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Department of **Women's Studies**

The University of British Columbia
Vancouver, Canada

Date **August 8, 2003**
ABSTRACT

Eating ‘disorders’ and body image disturbances are increasingly prevalent among girls and women in Western industrialized societies and globally. This thesis explores cyberspace as a potential ‘safer’ space where girls and women who are struggling with anorexia or other eating ‘disorders’ can potentially find sanctuary from the surveillance and regulatory mechanisms of control in the public sphere or ‘realspace.’ In contrast to dominant biomedical and psychiatric discourses of anorexia that often portray women with eating disorders as ‘irrational’ and ‘in denial’ of their behavior, this study takes seriously the voices of these women and looks to their narratives for alternative presentations of anorexia and other eating disorders. It attempts to locate women’s cyberspace expressions of anorexia in the context of a society that often pathologizes, medicalizes and attempts to silence their voices.

The thesis examines the narratives of women who create and visit ‘pro-anorexia’ or ‘pro-ana’ websites to see if dominant cultural scripts about women’s bodies and subjectivities are reproduced, negotiated and/or resisted. It investigates women’s expressions and interpretations of their own experiences of anorexia and other eating disorders. It reviews data collected from pro-anorexia websites from September 2001 to February 2003 and considers the backlash they generate. It explores the rationale of girls and women who inhabit these new social spaces, and their resilience in spite of backlash. Narratives found on pro-anorexia websites may illustrate alternative discourses of anorexia and eating disorders that have implications for biomedical theories as well as clinical practices.
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I am indebted to the courageous pro-anorexic girls and women who create and visit these websites, for their willingness to be vulnerable and persistent in a society that does not welcome their voices. I hope that I have done your stories justice.
DEDICATION

To Jessie,

whose gentle spirit has finally found peace.

You were never a burden, and you will always be in my heart.
"[It] is not by food that we survive but by the gaze of others; and it is impossible to live by hunger unless we can be seen or represented doing so... Self-starvation is above all a performance ... it is staged to trick the conscience of its viewers, forcing them to recognize that they are implicated in the spectacle that they behold."

Maud Ellmann (quoting Kafka)

The Hunger Artists

CHAPTER ONE: INTRODUCTION

This research project emerged from my desire to advance knowledge and understanding of women’s experiences of eating disorders. I wanted to find a way to combine my professional, personal and academic experiences. I initially intended to conduct interview-based narrative research examining women’s conceptions of what caused their eating problems and aided their recovery. However, shortly before returning to graduate school, discussions of ‘pro-anorexia’ websites started to show up in mainstream media articles and in discussions among health care professionals in the field. At first I was horrified to discover that pro-anorexia websites existed. Working as a therapist in the eating disorder field, involved in coalition work and activism around this issue, I felt angry and shocked. I was concerned that work I and countless others had done to try to prevent and help women recover from eating disorders might quickly be undone by messages in a medium as vast and unmediated as the Internet supporting eating disorders.
Yet I decided to explore these websites further, and eventually decided to make them the subject of my thesis.

Pro-anorexia (also known as ‘pro-ana’) websites\(^1\) are a genre of websites disseminating information about eating disorders, primarily anorexia nervosa, providing girls and women with a forum to discuss and share information about ‘ana.’\(^2\) The primary purpose of these sites seems to be, upon first contact, to promote and support anorexia, including detailed ‘how to’s.’ Yet some of the voices on these websites make it clear that their purpose is to support those who are (already) struggling with an eating disorder, and to provide a space, free from judgment, where they can share ideas and offer encouragement to those who are not yet ready to recover. Over time I discovered that there are generally two categories of postings on the websites: ‘pro-anorexia’ voices, those that promote and support anorexia as a freely chosen lifestyle, with detailed ‘how to’s’; and ‘pro-anorexic’ voices, those that provide non-judgmental support for those already struggling with an eating disorder (not always anorexia) before they are ready to recover.

I don’t consider this place a pro ana site, its more just an anorexic chat room. Its all part of the disease. Just because you are not in therapy doesn’t mean you have to be alone in it.

