I just look at animal products like that's not food, it's just *someone*. So, I don't view it as restrictive at all, like mentally or emotionally at all.” (male, 22, vegan)

In regard to the logistical definition of restriction, there was a clear difference in responses based on participants' home locations. People who live in more metropolitan areas, especially on the coasts, described feeling like there are options everywhere. Those who lived in more rural or central-US described having difficulty in social situations or public dining options. Some explained that this is what led them to allow flexibility within their vegan diet so that they did not feel held back in life experiences due to their dietary choices, even though morally and psychologically they aligned with veganism.

One participant who was living in a New England city said:

“Wholeheartedly, very strongly, no [veganism is not restrictive]. Because there's like so many varieties, like I feel like there's just so much food out there that's not animal products that most people don't even know about. Before I was vegan, I felt like I just was eating the same thing, like chicken all the time. So it doesn't feel restrictive, it feels expansive. And now too there's like vegan cheese, so it's not like you can't have anything anymore, there's almost like a vegan version for everything. And I don't necessarily like the imitation stuff because I don't miss the flavors or whatever, but it just seems like there's an overabundance of options that it does not feel restrictive. And most restaurants, and maybe it's where I live, but it's quite popular and common here that it doesn't feel like I can't go out to eat at all and not have anything. It feels like there's options everywhere. Even at most parties or gatherings people are aware of it, and you can have something. I don't ever feel like I'm like stuck with nothing to eat at dinner, like the odd one out.” (female, 28, vegan)

Others didn't share the same ease in their experience. One person said that she doesn't like to inconvenience other people, so in social settings it can feel restrictive because she tends to not tell people that she is vegan, as she doesn't want anyone to feel like they need to go out of their way to make a meal or choose a restaurant for her. “But I feel like on my own, eating like day to day, I don't feel like it's restrictive.” (female, 26, vegan) Two participants who no longer consume a vegan diet noted feeling more ease in eating at restaurants with friends now that they eat meat. One said, “I still eat completely vegan a few days a week... but in the social aspect, I would not go back to

being vegan. It's hard – so much of your social life is eating out and essentially like having meals with people, grabbing pizza, like being vegan just really limits you in the type of community you can join... If I'd remained vegan, I would have missed out on a lot of experiences. I still really love the animals and I'm a big fan of veganism, if you can do it I think that's awesome. But right now I just know I can't." (female, 24, omnivore)

As with orthorexia, restriction appears to be something that can happen within veganism but is not inherent to the philosophy and pattern of eating. It is when a person begins to feel pressure to adhere to rules—especially those that are not rooted in a personal value, and especially with a black-and-white perspective—that restriction becomes an issue. One participant summed this up by saying, "My own mind can get restrictive around what a vegan diet means to me sometimes, but I wouldn't ever say that a vegan diet in general feels restrictive." (male, 22, vegan)

Current Treatment Model for Eating Disorders

Although not all participants in the study utilized traditional treatment methods such as residential or outpatient services, those who did had reflections from their experiences that shed light on what is and is not working within the current model. There were far more net negative than net positive experiences in the eyes of the participants; and many of those who took an alternative approach to recovery, whether that be working with a dietitian or therapist or simply taking their recovery into their own hands, were grateful to have avoided more traditional and intensive treatment programs due to the stories they had heard from friends.

The Medical Model's Focus on Weight

Those who had a largely positive experience in residential programs felt like they were seen and heard as an individual. Conversely, those who had a negative experience expressed the opposite—that they did not feel that their individual needs and preferences were taken into account, but instead that they were placed into and moved through a system that did not validate their identity or individuality. Most people expressed the latter, and many described their experience in treatment as being traumatic. One participant described having previously gone through a treatment program in which she did not feel seen as an individual, which left her feeling like she just went through the motions in order to be released, but this led her to ultimately relapse the following year. She was in a different treatment program at the time of the interview and expressed the important difference between the two programs, which she felt confident would provide a true healing experience and sustainable recovery outcome. She said,

“The first time [I went to treatment], I think it was honestly not very helpful. I feel like my voice wasn’t really heard very much and it was mostly just focused on the refeeding and not much therapeutic work or really like any of that piece...I feel like [the second treatment center] has a much more individualized approach. I feel like overall all this staff really tries to understand everyone's individual story and like individual struggles and works a lot with my values and stuff like that, as opposed to just like a one size fits all.” (female, 18, vegan)

This participant was not the only to mention the focus on refeeding and weight restoration as being problematic. There were multiple reasons for this conclusion, but the complaint was most often paired with acknowledgment of the lack of psychological

support directed toward underlying issues. Putting the primary emphasis on weight led many people to achieve the goal weight by any means possible, including deceit. This led many to not only address the root causes of their disorder, but also to be released back into life unsupported and unprepared to do things differently than before they'd been admitted to treatment.

“Everything - which kind of made me mad at the time - was placed on numbers. So like, ‘if you hit this number, you can go to soccer practice this week.’ ... I definitely don't feel like that was what I needed because the numbers were really scary for me, and they didn't weigh me without clothes on, like I was allowed to wear my clothes, so I was like stuffing my pockets with quarters and stuff... I definitely think putting the emphasis on weight is something that I hated. I feel like the way I was treated is 100% wrong. Then also the fact that once I hit those numbers, it was like ‘You're good to go’ and kind of thrown out into the wild. I was like, ‘I'm absolutely not okay,’ and because you put all this emphasis on the number it's easy for them to say ‘Okay, we have checked the box, you're free to go, moving on to the next.’ ...[I needed] more mental health guidance... emphasis besides the number.” (female, 26, vegan)

Another participant described a similar experience:

“It was very much like, I'll meet the bare minimum of whatever I have to do when she weighs me each week. I knew what [the weight] should be so I'd be very controlling, like I have to drink this much water, I'll have to, you know, hide layers...it's always sad when I think about it now.... It really did not feel helpful to me, [that] the biggest focus was just like ‘whatever you need to do to gain

weight...I didn't feel like the actual emotions were being addressed through a lot of that.” (female, 25, vegan)

Disconnection from the Body

Another issue that came to light in regard to traditional treatment was that the traditional methodology and ways of treating patients led people to be disconnected from their bodies and to lose trust in themselves to make choices around food. One participant described that she felt like treatment put her into a box-like state that disconnected her from her body and also was not sustainable for the real-world post-treatment. She didn't know her hunger cues or taste preferences because she was never given the choice to listen to those signals during meals in her program. The treatment feeding techniques felt helpful at first to support her in mentally overcoming her aversion to eating enough food, but she felt like they never moved beyond that to help her learn to make decisions for herself. “At some point it was like, well I don't really want to eat that, is that okay? Like I don't know if it's okay, because I don't trust my body, like I've just been listening to these prescribed meals for so long. I don't know how to read my body right now.” When she left treatment, all she knew how to do was stick to the meal formula that she was taught in the program. She was relieved to be out and just wanted to do whatever would protect her from going back into a residential program. “I was like okay I'm good, I'm at a good place, I'm feeling okay, I'm just gonna eat my prescribed, you know, stick to my boxes, and I'll be okay.” (female, 28, plant-based) But this ended up being its own kind of prison because she was afraid to make choices outside of that prescribed formula.

Another participant was grateful that she did not go through residential treatment due to the experiences she'd heard from friends who did:

"I've had some friends that went through treatment themselves and it wasn't helpful for them. They just felt like they were forced to do, to eat, to get out of there, but there wasn't any, like they weren't really getting to the root cause of what was going on... I feel really sorry for people in those situations, because it seems like they lose their ability to trust themselves because they're told they can't trust themselves." (female, 29, vegan)

Being in Connection with the Self

The concept of trusting one's self and feeling connected to one's self was mirrored in many participant stories as being an important part of recovery yet something that most treatment programs hindered, especially in how they addressed food and eating.

"To me it's just so ludicrous and counterproductive that the predominant healing model is, 'Hello I'm going to inflict and enforce a bunch of rules upon you, and take away your rights and your sovereignty to choose, and somehow I think that that's going to help you reconnect with yourself.' Like that doesn't make any sense to me. I understand that it serves its function, but it just feels counterproductive, it feels like more reinforcing you can't trust yourself." (female, 29, vegan)

Multiple participants also addressed not only the importance of connecting with one's self, but also connecting with food in a way that is meaningful to them. This was yet another thing that many said was absent from their treatment programs, and they shared remorse that they were not guided to connect more with food during that time.

“I guess I probably see this now because I care about the health aspect of food so much, like the food wasn't healthy at all or good quality at all and maybe that wouldn't have helped me then, but now I kind of wish, like if they had focused more on like, thinking about where you're getting the food from and the farmers and how it's grown and connecting to the food more, because that's what, I think veganism really helped me connect to food as a larger thing than just, calories that are turning to fat on my body. Food has so much more meaning and purpose, it can be like supporting the farmers or I can grow it myself, and it can be helping the world, it can be helping the animals. It becomes so much more meaningful than just something I'm afraid of because of the calories or it's going to put more fat on my stomach or whatever. So they didn't address those things at all and, just like the quality of the food, I think, was just 'here, just shove any calories down your face.'” (female, 28, vegan)

Positive Treatment Experiences

Generally speaking, from the perspective of the participants in this study, treatment programs were not something for which they felt gratitude or respect. The few participants who had a positive experience acknowledged that theirs was out of the ordinary and they 'got lucky' based on what their parents chose for them or the professionals to whom they were assigned. One participant described,

“The treatment facility where I was not as like, stark and hospital and clinical as a lot of places. I got really lucky on that. It was set up as a fully medically-equipped facility, but it was built like a house and it was very small, like we only took up to 10 people at a time... It had a yard, it had a kitchen, and because of that, it

wasn't like 'okay it's mealtime, sit down, here's your tray of food, eat it.' It was like, 'alright it's time for breakfast, make your breakfast.' ... And we would meet with our dietitian every week... all of our meal prep was very supervised... But in that process, we learned how to make meals that were nutritionally sound, and you're also forced to make decisions like 'okay well what do I want to eat?' - even when the answer is 'nothing,' it's like 'well you have to eat breakfast so...'

(female, 28, omnivore)

This participant went on to describe that the treatment center provided individual therapy sessions that covered a range of helpful topics such as working through past traumas, regulating the nervous system, family therapy sessions, restorative yoga classes, breathwork classes, "and we also had outings every week, just sort of reintegrating into society as a whole person, and we were learning how to communicate and set boundaries with your family. So yeah, it was a very holistic program and their relapse rate is lower than most of the huge, very corporate rehab centers in America." This participant has been in a stable state of recovery for years since her treatment program, and she credits this positive experience. When she was first told that she needed to receive medical treatment, she said that she "was like 'just euthanize me, like no way.' And then I found this beautiful home, with people I could relate to, and therapists that felt like people. I got really lucky."

This participant was aware that her experience in treatment was not typical, and she repeated the phrase "I got really lucky" multiple times. She recognized that the norm for treatment is, unfortunately, to feel stripped of your individualism, your agency, and your self-trust—to ultimately become further disconnected from yourself. Her

treatment program did the opposite, helping her to unpack the underlying foundations of her disordered eating and feel equipped to move forward after treatment both in her food choices and eating behaviors, as well as in her emotional regulation. Stories such as this can lend guidance to what factors facilitate a more positive and empowering treatment experience.

Recovery Process

Treatment programs are created and attended to facilitate recovery. However, most participants in recovery did not attribute their sustained recovery to their treatment experience, but rather to other factors that they learned and encountered after leaving treatment. This section addresses those experiences and teachings that participants felt most supported both their initial process of recovery and maintenance of a recovered state.

Inner Work

The most common attribute noted by participants was doing inter-developmental work to know themselves more deeply and to have higher self-worth and self-esteem. This came from a variety of sources such as therapy, personal practices like journaling and yoga, and one participant credited her psychedelic journeys as the initiator. The common theme was that eating disorders happen within a state of being disconnected from one's self, and that recovery is facilitated by reconnecting with one's self. This idea is well evidenced by this reflection:

"I feel like weight loss and dieting and all that stuff is practicing not being yourself. Like it's a way to disappear into something when you don't want to be

yourself or like yourself, it's the thing to disappear into. And it's not really you and [you start to recover] once you start experiencing the joy of actually being yourself, or just the joy of experiencing yourself, without there being a contingency on it." (female, 38, plant-based)

This demonstrates the internal shift that characterizes recovery. One participant explained that her disordered eating behaviors were part of a big picture set of behaviors that were not serving her, which she tied to the tension between who she truly was and what she thought she needed to present to the world amidst societal pressures. She acknowledged the difficulty of staying true to yourself when you don't have a deeply-rooted understanding of yourself to help cut through the external noise.

"I never had a very strong connection to myself, so I would do things even though they were out of line, you know? I would drink more than I know I should, I was smoking, I was doing all kinds of shit that was just the struggle between outer image and inner feeling, and not really being connected enough to myself to sort of break through the noise, and just, it's a hard world to do that when you're not really solid in yourself."

Part of what is healing is knowing and understanding the self. Many mentioned a shift in identity that facilitated their recovery. One woman said, "A big part of my healing from my eating disorder was discovering myself like who I really am. Discovering an identity that empowers me, discovering my individuality, discovering my unique medicine, my unique magic, whatever you want to call it." (female, 29, vegan) Having an identity and a perception of self-worthiness that is rooted in something internal and stable to the self

helps protect people from placing their value in something external and variable, such as the shape and size of their body.

Another participant shared that seeing herself in a spiritual light helped her to let go of attachment to what she thought her physical body should look like. Furthermore, she enrolled in a program that helps people to experience breakthroughs and transformations in their lives through self-awareness, mindset, and personal growth techniques—and these teachings helped her to hold momentum in her healing process.

