Deleuze and Research Methodologies, 2013 Edinburgh University Press Hardback: ISBN: 9780748644117; Paperback: ISBN: 9780748644100

SAllendyke@mmu.ac.uk

Sylvie Allendyke Formerly Sarah Dyke ESRI - MANCHESTER METROPOLITAN UNIVERSITY

Chapter 8

Disrupting 'Anorexia Nervosa': An Ethnography of the Deleuzian Event Sarah Dyke

Paradox is initially that which destroys good sense as the only direction, but it is also that which destroys common sense as the assignation of fixed identities (Deleuze, 2004; 5).

There is some evidence to suggest that applying a psychiatric diagnosis and the theoretical models associated with them [...] leads to a worse outcome for some (CAPSID, 2011).

Introduction and overview

This chapter is based on a Deleuzian analysis, interpretation and writing of data gathered during eighteen months in the field of a mobile or connective ethnography (Hine, 2000) on Anorexia. By drawing on Deleuze's work in *The Logic of Sense* (2004), particularly his notion of the event, it became possible to create a space of inquiry which refused common or good sense as the only direction. As such, I moved away from considering Anorexia as actual: individualised, categorised and fixed and moved towards an interrogation of anorexia and potential in the context of the pre-individual, moving and unfixed event. Within the text I will be working with, and holding in paradoxical tension Anorexia as an 'aspirational lifestyle choice', as it is often conceived in pro anorexic spaces on-line (Dias, 2003; Fox et al, 2005), and as a 'biologically based serious mental illness', as it is conceived in medical and psychiatric sense off-line within the Diagnostic Statistical Manual (DSM-IVⁱ, Klump et al., 2009).

In addition to this I will use Deleuze's own paradoxical trope to eat/ to speak, to both work with data and to indicate how this might be used to generate ethically reflexive research practice.

The ethnographic sites, which cannot all be explored within this chapter, included both online (B-eat Ambassador network, pro anorexia sites, you-tube, facebook) and off-line spaces (an eating disorder prevention project, an intergenerational feminist project, and face to face meetings with a member of the pro anorexia community). As such, on-line life, and off-line life (Markham, 1998) are both engaged with in a bid to give a different account of living with, and through, a difficult and complex relationship to feeding the body. The uncertainty and curiosity that reading Deleuze brings about, opens us to the idea that we must look to different spaces in the text, the field, the field as text and vice versa (Hine, 2000). Rather than expecting to find data about actual anorexia in actual treatment centres, I became motivated to look elsewhere by tracing the flow of ideas, bodies and phenomenon to different spaces of difference. I did this not only to develop new and interesting methodological insights but also to engage with the notion of potential as indivisible from the actual – that which is in movement and never ceases to be so. This attention to movement is significant throughout the chapter at numerous levels: ontologically in terms of the way Deleuze disrupts the metaphysics of being through the notion of becoming; the way in which the virtual is mobilised in an attempt to consider the incorporeal dimension of the body (Massumi, 2002, 5), and also at the practical level of tracing the movements of the phenomenon to different sites (Hine, 2000).

In a bid to avoid giving an account of embodiment, or research methodology, which favours either volition or determinism I use the notion of the virtual. This enables a discussion which

accounts for potential, movement and becoming. The virtual pertains, at the level of common sense, to on-line pro-ana spaces. However, this is distinct to, and by no means collapsible to what Brian Massumi infers by it. He suggests that, following Deleuzian ideas, the virtual is that which is *of the body* – real-and-abstract: incorporeal. The virtual is that which is always, already in movement and might most effectively be considered as the potential of the actual – *or* 'as energy is to matter' (ibid. 2002, 5). Here, what is important to note is that this movement is not towards a particular or pre destined actual. As with the Deleuzian ideas it works with, this paper moves away from fixity and predictability. By working with the virtual of the feeling, sensing, moving body, I have a useful way of troubling both the bordered individual who contains mental illness and the intentionality of the autonomous subject who chooses it as a lifestyle.

To paraphrase Massumi (2002), I will be working with 'Anorexia Nervosa' as an object which is an evolving and snowballing differential, not a something which is timeless or timelessly true. While some scholars, including Giles (2006), raise the question of whether or not 'ana' and 'anorexia nervosa' can be considered as the same discursive object, in terms of my engagement there are more trenchant questions to be asked, particularly in relation to the petrification of this nominal identity, as this – unintentionally - serves to put Anorexia on a 'pedestal'. As such, this chapter will work with the phenomenon, both as an embodied becoming and an object of discourse. Through Deleuze's notion of the event what is at stake is always, already connected to multiple interplays: the potential and the actual; corporeality and incorporeality; bodies and language; the individual and that which is pre-individual. Concepts which comprise the event are not independent and isolated. Rather, they are relational and multiply connected to other concepts. As with the people, places and

communities our research explores, Deleuze prepares us to be mindful of where we expect to find actual things; be they definitions, objects, bodies or communities.

While Medicine and Psychiatry refer to the 'proper name' 'Anorexia Nervosa', pro anorexics speak about 'Ana', 'AN', 'ED' and 'wannarexia'. Where 'AN' and 'ED' mobilise medical short-hand and highlight the power of the medical discourse, what is interesting to the paper is an 'improper' name: 'wannarexia'ⁱⁱ. This pejorative term indicates the desirability of what is considered within good and common sense as a mental illness. By engaging with the preindividuality of the event I do not deride or pathologise *individuals* with a difficult relationship to feeding the body. Instead I move towards a necessary iconoclasm. Both medical and anorexic notions of anorexia, and the anorexic body, are dogmatic. Therefore speaking back to both philosophically is politically and productive of value to a feminist rethinking of the matter of matter.

