



The construction and function of identities in Pro-Anorexia: A discourse analysis

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The construction and function of identities in Pro-Anorexia: A discourse analysis

ABSTRACT

This study examines the impact of pro-anorexia websites on the lived experience of site users. Pro-anorexia (also referred to as 'pro-ana', see Davies & Lipsey, 2003) is a relatively new and controversial phenomenon which constitutes a community of like minded individuals meeting in cyberspace to exchange hints and tips on weight loss but primarily to provide support for each other (Giles, 2006). It is thought that they offer a means of constructing positive identities for a marginalised and stigmatised group (Rich, 2006). The current study uses data collected over a five-month period from two pro-ana sites consisting of threads from discussion forums, and examines them using a form of discourse analysis as outlined by Potter and Wetherell (1987). Three interpretative repertoires were identified: 'Anorexia as a lifestyle choice', 'Anorexia as a mental disorder' and 'Outsiders as a mistrusted out-group'. The analysis examined how site users engaged with these repertoires in order to construct positive identities. In addition, also suggested that while the use of these repertoires enabled site users to reject the dominant medical discourses of anorexia, they may also serve to constrain the individual as they embrace anorexia as a lifestyle choice. This isolating themselves from friends and family and presenting barriers to recovery. Despite this, it is possible that the re-engagement of the site-user with the medical discourse could offer the individual an opportunity to create an identity, which may permit recovery without losing the support of the community.

KEY WORDS:	PRO-ANOREXIA	IDENTITY	COMMUNITY	DISCOURSE ANALYSIS	INTERPRETATIVE REPERTOIRES
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Introduction

Pro-anorexia is a relatively new and highly contentious phenomenon, which has only recently captured the attention of the media and academics conducting research on eating disorders. Pro-anorexia websites, more commonly referred to as 'pro-ana' (Davies & Lipsey, 2003) constitute an online community created by and for those who suffer with anorexia, offering support and encouragement but with a focus, in the majority of sites, on the maintenance of the condition rather than the seeking of treatment and recovery (Corrigan, 2010). The sites contain the journals and diaries of site owners, images of celebrities and site users, often manipulated to appear more emaciated (Thinspiration, Lipczynska, 2007), and tips and advice on weight loss and maintenance (Giles, 2006). Of particular interest to researchers however, are the discussion boards on which site users share experiences and offer advice and support to each other.

Sites have generally been received by a shocked public with a mixture of disgust and condemnation, their very existence is viewed by some as, if not dangerous, then certainly a matter of considerable ethical concern (Davies & Lipsey, 2003). Despite this, it has also been suggested that the sites may provide a valuable resource for clinicians, allowing a rare glimpse into the private world of a particularly marginalised group, and offering the potential to develop a deeper understanding of the destructive thought processes, dysfunctional behaviours, and subjective feelings of these isolated individuals (Tierney, 2006). The concerns voiced by both clinicians and the general public are that the sites glamorise the condition (Pollack, 2003) and may even result in the proselytizing of vulnerable girls who stumble across them, perhaps resulting in moderating cognitive effects on those without a current diagnosis (Bardone-Cone & Cass, 2007). It is thought that the sites may actively reinforce dysfunctional behaviours whilst discouraging individuals from being open with loved ones, thus isolating them further from society (Tierney, 2006). The Pro-Anorexia movement has been charged with being anti-recovery and promoting anorexia as an acceptable lifestyle choice which resists the seeking of help (Csipke & Horne, 2007), rather than as a condition which should be treated, celebrating site owners as inspirational and to be admired (Fox, Ward & O'Rourke, 2005).

These issues are undoubtedly alarming and very real but accounts have emerged also of the strong sense of support and community offered by pro-ana websites to those who log on. Pollack (2003) warns us not to romanticise pro-ana sites as political declarations of freedom from existing discourses, at the risk of dismissing their potentially tragic consequences. It has been argued however, that it is not the purpose of all sites to nurture self-starvation but to offer sanctuary for those with the condition (Fox et al. 2005). They have been said to provide anonymity and non-judgemental support for a deviant and marginalised group distinguished by their isolation and secrecy (Dias, 2003).

Described by Giles (2006) as an on-line community, the pro-ana movement provides a place for these young girls (and occasionally men) to share ideas and experiences in a positive environment with like-minded people. As an opportunity unavailable to sufferers of the condition prior to the advent of the internet, this community may serve to reduce feelings of isolation, as the individual is able to identify with other site

users (Tierney, 2006). Participation in pro-ana forums and discussion boards allows site members to redefine anorexia outside of the medical discourse (Fox et al. 2005) which has been used to establish anorexia as a disease category since the late nineteenth century when it was first understood in the context of a biomedical model.

Anorexia is understood as a condition typified by the refusal of the sufferer to eat, but while it is recognised that this results from an atypical attitude to food and body control, the medical criteria for diagnosis places equal emphasis on the physical symptoms of malnutrition (Duker & Slade, 2003). Since the 'discovery' of anorexia by Laseque and Gull in 1873 and 1874 respectively, research has been predominated by a positivist scientific model, resulting in the neglect of other approaches to the understanding of the condition (Hepworth, 1994). Despite the widely acknowledged role of multiple socio-cultural and psychological factors in the aetiology of anorexia (Bennett, 2005) and evidence from social, feminist and psychological theorists of links between societal factors and eating disorders (Hepworth, 1994). Academic and public discourses of the condition are generally medical (Boughtwood & Halse, 2007) and medical research into anorexia has typically been conducted without consultation to other approaches. The exclusive use of one particular framework such as this, as a means of generating knowledge and understanding of a phenomenon may serve to exclude the possibility of engaging in other means of knowledge production and may make it difficult to talk about the issue without reference to the dominant discourse (Jones & Elcock, 2001).

The dependence on the medical model as the dominant means of understanding mental disorders (Bentall, 2003) gives rise to the use of a medical discourse in the language of the layperson. This is said to produce a 'discursive constraint', which reflexively affects the lived experience of the individual with anorexia (Rich, 2006). In line with this, the growing body of qualitative studies which are emerging, looking at both anorexia and the phenomenon of the 'pro-ana' community, consider the condition as one which is subject to the limitations of a medical discourse (Boughtwood & Halse, 2007; Fox et al., 2005; Hepworth, 1994; Rich, 2006). Social constructionism suggests that the understanding of mental disorders from this biomedical perspective is a form of social control (Burr, 2003) and as such limits an individual's freedom and choice to behave as they wish. In the nineteenth century, medicalisation was salient within ideologies of mental health and determined the nature of health care institutions (Foucault, 1971), but the medical model was unable to provide a sufficient explanation for the aetiology of anorexia nervosa and Gull and Laseque failed to establish an organic causation for the condition (Hepworth, 1999). Although explanations for anorexia shifted from the organic to the psychological, it remained within the medical discourse. The medical domain was still considered appropriate for the study of psychological conditions, which were subject to the process of diagnosis, intervention and treatment. Hepworth (1999) argues that under the guise of scientific investigation, the medical model is used to manage and control those who did not fall within the remit of normal behaviour. Boughtwood & Halse (2007), using a post-structural framework to examine medical and social constructions of anorexia, consider the limitations of the use of medicine as the authoritative discourse in the treatment of the condition. They suggest that such treatments are reductionist, and focus primarily on weight gain and re-feeding whilst neglecting the psychological aspects of the condition. Little attention is paid to the conflict faced by patients as they battle with the contradictory discourses employed in

relation to food and hospitalisation. This focus on the physical health of the sufferer and neglect of their mental well-being is documented also by anecdotal evidence provided by the accounts of recovered and recovering anorexics (Shelley, 1997).

The rejection of the medical model by users of pro-ana sites is salient within the literature (Dias, 2003; Rich, 2006) and this is reflected in the outcome of treatment interventions, which tend to be unsuccessful. Patients drop out of treatment or are re-admitted, sometimes repeatedly (Bought wood & Halse, 2007) as chronic sufferers often do return to anorexic behaviour (Hepworth, 1994). The lack of research on recovery (Hepworth, 1994) and the gap in the literature available to clinicians regarding aetiology and appropriate treatment strategies renders the therapist impotent when faced with a patient who is resistant to treatment (Jarman, Smith & Walsh, 1997). Qualitative research offers an opportunity to examine understandings of the disorder from the clinician's and the client's perspective; this is likely to have an impact on both the nature of the therapeutic process and on treatment outcome. The opportunity to gain an understanding of the lived experience of the anorexic may serve to further inform clinical practice, and deepen the understanding of those working with sufferers of the condition, as the therapist is thought to be a vital component of the treatment process (Jarman, Smith & Walsh, 1997). Qualitative studies provide insight into a variety of themes which are recurrent in the accounts of those with the condition, such as control (Jarman, Smith & Walsh, 1997); femininity (Hepworth, 1994); and resistance to oppression (Dias, 2003).