“My therapist...opened me up to a lot of transformational modalities and spirituality, and she was the first person who got me to see like we are not physical beings having a spiritual experience, we are spiritual beings having a physical experience. So that shifted my self identity also, and she was wonderful in starting to help me unpack the pain of my childhood...But then probably what was more helpful was in my sophomore year of college, I did the [transformative program]. And that was radical for me and that really scrubbed all of the stories that I've been telling myself about why I needed to restrict and helped me see my whole life from a different vantage point and perspective, which freed up so much. I got a ton of personal empowerment from that and then I went on to do, like all their other programs, so I stayed in that space of transformation. And I think being constantly fed with transformational conversations helped me to heal and stay in that healed place.” (female, 28, vegan)

Multiple participants expressed an understanding that the root problem was not food itself, but rather that their disordered thoughts and behaviors around eating were symptoms of a different issue—usually related to one’s relationship with themselves at a

core level. One said, “It’s not about the food, it’s never been about any of that stuff. It’s the things that are driving that, that are driving you to disappear yourself.” (female, 38, plant-based) Another shared, “I think the root of all of it is like, me just wanting to feel loved and accepted, no matter what my appearance is.” (female, 29, vegan) Even when appearance or body image is a concern, the underlying issue comes down to seeking worthiness, love, acceptance, and belonging. As these issues are resolved, the struggles with food and body get resolved as well. One example of this is presented in the story of a participant who had gone through an inpatient program and hadn’t found the experience to be helpful or positive. It was through personal development work that she did on her own in the years following her inpatient stay that ultimately led to her healing and long-term recovery. She described what she felt was the last piece for her journey:

“So now I’m just listening to my wants and desires, and that’s not just a food thing I think that’s a, kind of a thing for me in my life, of finally listening to myself and allowing myself to feel and want, and allow myself to act on those wants and desires instead of saying like, ‘Oh I’m not worthy of wanting something or desiring something and acting on it.’ That was more of a bigger thing that I’ve worked on, that then helped with food... I think it happened in life in general, accepting myself and seeing my self worth and allowing myself to have desires and wants in life in general, and that kind of filled in the last few food things [I’d been struggling with].” (female, 28, vegan)

A Purpose Beyond the Body (and Food)

Another factor that was a common throughline for recovery was having something more important than food, to be of higher value to a person than the disorder or its intended outcomes (such as staying thin or feeling in control)—i.e., a reason to go through the discomfort of behavior change. This presented itself in a variety of ways for the participants of the study. For two women, it came from transitioning into motherhood and recognizing that they didn't want their daughters to be exposed to the same negative mindsets and behaviors that they saw in their homes growing up. For others, it came through a passion for a sport or meaningful career, and a desire to pursue that path in life. Two women identified as competitive runners, and both said that their commitment to running made taking care of their health a priority, more important than the comfort of their disordered eating behaviors. Another participant who valued athletics shared,

“I was also into sports, cheerleading and soccer and running, and so like, those were really important, for me to be able to do those things. And so I think I just started thinking like, to be able to do these things, and have energy to do these things, you know, I can't do that if I'm not eating food.” (female, 35, plant-based)

For another participant, it was being the caretaker of animals who relied on her to survive.

“Honestly, I think adopting animals helped a lot. Because that way, well, if I get sick, who's gonna take care of them? You know? It's like if I have a day where I can't do it for me, I mean, I have this cat, and two dogs...and they're mine. Forever, for life. It's my responsibility to keep them safe and take care of them.

And so a big part of [my recovery], honestly, was finding something I could reach to when I wasn't doing it for me.” (female, 28, omnivore)

Having a reason to stay the course when self-driven motivation is low and when the disorder feels stronger than one's resolve, helps give people the drive to do the hard thing. Self-love is a beautiful reason for recovery, but loving someone or something else is also a valuable motive to have in that journey.

Identity

It seems that the critical factor is not just a sense of purpose, but also a shift in identity. Rather than identifying as the size of their body, many described a shift toward what it can do, or what they as a person want to do or stand for in their lifetime. One person explained,

“My life has gotten way better ‘cause I don't give [body image] the power I used to. Now it's like instead of it being this much (gesturing wide hands) and the rest of my life is like this much (gesturing a narrow space between hands) it's like, okay you're over here (points to the far end of the room), but then I've got all these other passions and all these other things that I care about more... Like when you're running through the mountains on Instagram, right? And you're like, ‘I can run through the mountains!’ I'm like, ‘that's what I want!’ Like I just want to be able to go do stuff. Why do I need to look a certain way in order to do that?”

(female, 38, plant-based)

This exemplifies the concept of body neutrality, which is when a person does not place positive or negative value on their body based on appearance, but rather has appreciation and respect for their body in general. It is often also tied to a sense of

gratitude for what the body *does* rather than what it looks like, as was described by the participant above. Another participant shared that developing a sense of appreciation for the body outside of what it looks like was healing. Because of this relationship of respect that she now has with her body, her commitment to taking care of it is more important than her desire to be smaller.

“Having this respect and reverence for my body is something that's been really big for me in terms of like, not wanting to hurt the only a vessel that I have to live in, you know? I mean, I just put my body through so much trauma really growing up and not eating for so long, and then eating so much for so long, and then you know it's just, it's so unhealthy to do that. And I put such a strain on my body that I just am not interested in doing [anymore]. I want to take care of myself. And I think that only really comes from a place of self love and you know, respecting your body and all that, so that has been really helpful. I've just sort of shifted my mindset in that sense, and then also just paying attention to my body and listening to it in a way, where I'm aware of what it needs...I think it's just having the love and respect for my body that just encourages me to fill it with the right things and not, I don't know, just not hurt it.” (female, 29, vegan)

Relationships

The importance of healthy & supportive relationships was also one that came up repeatedly. For some, the relationship was their ‘something more important than sticking to food rules and staying small.’ Eating disorders make it very difficult to have an intimate relationship with another person in a variety of ways - emotionally,

physically, and logistically. One woman described how she felt that her eating disorder was holding her back:

“I got into a long term relationship, and I was like, hiding a lot of stuff. I was like, ‘oh no I can't hang out today’ because I'd binged in the morning, so it's like now my day's ruined and I don't want to be seen. And it's like, just all that secrecy and like not eating [together], it was just really hard... And I was like if I want to make this work, like if I want to be myself for somebody else and don't want to hide this, that was the motivation I guess.” (female, 26, vegan)

For others, the relationship was a place to get affirmation of one's worth outside of what they look like. A healthy relationship can teach a person how to love themselves through being loved in their wholeness by their partner. One participant shared the repeated sentiment that feeling purpose and self-worth was key to her recovery, and explained that being in a relationship where she felt loved for who she was rather than what she looked like was helpful in building that sense of worth:

“When you struggle with your self worth and your purpose, other people can give that to you almost. Starting out here, I had a greater purpose, I felt appreciated and validated for things that were more than what I looked like. So that was huge. And I was in a relationship and having someone who loved me for my mind and my heart and not my body, I think that was huge too, that allowed for healing.” (female, 25, vegan)

Another shared that her partner was the initial influence that helped her to see herself as worthy:

“I honestly think it’s my relationship with my current partner, for I guess, it’s almost been five years now since we first started dating, and he really helped heal some of those lack of self-worth things and really supported me and encouraged me and tells me that I am like, worthy of love, and worthy of listening to my wants and desires. Getting his support and encouragement really helped that, and then any work that I did myself too. But I think that he kind of fueled it.”

(female, 28, vegan)

It seems that romantic relationships can be a healing space where one learns to value themselves and know their inherent worth, through being valued and seen in that way by another.

An even more common theme than a romantic relationship, however, was community. Peer support was noted as critically important when it was present, and critically hurtful when it was missing. One woman said that the most helpful part of her treatment program was the ongoing support group, and that when her daughter went through her own treatment program years later, this component was missing and she largely attributes her daughter’s negative experience to that omission. People noted the importance of having a space to be vulnerable, to be open and real about their struggles, to feel seen for who they truly are, and to feel not alone in their experiences. Because disordered eating is associated with isolation and secrecy, having a community space where it feels safe to share and where one can connect with other people seems particularly important. One participant said, “I think that there’s a real underlying power in women getting together and sharing their stories and just like, listening to them, week after week.” (female, 38, plant-based) She went on to explain

how seeing other people struggle with things similar to her, while from her perspective she was able to see that their vision of themselves was so inaccurate, helped her to challenge the way she saw herself:

“Part of it I think was like hearing from people who perceptively, from my perspective, were doing worse than me. And I still had this shining light of compassion for them and felt like, why don't you see your worth, you know? ... I think the repetition of feeling that, I think someone's story every week kind of made me feel this way, where I was like, ‘I see you being so miserable, but I see this amazing human, and why can't you see that for yourself?’ And I think that pattern slowly, somehow that integrates and you start to turn it on yourself, because you do it enough for other people. And I think that was my big momentum that was the ball starting down the hill.”

For that participant, the value was in hearing others' stories. For others, the greatest value was in being able to share one's own story. One participant shared that for her, having a community of people to support her recovery journey was most helpful simply for the sake of having a space to talk about the things that other people didn't understand—to have a place to speak openly about her experience and be seen and feel heard:

“I would say being in the community with [a coaching program I enrolled in]. Knowing that I'm not alone—because these were some of the things that we could talk about when in that space that I could not talk about with some of my oldest girlfriends—to know that I wasn't alone was huge...It felt safe, I felt heard, I felt like I could say what I needed to say whether it was two minutes or 15 minutes. I

felt heard...I think just feeling heard and seen was really important.” (female, 47, vegan)

Another woman echoed and summarized these sentiments when she described why she found participating in a community to be healing, saying: “I think storytelling is a fundamental part of human existence. I think that's how we process things, having our chance to tell our story.” (female, 30, vegan). The act of creating a narrative around one's experience may facilitate meaning-making and help people to move into a place of recovery. Overall, having a space to safely share one's story, receive validation and emotional support, and feel connected to other people who are going through a similar evolution, seems to be important to the recovery process.

Mindfulness

Particularly important to maintaining a state of recovery was the tool, or more specifically the skill, of mindfulness. Having a non-judgmental awareness of one's self helps people to hold conscious attention toward the thoughts and emotions that they are experiencing. One participant described how she would notice her old eating disorder thoughts coming up in stressful situations, and her ability to take a zoomed-out perspective to see why she was feeling that way and address the underlying issue:

“When we're stressed, like I'm a resident doctor and so I'm working a lot, and in stressful situations often. And I find that those stressful situations can sometimes also trigger those initial thoughts of, okay planning my food, or I need to exercise more, then it's like, whoa I've gotta take a step back. Because I know that those are my two thoughts that will trigger kind of my old habits. And then I can recognize what's actually the cause of it, which is typically a stress, like my job,

my career, or like a relationship issue that I have, which you know, those happen too.” (female, 28, plant-based)

Another participant shared how mindfulness helped her to avoid falling back into disordered eating behaviors when she was going through a difficult break-up, by separating the triggered thoughts from her true sense of self:

“Throughout that process of just having to feel, I don't know, so rejected, that would 100% have triggered every sort of eating disorder thought in the past. I mean, of course, to a certain extent it did [this time], but it didn't in any way that I wasn't able to see them sort of like separate from my own thought process, and understand that I am someone who has had eating disorders my entire life, I'm going through something that's really difficult, it's sort of an obvious cause and effect that I'm going to have some of these thoughts come up. So that, first of all, was really helpful just sort of separating the two.” (female, 29, vegan)

Mindfulness enables people to notice what tends to bring up disordered thoughts and behaviors for themselves, and be aware when it happens. This skill is critical for sustained recovery because it gives someone the ability to both understand themselves and to make a conscious choice about how to respond to a situation rather than falling blindly into a disordered behavior.^{83,84}

Safety

Finally, a few participants touched upon the basic need for safety as a prerequisite for recovery. In disordered eating, people choose foods that feel “safe” because they feel unsafe, and often out of control as well. As someone restores a sense of safety, they no longer need to use food to get that safety. This clears the path

for them to create a relationship with food in which they are not using it as a coping tool. One participant with a history of trauma in her childhood home and nuclear family relationships attributed her ability to heal to the process of releasing ties with her family members that felt unhealthy and building a new community that was grounded in safety:

“[Through working with my therapist and building community and a new, chosen family], I kept getting a little bit safer and like, realizing my safety and choosing things and simultaneously, as I was doing that, I was able to sort of release this, let go of this faulty tool (food) that had given me just the pretense of safety.

That’s what the fear foods are I think, that’s more what the restrictive side is, like your good foods, bad foods, whatever, it’s really just this like really tenuous facade of safety. Like overeating in my bedroom while my parents were awful - that was never making me feel safe. Having all these extensive food rules never makes anyone safe. And I can’t imagine still being in an abusive environment, like if I had chosen an abusive partner I don’t think I would have been able to let go of that faulty tool (overeating) and chosen better ones.” (female, 47, plant-based)

Because disordered eating is a coping mechanism,⁸⁵⁻⁸⁷ it is difficult if not impossible to recover if the underlying issues for which someone is using food to cope with are not addressed. Participants noted that not just physical but also emotional safety was foundational for them to be able to confront their disordered behaviors and restore a healthy relationship with food. “Me leaving my family situation, which was very traumatic in a number of different ways, and living on my own for the first time in my life, freed up

the space for me to be able to do healing work on myself and to question all these things, and it created a sense of safety that I hadn't had before.”

How Veganism Interacts with Eating Disorders, Treatment, and Recovery

Veganism and Eating Disorders

A common question that has been explored in previous research is in regards to a person’s motivation to become vegan. What became clear in this population is that it is rare for a person to be singularly motivated. Furthermore, there was not anyone in the study who did not express that their relationship to veganism, of which motivation is a part, changed over time. Consistent with the most commonly addressed reasons for choosing a vegan diet, health, ethics, and environmental sustainability were the most commonly-stated motivations among the study population. While all three might not be present at the introduction of a person’s vegan diet, the incentives compound over time as a person learns more about other factors related to veganism. One person shared,

“The core of the reason I do it is because of the animals, but there's also like just so many other benefits that I've learned about on everything. The environmental impact, and the health impact, and just the way I feel like energy-wise. Mentally I finally feel like my morals are aligning with my actions. I feel more aligned.”

(female, 24, vegan)

The concept of being in alignment came up frequently. Many people shared that recognizing their values and taking actions to support those values felt positive for their self-image, esteem, and mental well-being.