Young Women and Anorexia Nervosa

The ideal little girl incorporeal and anorexic [..] must disengage themselves from their real, voracious, gluttonous or blundering images (Deleuze, 2004, 30).

There exists a significant body of work around eating disorders (Brook, 1999; Grosz, 1994; Hepworth, 1999; Lawrence, 1984; Lupton; 1996; MacLeod, 1981; Malson, 1998; McSween, 1986; Orbach, 1982, 1986; Probyn, 2000) which by engaging with issues of gender, power, knowledge, embodiment and resistance, trouble common sense readings of anorexia as a mental illness or 'bizarre' pathology' (Brook, 1999; 73). However; while many of the texts have made significant contributions to developing a feminist understanding of eating disorders, most are published prior to the development of virtual pro-ana communities. Nonetheless, as on-line life is increasingly acknowledged as part of everyday life (Garcia et al, 2009; Kozinets, 2010; Markham, 1998), the notion of pro-anorexia is of increasing interest to social researchers (Ferreday, 2003; Pollack, 2003; Day, 2010; Hammersley and Tresseder, 2007).

In line with all social networking activities, pro-ana sites have increased during the last decade. Optenet (2008), an international IT security company, reported that between 2006 and 2008 the number of pro-ana websites increased globally by 470%. Whether or not this figure is disproportionately large in relation to other social networking sites is debatable. However, what this does highlight is that anorexia is an issue which is being engaged with in a significant way across virtual (cyber, and real-and-abstract) spatio-temporalities. Indeed, in a study of 13 – 17 year old school children, 12.6% of girls and 5.9% of boys claimed to have visited such sites (Custers and Van den Bulck, 2009). While these figures are of course amenable to interpretation, what is significant is the opening they create to contest the capacity of medical and psychiatric sense to fully engage with what they consider 'biologically based serious mental disorders' (Klump et al., 2009). The figures given for those who are at the very least curious about anorexia, how to do or become it by exploring the tips and tricks sections (Dias, 2003), are considerably higher than the figures of those which the Royal College of Psychiatrists suggest 'get' anorexia: according to the medical sense of the DSM-IV (APAⁱⁱⁱ, 2000) actual anorexia is a rarity which affects only seven in a thousand females, and one in one thousand males (Royal College of Psychiatry, 2009). What this suggests is that on-line spaces are one site where researchers might look to find different experiences of Anorexia.

The earlier research on eating disorders, particularly the paradox of feminine agency, resistance and conformity, is engaged with by Day in the context of pro-ana sites (2010). She suggests that the websites emphasise the benefits of anorexia as ways of coping and providing support to those who engage in extreme and ascetic bodily practices. She concludes by suggesting that 'what are often regarded as destructive health behaviours reproduce accounts of both 'ideal femininity' and 'resistance to femininity'' (Day, 2010, 246). The paradox that Day engages with leads her to suggest that theorisations must be mindful of either 'celebrating' such resistance as pertaining to women's power, or thinking only through what she terms 'oppressive discourses' which tend towards determinism. In the next section I will begin to work with the incorporeal event in the context of my own research, to trouble this dichotomy between either celebrating or bemoaning Anorexia. This will set in motion the idea that although Deleuze's ideas are not easy (they are abstract and away from common sense), they offer important tools for working away from a priori notions of the actual body towards its potential.

Putting Deleuze's theory to work

Paraphrasing Deleuze again, the problem with dominant models in cultural and literary theory is not that they are too abstract to grasp the concreteness of the real. The problem is that they are not *abstract enough* to grasp the real incorporeality of the concrete (Massumi, 2002, 5).

As a methodological text the chapter will show the working out and working through of conceptual aspects of the event (the dual and quasi cause, the accident, actualisation and counter-actualisation) in an attempt to productively disrupt good sense understandings of

'Anorexia Nervosa' and 'Pro-Anorexia'. Here, reinvestments in the notion of *actual* anorexia will be suspended by refusing the ontological certainty of *being*, in favour of Deleuze's notion of becoming. This will allow into the frame of engagement that which is *of the body*, 'Of it, but not it. Real, material, but incorporeal' (Massumi, 2002; 5).

In evoking Deleuze's language of the event we are afforded a means to consider the reality and the abstractness of bodies *and* language, without setting up a hierarchal relation. In the *Logic of Sense* (2004) language is not subsumed under materiality or vice versa, the surface of language is always already in relation to the depths of bodies in which it subsists. Within the event the nature of the cause is dual. In one direction it pertains to the pre-individual and incorporeal of the body: its potential. In the other direction it depends for its real or actual causes upon mixtures of bodies. In other words, the virtual and actual are no more separable than the individual is from other bodies and from that which is pre-individual and in a process of becoming. Bodies are causes in relation to one another, causes of "incorporeal entities" [...] not things or facts, *but events*. We cannot say that [events] exist, but rather that they subsist or inhere' (Deleuze, 2004; 7 emphasis added). This dual cause is worth bearing in mind for later, particularly in relation to the eating disorder prevention project which was a significant site within my ethnographic project.