A prominent theme within the literature is that of identity (Clarke, 2008; Giles, 2006; Rich, 2006), from both a personal and social perspective. The struggle to develop a sense of identity for the anorexic woman has been attributed to her attempts to make sense of the multiple and confusing expectations placed upon her by contemporary society (Orbach, 1986). It has been argued that anorexia represents a woman's resistance to these societal constraints and the fact that she lacks the freedom to develop an authentic identity (Hepworth, 1999). The identity construction considered in the context of the pro-ana community within these studies however appears to operate more as a social process and group membership is particularly salient.

Antaki and Widdicombe (1998) consider identity as embedded in social activity and propose that it is something people 'do' rather than something they 'are'. In this respect, identity is treated as a resource for the individual with which to achieve a certain aim. An individual with anorexia is typically isolated and characterised by a tendency to withdraw from family and friends (Tierney, 2008). Prior to the growth and availability of the internet, such individuals would not have had access to this virtual community, living instead with a stigmatization, which may increase their desire for secrecy and as a result, their social isolation (Crisp, 2005). The pro-ana movement has given a voice, albeit a subterranean one, to a formerly silent population.

Giles (2006) uses data collected from pro-anorexia discussion forums to examine the way in which site users construct their identity through discourse and how they use these identities to police the community boundaries. The positioning of the members as 'in-group' and the outsiders as the perceived 'out-group' is seen by Giles to be the defensive reaction of a misunderstood community under attack. Rich (2006) also talks about the stigmatization of anorexia, suggesting that anorexia is typically perceived by the public as a self-inflicted condition and that sufferers can be seen to

use alternative discourses to construct more positive identities and self-representations. Within traditional social psychology, this strategy might be explained in the context of Tajfel's social identity theory (Tajfel, 1982; cited in Benwell & Stokoe, 2006), in which group members justify their own position and derogate members of 'out-groups' in order to develop a positive identity and improve the way they view themselves as a stigmatised group. This theory however, is based on the social cognitive process of categorization, which suggests that the knowledge and bias people have about others is an inevitable result of cognitive processing and has little to do with ideological processes. This view is rejected by social constructionists who believe that categorization is a social accomplishment of considerably more complexity (Potter & Wetherell, 1987). People take what they need from a variety of preformed categories as they talk, articulating these categories within talk so that meanings are constructed each time they are called upon in order to achieve the desired aim of the speaker.

Fox et al. (2005) consider the different models people use to explain and understand anorexia. The biomedical discourse presents anorexia as a condition to be cured and Rich (2006) argues that this forms a constraint which the individual will attempt to resist. This involves the construction of alternative accounts, which present anorexia as an identity and as a lifestyle to be admired and envied. Tierney (2008) explores the contribution of pro-ana sites to the 'social capital' felt by site users. Social capital is a term, which refers to the value of social networks, and explores the way in which they serve to bond similar people in a mutually beneficial way, developing trust and reciprocity (Putnam, 2001). She suggests that the encouragement and support felt by and offered to members of the community and the unanimous rejection of medical discourses with which to explain and understand anorexia, serve to form a subculture which is further alienated from society and which discourages individuals from moving towards recovery as they indulge their self-identification as anorexic. As dissociation from this anorexic identity is thought to be an essential feature of the recovery process (Keski-Rahkonen & Tozzi, 2005) it could be argued that the anorexic individual taking part in pro-ana discussion forums engages in a discourse which ultimately limits her (or his) own behaviour and acts as an impediment to their recovery. The individual may choose to disregard the more distressing symptoms of the disorder (associated with starvation) as they are unwilling to sacrifice those behaviours, which are valued by the community (Rieger & Touyz, 2006). The construction of identity within this context, where site users position themselves as misunderstood, with outsiders as obstructive to their chosen lifestyle, may be said to constrain the individual by making it harder to move towards a new subject position and preventing their openness to recovery. The mistrust felt towards outsiders serves to unite those within the community and make it harder to move towards a new subject position.

The emphasis researchers place on the moral debate of pro-anorexia websites varies, but while there is a consensus that the threat posed by access to the sites by vulnerable individuals should not be dismissed, the sites nonetheless provide a valuable resource for researchers and the health profession (Custers & Van den Bulck, 2009). Tierney's study (2008) on the social capital offered to individuals by pro-ana sites suggests that they may potentially provide a bridge between the anorexic and the outside world in that they make accounts of the anorexic experience available to carers and clinicians. She proposes that the sites should be

considered as a form of naturalistic data, which would not be available through the more standard practice of qualitative interview with this population given its unwillingness to communicate with outsiders. However, from a social constructionist perspective, Giles (2006) proposes that rather than simply regarding the pro-ana 'movement' as a means of gaining access to the private world of an isolated group, we consider whether 'pro-ana' should be thought of as the same discursive object as anorexia. In addition, the impact of the pro-ana community on the individual with the disorder must be taken into account as an active part of the construction of their anorexic identity. He suggests that the sites form a collective of the joint constructions of anorexia by site users and serves as a counter culture to lay perceptions. That clinicians treating those diagnosed with the condition are not simply treating them, but also have to consider the level of online support and encouragement they receive to maintain these behaviours is a point which should be recognised by the health profession (Custers & Van den Bulck 2009).

In much, the same way as Antaki and Widdicombe (1998) regard identity construction as being an active process, so the way an object is constructed through talk is considered dependent on the discursive practices used by the speaker (Potter & Wetherell, 1990). Discourse analysis examines the role of language in our construction of social reality (Willig, 2008) and discursive psychology focuses on how people use language to negotiate and manage interaction to achieve an aim, such as to disclaim a stigmatized social identity or justify behaviour (Willig, 2008). An Interpretative repertoire acts as a linguistic resource with which the speaker constructs an account of his or her perceived social world (Burr, 2003); it can be understood as a culturally shared set of meanings available to individuals within a society, who are able to use different repertoires to construct various accounts of the same event. These repertoires are said to be the 'building blocks' people use to construct their versions of reality and are internally consistent language units generally used in a specific grammatical style, often characterised by certain figures of speech or tropes (Potter & Wetherell, 1988). Examination of available repertoires and subject positions can help the individual occupy positions, which may be less personally damaging than those, which are salient within the dominant discourses (Burr, 2003). It is important however, not simply to think of interpretive repertoires as discursive resources, which are used in some calculated way by the speaker, but also as discourses, which can constrain and limit (Potter & Wetherell, 1990). With this in mind, the current study will focus on how the repertoires identified serve both to liberate participants from existing discourses and to constrain them as they produce new positions.

The Present Study

The current study aims to use a form of discourse analysis as outlined by Potter & Wetherell (1987) to examine the interpretative repertoires employed by site users within the pro-anorexia community. This analysis is not so much interested in the management of the community as a group process however, but on the significance, the community has to the individual and the subject positions made available by and for the individual because of membership within the community. The research will focus on the way site users manage their own identity using the available discourses, as an individual with an eating disorder and as a member of the community, and how the hierarchies operating within the pro-ana sites offer a variety of different subject

positions which serve both to constrain and to liberate those who use them.

The use of discourse analysis as a tool for investigation in this area offers an opportunity to gain some understanding of the lived experience of a little understood condition. This provides not only the first hand account of the individual, but a privileged glimpse of this experience in the absence of the barriers, which usually exist between the anorexic, and their family or therapist.

As this form of discourse analysis is focused on the identification of interpretative repertoires, the account given by site users is taken as the object of research rather than as a straightforward representation of the individuals' attitudes, with emphasis on language use, patterns and inconsistencies across different accounts (Potter & Wetherell, 1987). As a social constructionist study, the emphasis is on the construction and function of these repertoires and their implications for the individual. The use of naturalistic data such as this is thought to significantly limit the impact of researcher's presence on the collection of data (Tierney, 2006), providing accounts which would be unavailable not only for quantitative research but also to qualitative studies conducting traditional interviews.