As is often stated in the context of overlapping veganism and eating disorders, some participants noted that their disordered mindset around food was a key part of their initial introduction to veganism. However, there are many ways to achieve the goal of weight loss. What came to light through the interviews was that if someone is choosing to be vegan, they feel connected to that ideology at some level. There was not a single case in which someone said that their choice to be vegan was solely motivated by the desire to control their body. Counter to the widely-held belief that veganism should be abandoned while a person recovers from an eating disorder, participants described their ability to overcome disordered eating thoughts and behaviors while maintaining the value system of veganism that is meaningful to them. This requires adjusting their relationship with veganism to support their physical and mental health within the dietary pattern. Below is an explanation of a participant's experience being partially motivated by their already-present eating disorder in their introduction to veganism, and then over time recovering from the disorder and developing a new way of being vegan:

“There was something that felt relieving to my eating disorder self about having that structure and having a reason for that structure, being like ‘nope, none of you can question it, you all know that this is who I am, you've watched me my whole life want to protect animals, this is another way that I'm doing this and nothing that you can say is going to make me stop.’ So it was like, I got to hide behind it, which I'm sure to my eating disorder self felt relieving. So in the beginning, yeah it definitely did feed that and I was trying to do disordered eating while being vegan in the beginning so definitely was doing it very very

restrictively. And then over time, the things that we talked about [earlier in the interview] where the deeper meaning of veganism as a life philosophy started to sink in for me, and I started to attract this community of like-minded compassionate people that cared about animals, cared about the environment, cared about their health. That was really supportive in helping me feel held and nourished and all these other benefits of veganism that weren't apparent in the beginning, especially because I lived in Pennsylvania and there wasn't a community of like, ethical vegans around. But once moving to Los Angeles, there was [that like-minded community] in spades, and then I had the time and the space to really allow the deeper meaning to sink in. And then, at that point as I was healing, I started becoming way less restrictive about it and it just became an ethical choice, rather than something to hide an aspect of my disordered eating behind." (female, 28, vegan)

For many people, veganism becomes a fundamental belief system, similar to religion or general morality. It becomes a lens through which someone views and understands the world around them. One participant who is a dietitian who supports and promotes plant-based eating for health and longevity shared that her ultimate reason for being vegan, as opposed to simply eating a diet high in plant foods but still containing some animal products, comes down to her foundational ideology of having a compassionate relationship with animals, reducing the amount of harm she causes through her actions, and living in connection with the earth:

"I just like, can't fathom putting real muscle that was once being powered by the beating heart of an animal in my body. It just feels weird when I can just eat

beans and get the same nutrients. It's interesting that, coming from a health background and being a dietitian, that that's not the main driver behind my feeling of [meat and dairy products not being "food"]. Just because I've seen, like we know the Blue Zones right? They eat some animal products and they're fine, I know that. I mean, I know people who eat meat until the day they die at like 90 and they're totally fine. I know that it's the excess and the imbalance of those animal foods that usually manifests as these chronic diseases... And so it's not necessarily like the health aspect of it, it's just like, if I can have the same nutrients from plants and not be part of a chain that is inherently cruel, then I won't. And that just feels better for me. And I also like the idea of eating plants because I feel, it feels so cool to be connected to nature in that way and not have a messenger in the middle of an animal filter." (female, 26, vegan)

However, this does not apply to just the people who stuck to their vegan diet all of the time. Veganism is an ideology that is present even when someone is acting in opposition to that value system (although participants said that opposition is felt internally). One person described that although she had a history of ebbing and flowing into and out of being fully committed to veganism in her external behaviors, it was an ever-present part of her inner identity:

"I never stopped identifying as vegan, even if I would go back to eating animal products and weaving in and out of it, because in my heart and soul, I don't want to hurt anything. I just want to love everything, and I want to give everything as much of a chance to live as full a life as possible – even if that's like a fucking

beetle you know? Like I, it pains me to think that we live in a world where it's required for us to hurt one another.” (female, 38, plant-based)

Veganism is not just what a person eats. It is the way that a person sees their place in the world and how they feel it is morally just to interact with the world.

There were cases in which adopting a vegan diet had a negative influence on a person's relationship with food. This was not due to veganism point-blank, but the way that a person was relating to the diet. For people who have a preexisting disposition toward feeling safe within a set of rules and restrictions, or for whom self-judgment and perfectionism are already prevalent, veganism can be a way to feed those characteristics. For instance, while some people found social media to be a positive influence—helpful, inspiring, and a place to connect with other people at a distance—others found it to be a negative influence on their psyche, leading them to compare themselves with others and blindly follow opinions and advice that didn't apply to them.

For example, a niche vegan movement and perspective that became popular in the mid-late 2010s was the high carb low-fat (HCLF) diet. One of the most popular voices within that movement was a YouTuber who called herself “Freelee the Banana Girl.” Other influencers also rallied behind this dietary pattern that praised high-carbohydrate foods and cautioned people to avoid high-fat foods – all within an animal-free, whole food diet. Other related perspectives included a “raw-til-4” lifestyle and 80-10-10 (80% carbohydrate, 10% protein, 10% fat) fully raw diet. While multiple people discussed finding benefit from the HCLF influencers' encouragement to eat in abundance and let go of fears about calories, some also found themselves imprisoned by the “rules” of the diet, especially the directive to avoid large quantities of (or

completely eliminate) overt fats such as oils, nuts, seeds, avocado, and coconut. One participant described the phases of her journey with veganism and how the HCLF movement influenced that for her. She started by describing how it was a positive experience for her to see a group of people who shared similar values because she felt very isolated being a vegan in the Midwest.

“I was by myself and so throughout ... the late years of highschool to early college, that's when I found the high carb low fat vegan community... through this period of isolation, like living in the Midwest being vegan, it felt very othering because it's like, you don't feel like you belong in that space. So then having that online community I was like, 'oh my gosh there's so many beautiful humane people that share great values' and I got really excited about that. I think that's one of the few places that I felt connection at that time.” (female, 25, vegan)

In time, however, she began to feel like she needed to follow ‘the rules’ to be part of the community.

“It started feeling really confusing for me, because then I felt like I had to follow all the rules that were there, like set in place. But also the personalities and the people that were – a lot of the people that were like following all that kind of stuff, like I never watched [Freelee's] stuff, it was more the other people around it – so, then I was like okay here's something we're all doing together. So in my mind it felt very healthy. It felt like there was a sense of community, but then no one around me was at all exposed to this or knew what was going on, so it just became socially confusing.”

This was a common experience for people to begin adhering to restrictions that are sourced from other people. As was stated in regards to relationship with food in general, the distinction between following guidelines that are based on personal values versus guidelines that are coming from an outside source but do not hold personal meaning, is a key function of whether this relationship and the relating behavior choices being healthy or unhealthy for someone.

Veganism in Treatment

Under the topic of veganism within treatment, participants repeatedly made a case that a vegan diet should be honored while someone is in treatment for their eating disorder. Feeling seen as an individual was expressed to be important to the recovery process. Likewise, losing freedom and agency left patients feeling resentful. Participants who were required to abandon their vegan lifestyle during treatment felt disregarded and invalidated.

“For somebody to tell me ‘oh, in order for you to heal, you have to act counter to your values and your identity’, to me is so counterproductive. And just not at all necessary, like there are all of those products in vegan versions...So It just seems entirely unnecessary and counterproductive. And I would have held a grudge against my support team for that, and that would have definitely gotten in the way of them being able to support me. I would have just been like y’all are ignorant, you don’t get me, I’m not gonna listen to you. I know I just would have rebelled so hard against that and been so pissed off.” (female, 28, vegan)

This participant was not alone in feeling this way. Another person shared that she chose to leave the inpatient facility early, even though she was not weight restored, because

she didn't want to continue eating meat but was told that she wouldn't be treated if she didn't. And another participant who had a negative treatment experience and ultimately continued to struggle after finishing (because the root issues were not addressed, she was simply released when she was weight-restored), said that she would have appreciated the opportunity to work with a team that would help her to heal while staying true to her values, and would have re-entered treatment if that had been available to her:

“If I had been told [being vegan in treatment] was an option, I would have considered treatment. Because my idea of treatment was you gain weight and you eat the foods that they tell you to eat unless you are allergic to them. And I just had such a bad experience with that. But if I mean if [staying vegan while in treatment] was an option, I feel like that would have actually helped me expand my mind a little bit more too, because essentially that's almost the personal journey of what I got to was just like, 'okay there's a more sustainable way to do this, that can allow you a lot more calmness and freedom in your life.' So I don't know if that's even possible at centers now, but I think that's a better way, to allow you to keep your values while still getting your hormones back, like getting your body to be where it needs to be, that kind of stuff. I just remember thinking like, if people with different, you know, religious or other reasons they can't eat certain things, if they're able to, you know, approach it that way through treatment... that could be applied to veganism too, just because it does mean a lot and has strong moral grounding. I also, I do understand that it's been seen as mostly a diet versus a lifestyle for a long time, but yeah I really wish that they

would have that option...it would've been great to have that actual opportunity.”

(female, 25, vegan)

Others echoed the comparison between religious views and practices being respected, feeling that being vegan was a deep-seated value they wish was given the same consideration. Others went so far as to say that being forced to eat meat was, or would have been, traumatizing. Two participants brought up the correlation between eating disorders and sexual assault, equating eating meat to a re-traumatization of the abuse as it feels like forcing something inside of your body without your consent:

“To be forced to eat something that I so ethically am against would be really traumatizing to me. Because there is a big correlation, which we know, between people who have eating disorders and people who have been sexually assaulted, molested, raped, and that the eating disorder is an echo of their body trying to process that trauma. And to be forced to put something into their bodies that seems like violence to them, that's just more of the same. That's just more of your being forced to put something in your body that you don't want which, for a lot of us, is one of the original sources of the trauma. So I truly believe that it would have been really traumatizing to me.” (female, 28, vegan)

The other participant who brought up this topic expressed the same sentiment, sharing that it was in the wake of her sexual assault that she first stopped eating meat. She said that eating meat felt like going against her body and would cause her to disconnect from her body, which would have inhibited her healing process.

Many of the participants who had worked with dietitians that honored their dietary choices expressed that if they had been told they were not allowed to remain vegan, it would have led them to avoid seeking treatment.

“[Being required to eat meat] would have been negative, extremely. Like just the hypothetical felt like I wanted to cry. That's being forced...for someone who is either asking for help, or someone is suggesting that they go get help, but if the only way that they get help is to be forced to eat dead flesh, it doesn't sound fair... it feels very sad. I don't think I would have been able to do that.” (female, 47, vegan)

Recovery centers that do not allow vegan patients are actively leading this population to avoid treatment they may be otherwise open to trying.

For those who enter treatment despite being required to leave veganism behind during the process, the methods used seem to fall short. One participant described that in her first round of treatment—during which she was not allowed to remain vegan—it was difficult for her to commit to challenging fear foods because her treatment team was including animal products in that list. This experience was confusing for her because she couldn't feel clearly what was and was not a true “fear” amidst the discomfort of eating foods that went against her morals. When she entered a new treatment center where she was permitted to remain vegan, she was able to participate with greater personal investment and dedication to the process.

“It feels like I'm challenging my eating disorder when I eat something that's a fear food but it's still vegan, because I'm like, like if I have the guilt, I can feel it's coming from my eating disorder. Versus when I'm eating something that's not

vegan it's a lot harder to challenge my eating disorder because I'm more caught up in being guilty about like the ethical piece which does align with my values, which makes it harder to like even connect to the eating disorder part of it.”

(female, 18, vegan)

There seems to be a fundamental difference between confronting and challenging fear foods, and forcing people to eat foods that they do not enjoy or do not morally agree with eating.

Other participants had similar stories of being told that their desire to not eat animal products was coming from the voice of their eating disorder. This can be not only confusing for patients, but ultimately can disconnect them from their true inner voice and value system. One participant expressed remorse that she had questioned her veganism because of her eating disorder, because with today's clarity she knows that it is such an important and true value for her. It was upsetting for her to reflect on times where she felt like she was being told that she was only choosing to be vegan because of the disorder—and because she was dedicated to recovering, she questioned this value, which was a really sad notion for her. She also shared her opinion that even if her veganism was overlapping with her disordered eating in the past, that it was still a net-positive for her because it gave her something to feel good about within herself and in regards to food—and as she now knows that the roots of her disorder were not about food, this makes her especially passionate about the topic. In her words:

“When I was really in that space [of disordered eating], I had so much trouble discerning what was my eating disorder, and was [veganism] my real value, and it crushed me. It really crushed me. Like the notion that maybe I picked

[veganism] and had all these feelings because actually I was just really dedicated to my eating disorder, like I get upset even thinking about it now, it's really upsetting...I've seen that a lot on social media lately, that veganism is just a cloak for, or veiled, disordered eating... it just crushes me to think that something, externally compassionate, you're being compassionate for something outside of yourself [becomes negative]. It's something I've thought about a lot, which yeah, it was probably a really convenient lever for my mind at that moment... 'I'll be vegan and I'll be fine,' but also it was such a safety net. It was such a safe space for me to go while I was figuring it out to feel good about something. And like at the end of the day, who really cares if it's like a veiled thing? Because we know [eating disorders are] not actually about the food. If it wasn't veganism, we'd find some other flipping weird thing to do... That was a really sad moment in my vegan journey like 'oh, do I not get to have THIS anymore either? Is this just another thing in the long line of things I've had to give up because of my eating disorder?' How fucked up is that? It just bums me out for people. I feel like that should be talked about more." (female, 38, plant-based)

This experience of confusion the participant described having in the past was evident in other participants. Another person who had been told that her veganism was part of her eating disorder shared that she still struggled with animal products as a fear food. When asked to describe what that meant to her, she shared that she feels anxiety when she eats meat due to the ethical guilt of having eaten an animal. There were also fears regarding health components such as the cholesterol in meat, but she had a difficult time separating the two and was not given guidance in doing so.

“I wish they had dug deeper and with me. We just stayed on the same issue over and over again, and they didn't really help me debunk my reasonings to veganism. And I wish they did, because now I kind of feel like I got out of treatment a year and a half ago, so now a year and a half later when I'm well into recovery it's still something I'm figuring out. And so that's why I was so happy that you were conducting these interviews because I haven't really gone deep on my veganism with anyone.” (female, 22, omnivore)

Despite feeling like she was on a positive path of progress in her recovery, she still felt conflicted and confused about what is and is not healthy within her desire to avoid meat and dairy products. She also expressed frustration around the fact that vegetarianism was allowed without question while veganism was prohibited with no exceptions – and that in either case, there was no support or guidance in exploring the motivations behind the choice.