02/07/03 Ruby’s Gloomy Place Website (17)

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\(^1\) Because of the mutable boundaries of the internet, it is difficult to know at any given time just how many of these websites exist. One organization, The Eating Disorders Association, estimates the Internet contains at least 400 pro-ana sites (Reaves, 2001).

\(^2\) There are also websites and discussions about ‘mia’ (short for ‘bulimia’) and ‘coe’ (short for ‘compulsive overeating’).
Both of these types of voices co-exist on ‘pro-anorexia’ websites. It is these latter narratives, however, that I chose to put at the centre of my research.

Pro-anorexia websites in general tend to have common features such as: bulletin boards and chat rooms (where visitors can post messages to each other, ask advice and share ideas); diaries (website owners post their own diaries online, often keeping viewers up-to-date daily on calorie intake or avoidance, relapses, recommitments to ‘Ana’, etc.); “tips and tricks” (ideas for dieting, food avoidance, distractions from hunger, etc.); “trigger pics” or “thinspirations” (pictures of ultra-thin, emaciated women to serve as inspiration and distractions from hunger); and links to other pro-ana sites, often in the form of web-rings. Some also have poetry, song lyrics, autobiographical stories, treatment and recovery information, and general information about anorexia, other eating disorders, and related issues.

As someone who has struggled with disordered eating for many years, and worked for several years professionally with this population, I was initially perplexed that young women would publicly declare and discuss their disordered eating behaviors. My own and my clients’ experiences were often very secretive and shameful. Mainstream representations of what these women are doing are extreme and vilifying. But as I began to explore these websites myself and take the time to examine them in depth, I saw glaring contradictions and paradoxes, and heard voices that did not mesh with my earlier fears. Many women with eating disorders struggle alone and silently for years before
finally seeking help. I began to wonder what the presence of a venue for venting feelings and accessing support from those sharing similar experiences might mean. I decided to undertake in-depth research to explore these websites further, particularly pro-anorexic voices.

Even with an open mind, my witnessing of some of the sentiments on these websites has often made me feel extremely ambivalent, and even alarmed. Several times I have come across particularly disturbing threads of comments and I thought that I would need to stop this project altogether. My own disordered eating issues have often been triggered. Pro-anorexia narratives especially illustrate very aptly the real dangers of young women accessing and engaging in eating disordered thinking patterns and behaviors. Anorexia can be extremely dangerous and potentially deadly. Sometimes postings highlight this very real danger.

You know [name removed] that used to go here?? She was my best friend. She died 2 days ago in the hospital from anorexia. She was 5’4 and only 76 pounds. I found this site bookmarked on her lap top. Do you want to kill off everybody ana?? You sure helped kill her.

08/14/02 AnOreXic AdDiCt Website (42)

If one were to focus solely on pro-anorexia narratives, as the mainstream critiques tend to do, it would be difficult to conceive of any benefits of these websites. Though it is important to be mindful of the potential of destructive behavior, my aim is to stand in the

---

3 Web-rings are clusters of websites that have information on similar topics. Through a web-ring you can connect directly with other sites on a particular web-ring without going through a search engine.
spaces where the different discourses overlap and hold open the spaces for pro-anorexic voices that demonstrate some critical understanding of anorexia.

This thesis explores what the recent emergence of “pro-anorexia” websites on the Internet might mean for understanding anorexia and other eating disorders. It investigates cyberspace as a potentially liberating space for women struggling with these issues. Here might be sanctuary from the bodily scrutiny most women experience in the public sphere or ‘realspace.’ It explores the narratives of girls and women who create and visit “pro-anorexia” websites. In contrast to normative biomedical and psychiatric discourses of anorexia that often portray women with eating disorders as ‘irrational’ and ‘in denial’ of their behavior, this study takes seriously the voices of these women and looks more broadly to their narratives for alternative discourses of anorexia and eating disorders.

1.1 Context for the Study

Pro-anorexia websites have emerged in the context of a society that often pathologizes, medicalizes, and attempts to silence the voices of women struggling with eating disorders. The voices and behaviors exhibited on these websites exist in a society where women still learn that their greatest social (and corporeal) capital and source of self-worth lie in their bodily appearance (Bourdieu, 1986 in Skeggs, 1997). Though women’s voices are always mediated by the social discourses in which they are located, they may also resist or subvert dominant discourses. Pro-anorexic narratives found on these
websites offer potential alternative perspectives on anorexia and eating disorders in general. Dominant cultural scripts about bodies and subjectivities are reproduced, negotiated and sometimes resisted. The transient and fluid nature of pro-ana websites reveals female resilience and resistance to these pathologizing norms. On these websites subjects interpret their own experiences and refuse to be silenced. Taking these voices seriously may increase understanding of what causes, perpetuates, and can help in alleviating these complex and enigmatic conditions.