The present research therefore aims to explore the ways in which individuals using pro-anorexia websites construct identities for themselves using the interpretative repertoires available to them within the context of this community. It examines how these repertoires have been made available as an alternative to the dominant discourses commonly used in wider society to understand anorexia and how they may serve to constrain the individual as they reject other ways of understanding themselves and their behaviours. The analysis will be conducted with a focus on clinical implications for the site user in terms of how engagement with these repertoires and the construction of alternative identities may delay or prevent readiness for recovery. It is hoped that an examination of this area may provide some useful insight for clinicians working with this population, offering a deeper understanding of the sufferer of anorexia, the ways in which they both experience the condition and negotiate recovery, and potentially enable the facilitation of a more productive therapeutic relationship.

Method

Design

The data have been collected from discussion forums on pro-anorexia websites and analysed qualitatively using a form of discourse analysis introduced by Potter and Wetherell (1987). I considered this an ideal form of analysis for my study as it is particularly suited for use with naturalistic data and is concerned with psychological phenomena such as identity and memory (Willig, 2008). The study is conducted from a social constructionist perspective, with a focus on the construction and function of interpretative repertoires.

Data

The data were downloaded from the internet from two pro-anorexia websites, over a period between September 2010 and January 2011. I chose these two particular

examples as I found them to be typical of pro-ana sites, and provided a consistent balance in terms of the opinions of site users; they were neither fiercely pro anorexia nor pro recovery, but were reflective of the more nuanced views of members of the pro-ana community. The material therein consisted of 'threads', a selection of which constituted my data set. A thread is a collection of responses to an original message and can consist of one or two short messages or twenty or more substantial ones.

There were many discussion threads available on the two selected sites and decisions had to be made regarding which to include. In order to do this I imagined the types of questions I might have covered had I been conducting interviews as a method of data collection. I aimed to have enough data for analysis to reflect a similarly broad range of subject areas.

The participants consisted of members of the two pro-ana sites and appeared to consist of sixty females and one male (Although it is not possible to verify this as the participants are identifiable only by pseudonym, the participant I have taken to be male uses a masculine pseudonym, unlike all of the others). As I have not had occasion to use any of his messages however, for the purposes of my analysis, I have, throughout the body of the study, referred to site users as female. Having said this, I would like to acknowledge that there is, nonetheless a small male presence within the 'pro-ana' community.

While this appears to be a large amount of participants for a qualitative study, the majority of participants only contribute to the discussion threads once or twice. A small number do contribute regularly however, and it is their exchanges, which are of particular interest, as they constitute an ongoing and supportive social interaction. There appears to be a variety of ages within the population, some are clearly very young as they discuss their parents and school. Others are married with children, the oldest participant to have stated her age is 42.

Procedure

Due to the nature of my data, collection there was no direct interaction between me and my participants. The websites were located using 'Google' as a search engine, and the search term 'pro-ana'. The sites selected were two, which did not require a password for entry to the community, and as such were available in the public domain. They were chosen due to the volume of activity on their discussion forums, as I wanted a large body of data and a wide selection of material. The threads were copied into a word document in their entirety, in order that they be stored and printed for analytic purposes. Threads were chosen largely due to the level of interest and variation (it should be noted that a number of threads were seen which discuss mundane subjects such as homework and clothes). In particular, I chose threads, which offered views on participant's feelings about anorexia and what it is like to live with the condition.

Ethical Considerations

The relatively recent emergence of internet based research means that its ethical parameters remain an area of some uncertainty and debate, one particular difficulty involves the distinction between public and private spaces (Hewson, 2003). Where

online material is openly accessible to the public, it may be considered that, being in the public domain, the use of such material does not require the informed consent of its author(s) (Keski-Rahkonen & Tozzi, 2005). The general rule of thumb however, as outlined by the BPS Code of Ethics and Conduct (2006, p13) is that observation of public behaviour only takes place where people might 'reasonably expect to be observed by strangers'. This in turn, involves speculation on the part of the researcher, about the expectation of site users. The point to consider is the possible harm done to the participants by observations made and the use of such material, with reference to the intrusiveness of the research, and privacy implications involved in the collection and use of data. The BPS (2007) suggests that requirement for consent may be tempered by consideration of the nature of the research and the effect it may have on participants. Any ethical objections to the use of internet research of this kind, having taken every possible measure to protect anonymity and minimise potential harm done to participants, must be offset against the significance and implications of the research (Giles, 2006). It is my intention that this research is conducted with acknowledgement of the controversy surrounding the 'pro-ana' community, and with respect and sensitivity, and that it may provide the reader with an insight into the lived experience of the sufferer of anorexia and suggest a way forward for carers and clinicians.

Data was archived material obtained by entering 'pro-ana' websites chosen specifically because they hosted discussion forums not requiring the use of a password or active participation. As the threads were accessible without requesting entry to the community, I have not announced myself to site owners, or forum users, or sought informed consent. To further protect the anonymity of site owners and site users participating in discussion threads, the specific details of the sites have been withheld and the pseudonyms by which they identify themselves online have been removed from the data, and have been replaced with alternative pseudonyms.

Analytical Strategy

Having collected the material from the websites, the data were transcribed in order to present them in a more manageable form for analysis. I did not use any traditional notation convention as the material was already in text form. The material was transcribed verbatim, to include spelling errors, emoticons and bullet points, so none of the original content or meaning was lost.

The data were then systematically analysed following the recommendations of Potter and Wetherell (1987). The transcripts were read and re-read in order to identify recurrent themes. I then began the process of initial coding, which involved grouping together all instances of related and interrelated text which were then organised into categories and colour coded. My primary analysis revealed four main topic areas although there were also interrelated themes, which were common to all of them. The data were then re-read several more times before I decided on the focus of the analysis as there were a number of themes, which were particularly salient, and it was my aim to select the topic, which was best able to reflect the emerging sub-themes. I then selected the topic which appeared to be the most prominent within the data and which was more evenly balanced throughout the threads. As the analysis appeared to be focused mainly on the lived experience of the site user, as opposed

to the function of the 'pro ana' community or the social construction of anorexia in a wider social context, I decided to use interpretative repertoire analysis to represent the unique experience of the individual participating within 'pro-ana' websites.

At this point, the data was re-read several times with the chosen topic in mind, in order to establish patterns emerging through the messages. Both variability and consistency were examined in order to locate the repertoires available to site users. Three different repertoires were identified which were used to position 'pro-ana' members within their community and the function and consequence of these repertoires were considered.

Analysis

The four broad topic areas emerging from the data were those of 'Fasting', 'Food/ Body control', 'Having a Mental Disorder' and 'Outsiders'. There were many common themes running through all of the topics, and the relationships between site users and outsiders seemed to be of particular importance. A sub theme of 'medical intervention' appeared as a threat posed by outsiders to the anorexic identity. I selected the topic 'Having a Mental Disorder' as the focus of the study however, as it appeared to have the strongest presence within the data, and encompassed most of the sub themes (medical intervention, community, support). I had originally envisaged a focus on themes of community and support, as the literature suggests these are vital to 'pro-ana' websites and users. While these topics were in evidence however, the debate surrounding whether or not anorexia was an illness or a lifestyle choice was salient throughout and, and seemed to be an important factor in the site users' construction of themselves, fellow 'pro-ana' members and outsiders. Analysing the data with a focus on 'Having a Mental Disorder' resulted in the emergence of three interpretative repertoires with which site users could be seen to negotiate their identity as a 'Pro-ana' member and as an individual in the wider community. These were 'Anorexia as a lifestyle choice', 'Anorexia as a mental disorder' and 'Outsiders as mistrusted out-group'. The analysis focused on the function of these repertoires as a means of constructing subject positions for site users and the way the dominant medical discourse is used or rejected depending on the aims of the individual. Users may engage that site with different repertoires as they progress through the stages of anorexia. 'Anorexia as a lifestyle choice' is represented in the early stages of the disorder, and 'Anorexia as a mental disorder' appears to be used as the individual reaches a point of realisation that their behaviour is no longer sustainable. 'Outsiders as a mistrusted out-group' represents a complicated relationship with others, which is used in a variety of ways depending on the individual's subject position. These repertoires are mobilised as site-users shift from one subject position to another in order to defend and justify their behaviour. The relationship of the anorexic with the medical discourse appears to be a complex one, and this analysis examines the way in which the site-user rejects, orientates to and re-engages with the medical discourse as they use available repertoires to construct their identity and negotiate recovery.