Multiple people also made the point that they planned to be vegan after they leave treatment, so eating animal products during treatment held them back from becoming prepared to make healthy choices and navigate recovery as a vegan long term. “Either way, like whether I'm eating vegan in treatment or not, I know I'm still going to continue eating vegan when I'm not in treatment” said one person (female, 18, vegan), and another added “I'd rather recover, like in terms of the diet I want to have, and a lifestyle I want to have, so then I know that I have, that I can eat that way continuing onward when I leave.” (female, 30, vegan) Participants made the case that if they are going to be vegan when they leave recovery, they would like to be given guidance on how to do so healthfully.

Those that were vegan as they addressed the eating disorder and worked their way into recovery felt there was benefit to doing so. Multiple participants for whom weight restoration was important shared that being able to remain vegan helped them to eat the large quantities of food necessary for weight gain. One participant explained,

“Physically feeling good when you’re eating a lot is invaluable...In the process of going through extreme hunger and eating a lot, feeling good in that process was extremely helpful. Because I know so many people who go through extreme hunger and if they're not following that same kind of path, it's pretty unpleasant. And not to say that there weren't unpleasant aspects [for me], but I don't know, I do think that my bounce back was faster, as far as feeling energetic, because it was pretty immediate, like I felt pretty invigorated pretty immediately.” (female, 30 vegan)

Another participant shared her experience of the opposite. She mentioned that her body felt uncomfortable and lethargic as she was eating the foods that she was provided by her parents during her weight restoration, which made it difficult to eat as much as she was being asked to do. “I mean, I understand it, they were trying to make you gain weight, but they would like pack extra butter and extra cheese into meals, they would make me like milkshakes with extra ice cream for dessert and stuff, and I was just not feeling great.” (female, 26, vegan)

One person described another reason that remaining vegan was positive for her. First, she explained that her dietitian challenged her fear foods within the context of veganism and took into account the foods that she had enjoyed before her disordered eating brought in rules and fears. Even though it was challenging because she was

afraid of the foods, she was ultimately eating things that tasted good and aligned with her core values. “It was just foods I honestly enjoyed and that made the recovery kind of easier on me, even if they were tough foods.” (female, 24, omnivore) She went on to describe that eating vegan while in recovery helped her to develop a positive relationship with food—and that if she had not been vegan, she feels it would have had a negative influence on her relationship with food.

“I can't even imagine if I wasn't a vegan through recovery, I think it would have taken me longer to recover and I would have definitely struggled more with enjoying meals. Whereas like, I enjoyed my nut milkshake, and if I'd had to eat a hamburger or something I would not have enjoyed it as much. And probably not have created that relationship where food is something to enjoy, I would still feel like food is a chore, food is calories - which it is, but you know, I think depending on what stage you are in your relationship with food, you might need to view food a little differently, and in that time I needed to view food as a, not means to a goal.” (female,

Others shared similar reflections. A few participants also shared the experience of leaving veganism willingly—because, as described earlier, they were told that their choice to be vegan was rooted in restriction and disorder—and finding that this actually led to a less healthy relationship with food. One person shared that she was actively pursuing recovery and decided that she should include animal foods to eliminate any form of restriction. However, she found that for her, true food freedom meant allowing herself to be vegan.

“For probably like two or three months I ate fish, sometimes I would eat eggs or something, that was pretty much it, but that affected my relationship, just with my morals I felt like I wasn't aligned anymore. Like I was eating [animal products] and I was feeling guilty. I was just not feeling good about it. So after three months I was like I just don't think this is the choice for me, you know, like, I thought maybe it would be better for me to just like give myself full freedom and just be like, ‘you can eat what you want,’ you know if ‘you want to eat that then eat it,’ but I really just didn't want to. So that's when I switched back, and I'm allowing myself now to have food freedom. I can eat whatever I want and I'm allowing myself to do that. And I'm dealing with the guilt in my head and all the all of that, but I'm [doing that while] living in alignment because that's also super important to recovery, you know? Like if I don't feel like I can support my food choices, then that's just, that just doesn't make sense. There was a big disconnect there for a while... A lot of people I've followed on the internet who are like eating disorder recovery specialists or whatever, they do preach like full food freedom like you can eat milk and eggs and fish and meat, and all of that stuff, so you know I kind of just thought I should try that and that maybe would help, but it definitely didn't. It just didn't feel right for me.” (female, 24, vegan)

Veganism and Long-Term Recovery

The participants in the study expressed many ways in which veganism felt supportive to their recovery, not just in the initial process but for the sustainability of a healthy relationship with food. One principal path of this relationship is that for those who identify with the value system, veganism gives food meaning and purpose that is

positive. It was echoed time and again that “I feel like veganism was the gateway... It gave me a higher sense of purpose and it put a very positive meaning towards my food choices” (female, 25, vegan) and “It just seemed like ever since I started going vegan, my relationship with food really transformed and took off and changed for the better” (female, 29, vegan) and “being vegan makes you feel good about [what you are eating] and gives more purpose to your choices than just your own issues or your own fears, you know?” (female, 30, vegan). Participants brought to light the phenomenon that deeply believing in a value system can make the commitment to uphold that value system more important than the commitment to control one’s body or food intake. Wanting to make decisions based on the moral values they believe in helps to reveal where they are making choices that are not rooted in that value system, and ultimately to release themselves from adhering to rules that don’t hold meaning for them. One participant said, “I just don’t care about [‘eating clean’] as much. I still want to be healthy and whatnot, but I just don’t care as much. Like I guess the care I have to give is allocated towards more ethics, something bigger than myself, more than like, ‘oh I see some preservative that’s in some food,’ I don’t care. If a food’s vegan, I’m like, cool, good for me to eat.” (male, 22, vegan) Other participants shared similar experiences, saying “being vegan’s almost like, forced me to shift from a rule-based [way of] living that I’ve lived for so long, to freedom within that, my ethical choices” (female, 25, vegan) and “the ethical and the environmental aspects of this lifestyle are the driving forces for me, and so I’m less stressed about what I’m eating or not eating on a certain day. That keeps me more aligned with that purpose.” (male, 28, vegan) It appears that while

veganism is often associated with adding rules and restrictions to one's dietary choices, there are many cases in which it does the opposite.

Another person described that previously, she often felt overwhelmed by ordering at restaurants, because she would be questioning her choices, asking herself if she was making a choice based on what sounded tasty, or if she was choosing something because she thought it was healthier, ultimately not trusting her desires or decision-making. She said that this made going out to eat a stressful experience. Being vegan, however, cleared much of that stress and confusion away for her. "I feel this freedom in the sense that the options don't feel overwhelming anymore," she said, "My heart and gut were like, 'I don't want those things anymore. I don't want to eat the meat that's offered, I just don't want to eat that. I felt really strongly about that.'" (female, 28, vegan)

When someone identifies with the values of veganism, it not only adds clarity but it can also facilitate a deeper connection to their identity and greater trust within themselves, especially in the context of their relationship with food.

One person explained her experience of how becoming vegan promoted her relationship with food to shift from being something rooted in guilt and disorder to being rooted in a positive self-identity and value system:

"Prior to veganism, food to me was...oh gosh it was such a terrible relationship. It was like, the more food I eat, the worse I am as a person. Like every bite of food means that I'm a worse human being. And veganism really transformed my relationship to food, in that it almost flipped on its head. It was like oh, but veganism means so much to me. This is like, the embodiment of everything that I've ever believed. This is now my self expression right? Like since I was a tiny

little kid, I was the one defending and protecting the house spiders and the beetles and like, crying when it rained and we'd be driving our car up the driveway that had a bunch of worms on it and telling my parents to stop the car so I could go move the worms out of the way, like this is just always who I was. And then finding veganism, it was like 'oh, yeah this is where I belong,' and it started having food occur to me as something good that I was doing for the world. Like with every bite I am reinforcing my identity as a compassionate person, which is what I care about most. So it really shifted [my relationship with food] radically for me. Rather than like, every bite is guilt, it was like oh, with every bite I'm helping - which I know it's not, it's not actually like that, that's just how it started occurring to me. Plus veganism led me into animal activism, which I didn't, like I loved animals so much, but I wasn't an animal activist until I understood the plight of farm animals and became an actual advocate/activist, voice for animals. And that also profoundly shifted my identity, because I started seeing my body, not just as this object to be judged by the outside world, but I started seeing my body as the vehicle to help protect beings. What matters to me more than anything is I want to protect the beings of the world, so it was like 'oh shit if I'm not taking care of this body, then I can't I can't help, I can't protect,' so I need to like, now me consuming food is me nourishing this vessel that is a voice for animals, so in both of those ways it really shifted my identity about myself and my relationship with food." (female, 28, vegan)

This process of recognizing one's core values does not just take place at the level of food and eating choices. As is described in the quote above, this process helps people

to connect more deeply with themselves. Numerous participants felt that “Veganism opened the doors for [them] to really explore [their] own self-growth and self-development” (female, 25, vegan) and further, “Veganism was the start of me healing my relationship with myself.” (female, 29, vegan)

Several participants noted that the choice to become vegan and the experience of being vegan were tied to the process of asking oneself questions about their food choices, their values, and identity.

“Being vegan has allowed me to have a lot of reflection on my own values. I think that was also a big thing to where it was a really positive...It really helped me evaluate my own like, ethical stance on food and reflect on that. And I think that has allowed me to have a deeper understanding of my relationship with food, the reasons why I'm doing things, what I like, what I don't like.” (female, 25, vegan)

Especially because eating disorders are often associated with losing oneself to the disorder, this process seems to be supportive for healing by way of bringing people back into connection with their true selves. One person shared that deciding to be vegan helped her to recognize her own truth (outside of what the world was telling her to care about, to do, to be) and feel like her authentic self for the first time in her life. Another person who had a very similar story further explained that through veganism, her actions were aligned with her values, and this helped her to feel greater self-esteem because she was proud of who she was and how she was acting. And yet another shared that going vegan felt like taking back her agency and regaining trust and confidence in making her own choices.

It seems that this process—of assessing one’s values and determining whether being vegan is a stance they want to take—often extends beyond the realm of simply what a person is choosing to eat. The following participant quote exemplifies this:

“I just feel so much more aligned, I guess, in every way. Like more connected to myself, more connected to my values, more connected to what I see in my future, I guess you could say, like in terms of like you know the family that I would like to raise someday, or even just the people I surround myself with... I feel like just being connected to myself deeply in a way, and connected to my outer world, I feel like that’s how [veganism has helped in my healing process], like I just feel at peace with my decisions and at peace with my choices.” (female, 24, vegan)

This peace is antithetical to the experience of an eating disorder, which is rooted in fear.

Multiple participants described that some of their sense of peace around food sourced from the nutritive value of plant-based foods, in addition to the moral peace of mind from eating in a way that is ethically aligned. One person described, “I don’t have to worry, ‘is this good or bad? Or, am I following a set of rules?’ It frees me from that, which helps me to feel more peaceful. And I think veganism is what allows me to eat more intuitively... I trust that the foods I’m eating are going to give me what I need, the nutrition and energy that I need.” (female, 47, plant-based) She went on to say that trusting her food choices has helped her to gain trust in herself, which has been healing for her as well.

Another participant shared that she, too, felt free from the labels of ‘good’ and ‘bad’ when eating vegan. She also mentioned that she didn’t worry about how she

would feel physically after eating a meal, which helped her to feel freer in what she was eating.

“It just felt like, ‘oh my gosh, I can just eat! And I don't have to worry about whether or not this is like good or bad for me.’ ...I'm not totally sure why, but that was definitely what I felt. I always felt like whatever I was eating was nourishing for my body. I never felt worried like, “oh, am I going to feel like crap in a couple hours?” (female, 24, omnivore)

For some, that feeling of nourishment extends beyond simply the nutritional value, into a bigger realm of feeling deserving of food, health, and abundance at a physical and personal level.

“[Veganism] did give me the sense of an abundance of nourishment, and the receiving of something that, you know when you're in an eating disorder you [think that you] don't really deserve to feel nourished, on a level. And one of the things I've identified is like, oh, I can actually receive this... I read Eat to Live by Dr. Fuhrman, and it was like a relief that there was abundance there for me. I'd always had a scarcity mindset, so the abundance was always a big deal and I think it provides a really safe-feeling entry way for people who have come from a really disordered background. And I did get to feel like you can nourish your body. And you can have energy. Oh my God, you can have energy! For people who don't eat, or who are spending all their energy like overeating and throwing up, oh man, you can just like EAT and have energy! And I remember the first day, eating a bowl of berries and mango and greens and feeling, just like freaking amazing. It was a giant bowl, it was like SO much food. I was like, ‘wow I'm about

to eat a lot of food, but like, whatever.’ ...And I almost felt high from it, in this sort of physical spiritual way that you feel like something good is happening to you.”

(female, 38, plant-based)

While many communicated this in a positive light, there were a few interviews in which participants described their focus on the nutritional value of a vegan diet in a way that could be seen as reminiscent of a disordered relationship with food. One participant who was still actively engaged in disordered eating behaviors at the time of the interview, said:

“A plant-based diet provides you with an opportunity to eat a lot of food. I mean, you know, like you can eat... You can eat a lot of salad. You can only eat three chicken nuggets for an entire bowl of, you know, all kinds of vegetables, and lentils and rice, and it was like, you could have three chicken nuggets for that.

And look at all of this delicious food you get to eat!” (female, 42, plant-based)

Others were even further amidst the gray space of nuance, such as one participant’s description that eating a plant-based food rooted in whole foods helped her to overcome her binge eating because she felt safe to eat large quantities of food when she viewed the food as having high nutrient-density. Because she viewed the food as healthy, she was able to overcome the typical guilt that she would previously feel when eating a large amount of food in one sitting, and therefore end the binge-restrict cycle. Another participant shared that she went through the process of mindfully dissecting her choice to be vegan with her therapist, to make sure that she wasn’t just choosing the foods based on their health value. “My heart and gut was like ‘I don’t want to eat those things anymore’” but “I had to do a little bit of reflection and make sure I was making the

decision for the right reason and not pretending and hiding, and like really just trying to be healthy.” (female, 28, vegan) It seems that this step helps provide clarity and gives the opportunity to work through any lingering disordered thoughts that are being brought forward through choosing a vegan dietary pattern.

