Master Thesis

Four decades of qualitative research:

a meta-synthesis of external factors that help and hinder in eating disorder recovery

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Abstract

Eating disorders are serious mental disorders that can have several physical and psychological consequences or comorbidities. Recovery rates from EDs are not satisfactorily high. Treatment options in this field already exist, but do not have satisfying outcomes. The existing treatments are often based on theoretical assumptions and not taking the views of those with lived experiences into account. However, treatment is only one part of ED recovery. In the last decades, researchers were engaged in incorporating the patient's perspectives on what helps or hinders recovery in ED. Several external and intrapersonal aspects of what is helping or hindering in the recovery process that goes beyond the treatment setting were found. Since existing meta-syntheses mostly focused on specific external aspects like treatment, this study has a broader focus and aimed to summarize all discovered external aspects on what helps and hinders recovery for ED patients. Therefore, a systematic review was applied leading to 44 included qualitative studies that examine the experience of personal recovery. The studies were analysed based on the generic descriptive-interpretative framework for analysing qualitative data by Elliot and Timulak (2005). The analysed information was summarized into three overarching themes: 1) Social environment 2) Treatment 3) Outside Stimuli. Each main theme contains several subthemes which further specify the aspects of helping and hindering factors regarding ED recovery. The outcome of this study is in line with existing research on ED recovery. The analysis revealed that, against existing research foci, social environment is mentioned the most across the included studies and is hence an essential aspect for patients in their recovery process. This insight might contribute to the development of further guidelines for clinicians, family members, or the patient itself, and thus increases the remission rates of EDs. Future research should validate and further analyse qualitative studies with an adjusted inclusion focus.

Keywords: Eating disorders; Recovery; External Factors; Helping and Hindering Factors; Patient's Perspective; Qualitative; Meta-synthesis

Introduction

Eating Disorder Types and Prevalence

"My worst days in recovery are better than my best days in relapse" (Le Page, 2014). Eating disorders (EDs) are well-known but serious mental disorders. Research has indicated that individuals who suffer from EDs, develop an abnormal eating pattern that negatively affects their physical and/or mental health (American Psychiatric Association, 2013). In the fifth version of the Statistic Manual of Mental Disorders (DSM-5), EDs are named as 'Feeding and Eating Disorders' and can be categorized into three eating and three feeding disorders (Smink et al., 2014). The latter include pica, rumination disorder, and avoidant/restrictive food intake disorder. Anorexia nervosa (AN), bulimia nervosa (BN), and binge eating (BED) are part of the ED section and simultaneously the three most prevalent types. EDs that do not meet the criteria to be classified into one of the previously named categories are known as "eating disorder not other specified (EDNOS) (Smink et al., 2014). AN is characterized by a drive for thinness and the refusal to maintain a healthy body weight usually due to the pathological fear of weight gain and a distorted body image (Keel et al., 2012). Female adolescents and young women are particularly at risk for developing AN. The lifetime prevalence of AN for women ranges from 1.2% to 2.2% (0.3% for males) (Jagielska & Kacperska, 2017). BN is defined by recurrent episodes of binge eating followed by compensatory behaviour or purging (Fairburn & Harrison, 2003). Although BN usually develops from self-evaluation of the body and weight, BN patients are not necessarily underweight (Fairburn & Harrison, 2003). Adolescent and young adult females are particularly at risk with a prevalence rate of 1,5% being three times higher than the prevalence of BN in men (0.5%) (Hudson et al., 2012). BED is in comparison to AN and BN not characterized by purging or fasting but by recurrent episodes of binge eating (Dingemans et al., 2002). BED patients tend to be overweight (Agüera et al., 2021). Furthermore, they suffer from feelings of lack of control that cause significant distress (Dingemans et al., 2002). The

lifetime prevalence for women with BED is 3.5% and for men 2.0 % (Hudson et al., 2012). It is important to point out that EDs are not just characterized by maladaptive behaviours such as bingeing, compensating, or restricting, but also by distorted thinking patterns about oneself, the body image, and sense of control (Davey, 2008).

Comorbidity and Consequences of ED

Many ED patients also present with comorbid disorders. Common comorbid disorders are major depression, anxiety disorders, substance abuse, and personality disorders (Davey, 2008). The comorbidity rates are high and vary between 20% and 50% with major depression being the most prevalent comorbid disorder. Moreover, EDs are associated with psychological symptoms including low self-esteem or suicidal ideations (Davey, 2008). Also, physical consequences are part of EDs which can result from modified consumption or absorption of food and manifest as gastrointestinal issues or cardiac complications (Monteleone, & Brambilla, 2015). Research indicates the enormous impact EDs have on the patient's quality of life (Jenkins et al., 2011; De la Rie et al., 2005). This impact is also reflected by the high mortality rates for patients suffering from EDs (Le et al., 2007). In fact, AN has one of the highest mortality rates among all mental health conditions (Smink et al., 2012). Hence, it is important to provide effective and efficient treatment options for patients with EDs that cover not only the apparent symptoms but also the hidden cognitive and emotional factors.

ED Treatment

Nowadays, there are several treatment approaches for the different types of eating disorders. Cognitive behaviour therapy (CBT) is recommended by clinical guidelines for all three ED types (Linardon et al., 2017). Interpersonal therapy (IPT) is suggested as an alternative for CBT if the latter is not showing the intended results and is also suitable for all three ED types. "Overall, CBT retains its status as the treatment of choice for BN, BED and the front-running treatment for adults with AN, with IPT also considered a strong empirically-

supported alternative for BN and BED" (Linardon et al., 2017, p. 138). Additionally, there are specific treatment recommendations, such as family therapy for AN and BN that focuses on the dysfunctional family structure (Linardon et al. 2017) or self-help programs for BED (Davey, 2008). Currently, new treatment options, called the third-wave therapies, include dialectical behavioural therapy, schema therapy, comparison focused-therapy, and mindfulness-based interventions that were found effective for treating EDs with the two latter interventions being especially effective for BED (Linardon et al., 2017). In addition, pharmacological treatment is suggested especially in AN and BN due to frequent comorbidity with other disorders such as major depression disorder (Hilbert et al., 2017).

Several studies have examined the effectiveness of the different treatment approaches. For instance, a systematic review by Linardon and Wade (2017) showed that therapist-led CBT is more effective than other approaches and that CBT has higher remission rates than IPT or behavioural therapy (BT). Atwood and Friedman (2019) found no significant differences in treatment approaches and types of ED. Remission rates in their meta-analysis varied across studies between 30.8 and 66.7% with different definitions of remission. They reported that on average, patients eating behaviour improves but they still maintain the binge eating and purging episodes (Atwood & Friedman, 2019). Findings like these show, that good treatment options such as CBT already exist and that many patients benefit from them. Nevertheless, remission rates are not satisfactorily high and the risk for relapse is high with more than one-third of individuals with bulimia and anorexia relapsing within one year following recovery (Berends et al., 2018; Nagl et al., 2016). This implies the need for more effective and evidence-based treatment.

To tailor interventions to the patient's needs, it seems crucial to take their perspective into account. If a treatment approach is dismissing the perspective of the patient it might be not as effective as intended since important parts are overlooked (Pettersen & Rosenvinge, 2002). According to a study by Vanderlinden et al., (2007), patients expect from their

treatment to improve self-esteem, learn problem-solving skills and get support from the therapeutic team. However, treatment is only one part of ED recovery. The recovery process from an ED goes beyond its treatment.

ED Recovery

ED recovery is not simple to conceptualize. There is no consistency in the literature about what recovery means (Bowlby et al., 2015). A study by Bowlby et al. (2015) has shown that a person who is described as recovered and obtained a normal body weight still might suffer from psychological, social, or physical impairments. However, the authors point out that there is inconsistency regarding the criteria in different instruments (Bowlby et al., 2015) which makes the comparison between studies as well as conclusions about effective treatments challenging (Noordenbos & Seubring, 2006). According to Jarman and Walsh (1999, p.177), "a relevant clinical definition of recovery from an eating disorder needs to encompass physical, psychological, and social dimensions of change". Wetzler et al. (2019) point out that recovery is mainly defined from a clinician's perspective and thus, does not fully capture the experiences of the patients. As a result, recovery is mostly focused on the reduction of symptoms which might not diminish all negative self-concepts and feelings of the patients. This again shows the lack of consideration of the patient's phenomenology in ED treatment and recovery.

To capture a more holistic view on recovery, Wetzler et al. (2019) recommend taking the experience of the individual with ED into account. In addition, they argue that personal recovery is self-defined in terms of subjective experiences of internal transformations (Wetzler et al., 2019). Thus, the patient's perspective has to be considered in order to conceptualize recovery in a way that covers the complexity of eating disorders and contributes to treatment success.