Anorexia as a lifestyle choice

The celebration of anorexia as a lifestyle choice is perhaps one of the most sinister elements of the pro-ana community (Giles, 2006). The freedom to indulge dangerous behaviours and faulty cognitions outside of the limits imposed by society is a significant concern for carers and clinicians (Tierney, 2008), yet it seems to offer site users a relief and freedom of expression which they may not find elsewhere.

What I love most about ana is the rewarding feeling I get from it. Every time the scale goes down, it feels like an accomplishment. I loveeee the bones. My favorite are my collar bones. They look like they can cut glass. ('Sophie')

The mood of the site user in this extract appears light and animated. The elongation of the word love indicates a playfulness, which the writer might be unlikely to share with others in her life who do not share her experience. Her reference to her collar bones, 'They look like they can cut glass' would shock those outside of the community who may fail to see the beauty in this analogy, and would be more likely to find it disturbing.

So know one has posted yet wooo I am the first I really hope more people post here because we need all the support we can get.
So I wanna know what you love most about Anorexia.

- I love feeling in control
- I love feeling hungry
- I love loose fitting clothes... ('Natasha')

Natasha positions herself with confidence as a member of the pro-ana community. Acknowledging herself as the first to post, she identifies with and attempts to enlist others to respond with the use of the pronoun 'we'. She also makes it clear that she is looking for responses, which celebrate anorexia rather than those, which struggle with the condition. The bullet pointed list serves to reinforce the euphoria felt because of her anorexic behaviours and her desire to share this. As a device, the repetition leaves the reader in no doubt that anorexia is something she desires. Again, this is an opportunity she would probably not have with other people in her life.

Hi Everyone, My name is Beth. I'm trying to get back to where I was five years ago. I was Anorexic and forced into treatment. I was Anorexic for 5 years (2000-2005). I miss it, and I've thought about going back a lot over the past 5 years. I've had two daughters since then and gained a lot of weight with the pregnancies. My weight 3 months ago before I started dieting was 220lbs (I'm 5'5). But I've lost 40lbs. and I'm now 180lbs. But I'm ready to start getting serious with this and I'm going to start restricting again on Monday. My goals are to be 140lbs by the end of December and 95lbs by the beginning of May and then go from there. I was 82lbs when I went into treatment, so I'd love to get there again. I just thought I'd share my story with all of you since I plan on being on here a lot in the coming

months. Thanks, Beth. ('Beth')

In this extract, Beth appears to be applying for re-entry into the anorexic community. She introduces herself as a newcomer and addresses her message to 'everyone' already in the group. She justifies her five year absenteeism from the community with the claim that she was 'forced into treatment', and that motherhood has been not only a preoccupation in her life but a contributing factor to her weight gain. As a justificatory device, this seems a legitimate claim. She then goes on to demonstrate her allegiance to the community by cataloguing her weight loss thus far and her planned targets for the coming year. The disclosure of her lowest weight provides evidence of her ability to be a 'genuine' anorexic and she states that it is her desire to reach this goal again. Her desire to be anorexic, her claim that recovery was forced upon her, and her intention to be a frequent site user are all part of her request for entry into a community 'all of you' which she recognises is already well established.

I never really wanted to overcome my ED. I just wanted to stop purging, so I've kind of took the ana path with restricting. At least with restricting I'm not doing as much damage to my body as mia. I too kept having thoughts rather or not to go back to my ED for the past five years as well. I guess I'm not the only one who still has these thoughts after recovery. Thanks for bringing that up. ☺ Like you I'm trying to reach a goal by December and then another one by next year. It seems like it's harder to lose weight after having a baby. I remember before I had my daughter, it was easy to lose weight. Anyway, welcome aboard and good luck reaching your goal. ☺ ('Debbie')

Debbie draws parallels between the experiences she shares with Beth by listing similarities (desire to return to anorexia, goal setting, becoming a mother), and by reference to Beth's message ('I too kept having thoughts'; 'I guess I'm not the only one'; 'thanks for bringing that up'; 'like you I'm trying to reach a goal' finishing with 'welcome aboard and good luck'). This extract demonstrates the support and encouragement offered by an established member of the community to a newcomer. Her behaviour is accepted, normalised and encouraged. Debbie also refers here to the preference for being 'ana' rather than 'mia' (the sub cultural referent for bulimia). She is happy to be anorexic as long as she is not purging, a statement, which implies that purging, is a more dangerous activity than fasting. This is a common theme throughout the many postings and those who do engage in bulimic behaviours orientate towards an acknowledgement of anorexia as a superior identity.

Hi guy's,

Though I have been predominantly, mia for all of my adult life with spouts of Ana in between I am just letting you know today is day 1 of no mia (unless there is a catastrophe - which I doubt!)

I'm doing an improvised cabbage soup diet, Actimel brekkie, 29, Cabbage soup - tonnes of the stuff 260 though made with equal amounts celery n cabbage with a small onion, 100g red pepper, 1 tin tom, 4 pints water and 2 veggie oxo's. It actually tastes ok too...will probably have a few pickles later, no more than 70 to give me a total of no more than 400...I over estimate to be on the safe side ;-) Just wondered what others were up to, ana wise for this week? Xxx ('Emma')

Evident in this posting is Emma's delight in having made the decision to give up her bulimic behaviour and with that her identity as a bulimic. She admits to having been bulimic for most of her adult life, but it is clear that she would rather not be 'today is day 1 of no mia' and implies that it would be a 'catastrophe' if she were unable to continue. The sense of optimism in this extract leaves the reader with the impression that anorexia is to be aspired to. The proceeding extracts suggest that the relief felt by Emma at giving up her bulimic behaviours is not experienced by those girls 'forced' to abandon their anorexic behaviours, and that they appear to feel more reluctance to give up their anorexic identity.

In the following extract from an earlier thread, Emma offers what appears to be unconditional support to another site user yet orientates to the opinion that abstinence from food is better than moving towards recovery.

We can't tell you what to do, but will support you. If you need to fast we will be here for you, if you want to eat a bit more, we won't judge you...just be here for you. I feel I wouldn't say too much to your friend, especially if she tells her mum everything...she is looking after your best interests, but it could disabilitate you from achieving what you want...remember to live, love and have fun...xxx ('Emma')

Emma expresses the extent of the support offered by the pro-ana community 'we' by reiterating their consistent loyalty. 'we... will support you'; 'we will be here for you'; 'we won't judge you'; but her reference to the idea that wanting to 'eat a bit more' is a behaviour that warrants judgement suggests that she feels it is better not to eat at all. This may arguably be enough to make Natasha feel that abstinence would make her a more worthy member of the group. Emma encourages her to depend on the community for support and discourages her from confiding in outsiders 'I wouldn't say too much to your friend,' she acknowledges the good intentions of the friend 'she is looking after your best interests', but this statement acts as a disclaimer, defending her appeal to Natasha to conceal her behaviour from others. A disclaimer is a rhetorical device used to shield the speaker from negative connotations ensuing from what they have said (Potter & Wetherell, 1987), in anticipation of the interpretation which might be made, and in an attempt to avoid it. In this case Emma may not want to imply that the 'friend' is not a good person, but perhaps that she would not understand, and that confiding in her would not be in Natasha's best interests, or in the interests of the pro-ana community 'it could disabilitate you from achieving what you want.'

Good friends are hard to find...but impossible to lose. ('Emma')

Emma's mantra (above) which follows all of her postings, implies that the pro-ana community offers a rare and loyal friendship not to be easily found elsewhere, with the rather sinister suggestion that 'ana' will continue to be your friend whether or not you are loyal to her. Emma's contributions to the thread indicate that loyalty to the community is stronger than loyalty to family and friends, illustrated in the previous extract where she positions the community as supportive and outsiders as obstructive to their goals.

Support and encouragement from other site members is evident in Vicky's post, in which she claims that her resolve to fast has been strengthened by participation in the discussion.