The project of unfixing identities and considering proper names (Deleuze, 2004) is particularly important to my research, not least of all because of the investments that pro-ana communities make in 'actual' anorexia, and the fixed ontology of *being* actual anorexics. This approach does not contest the idea of a difficult relationship to feeding the body, a relationship which impacts on life chances ranging from education and employment to access to support networks and bodily potentials. On the contrary, in conceiving of anorexia in relation to the Deleuzian event we move towards an understanding of what is real (and abstract) about it, *prior* to or *outside* of the administration of a diagnostic label (DSM IV; APA, 2000) or the appearance of emaciation. By engaging with the notion of potential, as indivisible from the actual, but as that which is *not towards a* determined end point, we allow into the discussion movement and becoming.

Also worth mentioning at this point is another significant way in which Deleuze moves us away from determinism. Although the event subsists within us, waits for us and mobilises our will to actualise or bring about that which is already waiting, 'that which is already in the process of coming about and never stops coming about'(Deleuze, 2004, 242). We are, then, not speaking of an individualised typology. We are not engaging with the notion that pre-destined bodies inevitably move towards fixed or determined points and stay there. Rather, by engaging with the pre-individuality of the event and the virtual *of the* body, we refuse to make individual bodies contain the abject and pathological, and instead engender a hopefulness which is valuable to a feminist rethinking of the body, as I explore below.

By acknowledging the abstract as an aspect *of the body* (Massumi, 2002, 30) we are working with that which is everyday, but that which has no 'everyday language' to make it utterable. Rather, 'everyday language' is a discursive space in which good and common sense too often circulates. As with the event itself, what we are working with is 'beyond the general or the particular' (Deleuze, 2004, 169). The event is not about individual, categorised, fixed bodies, nor is it about the actual stripped of the virtual. Instead, it is *towards mixtures of bodies and pre-individual potentials*. To accommodate our engagement with that which is not the body,

but of the body - virtual - we would benefit from looking away from good and common sense language towards the language of the event – its movements and becomings. In the following section I continue to put Deleuze to work, drawing out some implications for research methodology and highlighting how the concepts I've elaborated so far have inspired both the design and 'doing' of research.

Becoming curiouser and curiouser: putting real and abstract ideas to work in research practice.

Look only at movements - and they will bring you to matter' (Massumi, 2002, 206).

As much as methodology is a procedural concern, it is always already connected to our conceptions of ontology, epistemology and ethics. These theoretical ideas inform the questions we formulate and the spaces, or sites, we take these questions to. The puzzlement and uncertainty that reading Deleuze brings about contributes to an existing methodological literature, particularly in terms of the work of the ethnographer. Geertz suggests ethnographers' sustained engagement with the field can transmute the strange into the familiar and the familiar to the strange, inducing a productive 'puzzlement'. This occurs through 'displacing the dulling sense of familiarity with which the mysteriousness of our own ability to relate perceptively to one another is concealed from us' (1993, 16). Ethnography, as a theoretically informed discipline and method of carrying out and representing research is not neutral:'[m]ethodological preambles are far from innocent in the construction of ethnographic authority' (Markham, 1998, 46). The ethnographers' stories of the field and their object of study, how and why they arrived and what they bore witness to, have less to do

with an indubitable account of reality than they do to the descriptive, analytic and interpretive representation the ethnographer serves to their audience to chew over and digest. Here, I would suggest that one of the most significant contributions Deleuze makes to methodological design, practice and representation is to help us to make the strange, familiar and familiar, strange; 'destroy[ing] good sense as the only direction' Deleuze, 2004; 5). Alongside the disruption of good and common sense Deleuze also helps us to engage differently with the subject, the collective, agency, materiality and language. Concepts which Deleuze operates, such as the quasi- cause and the event, are not explicitly defined or found in one place^{iv}, just as the phenomenon we seek to explore is not immediately available in neat isolation. As with the object of inquiry, we find ideas moving and subsisting with other concepts in the body of the text. The idea that things are not always where we expect to find them opens us to an interesting methodological synergy between where we expect to find the 'actual' object of study, and where we expect to find 'actual' definitions of Deleuzian concepts.

For example, Hine notes that '[t]he sites which we choose to study are often based on common sense understandings of what the phenomenon being explored is' (2000; 58). If good and common sense understandings suggests that anorexia is a mental illness with, *and because* it has, diagnosable criteria (DSM – IV), we are inclined to set in motion methodological practices, including timely and difficult ethical procedures (Halse & Honey, 2007) which gain us access to spaces where 'mentally ill' people reside or are 'treated'. While there are without doubt ill bodies in such spaces, and gaining an ethically accountable story from them is important, there are implications if this is the only space we look to, to gather data. In other words, if we engage with the object as individualised, fixed and categorised, not as the snowballing open ended differential Massumi speaks of (2002), our work has difficultly accounting for incremental and potential becomings. For my work this would infer reinvesting in actual anorexia as more important than the bodies which fall outside of the category's demands, which may have implications in terms of other objects or nominal identities such as class, race, sexuality or gender. For my project, if I invest in the actual, as divisible from potential, my research would ignore those bodies which the logic I operate through, would produce as improper. I would be complicit in placing anorexia on a pedestal, as saccharinescreen suggests:

I used to believe I WAS a wannabe. I used to believe I merely WANTED to be anorexic and had put it up on a pedestal. Why? Because I was anorexic, was in denial, believed I was still far too huge and ugly to be sick[..] That's all it took for me to look like a flaming raging wannabe to other people. Constantly looking for more to help me learn to be anorexic. Because I didn't think I was (saccharinescreen).