To get more insight into the field of ED recovery, researchers are increasingly engaged in finding out which aspects influence patients to recover from their ED. In fact, they focus on

helping as well as on hindering factors for ED recovery. One important aspect may be internal motivation (Carter & Kelly, 2014). Patients may benefit from self-acknowledging their mental health concerns and the corresponding consequences until they develop the motivation to recover (Arthur-Cameselle & Quatromoni, 2013). Wetzler et al. (2020) found self-compassion, empowerment, meaning and purpose, identity, hope, and supportive relationships as facilitating factors for the recovery process of ED patients. Additionally, a qualitative study by Linville et al. (2012) points out that reconnecting to themselves and their body is supporting ED recovery. Furthermore, they conclude that close relationships, understanding providers, statements of support, compassion, or education about the treatment are helping patients to recover. According to the authors (Linville et al., 2012), hindering factors include trivializing the disorder, hyper-focus on eating, isolation, no open communication about the disorder, being stereotyped, being weight, or patronizing health care providers Correspondingly, a study by Arthur-Cameselle et al. (2018) found that negative emotions and cognitions, pressure, lack of support and negative role modelling as factors hindering ED recovery.

Since many different results and sources regarding helping/hindering factors for ED recovery exist, a meta-synthesis by Timulak et al. (2013) scrutinized the existing literature about what helps or hinders patients in recovery from an ED and summarized the most important findings. A meta-synthesis is the systematic review and integration of findings from qualitative studies (Lachal et al., 2017). The study of Timulak et al. (2013) focused on literature that considers the patient's perspective and can add great value to the research of ED recovery since it "helps to provide the service user's perspective on the impact of various components of the treatment" (Timulak et al., 2013, p.12). The authors aimed attention at factors that influence ED treatments involving psychological therapy either positively or negatively. The authors have categorized their findings of helpful and unhelpful aspects in six domains respectively penitent to the treatment (Table 1).

Table 1.

Findings Timulak et al. (2013)

Helpful aspects	**Unhelpful aspects**
Broader social support	Perceived lack of broader social support
Relational support from mental health professional	Perceived lack of relational support from mental health professional
Important characteristics of mental health professional	Perceived deficiencies in important characteristics of mental health professional
Important general characteristics of treatment	Perceived deficiencies in important general characteristics of treatment
Important specific characteristics of treatment	Perceived deficiencies in important specific characteristics of treatment
Important in-treatment changes contributing to helpfulness of treatment	Painful experiences contributing to the unhelpfulness of treatment

This shows that factors like treatment characteristics, patient-clinician communication, or experiences in treatment have a great impact on patients and are an essential part of their recovery. Especially this knowledge can help people like family members, caregivers, or clinicians on how they can best support the patient. Therefore, the knowledge of the patient's perspectives on ED recovery can be translated into guidelines. These guidelines can support the recovery process and might lead to more satisfactory remission outcomes.

According to Cockell et al. (2004), helping and hindering aspects can be divided into either internal factors which cover aspects that focus on the individual itself such as identity or motivation, or external factors that focus on aspects outside of the individual like social support, or treatment. Both internal and external factors are essential parts of recovery. However, by focusing on external factors, this study may provide further knowledge for clinicians, caretakers, and families about what is important in the recovery process of ED patients. This knowledge may be used further to inform guidelines based on patients' perspectives and helps to increase the remission rates or to develop more targeted treatment options. Moreover, external aspects like supportive relationships and the characteristics of

therapy or counselling were assessed by samples of AN patients, as well as BN and BED patients, as the most important factors concerning their recovery (Tozzi et al., 2003; Pettersen & Rosenvinge, 2002). By focusing on this, patients ,as well as the people in their environment, might benefit from new guidelines and interventions that are based on what patients find most important in their recovery process.

Timulak et al. (2013) found many external factors which are either helpful or unhelpful in the recovery of an ED. Nevertheless, the study focused on aspects from a treatment perspective instead of on what is helpful or hindering in recovery in general. In that way, it might be that the authors excluded studies about ED recovery which focused on helpful and unhelpful aspects outside a treatment context. Considering a broader focus would add great value to the topic of recovery since not only the treatment itself is part of the recovery process. Furthermore, Timulak et al. (2013) only included studies with current patients. Qualitative studies with former patients were not included. Hence, relevant papers which might add meaningful insight into the recovery process were excluded by Timulak et al. (2013). Moreover, since the publication of their review in 2013, new relevant studies about ED recovery have been published (see for instance McNamara & Parsons, 2016; Venturo-Conerly et al., 2020) which highlights the need for a more recent literature review on EDs.

This Study

This study aims to investigate the patients' perceptions of helpful and unhelpful aspects of ED recovery with a focus on external factors since this knowledge may help clinicians, caretakers, and family members in the care of an ED patient. This insight into what patients find helping and hindering in their recovery process might be further translated into guidelines that can aid the recovery of ED patients in the future. The goal of this study is to tie in with the current findings and add value and new insights by having a broader focus on general aspects which influence the recovery of ED and by including more relevant and recent papers. Thus, qualitative studies which report external aspects regarding both in and out of

treatment that influence the recovery of EDs positively or negatively will be systematically reviewed and analysed in a meta-synthesis.

Consequently, the study concerns the following research question:

What external aspects help or hinder recovery in patients with eating disorders?

Methods

Design

A systematic review and a qualitative meta-synthesis were conducted to identify external helping and hindering aspects in ED recovery. Qualitative meta-synthesis is a tool to systematically analyse existing qualitative studies of a given field (Timulak, 2009; Timulak, et al., 2013). It is an interpretative process with the goal to provide a comprehensive overview of a researched phenomenon and to describe differences and similarities within the primary data. This study was part of a larger research project including another qualitative study that examined intrapersonal aspects that help or hinder recovery of ED patients.

Procedure

Search Strategy and Selection Criteria

The studies included in this meta-synthesis were selected through a search on three medical and psychological databases namely Web of Science (03.03.21), PubMed (02.03.21), and PsycINFO (19. & 26.02.21). The following search terms were used and connected in the search by the Boolean operator ‘AND’:

1. Qualitative research: ("qualitative" OR interview* OR focus group* OR " semi-structured" OR "structured" OR unstructured OR informal OR in-depth OR "face-to-face" OR guide OR discussion OR questionnaire* OR ethnograph* OR fieldwork*)
2. Recovery: ("recover*" OR "rehab*" OR "healing" OR "improve*" OR "remission")
3. Eating disorder: ("eating disorder*" OR "anorexi*" OR "bulimi*" OR "binge eating" OR "ednos“).

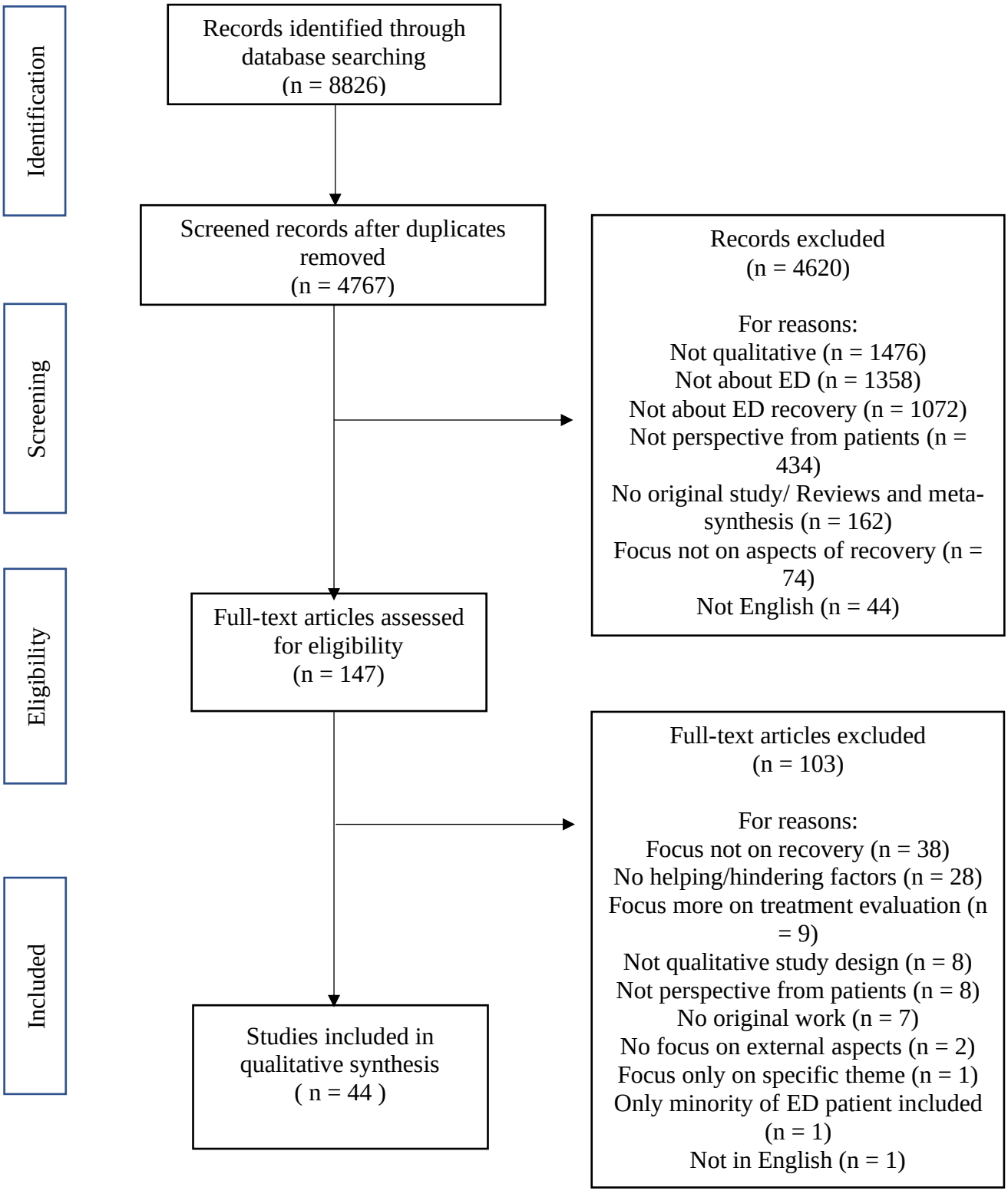
Furthermore, studies were eligible for inclusion if they fulfilled the following criteria. The studies had to be original as well as qualitative and discovery-oriented research. Only peer-reviewed and English studies were included. Participants in the original studies needed to have a history with or currently have an ED and are either recovered from their ED or in the process of recovery. However, it should be mentioned that studies were also endorsed when participants' diagnoses were not clearly stated. This was an intentional risk from the researchers. The risk of including studies that were not about ED patients was accepted since the research team shared the opinion that everyone who engages in any form of ED recovery as presented by the included papers, might contribute to this study. Studies were only included if they were about the patient's perspective on helpful or unhelpful factors of ED recovery, or if these aspects were described in the results within a broader context concerning the process of recovery. No date restrictions were applied and all available years were searched on the three databases.