It's weird, but just being on here talking to people has me right back into this, with a lot more willpower than I had when I was taken to the doctors. I'm so excited! ('Vicky')

The suggestion that being taken to the doctors resulted in the loss of focus and willpower indicated that this was a negative event, rather like being brainwashed by an adversary. This is emphasised by her delight in being put back on track by fellow site members 'I'm so excited!'

The use of this repertoire serves to establish anorexia as a desirable and admirable condition that site users try to achieve and maintain. In creating a community of like minded individuals they exclude others from their confidence and this may serve to both encourage and prolong behaviours. Even within this repertoire however, the relationship with those outside the group is not clear cut, and loyalty to 'ana' may cause difficulties for site-members when it conflicts with loyalties to others. This is more evident in posts from women with husbands and children.

I have two little boys...will their kids have a grandma? How long will my husband have me as his wife? I feel very selfish. ('Jude')

Jude makes clear that she struggles with the idea that her behaviours may leave her children motherless. It becomes difficult for site users to maintain the easy engagement with 'Anorexia as a lifestyle choice' when the consequences appear to adversely affect loved ones.

If I eat like I have been I feel horrible, fat, out of control, and weak....but when I don't eat I feel like I am setting a bad example for my son, and worry the people I care about. The worst part I think is I don't want my son to be this way, I love him so much how he looks doesn't matter so long as he is healthy and happy....and I don't understand why I can't think that way about myself. ('Caroline')

It has become difficult for Caroline to defend her anorexia as a lifestyle choice as it is causing distress to the people in her life. The point at which the difficulties posed by anorexic behaviours outweigh the pleasures they afford may create dissonance in the way an individual feels about her behaviour (Rieger & Touyz, 2006).

Outsiders as mistrusted out-group

The very nature of the pro-anorexia community as a marginalised group, lends itself to the demarcation of group boundaries (Giles, 2006). Non-anorexic outsiders are presented within these threads as people who are unable to comprehend the unfathomable depths of the anorexic experience and as such are both forbidden from and unable to gain access to this community. Inconsistencies appear between

accounts illustrating the complexities of the anorexic's relationship with those outside the community. Outsiders appear to be positioned either as weak and ignorant people who lack the special qualities of the anorexic, or as interfering adversaries whose aim is to thwart the anorexic in her quest to lose weight.

I think hun that people outside of 'ana' or 'mia' find it very difficult to contemplate the world we live in... I think they think it would be as easy as giving up sugar in you tea for example... you know. The 'just say do it' attitude...but in reality, it is so much deeper n harder than that! ('Emma')

This extract lacks hostility, but reinforces the exclusivity of the anorexic community. Reference to the anorexic 'world' appears a great deal within these forums and implies much more than simply a subculture. The suggestion that 'pro-ana' members inhabit a separate world infers an impenetrability that site members seem to support. The use of the word 'contemplate' rather than 'understand' may imply that an understanding of the anorexic experience requires a level of insight most people do not have and which sets the community apart from others. Emma's understanding of the way outsiders feel ('as easy as giving up sugar') supports the simplistic perception she feels other people have. The concluding comment 'in reality it is so much deeper and harder', implies that attempts to explain the anorexic experience to an outsider would be futile, with an inference that membership to this exclusive club is a privilege.

Because people cannot understand how we see things, your best friend other than Ana is the lie. Learning how to perfect this can get you out of many situations about your weight. It will also cause those who love you, but don't understand, a lot less grief, which will in turn cause YOU a lot less stress
Sometimes honesty is not the best policy.
(Hugs) ('Jinny')

Again we see reference to the inability of others to perceive the world in the same way as pro-ana members. The encouragement not to involve outsiders but to rely on support from the community demonstrates the guarding of community boundaries with the reassurance that 'Ana' is 'your best friend' and that the next best security is to lie to the other people in your life. The secrecy, which typifies the anorexic condition, is here encouraged and endorsed by others who understand, with the aim of weakening any resolve the individual may have had to talk to family members. Jinny suggests that 'those who love you' need protecting from the truth and that perfection of 'the lie' is actually in everyone's best interests.

*I love the feeling of being in control.

*I love being able to fit into clothes that sadly enough, the majority of American women can't fit into. McDonald's among other fast food crap should be banned.

*I love the feeling of my bones as they protrude. Each one is an accomplishment of sheer will power. My hip bones are my favorite. I feel them every night before I sleep. It's a comfort.

*I love it when I get compliments about my weight loss. It lifts my spirits more than any slice of cake could ever give me.

*I love being able to sip green tea or mineral water when out with my friends. I love the looks of admiration they give me as they are filling up their plates at the buffet for seconds. ('Jinny')

Having stated her position as someone in control, Jinny 'regrets' the fate of 'the majority of American women', yet she admits the pleasure she feels being able to fit into the clothes that are unavailable to these other women. She makes the assumption that the women who are unable to fit into these clothes are as sorry about it as she would be. Jinny's opinion that fast food should be banned suggests that consumers of fast food do not have her strength and are unable to resist the draw of burger bars. Her superiority over non-anorexic others is evident throughout as she takes comfort in her unrivalled self-control. This construction of superiority however, is less evident when the non-anorexic is represented as someone who is slender and yet able to eat 'normally'.

Yes,...I hate being at parties where everyone is just standing around shovelling food in their mouths and not caring, while I'm charting every single thing that I put in my mouth. All of my cousins and some of my friends are those types that can eat what they want and not gain weight. I'm jealous of the way they can just eat and not have to pay attention. ('Sally')

Same here

Sally, I too get really jealous of people who can eat what they want and not have to worry about getting fat. It really pisses me off when I see them gorge themselves with food as if it means nothing at all as I have to count my calories and exercise like crazy just to keep from gaining weight. I had a lot of skinny friends who would just eat whatever they wanted and brag about how they didn't gain weight. This is part of the reason I developed an ED. ('Debbie')

Debbie positions herself as different from her non-anorexic friends in that she has to count calories and 'exercise like crazy' in order to remain slender. She states that she is jealous of them and the fact that they are able to eat normally. This presents a direct contrast to the construction of anorexics as people who enjoy not eating around others. The implication is that her friends are perhaps biologically different and she holds them responsible for her eating disorder. Sally's claim that her cousins are 'those types that can eat what they want and not gain weight' and Debbie's statement that she 'has to count her calories and exercise like crazy', both draw from the medical discourse which pro-ana members are said to reject (Dias, 2003), in an attempt to justify their position as anorexic. This inconsistency is highlighted by Becky's post.

I HATE that! People always look at my skinny friends and call them anorexic. I sit there, still over 120 pounds, but lost a lot, haven't eaten in days, while they shovel down burgers. It's ridiculous! And it offends me that people assume someone like me has a healthy relationship with food where those skinny girls born with great metabolisms must have a disorder. Outsiders have no idea. ('Becky')

She is jealous of her 'skinny' friends because they have been labelled anorexic, while they still 'shovel down burgers'. The language she uses to indicate their gluttony reveals her contempt for them, and for the assumption that they are capable of the abstinence, she practices (something she feels they are undeserving of), while she is thought to have a 'healthy relationship with food'. She resents this implication and despite the fact that she constructs 'normal' eating as healthy, wants people to recognise her disorder. Their lack of awareness of the condition makes them ignorant and causes her offence. This construction is inconsistent with that of the anorexic as secretive and resentful of the diagnostic label.

People label anorexic as a look, not at what it really is. If someone is skinny, that's not anorexic, that's thin. And ugh, people complain about being hungry and I just want to slap them. They are just weak people, id like to see them go for days without eating. They would never last.
(Adele')

The level of contempt Adele feels for outsiders is salient within this post. That she dismisses them as 'weak people' and wants to 'slap them' demonstrates her feelings of superiority, and that she is a better anorexic than they could be.

Ugh, I know exactly what you're talking about!
There is a girl at school who is a gymnast, and she's naturally very skinny and has to be for the sport that she is in. But that girl has been absolutely **TORMENTED** through the years because of her weight, and it's horrible to hear kids call her anorexic. 100% of them have no clue what anorexia really is, and would shut their mouths very quickly if they had a taste of it. And you always have to laugh when people are like "oh man, I'm starving. I haven't eaten since this morning" when it's like 3 in the afternoon. You just wanna say "oh man, I'm starving. I haven't eaten in 3 DAYS." But then you'd get hauled away to a hospital with tubes up your every orifice.
I do know what you mean though, it's sick when people talk about things they don't know. ('Petra')

Petra shares Adele's contempt for outsiders, 'they would shut their mouths very quickly if they had a taste of it', but she remains secure in the knowledge that they don't understand '100% of them have no clue what anorexia really is'. She states the length of time she can go without food as if it is to be aspired to, which seems inconsistent with her anger and hostility towards others. She implies that she is secretive about her habits in order to avoid attention but appears to resent outsiders for their ignorance of her condition.