Rather than expecting to find data about actual anorexia in actual treatment centres^v, I was motivated to look elsewhere by tracing the flow of ideas, bodies and phenomenon. In questioning the idea of a self-evident actual, by engaging with potential as indivisible from it, I moved from *that which occurs* – the Deleuzian accident, towards *the inside of what occurs* – the event. Here the inside of what occurs is not the psychic interiority of the bordered individual. The event is always already pre-individual – beyond the general and particular – but always already in movement. To bring about, or actualise that which was always already in movement - but not towards a determined or fixed actual - the event mobilises in us a will.

Not a cognitive will, a choice or decision of thought, but an incorporeal will *of the* body – the quasi cause.

Below, I quote Deleuze at length on the basis of its powerful resonance with the way in which I sensed pro-anas engaged with the idea of 'choosing' anorexia., demonstrated, for instance, in the way in which two participants in my research, Cities-in-dust and inbetweendays, feel themselves compelled – or invited in – to making a choice which 'is not a choice like you think' – or as common sense would understand.

To the extent that events are actualised in us, they wait for us and invite us in. They signal us: 'My wound existed before me, I was born to embody it.' It is a question of attaining this will that the event creates in us; of becoming the quasi cause of what is produced within us, the Operator. [...] The event [...] manifests in us the neutral splendour which it possesses in itself in its impersonal and pre individual nature, beyond the general and the particular, the collective and the private (Delueze, 2004, 169).

Made a choice to 'become anorexic'? It's not a choice like you think but 'what is a choice?' Is there such a thing? I did not make a choice - I was a little kid. (Cities-in-dust).

I used to think 'I wish I had an eating disorder' but I was already doing and thinking the same shit as I am now (inbetweendays).

I will now develop the paradoxical trope to speak/ to eat will and continue in more detail with the paradox of lifestyle choice and mental illness. I argue that without recourse to an embodied language which can tap into the incorporeality of the concrete, the *actual* body of the speaker 'snaps up' that which is pre individual: beyond the general and the particular.

From prevention to Pro-ana - speaking of food and eating words.

My project began by identifying eight pro anorexia websites by entering the term *pro-ana* into an internet search provider (ISP). Kozinets suggests that for the purposes of research ethics we can 'regard the use of some types and uses of computer-mediated cultural interactions as similar to the use of texts' (2010, 142). As such, during this initial stage of research the sites were considered as textual due to the fact that the only aspect explored were the archived, public-and-private, discussion boards. All of the sites observed had *private* inbox functions which were inaccessible to anyone other than the specific member, as well as *public* or communal discussion boards. Although 'data' was conceived as textual, I remained mindful of issues of anonymity and confidentiality. 'Heavy cloaking' (Kozinets, 2010) was therefore carried out. In practice this meant that all data copied and pasted to Word documents for early and provisional analysis were changed from the outset. Names of sites were changed, and all user profile pictures were deleted. Pseudonyms were changed by conflating random words from other discussion threads.

During this preliminary investigation one particular word struck me: Wannarexic. It struck me at both a theoretical and practical level. As a word it appeared to introduce the idea that for some individuals anorexia was desirable, thereby contesting taken for granted notions of anorexia only as a 'biologically based serious mental illness' (Klump et al, 2009). Also, the way in which it was mobilised as a pejorative term on discussion boards highlighted that pro-

ana spaces were spaces of contestation. Wannarexics were improper, an oppositionally defined to actual or 'genuine' anorexics.

In short for those of you new to the term, stupidly vain (usually teenager) who have the misconception that they can choose to become anorexic or 'ana' at the flick of a switch, [..]. No one can choose to become anorexic, it is a serious mental illness. One with genuine anorexia nervosa never wants to have the illness, they wish they didn't have it at all (Bonypink999).

Having read the *Logic of Sense*, *my* noticing the word 'wannarexic' at the surface of language was already in movement. In this book, Deleuze puts the portmanteau words of *Alice in Wonderland*, 'jabberwocky', 'snark', 'mimsy' and 'slithy' to work in his exploration of the relationship between the surface of language and the depths of bodies. In showing us his method of working through the implications of conflated articulation, for instance 'Jabberwocky' employs the verb *to jabber* with the adjective *wocur* meaning fruit or offspring, Deleuze invites us to do the same. Wannarexic, as a portmanteau is a particular order of esoteric word, a contracting word which conflates the closed metaphysics of *being* with the noun or adjective anorexic. As with 'Jabberwocky' the content of 'wannrexia' coincides with its function (Deleuze, 2004, 54): it wants-to-be. Wannarexia, by sleight of hand, invests in actual anorexia as distinct and special, not something that happens to just anyone. Here we are reminded of what saccharinescreen wrote in terms of putting anorexia on a pedestal. Through such reverence, anorexia is imbued with special qualities, it is more powerful than the subjects who either desire it or are diagnosed with it.