This research explores the idea that cyberspace can potentially serve as an alternative location that is safer for women than the traditional public sphere or that may serve as a “sanctuary.”\(^4\) Cyberspace may provide a space to escape external scrutiny (though perhaps not self-scrutiny), as well as the opportunity to ‘interact’ with others struggling with eating disorders who may offer non-judgmental support. This opportunity could be helpful since the early stages of anorexia are usually marked by extreme isolation, secrecy and disconnection (Garner, 1997b; 1982). Ironically, however, cyberspace is a public space. While in contemporary Western culture withdrawal from the public realm is considered abnormal and unhealthy, occupying this space and revealing supposed abnormality or deviance are considered equally, if not more, unhealthy (Bankey, 2001). The backlash these websites have received from the media and professionals in the field has been extensive.

\(^4\) In fact, pro-anorexia websites have names such as, “The Anna Sanctuary” or “Ana and Mia’s Sanctuary,” perhaps suggesting attempts to create a ‘safe’ space where ‘pro-anas’ can ‘meet’ without the judgment they would receive in a ‘real’ public space.
Despite a dramatic rise in the incidence and study of anorexia and other eating disorders over the past several decades, we are still far from understanding these enigmatic conditions. Biomedical theories – which include mainstream psychiatry and psychology – tend to dominate the field. Dominant treatment methods remain largely unsuccessful and rates of eating disorders continue to rise. Theories focus primarily on individual (biological and psychological) and familial factors in the etiology of eating disorders, giving sociocultural factors merely contributory status. Women’s food refusal is largely attributed to fear of fatness (Lee, 2001) and an exaggerated compliance with cultural norms of thinness.

Researchers in the social sciences and humanities, as well as biomedical researchers challenging dominant theories, also offer theories about eating disorders. In contrast to dominant biomedical discourses, these sociocultural explanations consider historical, social, economic and political contributions to women’s widespread bodily discontent. They address the social and environmental factors implicated in the development of eating disorders, and view eating disorders as a response to social, rather than individual, pathology. Feminist theories in particular have contributed complex and useful understandings of women’s tumultuous relationships with food and their bodies. Most sociocultural approaches recognize that self-starvation goes beyond issues of fatness or thinness – or food for that matter – to power, oppression and structural inequalities.
For all such challenges, little in-depth qualitative research incorporates women’s own voices. This project starts with women’s own voices, putting them at the centre of inquiry. Biomedical models of health and illness have informed my professional training and work in the field of eating disorders. Counselling work with individuals enmeshed in the daily struggles and realities of living with eating disorders has made me sympathetic to the difficulties inherent in maintaining a perspective on the broader social picture in clinical practice. I have become dissatisfied with the limitations of biomedical theories and their detrimental effects on women. I returned to school to explore alternative ways of understanding disordered eating, specifically sociocultural and feminist perspectives, in more depth. These approaches have greatly influenced my clinical work and my own perspectives on women’s complex food and body practices. I also have come to realize that many women have more awareness of their circumstances than they are given credit for by dominant theories. Thus women’s voices stand at the centre of my enquiry.

1.2 Specific Focus and Research Questions

The emergence of pro-anorexia websites (as opposed to ‘pro-support’ or ‘pro-recovery’) on the Internet suggests that women struggling with eating disorders are not being heard through traditional channels. That women are speaking out for a widely-condemned mental ‘disorder’ and its sufferers merits attention. This research explores specifically women’s ‘pro-anorexic’ expressions (those offering some critical understanding) of their experiences of anorexia and other eating disorders, and their rationale for inhabiting these
relatively new social spaces. I examine what women say or imply effects and influences them – both in choosing their recovery process and ‘in the meantime.’ I am interested in how women understand their own mental states (Parr, 1999, p. 183). I am also interested in their reasons for using the Internet to access connection and support. These websites offer the unprecedented opportunity to ‘listen in’ to the voices of those struggling with eating disorders as they go through the experience. In communications that may never emerge through the medical system, the research interview, or treatment programs, women confront dominant ideas about their experiences and tell their own stories.