Despite this duality between maintaining closed ranks on the pro-ana 'world' and berating outsiders for their ignorance, the outsiders who are aware of their condition do not necessarily receive a warmer reception.

I have to see a doctor once or twice a week and I'm gaining weight - FAST! ☹️
She makes me keep a food diary and I'm not allowed to exercise, then we have to talk about my feelings when I see her and she weighs me.
I really hate this.

I hate that my eating has gotten so out of control. Before I used to find it easy to go 2 days without eating, now I can barely last til lunchtime. I HATE IT.

Ahh I'm just so angry with everyone atm (at the moment), myself especially. I've become so fat I can't stand to look at myself. I cry every time I get ready.

I just don't have the strength to fight anything. I'm constantly being blackmailed and tricked into things.

Extra sugar in my tea, full fat milk in the cereal, REALLY thick bread, I can't trust anyone.

I know a lot of you will have been through the same kind of thing and I just need some motivation I guess?

I really need to lose all this weight I've gained, I was fat enough as it was.

Thanks guys ('Vicky')

The emotionality that accompanies loss of control is explicit in Vicky's language here. Her use of capital letters emphasises how much she 'hates' her loss of control. Her current distress is attributed to interference from outsiders though, rather than to her condition. Her admission that she used to not eat for 2 days without difficulty seems unproblematic to her, and the fact that she now feels the need to eat at 'lunchtime' (she uses a word denoting an established eating ritual, with no apparent sense of irony) is a cause for concern. She presents the outsiders as adversaries not to be trusted who 'blackmail' and 'trick' her, and she makes an appeal to the pro-ana 'guys' to keep her motivated. The impression left by this extract is that she is held captive by the people charged with her care, which is endorsed by the sympathetic response she receives.

Honestly, it's really hard once doctors and family get involved. The main thing is that you gain their trust back. Which may mean eating. Once you've gained their trust back, and get away from the doctor, it'll be easier. But it looks like you have it pretty bad. Even after my mom found out about me, she only made me go to a therapist who made me keep a food journal. But it's easier to fool a therapist than it is a doctor. My weight wasn't being monitored. My word was just taken for it. Do you go to school? You might be able to skip ONE meal if you go to school or work. And take the long way to your classes for extra exercise. All you can really do is cut corners, but they've got you pretty locked down. Sorry hunny :[('Sophie')

Phrases such as 'they've got you pretty locked down', and 'Once you've gained their trust back, and get away from the doctor', position the site user as a prisoner, and the pro-ana community as some kind of resistance movement which struggles to liberate its members from oppression.

YAY!! My doctor's appointment for today got cancelled! Ahh, I'm so happy. My Mum's gone out too so I have the house to myself (apart from Dad who's still in bed!) and I have a plan.

I'm gunna go downstairs and make breakfast, but I'll bin it and just leave the dirty bowl and spoon so it looks like I ate it.

At lunch I'll go down and get whatever my Mum makes then bring it

upstairs and bin it. ('Vicky')

This extract demonstrates the 'buzz' Vicky feels when she has managed to regain some control, albeit temporarily.

Weakness just makes me fat. Ahhh I feel so motivated atm. ('Vicky': line 288)

I'm already practically at the lowest bmi thing but I gotta keep going back anyways cause of self harm etc.

There's actually no way out of this.

Damn.

On a more positive note...I've managed to stick to my plan, so my Mum is pleased with my breakfast and lunch. :cool: ('Vicky')

Despite the frustration felt by being 'trapped', 'there's actually no way out of this', Vicky finds temporary relief from her anxiety through her avoidance of having to eat breakfast and lunch (the 'plan' referred to in the previous extract). Similar to Sophie, the desire to regain some control from outsiders seems to be the focus of her efforts.

This battle for control is also documented in treatment settings, the following extract documents a struggle for power between a site user and her therapist.

I decided to stop seeing my therapist but he made me an appointment with the ed (head) specialist and recommends a month in hospital....HA! i don't think so, not gona happen, all abit overwhelming. he gave me a month before i collapse and be forced into hospital. not sure which id rather. I'm not ready to give it up yet. ('Melissa')

Melissa is defiant and defensive 'HA! i don't think so, not gona happen,' the fact that she can't decide whether she would prefer to go to hospital or reach a point of collapse indicates that she is aware of the seriousness of her condition and is prepared to risk her health further in order to continue her behaviour.

When are people going to realise that treatment isn't going to work until the person is ready for it. All that's going to happen to you is you'll get the treatment, get out and go right back to what you were doing. ('Jess')

Jess illustrates the frustration felt by the pro-ana community that outsiders fail to recognise the futility of treatment, and the determination they have to tolerate treatment so they can be discharged and free to continue as before. She acknowledges however, that change can happen when the person is ready for it, but that this can only be on their terms.

I can't giv up my life for a month. who would look after my girls? I know I'm 26 and should cop on and just grow outa this but I can't. I just need to lose a little more and then when I get there ill get help...but only as an outpatient. I'm sick out my husband telling me to just put on a bit of weight and that will make them leave me alone. if only it were that easy.

(‘Melissa’)

Melissa uses her role as a mother to justify her unwillingness to be admitted to hospital ‘who would look after my girls?’ despite the fact that she is prepared to continue with behaviours that pose a serious risk to her health and ability to care for her children. She claims that when she has lost ‘a little more’ she will get help, on her terms, as if it were straightforward yet she goes on to say that it is not so simple ‘if only it were that easy’. These inconsistencies in her account represent the struggle she has reconciling the knowledge that anorexia is a disorder that she must overcome, with her reluctance to ‘give it up’. The site user’s relationship with outsiders is complex and the battle for control seen in the last few extracts may be of significance to the pre-contemplation of recovery. Jess has made it clear recovery is only possible when the individual is ‘ready for it’ and that interference from outsiders will be met with resistance.

Anorexia as a mental disorder

The use of this repertoire for the sufferer of anorexia is more complex than the easy engagement with anorexia as a lifestyle choice. There comes a point at which the individual recognises that the decision to be anorexic is no longer hers and the strain of the anorexic behaviours becomes unsustainable. Site users acknowledge the control that anorexia has over them in some of the following extracts. There is a tension within this repertoire between control from outsiders and the control of anorexia, and this creates much anxiety for the sufferer.

This is i welcome death I’m ready when its ready it doesn’t scare me.
So why am i expected to give up on the love of my life ana just because
people who are wrong see me as skinny. (‘Natasha’)

The reluctance to ‘give up on’ ‘ana’ manifests as a loyalty and commitment, and can be seen as an assertion of the right to claim anorexia as a lifestyle choice. Natasha’s statement that she welcomes death acknowledges not only that she would rather die than give up anorexia, but also demonstrates her awareness that this is a very real possibility. Whether or not she is prepared to admit that she has a disorder, this statement confirms that she is seriously unwell and unwilling to change. Her comment ‘people who are wrong see me as skinny’ recognises that other people think she has a disorder. Despite her awareness that she may die however, she still insists they are mistaken. Although this extract reveals Natasha in a state of denial, the language used indicates her orientation towards the knowledge that her condition is a disorder, albeit one she is unwilling to address.

I’m anorexic - been around 92 lbs at 5’4” for a few months now.... was 99lbs almost a year ago, and 92lbs the year before that. It used to be fine...but now being anorexic is just getting more and more stressful. I think about food all the time and its sooo annoying. I always eat 3 meals a day + snacks as well - just watch my calories and stay active. But I don’t know why I keep thinking about food and stressing lately. They say its cause my body’s starving... but it was before too, and it was never that bad.

I saw a doctor today and I might seek inpatient treatment I guess. I just want to be happy and stop stressing about food...I know they want me to be like 120lbs though.