The screening procedure was conducted collaboratively and included three consecutive phases. In the first phase, each researcher extracted the records from one database. For each database, all available records concerning the mentioned search terms were collected and imported into the program 'Mendeley'. In total, the database search yielded 8539 articles (1750 - PsycINFO, 3770 - PubMed, 3019 - Web of Science). After removing the duplicates, 4767 articles were included in the title and abstract screening. Articles that did not meet the inclusion criteria were excluded from the study. A number of 147 articles remained. See Figure 1 for an overview of the reasons for exclusion. In the third phase, a full-text scan was conducted with the remaining articles. In the end, 44 articles were used for further analysis. In cases of uncertainty, whether articles should be included, it was discussed by the researchers until consensus was reached. Details about the number of participants, participant's diagnoses, study foci, data collection methods, data analyses, number of

references, and the quality of the included studies were summarized by all three researchers and are displayed in Table 3.

Figure 1.

Flow Diagram of Search and Appraisal Process



Critical Appraisal

To determine the methodological quality of the selected studies, the Critical Appraisal Skills Program (CASP) was used (CASP, 2013). The CASP is a method to systematically appraise qualitative studies and serves to assess their credibility, value, and relevance for meta-analysis- or synthesis (de Vos et al., 2017). As proposed by the CASP, the study quality was rated employing the following 10 criteria: 1) a clear statement of the research aim, 2) qualitative methodology is appropriate for research aim, 3) research design appropriately addresses research aim, 4) recruitment strategy is appropriate for research aim, 5) data was collected in a way that it addresses the research aim, 6) relationships between researchers and participants are considered, 7) ethical issues are considered, 8) data analysis was sufficiently rigorous, 9) findings are clearly stated, 10) value of research. The 46 studies were equally divided between the three researchers and here again, in cases of uncertainty were discussed until consensus was reached. Studies that fulfilled a minimum of 5 out of the 10 criteria of the checklist were included for further analysis (see Table A1 in the appendix). More precisely, studies that met 5-8 criteria were classified as having a moderate risk of bias/quality of study, and studies that met 9-10 criteria as having a low risk of bias/high quality of the study. An overview of the individual quality scores of the selected studies is provided in Table A2 (Appendix).

Data Preparation and Thematic Synthesis

After the quality assessment, two researchers collaboratively reviewed the studies and extracted all texts from the results sections that participants described as helpful or unhelpful regarding their ED recovery into the statistical program IBM SPSS (version 26). Thereby, the original text passages were labelled with headings and subheadings that were used in the original texts. Afterward, the third researcher checked the results to ensure that all relevant original texts were included for further analysis. Again, when it was unclear whether an original text should be included, this was discussed among the authors until consensus was

reached. Overall, there were only minor differences found in the included original texts. Although studies could have a broader thematic focus, the analysis was devoted only to the parts of the studies that focused on factors in ED recovery, that patients described as being helpful or hindering. Helping and hindering factors were searched irrespectively of whether patients had received treatment or not.

The analysis process was based on the generic descriptive-interpretative framework for analysing qualitative data by Elliot and Timulak (2005). In this approach, the following steps were taken: a) The original text fragments were assigned to different overarching themes. Themes, or meaning units, as defined by Elliot and Timulak (2015) are parts of the data that summarize sufficient information from the original results and convey a meaning when standing independently. Briefly put, the bigger a meaning unit is, the greater is the variety of meanings, but the more understandable the context of the unit (Elliot & Timulak, 2005). b) By comparing the meaning units among themselves and grouping the units with a similar essence, further categories were generated. The categories, therefore, contain clusters of themes that were grouped based on their similarities and frequencies. c) The main findings were abstracted by summarizing the categories. To ensure the credibility and validity of the analysis, a process of independent auditing was used, as proposed by Elliot and Timulak (2005). After every step, the researcher compared and discussed their results until a coherent outcome was reached. Further, each researcher separately analysed the original texts and the found themes and categories were compared and merged into the final results upon discussion.

Results

Forty-four studies contained findings referring to external factors that help and hinder eating disorder recovery. Of the remaining studies, 12 were conducted in the USA, nine in the UK, six in Canada, five in Australia, three in Norway, and respectively one in Finland,

Belgium, and New Zealand. Fifteen studies were classified as having a moderate risk of bias/quality of the study (B) and 29 studies as having a low risk of bias/high quality of the study (A) (Table 3) which allowed for the inclusion of all papers. One thousand three hundred eighty-six participants were included in this meta-analysis with the majority being female. The main diagnoses were AN (*N*= 588), BN (*N* = 230), BED (*N* = 88) or OSFED (*N* = 81). Some papers reported mixed diagnoses or no specific type of ED. The meta-synthesis yielded three main categories: social environment, treatment, and outside stimuli. The main themes were ordered according to their importance which was determined by means of the frequencies of the themes in the 44 studies (see Table 2 and Figure 2). Each main theme additionally has its sub-themes and is described in further detail below in respect of their helping or hindering characteristics.

Table 2

Themes and subthemes of external factors that help and hinder ED recovery

Main theme	Subtheme	*N* (helping)	*N* (hindering)
Social environment	Actions and attitudes of others	14	8
	Peer influence	14	8
	Modelling	6	-
Treatment	Health care providers	8	11
	Aspects in Therapy	8	6
	Therapy focus	7	6
	Structural factors	3	8
	Medication	5	1
Outside stimuli	Environment	7	5
	Daily structure and impulses	9	3
	Media and books	5	2