Returning the question Giles (2006) raises about whether or not 'ana' and 'anorexia nervosa' can be considered as the same discursive object, we see here that Bonypink999 operates at the level of what Deleuze refers to as denoting intuition. '[O]f all of the images associated with a word - with a particular word in the proposition - we must choose or select those which correspond to the given whole. The denoting intuition is then expressed by the form: 'it is that' or 'it is not that' (Deleuze, 2004, 16). This impetus to fixity – it is that – it is not that – for my purposes is connected to the bordering process of what actual anorexia is, and what actual anorexics are: a logic which produces bodies as excessive and improper. Rather than the idea of the *cognitive choice* to be anorexic which Bonypink999 draws on, and Cities-in-dust perhaps troubles, Deleuzian ideas open a space to consider that something *of the body: real and abstract: incorporeal* is compelled, not to choose, but to bring about that which is always already in a process of becoming.

Returning to the idea of that which is both every-day, yet has no everyday language to draw on Iintroduce ana4eva i who makes connections at the surface of language and sense making to the story of Alice in Wonderland:

If I am nineteen years old, sixty pounds, and eating a carton of yoghurt a day, and it takes me precisely two hours to eat this carton of yoghurt, and I smoke a cigarette every fifteen minutes to prove that I can stop eating, then I will be safe, retaining my dictatorial grip on my body, my life, my world. By contrast, If I so much as taste a bit of unsafe food on my tongue, it will not travel through my body in the usual biological fashion but will magically make me grow, like Alice taking a bite of the wrong cake (ana4eva).

The language ana4eva serves to the reader seems to contain traces of esoteric riddle which would not be out of place in either Carroll's *Wonderland* or *The Logic of Sense*. *'If I am, x, y, z: what am I? '^{vi}* One could almost imagine the haughty caterpillar, through rings of smoke, or the Cheshire Cat through his disembodied smile, presenting this puzzle to the adventuring Alice. However, alongside this answerless riddle we find in the recipe of ascetic bodily practices something real and abstract, virtual or incorporeal. Ana4ever suggests that there is something other than 'usual biology' at work which can bring about magical growth.

For both Deleuze, and ana4eva, there is more to the body than meets the eye. As we have already noted bodies are causes in relation to one another, causes of "'incorporeal entities" [...] *events*' (2004, 7). Here, the language of the event allows us to engage with this idea of magical growth without discounting it as the bizarre or paranoid fantasy of the mentally ill. The tasting body does not cause the f-actual growth of usual biology; it causes a magical and imperceptible growth which pertains to the incorporeal dimension *of the body*: Its potential. To paraphrase Massumi (2002), that which is imperceptible and insensate; but moves through sensation.

In this articulation we have perhaps an awareness of the virtual: the potential *of* the body in movement. However, this movement refuses the final resting place of a distinct emotional state or particular word – relating to both the depths of bodies and the surface of language. Although the extract evokes a process of becoming, of potential, in the last instant this is somewhat tied to the fixity of *being* an actual anorexic. Ana4eva senses the potential *of* the body, yet potential is not amenable to a dictatorial grip. As such, potential must be sutured to a predictable, determined, individualised actual: physical

growth. To an obdurate palette, the uncertainty of embodied potential creates an abject taste on the tip of the tongue. The pre-individuality of the event is individualised through a focus on ana4eva's actual body.

Preventing potential?

Soon after my early exploration of pro-ana sites I became a participant observer in a short-term eating disorder prevention project. In receipt of twelve months local authority funding it had been tendered, and awarded, on the basis of a good and common sense understanding of f-actual or proper anorexia as a serious mental illness. This understanding inferred that anorexia was amenable to prevention, diagnosis and therapeutic treatment. However, the feminist youth workers who managed and delivered the project also paid particular attention to socio-cultural understanding of disordered eating. As such, they saw *the cause* of eating disorders as external to the subject and traceable to the media, patriarchy and the thin ideal. Pro-ana websites were never discussed in team meetings, nor was the desire to be anorexic. 'Wannarexia' and the social spaces in which the term flowed did not figure in the way the problem, the rise in diagnosed eating disorders, was considered. However, as I have already introduced, in the refusal to split the actual from the virtual potential cannot be prevented; it is always already in movement but not towards a predictable or final resting place.

Group work was carried out in schools, youth work and young parent projects. It was delivered to both males and females aged 13 - 21. As a prevention project it was neither necessary nor desirable that participants were identified, or identified themselves, as 'eating disordered'. This posed a problem to gathering data for the research question which

encouraged me to ask: '*what is the "everyday" experience of having an "eating disorder" and how does it impact on everyday life, including work and education?*'. Although the original site didn't lead to me participants, it did lead me to other sites, including a feminist organisation based in the North of England. Through this site a detailed pro forma was sent to potential participants giving details of my research aims and participant's rights to anonymity, confidentiality and ethical treatment. This information was disseminated to a thousand youth workers, feminists and young people. Of the thousand inboxes to receive the email, there was one particularly interesting response from a young woman called Joanne. During our first face to face meeting, as we were served to one another for the first time, we spoke of food and carefully ate one another's words. I asked why she had come forward and suggested that I would like the project to be mutually interesting and if possible beneficial. As I have suggested above, I had been thinking through Deleuze's trope to eat/to speak:

What is more serious: to speak of food or to eat words? [..] If we then speak of food, how can we avoid speaking in front of the one who is to be served as food? (Deleuze, 2004, 29).