Is anyone here anorexic and happy? ('Louise')

Louise claims that being anorexic in the past 'was never that bad', despite her admission that she had been in a state of starvation. She emphasises that she is constantly 'stressing about food'; 'I just want to be happy and stop stressing about food', and wishes that she could return to being 'anorexic and happy' without the stress she now feels. The behaviour, which used to make her happy now causes her anxiety. Her reference to the doctor and the possibility of seeking treatment is reluctant and noncommittal. For example, 'I might seek inpatient treatment I guess' She makes it clear that she objects to the idea of being 120 lbs. Louise is aware that it is her behaviour which is causing her a problem, but wants to return to an earlier stage of the condition which she was able to enjoy without any of the associated difficulties.

if you are ready for treatment then you should go. I remember being on campus once when I was completely in ana mode and had about 10 different views on a Snickers Bar. A Snickers Bar! It was someone else eating it and I was judging her, telling myself to shut up, wishing I could talk to someone, wishing I could eat it, wishing people would stop judging me as I ate, etc.

I wished I would've gotten help that day. I talked to mom immediately afterwards. My problem is, even though I have talked about it to some, because I'm not 92 pounds I get ignored.

I think in my case, my loved ones want me to be this way until I look a certain way, just so long as they don't know.

Louise, if you're ready for help, reach out and get it. ('Gemma')

In this extract, Gemma presents 'ana' as something she no longer has control over. The statement 'I was completely in ana mode' suggests 'ana' was a temporary state, which had taken over. A sense of chaos and loss of control of her thoughts is implied, 'telling myself to shut up, wishing I could talk to someone'. Her repetition of her wish to 'talk to someone', 'eat', 'get help' is suggestive of feeling trapped. Gemma positions herself as the victim of a disorder, which no longer gives her the pleasure that Louise alludes to. She regrets not having sought help earlier and encourages Louise to go for help while she still can. Her account presents anorexia as a trap that she has fallen into as an unwitting victim and she warns others 'if you're ready for help, reach out and get it.' Here we see a switch from being controlled by outsiders to being controlled by anorexia. Gemma also expresses frustration at the fact that, because she does not have the physical appearance of a typical anorexic, she is not taken seriously, 'because I'm not 92 pounds I get ignored'. This highlights the reliance of outsiders on the medical model in the understanding of anorexia, with the suggestion that those not meeting the medical criteria for diagnosis are not 'proper' anorexics.

The following extracts show a greater awareness of the effect of the condition on the mental health of the sufferers as they liken their experience to that of obsessive compulsive disorder (OCD).

Sometimes I think I have OCD. Anyone else feel like that? ('Brenda')

haha yes Brenda i feel like i have OCD too. I will take note of everything i eat, figure out how many calories i've had, calculate my exercise for that day and then figure out how my theoretical amount of weight i should have lost for each day. sometimes i'll just be sitting there in school thinking about what i have in the fridge and how low cal of a meal i can make... on top of that i'll go to the grocery store with my friend and we'll go through the calorie content of everything its ridiculous. i know what you guys mean about the snickers bar too. Its like eww i can't believe she would let herself eat that. oh what's the big deal if she eats that? why can't I just look at food normally etc. ('Susie')

This mutual disclosure represents a recognition of their condition as a mental disorder. Susie's response reveals a knowledge of OCD as she describes her obsessive behaviour. This acknowledgement however, appears not to cause Susie a great deal of distress. Her tone gives the impression that she is entertained by the idea 'haha yes Brenda i feel like i have OCD too.'

omg i totally know how you guys feel... ocd right here...i hate it. cuz some nights i can't sleep cuz i'm thinking about what i am gonna eat in the morning or even the whole day... i stress out when i get blisters from walking so much or having crappy shoes and i cry when i can't get the exercise or food that i want... its so pathetic some days... other days i get a power trip and love it... such a vicious cycle. ('Delina')

A sense of relief and belonging might be construed from the admission that Delina also experiences some of the same thoughts, 'omg I totally know how you guys feel...ocd right here...' The nature of these three extracts indicates that, despite being in agreement that their behaviour is abnormal, these girls discuss it with fervour and almost a delight in identification with mental abnormality. Delina's post demonstrates the conflict felt about the disorder. On the one hand it causes her distress, she talks about how sometime she hates it, how it makes her cry and how she loves it other days. The comparisons that the girls draw between their experiences may serve to normalise their behaviours and might possibly even encourage competition between the girls.

i used to think i was happy being ana... but i think it is just a temporary high. eventually nothing is ever enough. i spend every day thinking about food and diets and exercise plans... it is exhausting and draining. if you ever feel ready for treatment go for it. I just like coming here because i know that if i am thinking recovery i get support, if i am feeling down i get support... if i am fasting i get support. i just like having a place to go where no one judges. ('Alice')

Alice uses the medical discourse in her acknowledgement of the 'high' associated with the early stages of anorexia, and as she talks about its physical effects 'it is exhausting and draining'. This post is more pro recovery than the previous extracts,

with a sense of fatigue and disillusionment with ana and an acknowledgement that support is unconditional.

In the following exchange, we see Catherine construct anorexia as a disorder in an attempt to make Imogen reconsider her behaviour.

When i was eating a few hundred calories a day i used to think that i had to eat that little to lose weight, that my metabolism was so messed up from fasting that i had to eat almost nothing not to gain, but i found out when i started to eat again that that wasn't the case!! When i started eating more normally, my metabolism sped up a lot, and i could eat 1,500 calories and lose about 3-4 pounds a week with daily moderate exercise (when i was 15 that is). It was an amazing discovery, because i really believed that i would balloon if i didn't eat an abnormally tiny amount. ('Catherine')

Using a medical discourse, Catherine offers the same advice that a clinician might but positions herself as someone in the recovery process with sufficient experience to offer advice. She begins by recounting her experience to satisfy Imogen that she is a legitimate pro-ana member and establish the necessary trust between them. As a person who has come through the first stages in the recovery process she feels able to reassure Imogen that it is not as frightening as she expects it to be.

<3 Hope this helped. Take care. And feel free to send me a message. I can tell you more about my experience if you want. ('Catherine')

Established now as a helper and in a position to offer counsel as a recovering anorexic, Catherine's confident and caring message confirms that she is willing and qualified to help.

i really can't exercise because i have a heart problem.. /: i know not eating is bad for it but i don't feel like i'm about ta die when i go a day without eating but i feel like i'm dying when i walk to the mailbox. so exercise = no bueno. ('Imogen')

Imogen's lack of logical reasoning is evident in this post as she implies that fasting is not responsible for her 'heart problem'

if you have a heart problem because of anorexia, that's pretty serious...you can die from that. I know that the number of calories someone burns without moving a muscle all day is 1000--that's the basal metabolic rate. You could eat 1000 calories with no exercise and not gain any fat, for sure. ('Catherine')

Catherine once again draws upon a medical discourse to urge Imogen to eat. She positions herself as an expert on the metabolic process. Her claims that it is possible to eat so much without gaining weight is intended to reassure Imogen and make her reconsider her position.

but the calories you eat make fat, if it were that easy i would've been skinny this whole time.

and i don't think it's from being ana. but I know it has something to do with something. ('Imogen')

Unable to either accept Catherine's account or suggest an alternative explanation for her heart problem, Imogen struggles to defend her position. Her denial of the contribution of anorexia to her ill health is inconsistent with the following account, in which she acknowledges the condition as life threatening.

but honestly I'm not too worried about dying from this... i look at it like it's worth it. ana can't kill me fast enough. the only reason i think i went ana was because i was so unhappy with the way i looked and couldn't find the balls to kill myself. there was no way out of getting fat it runs in my family. nothing but this. and the funny thing is I'm still unhappy. even though my moms 300 lbs my gramma died from weighing even more than that. and I'm 110. but if i ate like a normal person everyday id be as big as a house. i aint lookin for someone to feel bad for me..im just making a point.. There's no way out now... and nothing anyone says can really do anything i don't even know why i posted this. ('Imogen')

Her confusion about why and how she is ill is evident not only in the uncertainty made explicit in her last post, but also in the inconsistencies between her accounts. On the one hand she claims that 'ana' is not the reason she has a heart problem, and then states that 'ana can't kill me fast enough'. She suggests she is biologically different from others 'if i ate like a normal person everyday id be a big as a house.' and uses this as justification to ignore Catherine's advice as it doesn't apply to her. Because she is 'different' she positions herself as someone who is beyond help.