The benefits of nourishment that participants described extended to feeling empowered by their health improvements as well. These included reduction or elimination of asthma symptoms, improved sleep, improved digestion, reduction or elimination of autoimmune symptoms, restoration of menstrual cycle, and clearing rosacea and acne, among other things. One participant—who had been living in pain for years, had been eating a vegan diet for a few months at the time of the interview, and had experienced reduced daily pain since doing so—said,

“I feel like I’m in a better mental place...As I’m getting healthier, I feel better in my body, and I feel a lot happier, almost like a weight has been lifted. I feel better about myself because I’m making good choices. And I would say that I’m starting to feel a little more confident...I think just eating better and looking at food a little bit differently has given me a little bit more confidence.” (female, 50, plant-based)

By eating in a way that was taking care of herself, she had increased self-esteem. This helped her to feel more confident in her body even though her body size had not experienced significant change.

Multiple participants also described improvements in their mental health, including reductions in anxiety and depression, that they attributed to the vegan diet. One participant shared that since eating an exclusively vegan diet—which for her was part of having a healthier relationship with food, which was facilitated by working on the

underlying childhood trauma— “I just feel more positively about life in general, I would say, like I have less anxiety, less depression, and more of that kind of peaceful calm.”

(female, 47, plant-based) Another participant fully attributed their improved mood to the vegan diet, saying that they feel happier and more connected to the world around them.

Spiritual Growth

One participant shared that what veganism most provided to her was the freedom she felt in embodying her full self, and how it led her to nourish her body and allow herself to eat as she chose. By doing so, she was a teammate to her body rather than living in opposition to it, and this opened up a new experience of being alive:

“I think that what comes from [veganism] is the mental health piece of freedom...

And just again, that connection to your body that I was blocking, and I think then experiencing my body as a whole and like we're all in this together, that was definitely a shift in my mental health from ‘I'm just getting by’ to like ‘I can thrive and like here's how I can honor my body in different ways’, which ultimately helped me grow as a human. And my mental health, to be able to provide and care for myself, but also care for other people. So I think it was just like, the top exploded, and I just grew into this amazing tree. That's how it feels. Like it just feels like my life started once that happened. Having that freedom and that connection to my body, again just like, I was able to grow and see who I can become, who I was instead of just kind of being in this shell, or just living day by day just trying to get by.” (female, 28, plant-based)

This big-picture shift in identity, ideology, and overall life experience was common in this population. Not all discussed veganism in this context, but many saw veganism as the

doorway to having a deeper spiritual connection to the world around them and to life itself. Some described the way that veganism made them feel like they were influencing the lives of animals and the Earth environment at large, saying that “it’s better for everyone in the cosmic whole.” (female, 61, vegan) One participant described this perspective, and shared how his mindfulness and compassion grew through being vegan:

“Being animal-cruelty free, not eating animals, makes you more spiritual in a way. You know, you’re not destructing the environment as much, which has a spiritual, mindful component to it...you don’t feel like you’re destroying habitats and that sort of thing, so you feel more love and empathy for animals. But to people too, it made me more empathetic towards others. I felt empowered that I wasn’t doing harm to animals... or supporting factory farms... So through that, it was all kind of this one thing, and now I try to meditate at least for 10 minutes a day, some days an hour and a half, but it’s made me much more aware. People don’t realize that there’s a lot more than just the food that you’re eating that goes into it. It’s really this broad spectrum. My spirituality just kind of opened up and it just naturally happened, and then I started becoming nicer and kinder to people too.”

(male, 27, vegan)

Another participant took the same path from the opposite direction, first developing greater mindfulness and compassion through her yoga teacher training, and then seeing the connection to the food system and extending these practices to the way she eats (veganism):

“Going through yoga, it just made sense to me that if we're saying ‘peace to all beings’, it means peace to *all* living beings. And with ahimsa, non-violence, we're also saying non-violence towards sentient beings, whether that be human, cows, pigs, chickens, goats, horses, blah blah blah. And so yeah, veganism itself was a gateway and also an enforcer to so many things that I do. It's helped me feel more connected to nature, because I'm like, ‘oh my gosh I'm really just like thriving off of you, and then you're thriving off of me and then we're just like all together doing it at the same time’ - that's so cool.” (female, 25, vegan)

This grand-scale sense of feeling unified with the Earth was expressed to be very important to several participants. One even described veganism as the answer to an existential dilemma with which she'd been grappling:

“Indirectly [veganism was] a solution to so many things that felt like kind of existential problems to me. Like that humans can sustainably live on the planet and not destroy everything with our eating habits. Maybe I felt like before, that there wasn't even a possible way of living sustainably or something for humans ... we didn't fit here, and [veganism] made me feel like at home on earth, like we are a part of the ecosystem, and that is possible. And so it was a big, it was definitely a spiritual thing...It was a filter that made the world make sense to some degree.” (female, 30, vegan)

The idea of veganism ‘making sense’ also seemed to be a shared experience for many of the people who brought up spirituality. “It feels good to be eating a diet that feels, in my mind, like it's meant for my body. Like the earth has provided these really beautiful amazing-tasting foods and it feels really good to indulge in what I think is what I'm

meant to eat.” (female, 29, vegan) This spiritual lens on food was healing for participants because it gave them a sense of peace, purpose, and ‘rightness’ to what they were eating, and to the act of eating in general.

Veganism was not only described as the doorway to a deeper connection with the outside world, but also a deeper connection to one’s self. Participants described making a transition to a more mindful and intentional way of living, and to better knowing one’s inner landscape, as an effect of navigating the path of vegan living.

One way in which this happened is through the critical thinking lens that veganism can help a person to develop. One person said that veganism “just made me start to think about things more and like dig deeper into myself, like it really opened up me becoming more of a critical thinker and asking the deeper questions.” (female, 29, vegan) For some, this was the pathway that brought to light their desire to heal their thoughts and behaviors around food and their body. One person explained this by saying,

“When someone chooses to be vegan, they’re choosing to rebel against the dominant norms of society. And once you start to do that, it’s like the matrix is kind of revealed. The curtain starts to get pulled back and you’re like whoa, what is happening here? How am I witnessing all these people around me act counter to what they actually believe, act counter to their actual values? Like what is going on? This is bizarre. What else am I not seeing? What else should I go on to question? And it started this cascade of me questioning everything else, which led to me questioning why do I have this relationship with my body, where I see myself as an object to be evaluated by the male gaze? Like where did that come

from, and what would it look like for me to rebel against that, rather than accept it?” (female, 28, vegan)

The critical thinking and questioning that veganism entails, tends to bleed into other areas of a person’s life. Participants described how they began to question other societal norms they have been indirectly taught—including and particularly those around how they think about and treat their body—after they had the veil lifted in regards to how animals are used in the food system. The participant explained this experience further:

“I really don't think that I would have been able to be fully aware of the ways that I'd been taught by society to objectify myself if it weren't for veganism. I really think that by shifting into veganism, we have to overcome the cognitive dissonance that most people live in. The cognitive dissonance of like, I am an animal lover and I care about my body and I care about the planet AND I'm eating animals, in a way that is harmful to animals, the planet, and my body. Like in order to live that way, you have to have cognitive dissonance...And then, by becoming vegan you have to exercise the muscle of overcoming cognitive dissonance. And being like ‘holy shit, I was super out of alignment with my values. Like what happened there? How was I deceived, how did that process even happen?’...Veganism really served me in being able to identify where else I was living out of alignment. ... [I realized] I was acting as if my body is more valuable the thinner my body is, and like why? Why am I acting like that? That's not actually what I believe. And why am I deciding how much love my body gets based on how my body looks? Like, I don't think we should do that for anybody else, any other being on the planet, why would I do that to myself? And I really

don't think that I would have had that insight, that breakthrough, that revelation, if it weren't for veganism. Veganism just like cracks so much open for me of like questioning reality. Like, come on, what are you doing? Don't be a zombie. Don't just mindlessly consume diet culture that is being fed from a system that wants for you to internalize oppression. Come on, don't do that. That's not who you are, that's not what you believe, that's not what you value. So I think all of that was a byproduct of making the transition [to being vegan]." (female, 28, vegan)

Choosing to be vegan is taking claim of a value that is important to a person and taking action to think and behave differently than the majority of the population. It appears that doing so can lead people to not only question other majority norms but also feel more confident and committed to acting in opposition to what does not meet their value standards.

There were other ways in which participants explained veganism had led to new self-understanding and new ways of thinking and behaving. One woman described the way that veganism facilitated her to reconcile tensions between different parts of herself and find acceptance in the gray-space of nuance.

"I've met a lot of people having the shared experience of both veganism and recovery. And that lends itself to finding other people who maybe have a similar, not worldview, but approach to life maybe. Because I think there's a tension between your identity (for lack of a better word) as someone who's in recovery and someone vegan. And being able to live in that gray area is a personality trait that we all share. And usually, it means that that person is also good at living in other gray areas with other parts of themselves or other beliefs or opinions they

have. And I think that that's what I've, in my short 31 years so far, grown to value the most in other people, is their ability to live in that, or just travel in gray areas and finding a lot of value in them...Like a lot of other parts of my life do that, seem somewhat contradictory on the surface or you know, but it's in those venn diagram portions of life in different circles that I run in that I find the most magic. So yeah, I think that's been a value of veganism in recovery, is just having two things that mean the most to you and having to learn to be comfortable being not fully accepted by either side...I think that's a really good lifelong experience for all aspects of life and especially in a world like we live in today with so much tension." (female, 30, vegan)

While practitioners or bystanders may view eating disorder recovery and veganism as being in opposition to one another, as the participant described above, this tension and abnormality can lead people to inquire within and get to know themselves more deeply, as well as teaching skills of seeing and accepting the gray spaces within themselves and the world around them.

Another participant shared that veganism led her to develop personal life skills such as self-compassion:

"All my life I've just wanted to love and serve others. And I think that's just a big thing for so many people in life, right? Like I wanted to be a doctor, so I could spread love and serve others, share the privileges that I've been born into with other people who don't have that. And so veganism kind of opened the door for me to learn about self love and compassion, and how it's important to a degree to keep our physical vessel healthy, so that we can go around and do the work that

we have to do. But also it's important for us to live that way so that other people can see it, so they can be around it, and so that I can share what I have to share with them. And so it becomes less about the food and more so just about just that self love and compassion aspect. Like, I can only be as good to you as I am to myself....Veganism is the thing that led me to learning about self love, compassion, and forgiveness.” (female, 50, whole food plant-based)

Wanting to be a role model for others to show that veganism can be a healthy and fun way to eat and live, this participant recognized that in order to do so, she needed to be adequately nourishing her body so that she was a positive example—and so that she could serve others in other areas of her life, such as her career in medicine. She recognized that wanting to encourage people to consider veganism, and wanting to be a source of love and service to the world around her, required her to exercise compassion for herself and for others.

Discussion

Summary of Findings

This research explored the phenomenological narratives of people who have experienced both disordered eating and veganism. The intent was to examine the influence of a vegan diet on a person's relationship with food, particularly in the context of recovering from disordered eating. The themes were grouped into categories of (1) Relationship with Food, General; (2) Recovery and Treatment; and (3) How Veganism Interacts with an Individual's Relationship with Food and Recovery Process. The first

three categories bring context to the final category, which answers the primary research questions.

The discussion of key findings below does its best to find clarity and create throughlines in the experiential narratives gathered through this study, in order to support the forward progression of meeting the needs of this population. However, it is important to acknowledge that this is a complex, nuanced topic and there is not a one-size-fits-all story, answer, or approach. The process of examining and separating one's food choices and eating behaviors as a vegan vs. as a human struggling with disordered eating is not a clean process with black-and-white answers. Individuals should always be provided the space to share, explore, make meaning, and find recovery based on their own needs, values, and circumstances.

Veganism is Separable from Eating Disorders

Historically, if a person identifies as vegan while also experiencing an eating disorder, their motivation for veganism is viewed as being part of the disorder. One important finding is that this is not always, and in fact not often, the case: veganism and eating disorders are separable. While veganism does influence a person's relationship with food, veganism is a perspective and worldview, not just a set of rules about what to eat. Even when a person's veganism originated within the context of disordered eating, the two were never entirely intertwined. For people who identify as vegan and are struggling with disordered eating, the question should not be, "Is my veganism 'real' or is it part of my disorder?" – but rather, "What parts of my veganism are real and true to me, and what parts are due to my disorder?" It is a process of sifting, to ultimately be able to remove the disordered rules and behaviors, and keep what is meaningful and

rooted in personal values. Some of the study participants were able to do this on their own over time, but it's likely the best practice to have a trained counselor or therapist to guide and facilitate this process.

When analyzing the healthiness of a person's veganism in a clinical eating disorder treatment setting, there is often primary focus placed on the motivation and the timeline of the lifestyle being adopted. However, the interviews showed that there is often a lot of gray space with these factors. Humans, veganism, and eating disorders are all complex as single-issues—combined, they are even more so. The driving 'reasons' behind a person's choice to be vegan shift and expand over time. Furthermore, the key item of importance is not why or when a person started eating a vegan diet, but their relationship with it at the time of analysis. Multiple participants' stories showed that even if veganism was initially adopted with an unhealthy motivation or mindset, within the framework of pursuing recovery, they had the capacity to maintain the values while releasing the rules that added stress and restriction. This counters the commonly-executed practice at inpatient treatment facilities that a person is not allowed to remain vegan if their veganism did not precede the eating disorder. Furthermore, in the current sample, it was the commitment to the ethical values of veganism that allowed many people to release the rigid, impersonal rules and find flexibility within veganism, because either 1) they were so dedicated to veganism that they wanted to make it sustainable for themselves, or wanted to be a model or example for others; or 2) they could feel the difference between the guidelines of being vegan (value-based) and the guidelines that were rooted in diet culture (externally-derived), which provided clarity for what to maintain vs. let go in that sifting process.

The interviews also clearly showed that while you can restrict within veganism, veganism is not inherently restrictive. While extant literature outlines multiple ways of measuring and defining restrictive eating (usually referred to as 'restrained eating'), all constructs:

“are meant to identify people who are chronic dieters, people who are usually trying to control their weight (either trying to lose weight or to maintain a weight loss that they have already achieved), who are motivated by shape and weight concerns and a desire to be thinner^{88,89}, and who see themselves as using dietary restriction to achieve these goals.”⁹⁰

Based on this definition, choosing a dietary pattern that excludes certain foods (veganism) is not restrictive eating if it is not a means of weight control motivated by a desire to be thinner.