Figure 2

Themes and subthemes of external factors that help and hinder ED recovery

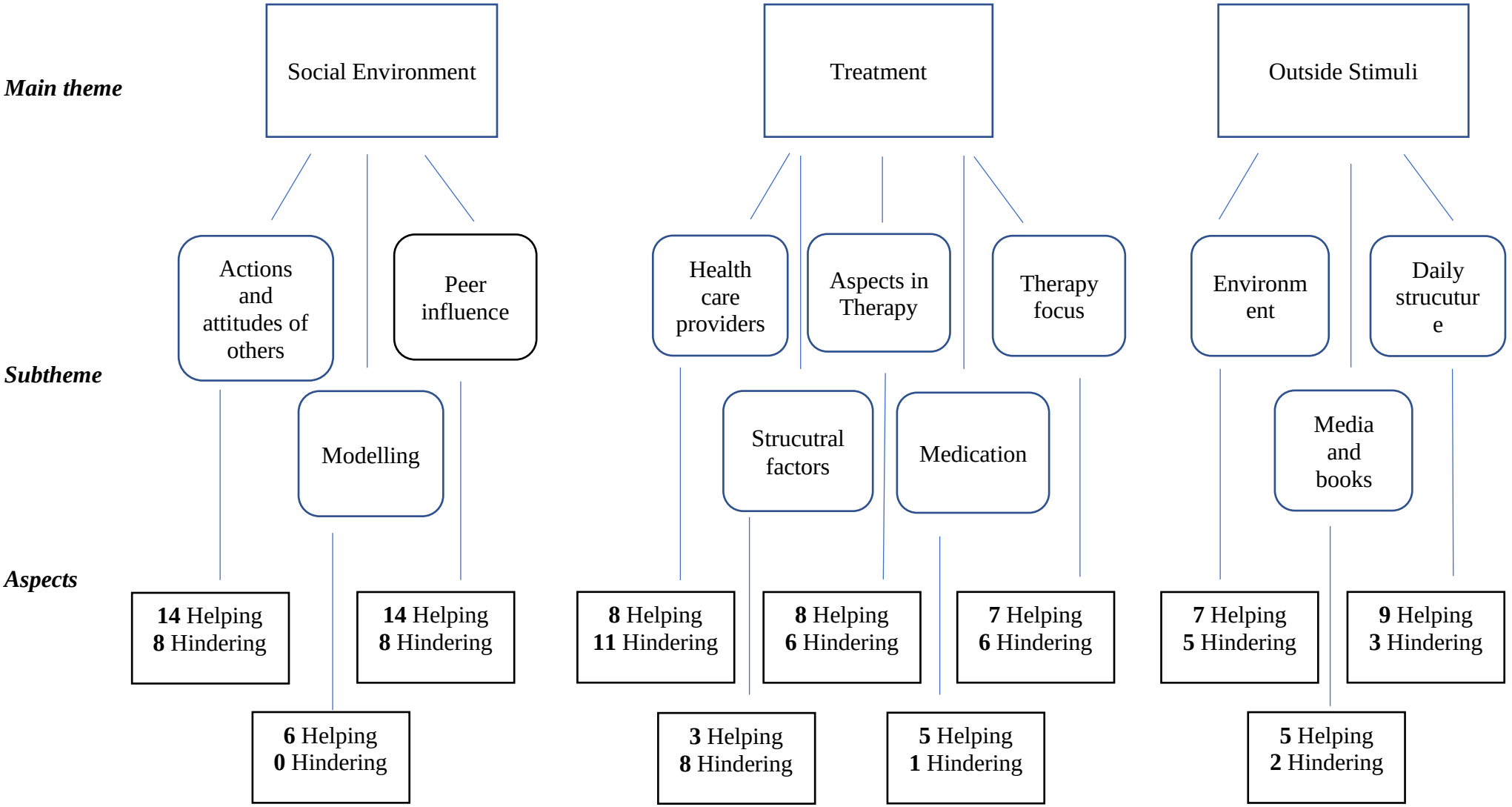


Table 3

Details of the studies included in the analysis

Authors	Year	Country	N. of Participants	Diagnosis	Study focus	Data collection	Data-analysis	No. of references	Quality assessment
Williams and Reid	2009	United Kingdom	14	AN (*n* = 14)	opinions and experiences about maintain or recover from an ED	online focus group	Interpretative phenomenological analysis (IPA	44	10/10 A
Wallström, Lindgren, and Gabrielsson	2021	Sweden	27	unknown	experiences of inpatient care supporting recovery	via online blogs	Interpretative description	40	10/10 A
Venturo-Conerly, Wasil, Dreier, Lipson, Shingleton and Weisz	2020	USA	13	AN (*n* = 6) BN (*n* = 2) OSFED (*n* = 5)	factors promoting motivation for ED recovery	interviews with follow-up questions	Thematic analysis	40	8/10 B
Tozzi, Sullivan, Fear, McKenzie, and Bulik	2003	New Zealand	70	AN (*n* = 70)	causes and recovery in AN	interviews with open-ended questions	unclear	82	7/10 A
Toto-Moriarty	2013	USA	14	BN (*n* = 14)	efficacy of psychodynamic psychotherapy for BN	a semi-structured interview	Narrative inquiry	32	9/10 A
Rorty, Yager, and Rossotto	1993	USA	40	BN	describing experiential aspects of women's recovery from bulimia nervosa	semi-structured interview	Thematic analysis	21	7/10 B
Smith, Chouliara, Morris, Collin, Power, Yellowlees, Grierson, Papageorgiou, and Cook	2016	UK	21	AN	exploring women's experiences of specialist inpatient treatment for AN during their treatment admission	semi-structured interview	Thematic analysis	58	10/10 A
Arthur-Cameselle and Baltzell	2012	USA	16	AN (n = 8) BN (n = 2) EDNOS (n = 2) AN >	giving advice on how to facilitate recovery in	in-depth interview	Thematic analysis	31	8/10 B

				BN (*n* = 3), AN > EDNOS (*n* = 1)	athletes from personal experience				
Arthur-Cameselle, Burgos, Burke, Cairo, Colón, and Piña	2018	USA	154	AN (n = 47) BN (n = 27) BED (*n* = 12) OSFED (n = 20) multiple (n = 48)	examining on factors that assisted and hindered participants' progress towards recovery	qualitative survey	An inductive approach: Consensual Qualitative Research	34	8/10 B
Arthur-Cameselle and Curcio	2018	USA	29	AN (n = 17) BN (n = 3) BED (*n* = 1) both AN and BN (n = 8)	to identify turning points that initiated recovery from clinical EDs	semi-structured interview	The inductive coding protocol outlined in Consensual Qualitative Research	44	10/10 A
Macdonald, Kan, Stadler, De Bernier, Hadjimichalis, Le Coguic, Allan, Ismail, and Treasure	2018	UK	9	AN (*n* = 4), BN (*n* = 3) OSFED (*n* = 2)	explore perspective of people with Type 1 diabetes and eating disorders to understand the experience	semi-structured interview	Six-stage framework of thematic analysis	31	10/10 B
Maine	1985	UK	25	AN (*n* = 25)	establish efficacy of treatment for ED recovery through the experiences of patients	in-depth, semi-structured interview guide	Holsti's (1968) thematic content analysis	26	9/10 A
Matoff and Matoff	2001	UK	1	AN	analyze some of the coping skills and important elements in the recovery process	two in-person interview sessions	Retrospective examination	14	10/10 A
Matusek and Knudson	2009	USA	3	AN (*n* = 2), BN (*n* = 1)	we portray women's experiences of long-term recovery	semi structured interview	Thematic analysis	43	10/10 A
McCallum and Alaggia	2021	Canada	19	AN (*n* = 19)	understanding of what it means to be living with AN in midlife	in-depth narrative analysis	Constructivist grounded theory methodology	67	10/10 A
McNamara and Parsons	2016	UK	75	AN (20%), BN (28%), BED (32%)	explores how a sense of shared identity helps individuals with eating disorders manage their	transcripts from 18 online support sessions involving	Thematic analysis	67	7/10 B

					condition and promotes recovery				
Mitchison, Dawson, Hand, Mond, and Hay	2016	Australia	19	AN (*n* = 3), BN (*n* = 7), BED (*n* = 5) OSFED (*n* = 4)	explore individual sufferers' perspectives on the influence of QoL on the onset, maintenance, and/or remission of ED symptoms.	semi-structured interview	Thematic analysis	47	9/10 B
Mitrofan, Petkova, Janssens, Kelly, Edwards, Nicholls, McNicholas, Simic, Eisler, Ford, and Byford	2019	UK	19	AN (*n* = 16), BN (*n* = 1), OSFED (*n* = 2)	to explore young people's and parents' experiences of care for eating disorders, both positive and negative	six online focus groups	Thematic analysis	40	9/10 A
Moulding	2016	Australia	14	AN (*n* = 5), BN (*n* = 2), AN/BN (*n* = 1), recovered (*n* = 8)	explicitly situate women's experiences in day-to-day intersubjective gender relations, discourses, and practices through a feminist theoretical frame and explore the connections between anorexia, gender, and spirituality	in-depth interview	Thematic analysis	45	8/10 B
Nilsen, Hage, Rø, Halvorsen, and Oddli	2020	Norway	37	AN (*n* = 37)	investigate the reflections of young persons with a lived experience of anorexia nervosa, and what factors they consider important for the recovery process	semi-structured interview	T Thematic analysis	58	8/10 B
Nilsson and Hägglöf	2006	Sweden	68	AN (*n* = 10), recovered (*n* = 58)	describe the patients' perspective of the	interview	Content analysis according to definitions by	16	9/10 A

					recovery process from anorexia nervosa.		Graneheim and Lundman (2004) and Kvale (1996).		
Nordbø, Gulliksen, Espeset, Skårderud, Geller, and Holte	2008	Norway	18	AN (*n* = 18)	investigated the content of patients' wish to recover.	in-depth interview	Verbatim-transcribed interviews were analysed by means of the software program QSR-N*Vivo.	27	8/10 B
Pettersen and Rosenvinge	2002	Norway	48	AN (*n* = 10), BN (*n* = 10), BED (*n* = 28)	describe (1) factors that are identified by sufferers of eating disorders as contributing to their recovery, (2) how sufferers define recovery from eating disorders, and (3) to relate the subjective experiences with measures of eating disorder symptom load, personal health control	open interview	Interviews were coded according to a detailed categorical system	20	10/10 A
Patching and Lawler	2008	Australia	20	AN (*n* = 6), BN (*n* = 2), AN/BN (*n* = 12)	gain a greater understanding of the entire experience of developing, living with and recovering from an eating disorder.	life-history interviews with	Interpretative description	25	10/10 A
Pettersen, Thune-Larsen, Wynn, and Rosenvinge	2013	Norway	13	AN, BN	to describe patients, experience of the later recovery phases of eating disorders	interview	Content analysis	40	10/10 A
Pettersen, Wallin and Björk	2016	Sweden	15	AN (*n* = 10), BN (*n* = 4), OSFED (*n* = 1)	investigate what males experience as helpful in their recovery process from eating disorders (ED).	in-depth interview	Content analysis	26	10/10 A