In the above quote we see to speak/to eat pertains to the depths of the body and the surface of language. Not only was this a useful concept when it came to analysing and interpreting mine and Joanne's discussions, it was also relevant to the ethics of the project. I did not want to relate to Joanne as a source of data, encouraging her to speak of a difficult and complex relationship to feeding the body, only to then serve her as food and dine out on the stories. With this abstract idea in mind I began by serving my project to her as an ethical engagement which would require the commitment of both of us over time. I presented outright Joanne's right to anonymity and confidentiality and suggested that after each interview we discuss

whether or not she remained satisfied with the project and her involvement in it. I proposed that we both left ample time at the end of our recorded discussions to chew over the more difficult aspects of our talk. I suggested this to ensure that Joanne left the field with feelings as close to those she had entered with as possible.

Joanne committed to the project, agreeing to meet with me at regular intervals to work towards a 'different account of anorexia', which troubled the way that the medical model and the DSM -IV served it in cultural freeze frame (Massumi, 2002). In line with the mobile research method, Joanne offered me another way to follow the phenomenon to different sites. Together we acknowledged the abstract and mundane aspects of life online and life offline without subsuming one under the other (Markham, 1998). In our first meeting Joanne gave an account of her adolescent experience of anorexia and pro-ana sites. During this meeting what came to the surface of language were 'bits of things' which had already been chewed over. Everything was partially digested, the by-products of prior therapeutic regurgitation. Because talk of food had been in reference to the past, I asked her how she now 'lived differently'. Living differently was a phrase I had considered before entering the field as a means to both avoid the term recovery and to work with Deleuze's idea of counter-actualisation. Although recovery is often presented straight forwardly as a state distinct to anorexia, there is still debate about what the term actually means (Bardone-Cone et al, 2010). Institutionally speaking however, recovery is usually interchangeable with weight gain and consistent eating practices which maintain normative levels of biological functioning. Yet this notion of recovery is often contested by pro-anas (Fox et al, 2005). For example, one participant argued that 'Recovery is a myth' (Violet_Rage), and Joanne was also sceptical. Even though I had explicitly avoided the term when I asked Joanne how she 'lived differently' she responded with 'yeah, erm, technically I'm not totally recovered'.

I was interested in what Joanne might be able to tell me about becoming the 'master of actualisations and causes' (Deleuze, 2004, 243). This was important to the politics of the project, a politics of movement which was hopeful of the idea of becoming. Rather than conceiving of an unliveable relationship to feeding the body as the end or beginning of being; becoming moved my thinking away from fixed identities and proper names. The term recovery was thus also avoided as it inferred an end point to pathology and a starting point of normalcy. The ethics of the research sought to conceive of anorexia differently. In evoking the term recovery I would be mobilising conservative and good sense which would be incongruent with the methodologies concern with movement and unfixing.

As the chapter has already suggested, when we speak of the body according to medical sense there is no space to acknowledge its incorporeal or virtual dimension. Potential is severed from, and obfuscated, by the actual. There is no accounting for the ways in which the sense of the event subsists within bodies and is bought about by its incorporeal dimension: the quasi cause. Deleuze's theoretical ideas moved my research question from being focussed on *that which occurs*, the accident (weight loss or weight gain), towards questions which attempted to make luminous *the inside of what occurs*, the pre-individual event.

What the event and its dual causality opened the research to was the idea that the will is mobilised to bring about *that which is already in movement*. I found a means of acknowledging volition in anorexic becoming while refusing to conceive of this as a mental choice. Instead I worked with the idea of that which already subsists within the virtual dimension *of the body*. Using the event to think through anorexia challenges the idea of it as a mental illness caused by abnormal biology (Klump, et al., 2009) and as a lifestyle choice

based on cognitive decisions. Because Joanne saw herself as 'technically [...] not totally recovered' our face to face meetings often involved her bringing to the surface of language what she conceived of as *the cause* of her eating disorder. Yet her linguistic emissions were often accompanied by dissatisfaction. As she traced the circumstances of her own life I often sensed that something remained problematically inaccessible. She struggled to make sense, not least of all because her good and common sense conceived the body as bordered, fixed, autonomous and intentional (Brennan, 2004).

In the thirteenth series of *The Logic of Sense*, 'The schizophrenic and the little girl', we can see useful parallels in the way that common and good sense language fails Joanne and how something of what she might wish to bring to the surface of language remains within her body. In having no space to conceive of the real and abstract relationship between the body and language, Joanne's dissatisfying articulations are swallowed down and 'snapped up' by the body. Perhaps these remnants, these 'bits of things', contribute to her account of fullness and being 'too big'. Everything is inside and everything is body and corporeal. The pre-individuality of the event, its neutral splendour, becomes the problematic property of the individual.

Things and propositions have no longer any frontier between them, precisely because bodies have no surface. The primary aspect of the schizophrenic body is that it is sort of a body sieve. [...] The consequence of this is that the entire body is no longer anything but depth - it carries along and *snaps up everything into its gaping depth* [....] *Everything is body and corporeal. Everything is a mixture of bodies and inside the body, interlocking and penetration* (Deleuze, 2004; 99 emphasis added).