However, orthorexia is also associated with the concept of restrictive eating, but without the factor of desired weight control. In this case, restrictive eating stems from an obsession with the health quality of foods, which leads to an impairment of daily functioning and sometimes malnutrition and weight consequences.⁹¹ Zickgraf and Barrada (2022) examined the difference between orthorexia nervosa and what the authors call 'healthy orthorexia,' which is a non-pathological interest in health and nutrition.⁹² A person with healthy orthorexia may take interest in healthy eating, and feel that healthy eating is part of their personal identity, but it is not a rigid preoccupation with unfavorable social, physical, and psychological health consequences.⁹³ Furthermore, the article found that orthorexia nervosa was predictive of greater psychosocial impairment (e.g. low mood, less cognitive functioning, lower interpersonal

functioning), poorer diet quality, poorer nutrition knowledge, and more alcohol and drug use; whereas health orthorexia was associated with greater nutrition knowledge, healthier eating behaviors, and no correlation to other factors of a healthy lifestyle.⁹²

The data from this study show that veganism can influence a person toward orthorexia nervosa, can be an extension of healthy orthorexia, or simply a healthy dietary pattern with no relation to orthorexia. For those who did notice an unhealthy focus on nutrition, some found healing through simply releasing themselves from the specific nutrition rules that felt too rigid, while others found healing through letting go of the 'vegan' label.

Internally- vs. Externally-Derived Values

What becomes unhealthy for a person's relationship with food within veganism is following rules that are not based in personal values. While veganism is a self-sourced value system, other directives that are sometimes discussed within that dietary pattern might not be. Practices such as removing oil, salt, sugar, and processed foods; or eating exclusively raw foods for the first half of the day; are examples of behaviors that can sometimes be tied to veganism and are more likely to become culprits of promoting disordered eating. When a person begins following rules that do not hold meaning to them personally, they are not thinking critically or staying in connection to themselves, and therefore lose the ability to make their own decisions based on context and circumstance.

The nuance is that for some, certain directives do hold personal resonance. One participant shared that she enjoys eating a high-raw diet because it makes her feel more connected to the earth (in a spiritual sense, through eating foods in their simple, natural state) and more energized in her body. Similarly, multiple participants described

feeling empowered by the preventive effects of eating a whole food plant-based diet for their long-term health. One key feature that seemed to differentiate those who presented a healthy relationship with these mindsets and choices in comparison to those who presented an unhealthy relationship with them, was the ability to contextualize the principles. This is the ability to see other priorities in life as more important than meeting one's food preferences, and the ability to feel at peace making choices in those scenarios. For example, one person mentioned that she eats mostly whole foods at home, but doesn't feel guilt or fear about baking desserts or going to restaurants with friends. Another person mentioned that she would occasionally eat something that contained animal products in situations where vegan options were not easily accessible, or in situations where there was familial or cultural value in consuming a meal that had animal products. These examples show evidence of certain values and experiences—such as social connections, cultural experiences, and working within circumstances and what is available—taking priority over “perfect” or ideal eating.

A strong self-awareness is a foundational skill for people to be able to discern the internal vs. external drive for their choices, and to find their own healthy gray space in a world of black-and-white messaging. It seemed to be something that most did not have when they first adopted a vegan diet, but came later as they spent more time in the lifestyle and found their own way with it. Taken together, findings from the current study suggest clinicians working with people in eating disorder treatment should provide guidance as individuals negotiate their internally- and externally-derived value systems.

Symptom Management Vs. Self-Development

Another prominent finding from this study was the importance of focusing on the individual's inner self-development as the means to recovery, rather than focusing on symptom management, which was most often described by participants as making weight restoration the basis of treatment. Rather than seeing food as the issue—and the solution—food should be seen as a symptom of the root issues, which are often related to a person's relationship with themselves. A 2009 study by Patching and Lawler which sought to understand women's experiences of developing and recovering from an eating disorder, concluded that the development of and recovery from an eating disorder should be viewed as “the journey of an individual attempting to discover and develop their sense of self,” which the authors noted challenges the current constructs of eating disorders, and went on to state that an eating disorder “is not a condition in and of itself but a symptom of deeper issues that if addressed...will lead to recovery.”⁹⁴ This perspective aligns with the Recovery Model theory, as well as the specific Self-Development Model³², Circle of Acceptance Model³¹, COPP³⁹, and Feminist theory^{34,64,66} approaches to eating disorder recovery, as well as the findings of other qualitative studies.

This study further reinforces the existing literature supporting the movement away from the medical model approach of symptom management. Other research has shown evidence that treatments are less successful when focused exclusively on normalizing eating habits and restoring weight, and more successful when psychologically-focused^{95,96} and a 2020 meta-analysis showed that while symptom recovery is important, the central components of recovery from eating disorders are person-centered (such as identity, meaning and purpose, empowerment, and self-

compassion).⁹⁷ However, there appears to be a lapse in translation to clinical practice—which is known and documented. As of 2017, only between 6-35% of eating disorder specialist clinicians reported adhering to evidence-based protocols.⁹⁸

There is no data to show—or reason to suggest—that veganism is a superior or necessary path to self-development, however the findings in this study suggest that for those who identify as vegan already, this identity can support the process. The choice to become vegan is inherently imbued with reflecting on one's values. It is a choice that creates a strong, publicly-visible ideological stance and goes against the societal norm. Becoming vegan involves asking oneself the questions, “Is this what I want to do?” and “Is this who I want to be?” – and the process of answering those questions requires introspection and self-reflection.

Eating disorders have been described as a disease of disconnection.^{83,84,99} Biopsychosocial integrative models of eating disorders suggest intra- and interpersonal processes that lead to a person's experience of disconnection from their authentic self, their body, and other people.⁸³ This is why mindfulness practices and movement-based therapies that help patients to reconnect with their true self and their body have proven successful.^{84,99} Just as dance-based therapies may not resonate with everyone, but can be a powerful medium for those who resonate with dance to rediscover personal self-expression and connection with their body⁹⁹, so too can veganism be a modality for reconnecting with one's authentic self and practicing mindfulness for those with whom it feels meaningful. For many that identify with the philosophy of ethical veganism, the lifestyle allows them to feel like they are embodying the truest and full expression of themselves—and as has been stated previously, this experience and sentiment,

regardless of its origins, can create a healing path forward for someone in recovery from disordered eating.

Honoring Veganism in Treatment

Results of the current study indicate that it is beneficial to honor patients' vegan identity in treatment settings. Doing so provides patients with a sense of agency in their life and recovery, which makes them more invested in the process. It also helps them to feel seen and heard as an individual, which participants noted was very important. In fact, many participants felt relief and healing simply from doing the interviews for this study, sometimes even expressing that they finally felt heard for the first time, or in a way that they never had in the past. This alone is further evidence that patients yearn to share their story, feel seen and validated, and find meaning in their experience. Previously published narratives of women in recovery have described recovery as a personal quest of self-discovery in which individual agency and control are highly valued.¹⁰⁰ This is another case in which previous research has emphasized both the importance of an individualized approach due to the complexity and variability of eating disorder etiology,¹⁰¹⁻¹⁰³ as well as the importance of giving patients agency in their treatment process, but there is a lack of translation into real-world clinical settings.

Participants' responses also highlighted the fundamental difference between confronting fear foods and forcing people to eat foods that they do not enjoy or do not morally agree with eating. Being challenged to eat something that feels ethically wrong is very different from being challenged to eat something that someone fears will make them gain weight. While the latter has valid benefits to healing one's relationship with food, the former does not facilitate the development of a healthy relationship with food,

nor does it lead a person to trust or feel respected by treatment clinicians, which can further inhibit their recovery process. In addition, abandoning veganism without a process of reflection does not equip patients with a long-term strategy for eating if they—as multiple participants in this study said they did or would—choose to be vegan once they leave the treatment facility.

As the participants in this study conveyed, people who have strong skills of self-awareness and are dedicated to maintaining recovery can make healthy decisions for themselves in regard to their food choices, and within the realm of veganism. While some participants who identified as vegan adhered to the diet 100%, others (who also identified as vegan) occasionally consumed non-vegan foods based on circumstances. Because they valued veganism so highly, they did not want it to interfere with their mental health, so they allowed exceptions to this value in cases where another value took higher precedence, or in cases in which not consuming animal products reminded them of their disordered eating behaviors (e.g. ordering just a salad at a restaurant or not attending a social event where vegan food would not be available).

Rather than requiring patients to abandon their vegan identity and practices, there seem to be greater potential advantages in a strategy of encouraging reflection and dissection of one's veganism. Although perhaps requiring more effort on the part of treatment clinicians, there is greater benefit to patients in being taught skills of self-awareness, to be empowered to assess their relationship to food and how their veganism is interwoven into that experience. By giving individuals these skills and the agency to make their own choices, they can be invested in the decisions that they

ultimately make—and are much more likely to cultivate a sustainable set of behaviors that support their well-being while still aligning with their personal values.

Strengths and Limitations of the Research

Strengths

Using an IPA approach allows for a deeper understanding of the lived experiences of people who have dual experiences of veganism and disordered eating. This approach investigates how the people for whom the issue most greatly affects interpret and make meaning of their experience, rather than adopting a perspective that is distanced from the personal and social relationships in which the phenomenon is embedded. Working at the level of the individual experience leads to a more accurate understanding of the issue itself, and the solutions gleaned from this data are more likely to be effective as they are directly in response to the individual interpretation of experience—as opposed to data and solutions sourced from more empirical perspectives that lack the human mechanisms of perception and judgment. These findings create a foundation upon which future clinical interventions can be based.

Another strength of this research is the diversity of the population studied. Reaching saturation of themes with a participant group that spans a wide range of ages, locations, eating disorder typologies, and SES groups makes the findings even stronger. Despite the variance in history, treatment, and timeline of when the person adopted veganism within their disorder or recovery, there were still key outcomes present in the study population.

Limitations

In regards to the study population, there was a majority of females, with a much smaller representation of males and no gender-queer identities. In addition, the population was largely white, with only 12% of participants from minority groups. The study is also limited by its predominantly qualitative approach. As much as that provides new and valuable data for this topic, it is ultimately incomplete. Further research is needed to expand upon these findings and apply them in real-world treatment settings to determine translational efficacy. Finally, it is both a strength and limitation that I, the researcher, have both a history of personal experience with both disordered eating and veganism, and have nearly a decade of experience working with people in both realms. This background enabled me to understand the complexity and nuances that participants described, reflecting back to them a summary that not only made them feel seen and heard, but often that they felt was an even more accurate portrayal than what they had described as well. However, it can also create a biased lens through which all data is filtered. Of course, I took a mindful approach to let go of these preconceived ideas to facilitate the most accurate representation of each participant's experience, as is part of the researcher's role in the IPA approach. I also worked with a second researcher for the analysis to control for biases and create inter-rater reliability for the research findings.

Implications for Future Research and Practice

Implications for Treatment Centers and Clinicians

Based on the findings of this research, in accordance with other related studies, treatment centers and clinicians are advised to challenge any beliefs and related policies that result in prohibiting veganism within their programs. I acknowledge that

most treatment facilities do not currently have the education, resources, or training to integrate vegan patients with immediate effect. However, there is an urgent need for resources to be developed. Clinicians and staff should begin gathering knowledge on the unique experience and needs of vegan patients, and make concerted efforts to implement programming (such as psychotherapy approaches and nutrition menus) that support the vegan population to receive the support they need, within a timeline that is manageable for the staff while also reflecting the importance of the issue. The vegan population is on the rise, as is eating disorder prevalence—and it is likely the two will only continue to have greater overlap in the coming years.

Not only do vegan patients need to have access to appropriate nutrition for their recovery, they also require specific guidance in examining their vegan value system and its overlap with their disordered eating. This requires a skillset beyond what is taught in a standard path of education for registered dietitians, and it is important that treatment centers see food as a symptom to address in restoring physical and behavioral health, not the cause or solution to the core mental health disorder. Psychotherapy in treatment should include the analysis of their relationship with food and clarification of identity in order to create a food manifesto that is sustainable. As stated earlier, the experience of overlapping veganism and disordered eating is complex, nuanced, and individual. Care should be taken to help the patient make sense of their values and priorities, and develop a lifestyle is both fulfilling and meets their needs.

Finally, untethered to veganism and in regard to all patients and all levels of treatment, emphasis should be placed on intra-developmental facets of recovery. Although physical health must be monitored and restored, and symptoms that place a

person in danger must be addressed, research continually shows that focusing on these issues does not create the most optimal outcomes. Rather, the development of positive identity, self-compassion, meaning and purpose in one's life, agency and empowerment, emotional regulation and coping skills, mindfulness, and other personal growth tools facilitate long-term recovery and should be of primary focus within treatment settings. Patients should be guided in connecting with themselves intimately in the interconnection of body and mind, within self and community, to embody wholeness and build a healthy relationship to self.

Implications for Educators in the Vegan Movement (and Other Plant-Based Labels, Especially Nutrition-Focused)

Educators within the vegan and plant-based nutrition movements should be conscious and intentional in their messaging. Although the onus is ultimately on the individual to filter information that doesn't apply to them or doesn't support them in having a healthy relationship with food, it is still important for those disseminating information to provide context where applicable. For instance, while there may be benefits to very low-fat intake for people with diabetes or heart disease, it is not optimal for a teenage female whose body is growing and developing, especially if she is highly active as an athlete. While these differences may seem obvious to some, it might not be for a young woman who is constantly absorbing societal messages that she is most desirable if she stays small.

Implications for Vegan Individuals with Disordered Eating

Individuals who are struggling in their relationship with food and want to remain vegan as they engage in recovery should know that this is possible—and furthermore,

that focusing on their veganism as a core value (if it is indeed a core value) can actually support their healing process. However, what their vegan diet looks like in their eating disorder may be very different from what it looks like in their recovery. It is important to separate the value from the behaviors, so that one can rebuild a healthy relationship with food while still honoring the core intentions of veganism.

Implications for Future Research

While there is sufficient evidence to conclude that changes must be made in eating disorder treatment to support vegan patients, this area of research is still young and there are many questions yet to be answered. One important missing piece is the methodology that clinicians can use to assess a person's relationship to veganism—to provide structure and guidance in the process of unpacking their vegan identity and beliefs in order to remove what is rooted in disorder (i.e. coping mechanisms and rigid, externally-derived rules) and maintain what is a true personal value. A clear process and corresponding scales of measure should be developed. In addition, there has not yet been research measuring the outcomes of vegan patients in comparison to patients who are not vegan. Although a strong case can be made to argue that resources for vegan patients are important regardless of outcome comparisons, this research would still provide valuable data regarding how veganism influences the recovery process from disordered eating.