Arthur-Cameselle and Quatromoni	2014	USA	16	AN (*n* = 8) BN (*n* = 2) BED (*n* = 2) AN > BN (*n* = 3), AN > BN (*n* = 3), AN > BED (*n* = 1)	to acquire comprehensive information about initiation and achievement of recovery from EDs	semi-structured interview	Thematic analysis with content analysis procedures	56	9/10 A
Beresin, Gordon and Herzog	1989	USA	13	AN (*n* = 13)	to understand the patient from her perspective regarding causes and recovery, including helpful and harmful experiences	structured interview	Qualitative analysis	43	7/10 B
Björk and Ahlström	2008	Sweden	14	AN (*n* = 4), BN (*n* = 4), OSFED (*n* = 6)	to describe how patients perceive having recovered form EDs	face-to-face interviews	A phenomenographic approach	35	9/10 A
Button and Warren	2001	UK	36	AN (n = 36)	to further understand how sufferers from AN view the disorder, how it affects their lives and how they experience treatment and help	semi-structured interview	Thematic analysis	23	8/10 B
Cockell, Zaitsoff and Geller	2001	Canada	32	AN (*n* = 21) EDNOS (*n* = 11)	to identify factors that help or hinder the maintenance of change and the ongoing promotion of recovery during the critical 6 months immediately following ED treatment	in depth interview	Grounded theory approach	29	9/10 A
Dawson, Rhodes, and Touyz	2014	Australia	8	AN (*n* = 8)	to explore the process of recovery over time from the perspective of those who had fully recovered	face-to-face interview	Narrative inquiry	52	10/10 A
Federici and Kaplan	2008	Canada	15	AN (*n* = 15)	to explore the subjective accounts of weight-recovered	semi-structured interview	Qualitative analysis	33	9/10 A

					female patients, regarding their views of their illness following weight restoration				
Granek	2007	Canada	5	AN (*n* = 5)	the subjective experience of AN	interviews	Grounded theory method		9/10 A
Hay and Cho	2013	Australia	31	AN (*n* = 31)	to explore factors that might contribute to a 'tipping-point' and recovery in personal published accounts	purposive sampling to identify written narratives in English and public domain	The framework approach to qualitative analysis	33	9/10 A
Jenkins and Ogden	2012	UK	15	AN (*n* = 15)	to explore how women made sense of their recovery	semi-structured telephone interview	Interpretative phenomenological analysis	28	9/10 A
Keski-Rahkonen and Tozzi	2005	Finland	158	AN (*n* = 32) BN (*n* = 52) AN/BN (*n* = 29) BED (*n* = 12) not clearly defined (*n* = 30)	to understand what ED sufferers suggest when they mention the word recovery	extracting messages of an ED discussion group	Detecting and measuring the frequency of recovery-related words and further explored in accordance with the principles of constant comparative method	25	10/10 B
Krentz, Chew, and Arthur	2005	Canada	6	BED (*n* = 6)	to characterize the psychological processes of recover from BED	semi-structured interview	Grounded theory method	62	9/10 B
Lamoureux and Bottorff	2005	Canada	9	AN (*n* = 9)	investigating the process of recovery	open ended interview	Grounded theory method	28	9/10 A
Lewke-Bandara, Thapliyal, Conti, and Hay	2020	Australia	8	AN (*n* = 4) BN (*n* = 3) orthorexia (*n* = 1)	to explore recovery from men's perspectives	semi-structured interview	Inductive thematic analysis	26	8/10 A
Linville, Brown, Sturm, and McDougal	2012	USA	22	AN (*n* = 12) BN (*n* = 5) EDNOS or combination of EDs (*n* = 5)	examine how social supports were helpful and hurtful during ED recovery process	face-to-face interview	Generic qualitative analysis	33	10/10 A

Kenny, Boyle, and Lewis	2020	Canada	120	*n* = 90 self-reported specific ED diagnosis: AN (*n* = 61) BN (*n* = 21) BED (*n* = 2) orthorexia (*n* = 4) other (*n* = 2)	examine how individuals with lived experience of an ED define recovery	blog posts in 'recovery' categories were retrieved	Inductive thematic analysis	25	9/10 A
Lord, Reiboldt, Gonitzke, Parker, and Peterson	2016	USA	65	BED (*n* = 65)	understand more fully how guilt and self-blame affect recovery, and explore the perceived motivators and challenges to recovery	extracting anonymous postings of a pro-recovery website	Thematic analysis	41	10/10 B
Lyckhage, Gardvik, Karlsson, Mulari, and Berndtsson	2015	Sweden	13	AN (*n* = 13)	to describe how young women living with self-identified AN narrate about their lives by means of blogging	extracting blogs	Qualitative content analysis	46	10/10 B
D'Abundo and Chally	2004	USA	20	unclear	to explore the process of recovery in women and girls with EDs	in-depth semi-structured interview, participant observation at an ED support group, and a focus group	Grounded theory approach: the constant comparative method	23	9/10 A
De Ruysscher and Vandevelde	2015	Belgium	17	AN (*n* = 17)	gaining insight into the personal meaning of QoL and specifying the indicators of QoL	In-depth interview	Qualitative interviewing	29	9/10 A

Social environment

This main theme contains three subthemes (Actions and attitude of others, Peers and Modelling) that refer to the social environment as either social support or hindrance. Each of the subthemes will be presented briefly below with a division into helpful and hindering aspects.

Actions and attitudes of others

Actions and attitudes of others were about perceived attitudes significant others might have towards the participants which were either supporting or unhelpful. Moreover, it was about the associated behaviour which also could been divided into either supportive and caring or unsupportive and even actively hindering from getting better.

Helping aspects. Helpful aspects usually related to friends and family members who helped and supported unconditionally. Especially emotional support, empathy, trust, and understanding for the disorder helped participants in their ED recovery. In addition, significant others helped in the recovery process by increasing the patient's self-esteem, providing social control and external structure to control the frequency of symptoms, helping to realize that the patients are attractive and good without being skinny, or paying for treatment. Furthermore, friends with an advice on how to enjoy life or showing alternative lifestyles help to support a positive body image behaviour were helpful or participant's recovery. Recovery motivated participants to renew or repair relationships and reconnect with and to let people in and feel important to others.

"They overwhelmingly reported that unconditional support was the most helpful aspect" (Arthur-Cameselle & Quatromoni, 2014, p. 339).

Hindering Aspects. Unhelpful actions and attitudes of others referred to rewarding thinness and punishing weight gain and hence reinforcing a societal ideal. Exerting pressure

on the participants or hyper-focusing on food intake were also perceived as unhelpful. Moreover, being judgmental and inquisitive, ignoring the disorder, or blaming patients for their ED, and making negative, hurtful comments were reported by participants of several studies as hindering their recovery process. Parents were due to accompanying problematic interactions generally portrayed as unhelpful.

""I overheard them saying that I had, like, gained a lot of weight, and that I looked awful, and that was a really horrible experience."" (Venturo-Conerly et al., 2020, p.1248).

Peer influence

The subtheme peers was about the contact with other patients, their dealing with each other and the values or consequences the participants got out of associating with peers which were either helpful or hindering.

Helping Aspects. Helpful aspects were usually related to the support and contact with other patients in form of inspiring, exchanging and listening, and learning coping skills from each other. It was reported as helpful when everybody was treated equally and felt accepted. From the peer support, patients got a greater capacity for self-observation and regulation, realized their own potential and also negative consequences through exchange, deeper knowledge and understanding of their ED. Platforms like advocacy groups, group sessions, or online forums were perceived as aiding the recovery of ED.

"...through sharing experiences with other sufferers they got a deeper knowledge and understanding of their eating disorder than what a therapist could provide" (Pettersen & Rosenvinge, 2002, p. 66).

Hindering Aspects. Hindering peer relationships pointed to harmful competitiveness with others due to encouraging or pushing each other to maintain or extend further weight loss, and encouragement of ED behaviours. In addition, the perceived responsibility to support distressed peers was perceived as disrupting treatment and hindering recovery.

"I wish I could be there with them, they have power and control" (Cockell et al., 2004, p. 531).

Modelling

This subtheme refers to the influence of role models. It contains only helpful aspects since no hindering aspects regarding modelling were mentioned across the 44 studies.

Helping Aspects. Helpful aspects related to recovered ED patients as being an inspiration, motivation, and hope, or a mentor/teacher. It was perceived as helpful to get a better understanding of the ED by talking to others who made similar experiences.

"These strong, empowered women who had been through exactly what I had and found recovery and health were strong mentors and got me where I am today" (Arthur-Cameselle et al., 2018, p.545).

Treatment

This main theme contains five subthemes (Health care providers, Experiences in therapy, Therapy focus, Structural factors, and Medication) that refer to the treatment context of the patients and concerns helpful and hindering aspects of the treatment itself. Each of the subthemes will be presented briefly below with a division into helpful and hindering aspects.

Healthcare providers

The subtheme healthcare providers refers to the relationship between the patient and the therapist or other health care providers which concerned characteristics of the therapists including perceived attitudes or opinions and the resulting behaviours of the health care staff towards the patients, characteristics of the therapeutic alliance itself, and the influences the therapeutic relationship has on the treatment process.

Helping Aspects. A helpful relationship was seen when the patients experienced being listened to and understood which enables the feeling of connectedness to the therapist. Unconditional acceptance and support were also mentioned ingredients of a helpful therapeutic relationship. An active, empathetic, and compassionate therapist enables patients to express their inner feelings and thoughts as well as make the patients feel acknowledged. Moreover, a therapist which is direct and challenging helped patients to stay committed to therapy. It was also helpful when the therapist is someone the patient can relate to and be able to self-disclose. Therefore, a non-judgmental, non-directive attitude and being believed in by the health care staff was important for participants. If the patients felt accepted by the therapist it helped in achieving self-acceptance. Having the staff standing up for the patients' rights, recognized them as a unique person, and do not give up on them were helping aspects in ED recovery. Feeling their confidence gave the patients hope. Patients perceived that strengthening the therapeutic alliance provides a model for personal effectiveness resulting in more treatment commitment and facilitated help-seeking behaviour.