As with ana4eve and her predictable, determined, individualised actual, when Joanne could not fully account for the reason she felt so powerfully compelled by anorexia; fat filled the gap. She restricted her intake because she was too fat; she wasn't a proper anorexic because she was too fat.

I don't deserve the label of eating disorder, never mind anorexia because of my size and it even feels sort of stupid saying the word anorexia because of my size even though I know I have the exact same behaviours as someone diagnosed with anorexia it just doesn't feel like something that I can say (Joanne).

While Joanne embodies the wound and operates the sense of the event, her place outside diagnostic criteria engenders a feeling that she is an improper anorexic. In the last instance, as with saccharinescreen, medical and psychiatric conceptions of anorexia are invested in as more important than their embodied experience

Deleuze and Methodology – future considerations.

Throughout the chapter I have engaged with theory which is towards being 'abstract enough to grasp the real incorporeality of the concrete' (Massumi, 2002, 5). I have worked with the Deleuzian language of the event, which is connected to the real and abstract of the body, its virtual or incorporeal dimension. In doing so, I have been able to approach the object of inquiry differently. In avoiding sense-making which goes in only one direction, and working with the pre-individuality of the event, I have neither celebrated anorexia as a lifestyle choice, nor determined it as a mental illness (Day, 2010).

In summarising the implications of the chapter for research methodology, one idea which is of immense value to how researchers conceive the 'research problem' is the dual cause - that which is *of the* body or virtual, and requires for its actual causes, mixtures of bodies. This idea opens up and works with the unhelpful binary of volition and determinism: the quasi cause, as one direction of the dual cause, as means of disrupting choice as always and only cognitive; counter-actualisation, or what Deleuze refers to as 'the freedom by which we develop and lead the event to its completion and transmutation' (Deleuze, 2004, 243). Operationalising event enables possibilities for thinking about both 'anorexia' and 'recovery' as fixed ontological points of 'being' but also the accident. I worked with this idea to suggest that 'what occurs' should not be where inquiry starts or stops. In setting out these ideas my argument has been towards a shift of focus - not only seeing with our eyes, nor making that which is accidental to the event the focus of our engagement. Instead, I suggest that we take the challenge of working with those 'bits of things': affects, ideas, sensations and movements which are often disregarded under usual methods of working. With Deleuzian thinking our engagements cease to only be about to be about 'individuals', 'structures' and 'constructs' and instead take the challenging, yet necessary, task of working with what is really incorporeal about the concrete, that which is pre-individual and always already in movement.

Referring to Grosz's insight, that 'scientific notions are internalised, if only indirectly, through their absorption into popular culture' (1999; 134), we find in Deleuze a way of avoiding complicity with those ideas and discourses which would infer certain bodies were 'improper'. Through working with these ideas I am more able to ask questions of what 'actual anorexia' infers as well as what 'counter-actual anorexia' might mean. In asking questions of the actual, I can engage more effectively with off-line and on-line and observations, for instance, Violet_Rage's assertion that 'recovery is a myth'. Also, if we can

acknowledge that there is an incorporeal dimension *of the body*, which is connected to the bringing about the event, we can begin to reconsider choice, which, to paraphrase Cities-indust, is not like you think.

As a final point, through the exposition of my own method, what I would wish others to take away is that although the ideas Deleuze asks us to work with are both difficult and disruptive, they make us curious: willing and waiting to be productively puzzled. In designing and carrying out research, I would suggest that if we fail to interrogate those' bits of things' and take for granted the 'actual' as more important than the potential, we fall short of what our practice might potentially be. Perhaps, if we do not grasp the real incorporeality of the concrete, we make solid both icons and dogma. With regard to the design and conduct of future research, with Deleuze we have the possibility of holding in tension multiple interplays and paradoxes. In practice, by moving away from the assignation of fixed identities and common sense, we are perhaps afforded a different methodological space in which we might consider the 'research problem'. Here, and in daring to question the actual, the fixed and the categorised, we might move towards working with the pre individuality of the everyday, the embodied and the linguistic as they play out in mixtures of bodies in ways which are beyond the general and the particular.

References

American Psychiatric Association (2000) *Diagnostic and statistical manual of mental disorders*, 2nd edn, text revision. Washington, DC: American Psychiatric Association.
Bardone-Cone A. M., Harney, M. B., Maldonado, C.R., Lawson, M. A. Robinson, P. D., Smith. R, Tosh, A. (2010) Defining recovery from an eating disorder: Conceptualization,

validation, and examination of psychosocial functioning and psychiatric comorbidity *Behaviour Research and Therapy* 48. Pp 194–202.

Brennan, T. (2004) The Transmission of Affect. London. Cornell University Press

Brooke, B. (1999) Feminist Perspectives on the Body. Longman, London.

Butler, J. (1990) Gender Trouble London: Routledge

Butler, J. (1997) The Psychic Life of Power Stanford. Stanford University Press.

Butler, J. (2004) Undoing Gender. London. Routledge.

CAPSAID (2011) Campaign to Abolish Psychiatric diagnostic Systems such as ICD and

DSM (<u>http://www.criticalpsychiatry.net/?p=527</u> accessed 13th September 2011)

Custers, K. and Van den Bulck, J. (2009), Viewership of pro-anorexia websites in seventh,

ninth and eleventh graders. European Eating Disorders Review, 17: 214-219.