Conclusions

The relationship between veganism and eating disorders is an emerging, and presently understudied, topic. Within the little research that has explored this

relationship, no studies have interviewed individuals to understand the lived experience of those who are vegan and have struggled with disordered eating. The research carried out and reported in this dissertation addresses that knowledge gap.

This research was designed and analyzed with the lens of Interdisciplinary Health, and therefore offers a complex understanding of the issue rather than addressing it from the narrow perspective of a particular discipline. This study sought to understand how veganism influences a person's relationship with food, within the context of recovery from disordered eating. This was achieved by interviewing people who [a] identified as having experienced disordered eating behaviors previously or currently (such as chronic dieting, binge eating, unhealthy weight control behaviors, and orthorexia), [b] were in a process or state of recovery, and [c] identified as vegan at some point in time while they were experiencing disordered eating or during their recovery process. The specific research questions were:

1. How do people perceive the role of a vegan diet in their relationship with food, within the context of recovery from disordered eating?
2. What factors are related to whether a vegan diet is helpful or harmful to a person's recovery process?

Overall, the interviews demonstrated that while there was variation, most participants perceived veganism to be a net positive in their relationship with food. Although certain sub-cultures or rule systems sometimes associated with veganism led some participants to develop mindsets and habits of restriction that ultimately felt unhealthy, all but one of these participants felt that it was not the fault of veganism, but their own predispositions to seek out rules and have a black-and-white mentality in

order to achieve comfort and control. Furthermore, many described that over time, their value system for veganism was able to override their disordered predispositions and ultimately helped them to find a way of eating that aligned with those values and was sustainable – for some, this was a 100% vegan approach, whereas for others it included the allowance for animal products on occasion. Another finding that emerged was the benefits of allowing patients to remain vegan while in a treatment setting. This allows for greater autonomy and helps the participant to feel seen, respected, and invested in their recovery process, while also setting them up for long-term success by teaching them how to eat a vegan diet in a sustainable, healthy way. Finally, the most important factor related to veganism's influence on a person's relationship with food is the source of the guidelines that one is following. If they are self-determined, rooted in an internally-derived value, then it is not only healthy, but helpful to developing a positive relationship with food. However, it is easy to get caught up in rules stated by social media influencers or even nutrition experts, that cloud a person from being in tune with their own desires, values, and even physical needs—and therefore it is important to teach and guide patients in the process of filtering out external information that does not support their own well-being.

These findings are in opposition to the current standing beliefs held by many eating disorder healthcare professionals. At a systemic level, they point to a need for changes from the present medical model for eating disorder recovery to take an individualized approach that uses patients' values (such as veganism) as a means to motivate and support their long-term recovery. Resources and programs should be developed to facilitate treatment for people who identify with the ethics of veganism and want to

recover from their eating disorder while maintaining that dietary pattern. Finally, more research is needed on this topic to build upon the knowledge that has been gathered thus far, to have even greater understanding of the nuances of the relationship between eating disorders and veganism, and to determine how to best support the process of recovery for vegan patients.

References

1. Aavik K. Institutional resistance to veganism: Constructing vegan bodies as deviant in medical encounters in Estonia. *Health*. 2019;1363459319860571.
2. Judge M, Wilson MS. A dual-process motivational model of attitudes towards vegetarians and vegans. *European Journal of Social Psychology*. 2019;49(1):169-178. doi:10.1002/ejsp.2386
3. Bardone-Cone AM, Fitzsimmons-Craft EE, Harney MB, et al. The Inter-Relationships between Vegetarianism and Eating Disorders among Females. *Journal of the Academy of Nutrition and Dietetics*. 2012/08/01/ 2012;112(8):1247-1252. doi:<https://doi.org/10.1016/j.jand.2012.05.007>
4. Lindeman M, Stark K, Latvala K. Vegetarianism and eating-disordered thinking. *Eating Disorders*. 2000;8(2):157-165.
5. Klopp SA, Heiss CJ, Smith HS. Self-reported vegetarianism may be a marker for college women at risk for disordered eating. *Journal of the American Dietetic Association*. 2003/06/01/ 2003;103(6):745-747. doi:<https://doi.org/10.1053/jada.2003.50139>
6. Brytek-Matera A, Czepczor-Bernat K, Jurzak H, Kornacka M, Kołodziejczyk N. Strict health-oriented eating patterns (orthorexic eating behaviours) and their connection with a vegetarian and vegan diet. *Eat Weight Disord*. 2019;24(3):441-452. doi:10.1007/s40519-018-0563-5
7. Timko CA, Hormes JM, Chubski J. Will the real vegetarian please stand up? An investigation of dietary restraint and eating disorder symptoms in vegetarians versus non-vegetarians. *Appetite*. Jun 2012;58(3):982-90. doi:10.1016/j.appet.2012.02.005
8. Heiss S, Coffino JA, Hormes JM. Eating and health behaviors in vegans compared to omnivores: Dispelling common myths. *Appetite*. 2017;118:129-135.
9. Barr SI, Janelle KC, Prior JC. Vegetarian vs nonvegetarian diets, dietary restraint, and subclinical ovulatory disturbances: prospective 6-mo study. *The American journal of clinical nutrition*. 1994;60(6):887-894.
10. Arcelus J, Mitchell AJ, Wales J, Nielsen S. Mortality Rates in Patients With Anorexia Nervosa and Other Eating Disorders: A Meta-analysis of 36 Studies. *Archives of General Psychiatry*. 2011;68(7):724-731. doi:10.1001/archgenpsychiatry.2011.74
11. Streatfeild J, Hickson J, Austin SB, et al. Social and economic cost of eating disorders in the United States: Evidence to inform policy action. *International Journal of Eating Disorders*. 2021;54(5):851-868.

12. Barrack MT, West J, Christopher M, Pham-Vera A-M. Disordered Eating Among a Diverse Sample of First-Year College Students. *Journal of the American College of Nutrition*. 2019/02/17 2019;38(2):141-148. doi:10.1080/07315724.2018.1487345
13. Neumark-Sztainer D, Wall M, Larson NI, Eisenberg ME, Loth K. Dieting and Disordered Eating Behaviors from Adolescence to Young Adulthood: Findings from a 10-Year Longitudinal Study. *Journal of the American Dietetic Association*. 2011/07/01/ 2011;111(7):1004-1011. doi:<https://doi.org/10.1016/j.jada.2011.04.012>
14. Chesney E, Goodwin GM, Fazel S. Risks of all-cause and suicide mortality in mental disorders: a meta-review. *World psychiatry*. 2014;13(2):153-160.
15. Gilbody SM, Kirk SF, Hill AJ. Vegetarianism in young women: Another means of weight control? *International Journal of Eating Disorders*. 1999;26(1):87-90.
16. Salvia M. Can I be a Vegan AND in Eating Disorder Recovery? Part 1. Accessed April 25, 2020. <https://www.waldeneatingdisorders.com/blog/can-i-be-a-vegan-and-in-eating-disorder-recovery-part-1-of-2/>
17. Metelka E. Vegetarianism, Veganism, and Eating Disorders. Accessed April 27, 2020. <https://www.mirror-mirror.org/vegetarianism-veganism-and-eating-disorders.htm>
18. Trautmann J, Rau SI, Wilson MA, Walters C. Vegetarian students in their first year of college: Are they at risk for restrictive or disordered eating behaviors? *College Student Journal*. 2008;42(2):340-348.
19. Baş M, Karabudak E, Kiziltan G. Vegetarianism and eating disorders: association between eating attitudes and other psychological factors among Turkish adolescents. *Appetite*. 2005/06/01/ 2005;44(3):309-315. doi:<https://doi.org/10.1016/j.appet.2005.02.002>
20. Robinson-O'Brien R, Perry CL, Wall MM, Story M, Neumark-Sztainer D. Adolescent and Young Adult Vegetarianism: Better Dietary Intake and Weight Outcomes but Increased Risk of Disordered Eating Behaviors. *Journal of the Academy of Nutrition and Dietetics*. 2009;109(4):648-655. doi:10.1016/j.jada.2008.12.014
21. Perry CL, Mcguire MT, Neumark-Sztainer D, Story M. Characteristics of vegetarian adolescents in a multiethnic urban population. *Journal of Adolescent Health*. 2001;29(6):406-416.
22. Timko CA, Hormes JM, Chubski J. Will the real vegetarian please stand up? An investigation of dietary restraint and eating disorder symptoms in vegetarians versus non-vegetarians. *Appetite*. 2012/06/01/ 2012;58(3):982-990. doi:<https://doi.org/10.1016/j.appet.2012.02.005>
23. Janelle KC, Barr SI. Nutrient intakes and eating behavior see of vegetarian and nonvegetarian women. *Journal of the American Dietetic Association*. 1995;95(2):180-189.
24. McLean CP, Moeck EK, Sharp G, Thomas NA. Characteristics and clinical implications of the relationship between veganism and pathological eating behaviours. *Eating and Weight Disorders-Studies on Anorexia, Bulimia and Obesity*. 2022;27(5):1881-1886.

25. McLean CP, Kulkarni J, Sharp G. Disordered eating and the meat-avoidance spectrum: a systematic review and clinical implications. *Eating and Weight Disorders-Studies on Anorexia, Bulimia and Obesity*. 2022;1-29.
26. Barthels F, Meyer F, Pietrowsky R. Orthorexic eating behavior. A new type of disordered eating. *Ernahrungs Umschau*. 2015;62(10):156-161.
27. Barthels F, Meyer F, Pietrowsky R. Orthorexic and restrained eating behaviour in vegans, vegetarians, and individuals on a diet. *Eating and Weight Disorders*. 2018;23(2):159-166. doi:10.1007/s40519-018-0479-0
28. Çiçekoğlu P, Tunçay GY. A comparison of eating attitudes between vegans/vegetarians and nonvegans/nonvegetarians in terms of orthorexia nervosa. *Archives of psychiatric nursing*. 2018;32(2):200-205.
29. Anthony WA. Recovery from mental illness: the guiding vision of the mental health service system in the 1990s. *Psychosocial rehabilitation journal*. 1993;16(4):11.
30. Jacobson N, Greenley D. What is recovery? A conceptual model and explication. *Psychiatric services*. 2001;52(4):482-485.
31. D'Abundo M, Chally P. Struggling with Recovery: Participant Perspectives on Battling an Eating Disorder. *Qualitative Health Research*. 2004/10/01 2004;14(8):1094-1106. doi:10.1177/1049732304267753
32. Weaver K, Wuest J, Ciliska D. Understanding women's journey of recovering from anorexia nervosa. *Qualitative health research*. 2005;15(2):188-206.
33. Matusek JA, Knudson RM. Rethinking Recovery From Eating Disorders: Spiritual and Political Dimensions. *Qualitative Health Research*. 2009/05/01 2009;19(5):697-707. doi:10.1177/1049732309334077
34. Zerbe KJ. FEMINIST PSYCHODYNAMIC PSYCHOTHERAPY OF EATING DISORDERS: Theoretic Integration Informing Clinical Practice. *Psychiatric Clinics of North America*. 1996/12/01/ 1996;19(4):811-827. doi:[https://doi.org/10.1016/S0193-953X\(05\)70383-X](https://doi.org/10.1016/S0193-953X(05)70383-X)
35. Costa I, Gill PR, Morda R, Ali L. "More than a diet": A qualitative investigation of young vegan Women's relationship to food. *Appetite*. 2019;143:104418. doi:10.1016/j.appet.2019.104418
36. Roberts G, Wolfson P. The rediscovery of recovery: open to all. *Advances in psychiatric treatment*. 2004;10(1):37-48.
37. Andresen R, Oades LG, Caputi P. *Psychological recovery: Beyond mental illness*. John Wiley & Sons; 2011.
38. Mountain D, Shah PJ. Recovery and the medical model. *Advances in Psychiatric Treatment*. 2008;14(4):241-244.

39. Williams KD, Dobney T, Geller J. Setting the eating disorder aside: An alternative model of care. *European Eating Disorders Review: The Professional Journal of the Eating Disorders Association*. 2010;18(2):90-96.
40. Dawson L, Rhodes P, Touyz S. The recovery model and anorexia nervosa. *Australian & New Zealand Journal of Psychiatry*. 2014;48(11):1009-1016. doi:10.1177/0004867414539398
41. Kaye W. Common Health Consequences of Eating Disorders. National Eating Disorders Association. Accessed March 27, 2020. <https://www.nationaleatingdisorders.org/health-consequences>
42. Steinhausen H-C. The outcome of anorexia nervosa in the 20th century. *American journal of Psychiatry*. 2002;159(8):1284-1293.
43. Strober M, Freeman R, Morrell W. The long-term course of severe anorexia nervosa in adolescents: Survival analysis of recovery, relapse, and outcome predictors over 10–15 years in a prospective study. *International Journal of Eating Disorders*. 1997;22(4):339-360.
44. Ratnasuriya RH, Eisler I, Szmukler GI, Russell G. Anorexia nervosa: outcome and prognostic factors after 20 years. *The British Journal of Psychiatry*. 1991;158(4):495-502.
45. Fichter MM, Quadflieg N, Hedlund S. Long-term course of binge eating disorder and bulimia nervosa: Relevance for nosology and diagnostic criteria. *International Journal of Eating Disorders*. 2008;41(7):577-586.
46. Wilson GT. Psychological treatment of eating disorders. *Annu Rev Clin Psychol*. 2005;1:439-465.
47. Dawson L, Rhodes P, Touyz S. “Doing the impossible” the process of recovery from chronic anorexia nervosa. *Qualitative Health Research*. 2014;24(4):494-505.
48. Hay PJ, Cho K. A qualitative exploration of influences on the process of recovery from personal written accounts of people with anorexia nervosa. *Women & Health*. 2013;53(7):730-740.
49. Tomba E, Offidani E, Tecuta L, Schumann R, Ballardini D. Psychological well-being in out-patients with eating disorders: A controlled study. *International Journal of Eating Disorders*. 2014;47(3):252-258.
50. Schrank B, Slade M. Recovery in psychiatry. *Psychiatric Bulletin*. 2007;31(9):321-325.
51. Ryff CD. Psychological well-being revisited: Advances in the science and practice of eudaimonia. *Psychotherapy and psychosomatics*. 2014;83(1):10-28.
52. Ryff CD. Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of personality and social psychology*. 1989;57(6):1069.
53. Wood AM, Joseph S. The absence of positive psychological (eudemonic) well-being as a risk factor for depression: A ten year cohort study. *Journal of affective disorders*. 2010;122(3):213-217.