"Participants described the therapeutic alliance, or having a strong personal connection with their therapist, as helpful" (Venturo-Conerly et al., 2020, p.1248).

Hindering Aspects. Hindering aspects referred to relationship characteristics of not being listened to which resulted in a powerless feeling and the removal of autonomy as well

as not being able to talk about feelings. Negatively perceived attitudes of the health care staff included being negatively judged, dismissed for having an ED or abandonment. Therapists who do not attend to the patients' needs, show lack of interest in their patients, or ignore their wishes were considered as hindering in the recovery process. Moreover, not being treated as a person but as someone with an ED, feeling overlooked, not taken seriously when for instance expressed suicidal thoughts, having the feeling that clinicians do not really care and already had given up on them were also reported as unhelpful. Exerting pressure and punishment, being overly hurtful, limited expertise, or lack of intervening of the healthcare provider were perceived as unhelpful. Patients reported that a poor connection to the therapist results in distrust and impacts the building of a sense of identity and autonomy and was unhelpful for the treatment process and recovery.

"Staff not listening gave rise to feelings of powerlessness resulting in them acting out in order to gain the staff's attention" (Wallström et al., 2021, p. 121).

Aspects in Therapy

Treatment experiences were about the aspects in treatment that influence the involvement of the patient in the treatment process, the environment the treatment provides, the discussion of participants' emotions, and the structure within the treatment.

Helping Aspects. A helpful treatment experience generally referred to the treatment as being a place where they feel safe and accepted. A positive experience was reported by participants when they could talk about their feelings and connect to their own emotions. Also having an active role in therapy and be involved in decision making was helping participants in their recovery process. Moreover, being educated and provided with tools that aid the recovery in ED is part of a helpful treatment experience.

"It was in a controlled setting. I knew he couldn't hit me or scream or yell at me, and it was a relief to say what I needed to say without a backlash." (Toto-Moriarty, 2013, p.837).

Hindering Aspects. Unhelpful treatment experience pointed to the feelings of not being in control, being excluded from decisions, or even being pressured which often lead to resistance. Participants experienced it as hindering when an environment was too safe and preventing them from achieving recovery in a normal environment. Treatment dissatisfaction coming from limited opportunities, inexplicit therapy goals or not being able to talk about feelings lead, according to some patients, to relapse.

"I feel "I am out of the loop and I find that it makes me feel really anxious ... everyone is deciding what is happening and nobody is asking me"" (Smith et al., 2016, p. 21).

Therapy focus

The subtheme therapy focus was usually about topics that therapists and clients work on during the treatment. Topics that targeted the origin of the ED or give helpful coping tools were preferred more by the participants than some which mainly concern apparent symptoms of the ED. Moreover, therapy foci were about the extent to which the treatment focused on the individual needs or is includes significant others into the therapy.

Helping Aspects. Regarding treatment topics, a helpful therapy focus usually referred to underlying and interpersonal issues, behavioural features, talking about conflicts, self-discloser, and self-awareness. Furthermore, helpful aspects related to the treatment focus on strengths, skills building, and learning about risks and long-term problems. Pacing the treatment to individual needs and focusing on weight gain as well as overall health was also reported as helpful for ED recovery.

"Clients reported that they felt alone and isolated before starting treatment and that working on interpersonal issues in treatment facilitated the recovery process" (Cockell et al., 2004, p.530).

Hindering Aspects. Hindering aspects mostly referred to having the main focus on weight gain. A weight-driven therapy approach does not target the underlying issues but might result in competition, which negatively influences the recovery process. Over focusing on weight gain but not concerning the management of food intake was reported as hindering in recovery. Moreover, a too strong focus on the individual and a lack of family involvement, and not talking about feelings were also perceived as unhelpful by the participants.

"IP treatment facilities really only serve to fatten you up so that they can collect their exorbitant fees based on you ''looking healthier'' while inside you're still a mess" (Williams & Reid, 2020, p.563).

Structural factors

Structural factors of treatment were about organizational aspects and the availability of the treatment itself.

Helping Aspects. Helpful aspects related to generally having access to the treatment. Participants reported they were able to resolve acute crises with professional help only.

"With professional help, Dee Dee moved beyond this acute crisis and developed a stronger and more confident sense of self, with an in-creased capacity to deal with conflict and upset" (Matoff & Matoff, 2001, p.47).

Hindering Aspects. Hindering aspects referred mainly to formalities. Participants reported that insurances forced them to seek shorter treatment as intended and provided a limited choice of programs. Limited access to and not enough or irregular appointments were other mentioned hindering aspects for recovery.

"Financially, I had different health insurances, and that was a huge, huge barrier to treatment..." (Venturo-Conerly et al., 2020, p. 1248).

Medication

This subtheme refers to the helping and hindering consequences of medication for the treatment of ED and its comorbid symptoms or disorders.

Helping Aspects. Helpful consequences usually pointed to dealing with mood problems, reducing depression and anxiety, and insomnia due to taking medications.

"Other benefits included antidepressant medication. This was experienced as a buffer to strong emotions, a help to overcome a crisis, and a regulator of food and hunger" (Pettersen & Rosenvinge, 2002, p. 66).

Hindering Aspects. Medication was described as hindering recovery when it leads to memory loss, fatigue, and confusion.

""[...] medications were viewed as dangerous". They threatened to "take control and turn me into something else" and "led me to believe I couldn't do it on my own." Besides interfering with the perceived locus of control, drugs caused considerable adverse effects in the emaciated women, such as confusion, dizziness, constipation, memory loss, and fatigue" (Beresin et al., 1989, p. 118).

Outside stimuli

This main theme contains three subthemes (Environment, Media and books, and Daily structure and impulses) which refer to other external influences which do not fit in one of the other categories but still have an impact on the recovery process of ED patients. Each of the subthemes will be presented briefly below with a division into helpful and hindering factettes.

Environment

The subtheme environment was about environmental changes during the ED recovery process as well as about what makes an environment purposeful or rather nonpurposive for recovering.

Helping Aspects. Helping aspects were usually related to making external changes in life such as moving out and get distance from parents to remove the pressure, or removing ED triggers. Changes in the environment as for instance getting a pet symbolizes a new beginning which provides motivation and hope for recovery. Moreover, being in a purposeful environment like a sports environment or being in a structured surrounding provides purpose for some participants and helped to maintain recovery.

"Participants also reported that making external changes in their lives, such as moving out, getting a job, getting a pet, or redecorating, were helpful because these changes symbolized a new beginning" (Cockell et al., 2004, p. 530).

Hindering Aspects. Hindering aspects pointed to changes in the environment as moving back home and not feeling prepared to achieve recovery outside the treatment unit. Moreover, environments that trigger EDs or might lead to relapse like a sports environment were reported as being unhelpful for ED recovery.

" […] patients felt attached to the inpatient environment, perceiving the unit to offer protection from everyday stressors […]" (Smith et al., 2017, p. 24).

Daily structure and impulses

Daily structure and impulses were about general and daily motivators or stressors coming from family life, work-life, or free-time. It was also about personal situations in life as well as about daily structures concerning food and eating.

Helping Aspects. Helping aspects pointed to the helpfulness of having or wishing to have their own family with children and wanting to be there for them and provide a good example. Furthermore, a valuable career/school performance and engagement were perceived as primarily helpful. Regular reminders of what one was capable of doing, a creative hobby, or experiencing an upsetting live event were reported as helpful in ED recovery. Regarding eating, helpful aspects refer to the helpfulness of table manners, peace and quiet during meals, and rest and relaxation.

"My children were very very much wanted and I was so so pleased to be their mother and loved them so much that I thought 'I don't want to look like I haven't had children" (Mitchison et al., 2016, p.7).

Hindering Aspects. Hindering aspects pointed to the unhelpfulness of stressful or difficult situations at work, study-related stressors, pressure in sport, health problems, or interpersonal consequences.

"Many clients said that loss of structure accounted for some of the difficulties they experienced" (Cockell et al., 2004, p.531).

Media and books

Media and books were about getting information about ED through literature, or online communities as well as sharing or writing own experiences down in books or media platforms.

Helping Aspects. Helping aspects related to ED literature. There, participants got useful education about the effects and how to eat. Moreover, journaling, food diaries, and self-monitoring were perceived as helpful to increase awareness and evaluate habits.

" […] while another wrote that her progress towards recovery was helped by reading, the book 'Life Without ED' and applying the strategy of treating my eating disorder as a separate being" (Arthur-Cameselle et al., 2018, p.545).

Hindering Aspects. Hindering aspects pointed to the unhelpfulness of media images, social norms, societal insensitivity to ED and online ED communities. This can lead to isolation and impede recovery.

"These athletes noted that pressure from the media or social norms worsened their symptoms" (Arthur-Cameselle & Quatromoni, 2014, p. 341).