Day, K. (2010) 'Binge Drinking: Conformity to damaging ideals or New resistant

femininities Feminism and Psychology. 20 (2) 242-248

Deleuze, G. (2004) The Logic of Sense. Continuum. London

Dias, K. (2003) The Ana sanctuary: women's pro-anorexia narratives in cyberspace. *Journal of International Women's Studies* 4 i2, (32) 31 - 45

Ferreday, D. (2003) 'Unspeakable Bodies : Erasure, Embodiment and the Pro-Ana Community' *International Journal of Cultural Studies*. 6 (3) 277 - 295

Fox, N., Ward, K, and O' Rourke, A. (2005) 'Pro-anorexia, weight-loss drugs and the internet: an 'anti recovery' explanatory model of anorexia' *Sociology of Health and Illness*. 27 (7) 944 – 971

Garcia, et al. (2009) 'Ethnographic Approaches to the Internet and Computer-Mediated Communication' *Journal of Contemporary Ethnography*. 38 Pp52 – 84

Geertz, C. (1993) The Interpretation of Cultures. London. Fontana

Giles, D. (2006) 'Constructing identities in cyberspace: The case of eating disorders' *British Journal of Social Psychology*. 45 463 – 477.

Grosz, E. (1994.) *Volatile Bodies – Towards a Corporeal Feminism*. Indiana University press, Indianapolis

Grosz, E. (1999) 'Space, Time and Bodies' in J. Wolmark (Ed) *Cybersexualities – A Reader on Feminist Theory, Cyborgs and Cyberspace*. Edinburgh. Edinburgh University Press. Pp 119 – 135.

Halse, C. & Honey, A. (2007)'Rethinking Ethics as Institutional Discourse' *Qualitative Inquiry* 13 (3) Pp 336 - 352

Hammersley, M. and P. Treseder (2007) 'Identity as an analytic problem: who's who in `pro-ana' websites?' *Qualitative Research* 7 Pp283 – 300.

Hepworth, J. (1999.) The Social Construction of Anorexia Nervosa. Sage, London.

Hine, C. (2000) Virtual Ethnography London. Sage.

Klump, K.L. Bulik., C.M, Kaye, W.H., Treasure, J., Tyson, E. (2009) 'Academy for eating disorders position paper: eating disorders are serious mental illnesses.' *International Journal of Eating Disorders* 42 (2) Pp 97 – 103.

Kozinets, R. (2010) Netography- Doing Ethnographic Research Online. London. Sage.

Lawrence, M.(1987.) 'Education and Identity: The Social Origins of Anorexia'. In M.

Lawrence (eds). *Fed-up and Hungry. Women, Oppression & Food.* Women's Press Limited, London. 207-225.

Lupton, D. (1996) Food, the body; and the Self. London Sage.

MacLeod, S. (1981.) The Art of Starvation. London. Virago

Malson, H. (1998.) The Thin Woman- Post structuralism and the Social Psychology of

Anorexia Nervosa. London. Routledge

Markham, A. (1998) *Life Online – researching real experience in virtual space*. Oxford. AltaMira Press.

Massumi, B. (2002) *Parables for the Virtual: Movement, affect, sensation*. Durham and London: Duke University Press

MacSween, M. (1986.) 'Anorexic Bodies.' Routledge, London.

McRobbie, A. (2009) *The Aftermath of Femminism: Gender, Culture and Social Change.* London. Sage.

Mental Health Act (1983) sect 2,3,4,5. (as amended by Mental Health Act 2007)

Optenet (2008) International Internet Trends Study. Optenet.

http://www/optenet.com/mailing/pdfs/TrendReport.pdf [Accessed 25th May 2009]

Orbach, S. (1982) Fat is a Feminist Issue 2. London Hamlyn.

Orbach, S. (1986) *Hunger Strike – the anorectics struggle as the metaphor for our age*. London. Faber

Pollack, D. (2003) 'Pro-Eating Disorder Websites: What Should be the Feminist Response?'

Feminism & Psychology 13: Pp246 - 251

Probyn, E. (2000) Carnal Appetites FoodSexIdentities London. Routledge.

Royal College of Psychiatry (2009) Eating Disorders: key facts from the Royal College of

Psychiatrists www.rcpsych.ac.uk [Accessed 14th June, 2010].

Notes

¹A. Refusal to maintain body weight at or above a minimally normal weight for age and height (e.g., weight loss leading to maintenance of body weight less than 85% of that expected; or failure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected).

B. Intense fear of gaining weight or becoming fat, even though underweight.

C. Disturbance in the way in which one's body weight or shape is experienced, undue influence of body shape on self-evaluation, or denial of the seriousness of the current low body weight.

D. In postmenarcheal females, amenorrhea, i.e., the absence of at least three consecutive menstrual cycles.

ⁱⁱ Wannarexia contracts the words *want to be* and conflates this with anorexic, indicating the desire of the inauthentic subject to be a 'real anorexic'.

iii American Psychiatric Association.

^{iv} Although the Twenty First series of the *Logic of Sense* (2004) is called *The Event*, a thorough reading of it, and the concepts of which it is comprised, comes about through reading elsewhere within the text.

^v The implication being that here we find ' actual anorexics' here because they have been diagnosed as such according to the DSM IV.

^{vi} Anorexic, Ana, Mentally Ill, Wannarexic etcetera, etcetera.