54. Fava GA, Rafanelli C, Cazzaro M, Conti S, Grandi S. Well-being therapy. A novel psychotherapeutic approach for residual symptoms of affective disorders. *Psychological medicine*. 1998;28(2):475-480.
55. Fava GA, Tomba E. Increasing psychological well-being and resilience by psychotherapeutic methods. *Journal of personality*. 2009;77(6):1903-1934.
56. Treasure J, Ward A. A practical guide to the use of motivational interviewing in anorexia nervosa. *European Eating Disorders Review: The Professional Journal of the Eating Disorders Association*. 1997;5(2):102-114.
57. Touyz S, Le Grange D, Lacey H, et al. Treating severe and enduring anorexia nervosa: a randomized controlled trial. *Psychological medicine*. 2013;43(12):2501-2511.
58. Katzman MA, Lee S. Beyond body image: The integration of feminist and transcultural theories in the understanding of self starvation. *International Journal of Eating Disorders*. 1997;22(4):385-394.
59. Littlewood R. Psychopathology and personal agency: Modernity, culture change and eating disorders in South Asian societies. *British Journal of Medical Psychology*. 1995;68(1):45-63.
60. Barnett LR. Bulimarexia as symptom of sex-role strain in professional women. *Psychotherapy: Theory, Research, Practice, Training*. 1986;23(2):311.
61. Timko C, Striegel-Moore RH, Silberstein LR, Rodin J. Femininity/masculinity and disordered eating in women: How are they related? *International Journal of Eating Disorders*. 1987;6(6):701-712.
62. Mensinger JL, Bonifazi DZ, LaRosa J. Perceived gender role prescriptions in schools, the superwoman ideal, and disordered eating among adolescent girls. *Sex Roles*. 2007;57(7-8):557-568.
63. Olson ME. Conversation and writing: A collaborative approach to bulimia. *Journal of Feminist Family Therapy*. 1995;6(4):21-44.
64. Fallon P, Katzman M, Wooley S. *Feminist perspectives on eating disorders*. New York : Guilford Press; 1994.
65. Chodorow NJ. *Feminism and psychoanalytic theory*. Yale University Press; 1989.
66. Wacker EC, Dolbin-MacNab ML. Feminist-informed protective factors for subthreshold eating disorders. *Qualitative Health Research*. 2020;30(10):1546-1560.
67. Kamiński M, Skonieczna-Żydecka K, Nowak JK, Stachowska E. Global and local diet popularity rankings, their secular trends, and seasonal variation in Google Trends data. *Nutrition*. 2020/11/01/ 2020;79-80:110759. doi:<https://doi.org/10.1016/j.nut.2020.110759>
68. Food and You Survey, 2014. SN: 7576. <http://doi.org/10.5255/UKDA-SN-7576-1>

69. Asher K, Green C, Gutbrod PhD H, Jewell M, Hale PhD G, Bastian PhD B. Study of current and former vegetarians and vegans. 2014;
70. Institute PBFAGF. *2020 Retail Sales Data Announcement*. 2021.
71. Dinu M, Abbate R, Gensini GF, Casini A, Sofi F. Vegetarian, vegan diets and multiple health outcomes: a systematic review with meta-analysis of observational studies. *Critical reviews in food science and nutrition*. 2017;57(17):3640-3649.
72. Archibald MM, Ambagtsheer RC, Casey MG, Lawless M. Using Zoom Videoconferencing for Qualitative Data Collection: Perceptions and Experiences of Researchers and Participants. *International Journal of Qualitative Methods*. 2019/01/01 2019;18:1609406919874596. doi:10.1177/1609406919874596
73. Choi Y, Larson N, Steffen LM, et al. Plant-Centered Diet and Risk of Incident Cardiovascular Disease During Young to Middle Adulthood. *Journal of the American Heart Association*. 2021;10(16):e020718.
74. Jakše B, Jakše B, Godnov U, Pinter S. Nutritional, Cardiovascular Health and Lifestyle Status of 'Health Conscious' Adult Vegans and Non-Vegans from Slovenia: A Cross-Sectional Self-Reported Survey. *International Journal of Environmental Research and Public Health*. 2021;18(11):5968.
75. Jafari S, Hezaveh E, Jalilpiran Y, et al. Plant-based diets and risk of disease mortality: a systematic review and meta-analysis of cohort studies. *Critical Reviews in Food Science and Nutrition*. 2021:1-13.
76. Janssen M, Busch C, Rödiger M, Hamm U. Motives of consumers following a vegan diet and their attitudes towards animal agriculture. *Appetite*. 2016;105:643-651.
77. Willett W, Rockström J, Loken B, et al. Food in the Anthropocene: the EAT–Lancet Commission on healthy diets from sustainable food systems. *The Lancet*. 2019;393(10170):447-492.
78. Smith JA, Shinebourne P. *Interpretative phenomenological analysis*. American Psychological Association; 2012.
79. Pietkiewicz I, Smith JA. A practical guide to using interpretative phenomenological analysis in qualitative research psychology. *Psychological journal*. 2014;20(1):7-14.
80. Smith JA, Osborn M. Interpretative phenomenological analysis as a useful methodology for research on the lived experience of pain. *British journal of pain*. 2015;9(1):41-42.
81. Eatough V, Smith JA. Interpretative phenomenological analysis. *The Sage handbook of qualitative research in psychology*. 2008;179:194.
82. Prnjak K, Mitchison D, Griffiths S, et al. Further development of the 12-item EDE-QS: identifying a cut-off for screening purposes. *BMC psychiatry*. 2020;20(1):1-7.

83. Tantillo M, Sanftner J, Hauenstein E. Restoring connection in the face of disconnection: An integrative approach to understanding and treating anorexia nervosa. *Advances in Eating Disorders*. 2013;1(1):21-38.
84. McCallum K. The case for integrating mindfulness in the treatment of eating disorders. *Treatment of Eating Disorders*. Elsevier; 2010:387-403.
85. Wagener AM, Much K. Eating disorders as coping mechanisms. *Journal of College Student Psychotherapy*. 2010;24(3):203-212.
86. Halmi KA. Perplexities of treatment resistance in eating disorders. *BMC psychiatry*. 2013;13(1):1-6.
87. Hooker D, Convisser E. Women's eating problems: An analysis of a coping mechanism. *Personnel & Guidance Journal*. 1983;
88. Heatherton TF, Herman CP, Polivy J, King GA, McGree ST. The (mis) measurement of restraint: an analysis of conceptual and psychometric issues. *Journal of abnormal Psychology*. 1988;97(1):19.
89. Laessle RG, Tuschl RJ, Kotthaus BC, Prike KM. A comparison of the validity of three scales for the assessment of dietary restraint. *Journal of abnormal psychology*. 1989;98(4):504.
90. Polivy J, Herman CP, Mills JS. What is restrained eating and how do we identify it? *Appetite*. 2020;155:104820-104820. doi:10.1016/j.appet.2020.104820
91. Dunn TM, Bratman S. On orthorexia nervosa: A review of the literature and proposed diagnostic criteria. *Eating behaviors*. 2016;21:11-17.
92. Zickgraf HF, Barrada JR. Orthorexia nervosa vs. healthy orthorexia: relationships with disordered eating, eating behavior, and healthy lifestyle choices. *Eating and Weight Disorders-Studies on Anorexia, Bulimia and Obesity*. 2022;27(4):1313-1325.
93. Barrada JR. Orthorexia Nervosa and Healthy Orthorexia as New Eating Styles. 2019;
94. Patching J, Lawler J. Understanding women's experiences of developing an eating disorder and recovering: a life-history approach. *Nursing inquiry*. 2009;16(1):10-21.
95. Schmidt U, Treasure J. Anorexia nervosa: Valued and visible. A cognitive-interpersonal maintenance model and its implications for research and practice. *British journal of clinical psychology*. 2006;45(3):343-366.
96. Pike KM, Walsh BT, Vitousek K, Wilson GT, Bauer J. Cognitive behavior therapy in the posthospitalization treatment of anorexia nervosa. *American Journal of Psychiatry*. 2003;160(11):2046-2049.
97. Wetzler S, Hackmann C, Peryer G, et al. A framework to conceptualize personal recovery from eating disorders: A systematic review and qualitative meta-synthesis of perspectives from individuals with lived experience. *International Journal of Eating Disorders*. 2020;53(8):1188-1203.

98. Kazdin AE, Fitzsimmons-Craft EE, Wilfley DE. Addressing critical gaps in the treatment of eating disorders. *International Journal of Eating Disorders*. 2017;50(3):170-189.
99. Krantz AM. Growing into her body: Dance/movement therapy for women with eating disorders. *American Journal of Dance Therapy*. 1999;21(2):81-103.
100. Moulding NT. Gendered intersubjectivities in narratives of recovery from an eating disorder. *Affilia*. 2016;31(1):70-83.
101. Brewerton TD. An overview of trauma-informed care and practice for eating disorders. *Journal of Aggression, Maltreatment & Trauma*. 2019;28(4):445-462.
102. Heruc G, Hurst K, Casey A, et al. ANZAED eating disorder treatment principles and general clinical practice and training standards. *Journal of eating disorders*. 2020;8(1):1-9.
103. Freudenberg C, Jones RA, Livingston G, Goetsch V, Schaffner A, Buchanan L. Effectiveness of individualized, integrative outpatient treatment for females with anorexia nervosa and bulimia nervosa. *Eating Disorders*. 2016;24(3):240-254.

Appendix A

Long-form Semi-Structured Interview Question Outline & Sample Questions

[Introductory chitchat to build rapport]

My name's Tara, and I am the lead researcher on this study. I'm going to ask you some questions today about your journey with your relationship with food, and how veganism might have influenced that for you. This is a safe space to share and explore your personal experience with food and being vegan, and I encourage you to bring up whatever creates the most honest representation of that.

If at any point you want me to stop the recording, or if you realize later that you want to re-explain something in a different way, that's totally okay - just let me know.

Also, I know that discussing this topic can be stressful or bring forward uncomfortable emotions or memories. It's okay to feel and show emotion as you reflect on these experiences with me today, but if you begin to feel overwhelming distress, we can always stop the interview.

Do you have any questions for me before we begin?

- How would you describe your relationship with food today?
 - Does it feel healthy, or unhealthy, maybe a little bit of both—and in what ways?
- Okay, so now let's rewind for a moment and get more of your back story, to fill in the blanks to where you are today. Think back to when your disordered eating was at its worst. What did that look like for you? *Behavioral patterns, emotions, thought patterns, etc.
 - Do you have a sense of what led you to develop disordered eating behaviors? (If yes, what?)
 - *Get details such as:
 - When was that, in relation to now?
 - How long did that last? What has been the timeline of your struggle with food (and body)?

- Did you receive any type of care (clinical programs, therapy, dietitian, etc) for your disordered eating? If yes, what?
 - Tell me about your experience with [insert type of care they received]
 - *If they wanted to be vegan during this time, was their vegan diet supported by the professionals from whom they were receiving support?
- When along that timeline did you adopt a vegan way of eating?
 - What was your initial motivation for doing so?
 - Did that motivation change at all over time? (If so, in what way?)
- Would you say that your relationship with food was influenced in some way through eating a vegan diet? (If so, how?)
- How did your relationship with food shift as you began to recover? Can you describe what that looked and felt like?
 - What factors, support, or experiences most supported your recovery?
- Would you say that your veganism affected this process of recovery? (If so, how?)
- Does veganism feel restrictive to you?
- Would you say that veganism for you was net positive, net negative, or neutral?
- How would you define a “healthy relationship with food”?

That concludes what I had in mind to discuss today. Is there anything that I didn’t ask about, that you feel is an important part of helping me to understand your experience of recovery and whether veganism was part of that process?

Okay so we’ll end with a brief 12-question eating disorder questionnaire, just to get some quantitative data to top it all off.

Thank you so much for your participation in this research. I'm honored to have heard and documented your story. You'll receive your \$25 Visa giftcard via email later today.

If you have any questions in the coming months, please feel free to email me. Other than that, again, thank you, and I hope you have a wonderful rest of your day!

Appendix B

EATING DISORDER EXAMINATION QUESTIONNAIRE - SHORT (EDE-QS)

Name: _____ Date: _____ Weight: _____ Height: _____

ON HOW MANY OF THE PAST 7 DAYS....	0 days	1-2 days	3-5 days	6-7 days
1. Have you been deliberately <u>trying</u> to limit the amount of food you eat to influence your weight or shape (whether or not you have succeeded)?	0	1	2	3
2. Have you gone for long periods of time (e.g., 8 or more waking hours) without eating anything at all in order to influence your weight or shape?	0	1	2	3
3. Has thinking about <u>food, eating or calories</u> made it very difficult to concentrate on things you are interested in (such as working, following a conversation or reading)?	0	1	2	3
4. Has thinking about your <u>weight or shape</u> made it very difficult to concentrate on things you are interested in (such as working, following a conversation or reading)?	0	1	2	3
5. Have you had a definite fear that you might gain weight?	0	1	2	3
6. Have you had a strong desire to lose weight?	0	1	2	3
7. Have you tried to control your weight or shape by making yourself sick (vomit) or taking laxatives?	0	1	2	3
8. Have you exercised in a driven or compulsive way as a means of controlling your weight, shape or body fat, or to burn off calories?	0	1	2	3
9. Have you had a sense of having lost control over your eating (at the time that you were eating)?	0	1	2	3
10. On how many of these days (<i>i.e. days on which you had a sense of having lost control over your eating</i>) did you eat what other people would regard as an <u>unusually large amount of food in one go</u> ?	0	1	2	3
OVER THE PAST 7 DAYS ...	Not at all	Slightly	Moderately	Markedly
11. Has your weight or shape influenced how you think about (judge) yourself as a person?	0	1	2	3
12. How dissatisfied have you been with your weight or shape?	0	1	2	3