Discussion

Findings

This meta-synthesis examined helping and hindering external factors for ED recovery to get a deeper insight into the patient's perspective. Thereby, information from 44 studies regarding what helps and hinders in ED recovery was analysed and synthesized into three main categories (Social environment, Treatment, Outside stimuli). These categories represent the external factors that influence patient's recovery in ED. Examining the different main

themes and the frequencies of which they are mentioned in the different studies, show that the categories are of different importance for the ED patients and their recovery process. Helping and hindering aspects concerning the social environment were mentioned in 32 studies and seem therefore to be of high importance for the recovery of patients. Interestingly, treatment was only the second most important category even though several studies like the one by Timulak et al. (2013) mainly focused on this topic. Furthermore, the subthemes within the categories can vary in regard to their frequency and importance for ED patients. Since some information could not be clearly distinguished into one subtheme, overlap within the subthemes might be possible. In the following, the different categories will be discussed and compared to the findings of other studies.

Firstly, the social environment was an influential aspect of the participants' ED recovery. Several participants reported motivation to repair relationships in their lives and reconnect to people during their recovery process whereas also many participants distance themselves from insensitive and abusive relationships. A study by Kartalova-O'Doherty et al. (2012) implicated that the main strive of patients in recovery is reconnecting with life which also includes reconnecting with other people and (re-)building meaningful connections. This implies that social connections are even more important than treatment itself to properly recover from ED. Moreover, peer relationships had for the participants a positive and also negative influence since they perceived them as helpful for exchanging and learning from each other but also as hindering which was mostly due to the competitive behaviour between the patients. Different studies as for instance the one of Karakos (2014), discussed the controversial role of peer influence and report both helping and hindering aspects of relationships between patients. Therefore, it is crucial for patients to find the right balance of contact with other patients. Even though Timulak et al. (2013) focused mainly on treatment, they also included a domain "broader social support" which includes meta-categories like support from co-patients, sharing with others, and support from relatives, close ones, or

strangers that contain comparable helping aspects as found in the subthemes of this paper. Concerning unhelpful aspects, the review of Timulak et al. (2013) contains a domain "Perceived lack of broader social support" which also addresses peer influence and the unsupportiveness of friends- and family relationships. This shows that the social environment plays a big role from the perspective of the patients in their recovery process. Analysing in a broader context resulted in additional insight into what patients consider as important for their recovery beyond treatment. Furthermore, a study by Benight and Bandura (2004) concerning the social cognitive theory of posttraumatic growth implied that social support is both a protective factor since it reduces stress and depression and enhances health and also a helping factor since supporters can model skills, coping attitudes and give motivation to change. Thus, the authors conclude that social support can enhance self-efficacy which helps in managing environmental demands (Benight & Bandura, 2004). Even though the study was not about EDs, theories about recovery can be transferred to this topic. Their results show that social support can aid recovery directly and indirectly by enhancing self-efficacy that enables patients to actively work on their recovery. This might be the reason why this aspect is so important to those with lived experiences.

Secondly, the main category treatment showed, that treatment is also an essential part of recovery. Concerning the therapy focus, it became apparent that it was more helpful to concern underlying and interpersonal issues than weight and food intake. Current CBT treatment guidelines for AN from NICE (2004) suggest as their top recommendations for therapists to reduce the risk to physical health and other symptoms and to encourage healthy eating and reaching a healthy body weight instead of concerning underlying interpersonal issues. This insight might be relevant for discussing new treatment contents and foci of ED therapy since according to the participants, solely focusing on apparent symptoms is rather hindering recovery. Moreover, the therapeutic alliance was an important part of the recovery for participants. It was reported as helpful when the therapist is unconditionally accepting the

client and provides a space to share inner feelings and thoughts. This finding is in line with the well-known theory of Carl Roger who said that unconditional positive regard refers to the therapist having an overall acceptance of the client which is a basis for a good therapeutic relationship (Cherry, 2020). A good therapist-client relationship is essential for treatment success and thus, for recovery. Next to that, the attitudes of the providers were discussed in many studies. Participants often had the feeling that the staff did not take them seriously or were even judgmental which hindered their recovery process. Previous research in this field also showed that patients who feel judged by their health care providers are less likely to trust them, resulting in a less qualitative therapeutic relationship (Gudzune, Bennett, Cooper & Bleich, 2014). A study by Mancini (2008) which is based on the self-determination theory implies, that the extent to which the three basic needs autonomy, competence and relatedness to others are fulfilled in the treatment setting, has a significant influence on whether desired outcomes are achieved. Since autonomy is a basic condition for self-motivated behaviour which is a critical component of recovery and well-being, the author stresses that health care providers need to support the autonomy of the clients in form of applying autonomy-supportive interventions but also by adjusting their beliefs and attitudes regarding the ability of clients to be self-determining and actively involved in the treatment (Mancini, 2008). Increased competence, autonomy, and relatedness to others is associated with motivation to change and grow as well as with higher well-being and happiness (Cherry, 2021). This implies for a change in the attitudes of the healthcare providers which leads to a greater involvement of clients in the treatment. In the study of Timulak et al. (2013), similar categories were found. Timulak et al. (2013) for instance, mentioned the domains “Relational support from mental health professional” as well as “Important characteristics of mental health professional” which contain aspects like being listened to, feeling understood, or having a supportive and trusting relationship that are also mentioned in this paper by many participants (Timulak et al., 2013). Moreover, “Important general characteristics of treatment”

and “Important specific characteristics of treatment” were included by the authors which can be compared to treatment experience, treatment focus, and structural factors since it includes similar aspects like the addressing of interpersonal issues, or behaviour change, expression of emotions, therapy providing a holding space, or structure of the treatment. Additionally, the unhelpful aspects “Perceived deficiencies in important general characteristics of treatment” and “Perceived deficiencies in important specific characteristics of treatment” contain aspects that were also mentioned as unhelpful by participants of the studies included in this meta-synthesis. These include for example treatments not focusing on the needs of clients, or psychological needs, a lack of structure, or a lack of involvement of patients (Timulak et al., 2013). This great overlap of aspects is interesting when looking at the studies which are used for the meta-analysis of Timulak et al. (2013) and this paper. Only eight studies were included in both reviews. This indicates that also papers that were not included in this study contain similar information and aspects which are important for participants’ recovery of an ED. Therefore, the value of the synthesis of the findings is even bigger since they are represented in many different studies that are written from the patient’s perspective.

Thirdly, the environment and daily structure of the participants played a crucial role in the recovery process. Some participants perceived it as helpful to change the environment to a more purposeful one whereas others saw the change as for instance moving back home as hindering. The self-determination-study by Mancini (2008) reports that recovery cannot alone come from the person itself but must be facilitated by factors external to the individual. The author argues that the environments like the treatment or work setting depend to a large degree on whether the basic needs autonomy, competence, and relatedness to others are fulfilled. This has a significant influence on the individual’s self-determination, well-being, and recovery. Being free and making the own choices in life refers to having autonomy. The role of employment and other social roles in the recovery process suggest that competence is a part of recovery. Moreover, relatedness to others in form of having a social role is part of a

recovery aiding environment (Mancini, 2008). In addition, a recent study by Vitagliano et al. (2021), who examined the environmental influence on ED patients during Covid-19, reported that many participants of the study experienced worsening in their symptoms due to triggering environments and isolation (Vitagliano et al., 2021). This implies that purposeful but not pressuring or triggering environments as well as life circumstances in which the individual can strive for self-determination and growth are crucial for recovery.

Contribution

The study gave insight into which aspects are helpful and hindering in the process of ED recovery from the point of view of patients who are or were in this process. This insight might be valuable for clinicians, therapists, health care providers but also for family members and the affected individuals themselves. So far, treatment programs and interventions are mostly based on clinicians' perspectives and focused on physical determinants and apparent symptoms like the Body Mass Index or weight (Federici & Kaplan, 2007) instead of taking the patient's perspective into account (Wetzler et al., 2019). The insight of this meta-synthesis showed for instance that focusing on weight and food is not what patients need in their recovery process. This might help that those future interventions or therapy concepts are better targeted to the patients' needs. Looking at the high relapse rates (Berends et al., 2018) and unsatisfying treatment effectiveness (Atwood & Friedmann, 2019), the application of new treatment approaches which include insight from meta-synthesis of relevant studies about helpful and hindering aspects of ED recovery of individuals with lived experiences may contribute to better outcomes.

Moreover, this study included papers which not only focus on treatment but also on other external aspects that influence ED recovery. One of these factors, social environment, was even more often mentioned by participants throughout the included studies than the treatment aspect, which shows that this has an even greater influence on the participant's recovery process. This broader focus differentiates this meta-synthesis from other studies that

just examined treatment-related aspects such as Timulak et al. (2013) and gives more valuable insight into themes outside the treatment aspect. This provides information for new guidelines for clinicians, family members, and those with lived experience that cover the needs of ED patients. Existing guidelines for eating disorder treatment like the ones published by the Royal Australian and New Zealand College of Psychiatrists (RANZCP), the American Psychiatric Association (APA), or the National Institute for Health and Care Excellence (NICE) are based on literature reviews or expert recommendations (Hay et al., 2014; NICE, 2004; Yager et al., 2014) instead of on perspectives of those with lived experiences. In order to target treatment to the patient's needs, a restructuring of the current guidelines might be beneficial. Thereby, the results of this meta-synthesis can be used as a basis.

Strengths and Limitations

A big strength of this meta-synthesis is the broad focus and richness of information that were analysed and summarized from qualitative papers of the last 40 decades. Different main themes could be identified that cover all aspects of ED recovery from a patient's perspective.