This last extract reveals an untidy coming together of the two repertoires diametrically positioning anorexia as a lifestyle choice and as a mental disorder. Imogen draws upon both repertoires as she resists Catherine's attempts to guide her towards a more moderate approach. Unable to manage these inconsistencies in a satisfactory way, Imogen deals with them using a device Potter and Wetherell (1987) referred to as 'that's how it is' (used to account for error), 'I don't think its from being ana, but I know it has something to do with something', 'there's no way out now.. and nothing anyone says can really do anything i don't even know why I posted this'. This response subverts any further dialogue, attempting to conclude the exchange by making it clear that help is unwanted, unwelcome and futile.

The movement of site users between repertoires might be seen as a way in which they are able to occupy their desired subject position. The rejection of the medical discourse is apparent within the repertoire 'Anorexia as a lifestyle choice' where a new, positive identity is created. The very nature of the condition is such that this position can only be affectively sustained for a short period of time however, and the necessity to engage with the repertoire 'Anorexia as a mental disorder' and the prospect of recovery, along with a change in the construction of 'outsiders' appears to be the most difficult for the anorexic. This analysis illustrates the struggle of the site-users to re-engage with the medical discourse as they negotiate this transition while attempting to maintain their anorexic identity.

Conclusion

The purpose of this analysis was to examine the ways in which visitors to pro-anorexia websites make use of the interpretative repertoires available to them in order to construct identities for themselves, both within and outside of the community. Salient within the data is a strong sense of community and support between site users and resistance to interference from anyone who does not belong. This sense of belonging is not dependent on the specific subject position taken by the individual as support is offered to all members. The variety of different subject positions however, create an interesting hierarchy within the community, whereby the anorexic has superiority over the bulimic, who is seen to engage in a similar kind of gluttony to outsiders and so is not considered to be as 'strong' as her anorexic friends. The use of the pro-anorexia community as a means of engaging with the different repertoires available to the sufferer of anorexia, allows an unchecked opportunity to create identities and subject positions with which site users are free to express themselves outside of the restraints of dominant discourses (Rich, 2006).

The mutual support offered by and to fellow site users is consistent throughout the data, as is the relief expressed by members of the community who feel marginalised and misunderstood in their daily lives outside of 'Pro-ana'. For such an isolated individual the community is particularly important and newcomers appear to feel the need to justify their application for membership. The data would suggest however, that this membership is dependent on certain criteria, and that an individual's status within the group is affected by how much they weigh and whether or not they are recognised by outsiders as having anorexia. Thus, despite the rejection of dominant medical discourses for which pro-ana sites are known (Fox et al. 2005), a medical diagnosis in this context serves as a mark of authenticity.

The movement between the different available repertoires could be thought of as a progressive shifting throughout the stages of the disorder. The celebration of anorexia as a lifestyle choice appears to exist in an uncomplicated form only for a limited amount of time as the symptomology of the condition presents effects that inevitably cause the sufferer distress. Analysis of the repertoire 'Anorexia as a lifestyle choice' is consistent in its rejection of the medical discourse and site users engaging with this repertoire delight in their decision to become and remain anorexic. The point at which the individual recognises distressing symptoms but is reluctant to relinquish the more highly valued features of the disorder could be thought of as an early stage in the beginning of readiness for change (Rieger & Toyed, 2005) and also seems to be a point at which the two repertoires 'lifestyle choice' and 'mental disorder' come together but remain incompatible. This is a moment for the anorexic where the positive identity which the individual has constructed for herself can no longer be realistically sustained without considerable risk to physical and mental well being, and this may be a cause for significant dissonance and distress. The hierarchical nature of the pro-ana community is illustrated here as the anorexic appears more reluctant to 'give up' her behaviours than the bulimic. The superiority of the anorexic over the bulimic, and indeed outsiders may result from the approval of a society which values the behaviours from which the anorexic has constructed her identity (Giles, 2006).

The inconsistencies in the accounts of site users who recognise that their condition is causing them distress and putting their lives in danger, but who are still reluctant to relinquish the pleasure and satisfaction they felt at the onset of their behaviours, could be seen as indicative of their struggle to re-engage with the medical discourse which they rejected as they sought to construct a more positive identity. This kind of change can be instigated by choosing to claim or resist discourses to suit our own end (Burr, 2003) and making available marginalised discourses as alternatives which can be used to construct new identities. This process is intended to free us from traditional discourses, not to force a new identity upon us (Burr, 2003), but it could be argued that the way in which 'pro-ana' constructs anorexia as a lifestyle choice and rejects the medical discourse, may be a contributing factor to the reluctance demonstrated by the site user to make a commitment to recovery.

The conflicting accounts within the data, of the understandings that both outsiders and site users have of anorexia, suggests that the two opposing interpretative repertoires of 'Anorexia as a lifestyle choice' and 'Anorexia as a mental disorder' are being used together frequently. The portrayal of outsiders as both ignorant and weak willed people who lack the insight to understand the anorexic, contrasts harshly with the interfering person who tricks and betrays them, just as the portrayal of 'Ana' as a best friend strongly opposes that of anorexia as something which will not let you go. Interpretative repertoires used in this way can achieve certain aims convincingly, but create difficulties for the individual when they are used together (Potter & Wetherell, 1987).

The relationship the anorexic has with the medical discourse appears to be a complex one. Pro-anorexia websites seem to allow site users the freedom to engage in and celebrate their anorexic behaviours, free from the constraints of this discourse, offering opportunities to create new identities in the sanctuary of a mutually supportive community. The interpretative repertoires identified in this analysis function as a way for the site user to negotiate her identity as an anorexic and establish her position as a member of the community. A commitment to both this identity and to the community however, may make it difficult for the individual to dissociate from her anorexic identity, which in turn delays her readiness for recovery. Movement between these repertoires may be bi-directional, as the site-user attempts to reintegrate the medical discourse into the language she uses. This may be seen as a step towards recovery, in which the individual tries to manage available repertoires as she negotiates a new identity for herself as a recovering anorexic, someone who has the experience and insight that affords her membership to the 'pro-ana' community. This may also be an identity which allows her the opportunity to change her behaviours without rejection from the community, in order that she may continue to benefit from and contribute to the support network on which she has come to rely.

Reflexive Analysis

The role of the researcher in qualitative studies is accepted as part of the research process. Unlike quantitative work in which objectivity and absence of bias constitute criteria for judging the quality of research, in qualitative investigation, it is accepted as inevitable that the research process will shape the phenomenon under

investigation and assumed that the researcher and the researched are not independent entities (Willig, 2008). I will therefore attempt to make clear my own role in the development of this inquiry, with reference to my background and how this may have affected data selection and interpretation.

I began my research with a view to investigating public misconceptions of anorexia, as someone with experience of working with young people who suffer with the condition. It was my intention to conduct interviews with a variety of members of the public, but stumbling across the pro-anorexia websites in the early stages of my research I was struck by the way the voices of these young women resonated with the experience of those I have known who suffer the isolation and frustration of being judged and misunderstood.

With this in mind, and having conducted some research in the area, looking at identity (Giles, 2006; Rich, 2006) and the battle for control (Jarman, Smith & Walsh, 1997), my research question, examining ideas of identity construction and management by site users will naturally have defined and limited the findings of the study (Willig, 2008). Although this can be seen as a limitation of the study, I do not claim that my conclusions are in anyway exclusive but merely my interpretation of the material.

Although I have tried to select material which is broadly representative of the messages appearing in the discussion forums, I may have orientated to those which appear to illustrate the points I seek to make. The question regarding the point at which an individual is ready for recovery, for example, is increasingly salient within the literature and is a question which I am aware is important to carers and clinicians (more so than to sufferers themselves), and as such I will have sought extracts which discuss this issue, and those which highlight the conflict felt between members of the community their families.

The use of a journal throughout the dissertation process has enabled me to maintain an awareness of these issues. Willig (2008) suggests that a different reading of the data, or the application of a different methodology, may give rise to an alternative understanding of the phenomenon being investigated. This does not mean however, that any one interpretation is incorrect, but suggests that naturalistic data such as this offers a complex and multifaceted resource for researchers, which has the potential to provide a variety of answers to many different research questions.

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