My guiding questions include: What can the recent emergence of ‘pro-anorexia’ websites, and pro-anorexic voices specifically, tell us about the meanings and significance of these so-called ‘mental disorders’? What can they tell us about the subjective experiences of the women who inhabit these alternative social spaces? What are they attempting to accomplish? What are the potential implications for medical and psychiatric theories and clinical approaches to eating disorders? In beginning to answer these critical questions, this thesis breaks new ground as it recognizes the significance of women’s own narratives of anorexia and other eating disorders.

5 The nature of the Internet elides certainty about the true identity of my research subjects. As will be discussed further in Chapter 3, I cannot know for certain the identities or demographics of the users of these websites. Self-disclosure reveals that these ‘women’ range in age from approximately twelve to thirty. For the purposes of this study I will use the term ‘women’ throughout to include girls and women.
1.3 Methodology

I have chosen qualitative research methods because of the dearth of in-depth qualitative research on eating disorders. The majority of research, such as much in the *International Journal of Eating Disorders*, tends to be quantitative and relies heavily on psychometric testing practices. These testing methods often fail to elicit the complexities inherent in women's experiences. They also regularly reproduce dominant discourses on eating disorders. Because of my interest in taking women's voices seriously and allowing their voices to challenge conventions, I use specifically feminist methods. My hope is that this research will help us move beyond hegemonic, and often unhelpful, discussions about women's eating problems.

1.4 Organization of the Thesis

The next chapter reviews the current literature on eating disorders, including biomedical and feminist sociocultural theories, introduces feminist geographical theories, and explores literature on cyberspace. Chapter Three outlines my methodology. I use a feminist thematic content analysis to discuss the themes and to highlight alternative discourses of anorexia and eating disorders that emerged from the data. I describe the methods and problems, including some ethical considerations in doing Internet research. Chapter Four sets out both the main and the sub-themes, and provides examples of backlash and women's responses. Chapter Five returns to questions of both theory and practice, and closes with suggestions for further research.
CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

Anorexia Nervosa is one of a few clinically diagnosable eating disorders that, according to biomedical discourses, is considered a mental illness (American Psychiatric Association [APA], 1994; Garner & Garfinkel, 1997b). Anorexia Nervosa and Bulimia Nervosa are the most widely recognized and theorized eating disorder categories in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (APA, 1994). This manual is widely used by physicians and psychiatrists to diagnose and treat mental illnesses. Anorexia Nervosa is characterized by the severe restriction of food and significant weight loss, often to the point of the impairment of cognitive and physical functioning. Bulimia Nervosa is characterized by the consumption of large quantities of food in a short period of time and a purging of the food, usually by vomiting or use of laxatives (Walsh & Garner, 1997).

The DSM IV also delineates a large and heterogeneous diagnostic category called “Eating Disorder Not Otherwise Specified” (EDNOS), for individuals who have clinically significant eating disorders but who ‘fail’ to meet all of the diagnostic criteria for anorexia nervosa or bulimia nervosa (Walsh & Garner, 1997). One subtype of EDNOS is Binge Eating Disorder. It is characterized by the rapid consumption of large amounts of food without any compensatory behavior such as vomiting or laxative use. Eating disorders that fall into the category EDNOS (such as “bulimia,” “compulsive
overeating,” or “normal weight bulimia”) can be every bit as complicated and serious as that for persons with the two main eating disorders (Walsh & Garner, 1997). Yet individuals diagnosed with “full-blown” eating disorders (Anorexia Nervosa and Bulimia Nervosa) remain the main focus of attention and are given priority for treatment.