Concerning the methods, a strong point is the quality assessment of the included studies that ensured that only studies that met the CASP criteria were included for analysis which contributes to a higher quality of this paper.

Due to the qualitative and analytic nature of the meta-synthesis, the analysis and its outcomes are influenced by the researcher's understanding. From selecting the relevant studies until analysing the information, a selection bias cannot completely be excluded. However, with help of selection criteria and regular discussions, the researchers worked as objective and complete as possible to minimize the subjectivity of the results.

Furthermore, all included studies are different regarding their focus, data collection method, or sample which imposed the risk that some studies are included in the meta-synthesis to a greater extent than other studies. Another risk was that details are missed while

trying to get the most important information of every study and generate a comprehensive understanding of what individuals perceive as helping or hindering in their recovery process.

The fact that parts of the outcomes of this study resemble the ones of the review of Timulak et al. (2013) without having a high number of overlap in qualitative studies implies that this meta-synthesis missed some important studies which might be relevant for the topic and would have contributed to a deeper insight into the patient's perspective of ED recovery.

Finally, the definition of recovery in ED is not clearly conceptualized which also influenced the analysis of helping and hindering factors of this concept.

Advice for further research

Due to the great need for research in the field of ED recovery, which should contribute to better treatment outcomes, more meta-syntheses of studies taking the patient's perspective into account are recommended that validate this study or find further aspects. As done in this study, a good advice is to work collaboratively in a team to decrease the risk of subjectivity and ensure an optimal outcome of the selection and analysis of the relevant studies. To improve this procedure, two or more researchers could scan the same studies and analyze the same aspects and compare and discuss their results. Moreover, the selection criteria should be improved. On the one hand, it can be discussed to make the selection criteria more precise to find studies that are more similar and can contribute likewise to the research. However, this might lead to a less broad insight into helping and hindering aspects of ED recovery. On the other hand, since some relevant papers might be missed, selection criteria could be even broader to ensure the inclusion of more relevant papers.

Conclusion

This meta-synthesis aimed at examining the helping and hindering external aspects in the recovery of an ED, based on the perspectives of those with lived experience. Three overarching categories (Social environments, Treatment, Outside stimuli) with further subthemes emerged from the analysis and synthesis. All three categories have a significant

influence on the participants of the 44 examined qualitative studies and their recovery process. The findings which were synthesized and described in this paper provide insight and knowledge about what helps and hinders patients in their recovery. These themes can be used to develop new guidelines for clinicians as well as for family members or other caretakers. By targeting support and help to the patients' needs, remission and recovery rates might be increased and relapse rates can decline. Therefore, the aim of tiding in with existing research and adding insight into ED recovery by using a broader approach is achieved.

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Appendix A

Table A1

Critical Appraisal Skills Programme (CASP): Qualitative Research Checklist

Criteria	Potential score
1. Was there a clear statement of the aims of the research	Yes/ No
2. Is a qualitative methodology appropriate?	Yes/ No
3.Was the research design appropriate to address the aims of the research?	Yes/ No
4. Was the recruitment strategy appropriate to the aims of the research?	Yes/ No
5. Was the data collected in a way that addressed the research issue?	Yes/ No
6. Has the relationship between researcher and participants been adequately considered?	Yes/ No
7. Have ethical issues been taken into consideration?	Yes/ No
8. Was the data analysis sufficiently rigorous?	Yes/ No
9. Is there a clear statement of findings?	Yes/ No
10. How valuable is the research?	Valuable/ Not valuable

Note. The table displays the 10 criteria of the Critical Appraisal Skills Program (CASP) to determine the credibility, value, and relevance of the selected qualitative studies for meta-analysis- or synthesis.

Table A2

Critical appraisal of methodological quality of the selected studies

	Criteria											
Study	1	2	3	4	5	6	7	8	9	10	Score	Label
Williams and Reid (2009)	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	10/10	A
Wallström, Lindgren and Gabrielsson (2021)	yes	yes	yes	yes	yes	-	yes	yes	yes	yes	10/10	A
Venturo-Conerly, Wasil, Dreier, Lipson, Shingleton, and Weisz (2020)	yes	yes	yes	yes	yes	no	no	yes	yes	yes	8/10	B
Tozzi, Sullivan, Fear, McKenzie, and Bulik (2003)	yes	yes	yes	yes	yes	no	no	no	yes	yes	7/10	A
Toto-Moriarty (2013)	yes	yes	yes	yes	yes	yes	no	yes	yes	yes	9/10	A
Rorty, Yager and Rossotto (1993)	yes	yes	no	yes	yes	no	no	yes	yes	yes	7/10	B
Smith, Chouliara, Morris, Collin, Power, Yellowlees, Grierson, Papgeorgiou and Cook (2016)	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	10/10	A

Arthur-Cameselle and Baltzell (2012)	no	yes	yes	yes	yes	yes	no	yes	yes	yes	8/10	B
Arthur-Cameselle, Burgos, Burke, Cairo, Colón and Piña (2018)	yes	yes	yes	yes	yes	no	no	yes	yes	yes	8/10	B
Arthur-Cameselle and Curcio (2018)	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	10/10	A
Macdonald, Kan, Stadler, De Bernier, Hadjimichalis, Le Coguic, Allan, Ismail, and Treasure (2018)	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	10/10	B
Maine (1985)	yes	yes	yes	yes	yes	yes	-	yes	yes	yes	9/10	A
Matoff and Matoff (2001)	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	10/10	A
Matusek and Knudson (2009)	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	10/10	A
McCallum & Alaggia (2021)	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	10/10	A
McNamara and Parsons (2016)	yes	yes	yes	yes	no	no	no	yes	yes	yes	7/10	B
Mitchison, Dawson, Hand, Mond and Hay (2016)	yes	yes	yes	yes	yes	yes	-	yes	yes	yes	9/10	B

Mitrofan, Petkova, Janssens, Kelly, Edwards, Nicholls, McNicholas, Simic, Eisler, Ford and Byford (2019)	yes	yes	no	yes	yes	yes	yes	yes	yes	yes	9/10	A
Moulding (2016)	yes	yes	yes	no	yes	no	yes	yes	yes	yes	8/10	B
Nilsen, Hage, Rø, Halvorsen and Oddli (2020)	yes	yes	-	yes	yes	no	yes	yes	yes	yes	8/10	B
Nilsson and Hägglöf (2006)	yes	yes	yes	yes	no	yes	yes	yes	yes	yes	9/10	A
Nordbø, Gulliksen, Espeset, Skårderud, Geller, and Holte (2008)	yes	yes	-	yes	yes	yes	-	yes	yes	yes	8/10	B
Pettersen and Rosenvinge (2002)	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	10/10	A
Patching and Lawler (2008)	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	10/10	A
Pettersen, Thune-Larsen, Wynn and Rosenvinge (2013)	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	10/10	A
Pettersen, Wallin and Björk (2016)	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	10/10	A

Arthur-Cameselle and Quatromoni (2014)	yes	yes	yes	yes	yes	yes	no	yes	yes	yes	9/10	A
Beresin, Gordon and Herzog (1989)	no	yes	yes	yes	yes	yes	no	no	yes	yes	7/10	B
Björk and Ahlström (2008)	yes	yes	yes	yes	yes	no	yes	yes	yes	yes	9/10	A
Button and Warren (2001)	yes	yes	yes	yes	yes	yes	no	no	yes	yes	8/10	B
Cockell, Zaitsoff and Geller (2001)	yes	yes	yes	yes	yes	yes	no	yes	yes	yes	9/10	A
Dawson, Rhodes and Touyz (2014)	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	10/10	A
Federici and Kaplan (2008)	yes	yes	yes	yes	yes	no	yes	yes	yes	yes	9/10	A
Granek (2007)	yes	yes	yes	yes	yes	yes	no	yes	yes	yes	9/10	A
Hay and Cho (2013)	yes	yes	yes	yes	yes	yes	-	yes	yes	yes	9/10	A
Jenkins and Odgen (2012)	yes	yes	yes	yes	yes	-	yes	yes	yes	yes	9/10	A
Kenny, Boyle, and Lewis (2005)	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	10/10	B
Keski-Rahkonen and Tozzi (2005)	yes	yes	yes	yes	yes	-	yes	yes	yes	yes	9/10	B

Krentz, Chew and Arthur (2005)	yes	yes	yes	yes	yes	-	-	yes	yes	yes	9/10	A
Lamoureux and Bottorff (2005)	yes	yes	yes	yes	yes	-	-	yes	yes	yes	8/10	A
Lewke-Bandara, Thapliyal, Conti and Hay (2020)	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	10/10	A
Linville, Brown, Sturm, and McDougal (2012)	yes	yes	yes	yes	yes	-	yes	yes	yes	yes	9/10	A
Lord, Reiboldt, Gonitzke, Parker, and Peterson (2020)	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	10/10	B
Lyckhage, Gardvik, Karlsson, Mulari and Berndtsson (2015)	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	10/10	B
D'Abundo and Chally (2004)	yes	yes	yes	yes	yes	yes	no	yes	yes	yes	9/10	A
De Ruysscher and Vandevelde (2015)	yes	yes	yes	yes	yes	yes	-	yes	yes	yes	9/10	A