Extensive evidence from Canada, the United States, and Europe suggests increased prevalence of eating disorders (Eagles, 1995; Lucas, 1992; Whitaker, 1992) and falling age of onset (Bryant-Waugh & Lask, 1995; Kaltiala-Heino, Rissanen, Rimdela, & Rantanen, 1999; Maloney, McGuire, Daniels, & Specker, 1989; Whitaker, 1992). While the most common age of onset lies between fourteen and twenty-five, eating disorders span a wide age range, and are increasingly seen in children ten or younger (Cavanaugh, 1999). Dieting to lose weight and fear of fatness are found among girls as young as seven (Garner, 1997a). Research in the U.K. shows that the risk of developing an eating disorder is eight times higher in dieting than in non-dieting fifteen-year-old girls (Patton, Johnson-Sabine, Wood, Mann, & Wakeling, 1990). In Canada, eating disorders are now the third most common chronic illness among female adolescents (Canadian Paediatric Society, 1998).

Narrowly defined, clinically-diagnosed eating disorders nevertheless remain relatively rare (McCreary Centre Society, 2000). Recent studies indicate that a much larger proportion of adolescents report disordered eating symptoms, such as eating or weight control behaviors and attitudes. A recent Ontario, Canada study found significant

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6 See Appendix 1 for the diagnostic criteria for eating disorders categorized and outlined in the DSM IV.
symptoms in over 27% of girls aged twelve to eighteen years. About 15% of those were predicted to develop full-fledged eating disorders (Jones, Bennet, Olmstead, Lawson, & Rodin, 2001). Most teenaged girls with disordered eating behaviors were not evaluated or treated for these problems. In fact, other studies have shown that those with disordered eating behaviors are less likely to participate in or acknowledge these behaviors in studies (Malson, 1998). Another Canadian investigation found that, by age eighteen, 80% of girls of ‘normal’ height and weight desired to weigh less (McCreary Centre Society, 1999). One of every two (52%) reported trying to lose weight. In addition to dieting and exercise, some girls reported vomiting and the use of diet pills and laxatives. One in eleven (9%) purged; two in five (40%) engaged in binge-eating; and over one in seven (15%) binged two or more times a month (Ibid, 2000).

The death rate for eating disorders is high, ranging from eighteen percent in twenty year studies to twenty percent in thirty year follow-up reviews (Cavanaugh, 1999). In fact, anorexia nervosa has the highest mortality rate for women of any psychiatric disorder (Sullivan, 1995). For fifteen to twenty-four year olds the annual death rate associated with anorexia is more than twelve times higher than all other causes combined (Cavanaugh, 1999).

Biomedical discourses acknowledge fear of fatness as a diagnostic criteria for most eating disorders, yet this fear is not adequately contextualized in the literature. Organizations such as the Academy for Eating Disorders, an international body of the top experts in the field from a variety of disciplines, have begun to make efforts to address
the increasing prevalence of obesity in discussions about eating disorders, yet 'overweight' issues are largely treated separately. Obesity, however, needs to be considered in the context of eating problems in general. One recent Canadian study shows obesity in children has doubled over the past twenty years (Tremblay & Willms, 2000). The growing disparity between what is considered to be the “ideal” body shape and the reality for most girls may help explain the increased prevalence of eating problems in Western cultures (Jones et al., 2001). Anxiety about fat is so overwhelming that young girls fear becoming obese more than cancer, nuclear war, or losing their parents (Berzins, 1997). One survey of parents found that one in ten would abort a child if they knew it had a tendency to be overweight (Fraser, 1997). Numerous analyses of public health problems claim “epidemics” of eating disorders and obesity (Jeffery & French, 1998; Rippe, 1998; van't Hof & Nicolson, 1996). Yet body weight as a social problem has received little attention (Maurer & Sobal, 1995; Sobal & Maurer, 1999a; Sobal & Maurer, 1999b).

2.2 Biomedical Approaches to Eating Disorders

Current biomedical and psychiatric theories acknowledge that eating disorders are “multidetermined” (Garner & Garfinkel, 1997b). The causes are thought to stem from three main categories of predisposing factors: individual (psychological, physiological and biological), family, and sociocultural. These are presumed to interact in the development of eating disorders (Garner & Garfinkel, 1997b). Mainstream biomedical

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7 Researchers are currently searching for the 'genetic' causes of eating disorders (Vink, 2001).
explanations continue to emphasize individual pathology, implicating individual women's own obsession with thinness, perfectionism and fat phobia as the key to eating and body disturbances.\(^8\) While sociocultural factors (fashion, music, entertainment media, modernization and the conflicting demands now facing young women) are acknowledged, they are often considered only contributory or triggering (Becker, 1999; Katzman & Lee, 1997; Robinson, 2000).

The normative epidemiological portrait of eating ‘disorders’ outlines girls’ and women’s (individual) psychopathology, irrational obsession with thinness, over-emphasis on appearance, and vanity (Banks, 1992; Thompson, 1992). The diagnostic criteria for anorexia nervosa\(^9\) targets the ‘refusal’ to maintain a ‘normal’ body weight, intense fear of gaining weight or becoming fat, and disturbance in the experience of body weight or shape (APA, 1994). These decontextualized criteria fail to acknowledge Western society’s extreme fat prejudice and its intolerance for diverse body types\(^10\) (Thompson, 1994). The stigmatization of fat women ensures that all women understand the consequences of not watching their bodies (Bordo, 1993; Sobal & Maurer, 1999b). According to normative cultural ideas in Western society, fat women are not only physically unhealthy, but also likely to be mentally unhealthy, ugly, out-of-control, and sexually deviant (Bordo, 1993; Thompson, 1994).

\(^8\) Though more males are starting to develop eating ‘disorders’, disordered eating patterns in all age groups are far more prevalent among females than males (Eliot & Baker, 2001).
\(^9\) See Appendix 1 for full diagnostic criteria.
\(^10\) There are also consequences for women of color. Research has shown that health care professionals often misdiagnose or delay diagnoses of eating problems among African-American and Latina women due to stereotypical thinking that these problems are restricted to white women (Silber 1986).
Although eating problems and bodily discontent are rampant in Western society, and increasingly globally, they do not typically show up in the statistics on eating disorders that privilege diagnostic criteria. Dominant biomedical theories rarely connect the epidemic of disordered eating to broader historical, economic, political and social issues. Eating problems are not considered a major public health problem because body dissatisfaction, eating issues, and weight concerns are widely considered normative behaviors for women (Orbach, 1993). Professionals pathologize without consideration of the 'normative' social contexts that may contribute to individual's so-called 'irrational' behavior in the first place. Socially sanctioned ‘normative discontent’ among women obscures the extent of disordered eating, keeps women in line, and masks the true etiology of eating problems.

2.2.1 Biomedical Treatment Paradigms

At a recent international conference on eating disorders sponsored by the Academy for Eating Disorders (May 2001), a world-renowned physician in the field announced that one half of biomedically-based treatments for anorexia nervosa fail (Globe and Mail, 2001). Furthermore, research has shown that only a small percentage of sufferers access support or hospital treatment at all (McCrary Centre Society, 1999; Jones et al., 2001).

Residential hospital-based treatment programs, because of budgetary restraints, are often forced to accept only clients whose symptoms fit the diagnostic criteria and
whose conditions are severe.\footnote{This is especially true in Canada. In the U.S. private residential treatment clinics are sometimes covered by health insurance. Canada has very few treatment programs, most of which are hospital-based. Currently in Vancouver, for example, the only treatment programs available are ‘primary care’ (hospital) programs. There are no ‘secondary care’ programs, other than private or non-profit/community services such as counselling and support groups.} Waiting lists for treatment programs are usually several months to a year or longer (Kent, 2000; Robinson, 2000). By this point conditions are likely to become chronic, and health, and sometimes lives, can be in serious jeopardy. Private programs may be less over-crowded, but costs are beyond the means of many. Women struggling with milder eating problems often do not qualify for treatment services and may not even seek help due to their awareness that they may not fit the diagnostic criteria. Because treatment programs ‘privilege’ the most severe, clinically diagnosable cases, girls and women get the message that they must ‘get worse’ before they can get help. Furthermore, because eating disorders are not considered a public health problem, treatment programs tend to be marginalized in terms of funding within the medical and mental health fields. Virtually no funding goes to prevention and education programs, or to counselling and support, the onus of which is often shouldered by hard-pressed non-profit and community agencies. The result is that many women ‘fall through the cracks’ and may not be able to access to support at all.

Dominant treatment approaches for eating disorders privilege medical and mainstream psychiatric therapies. Biomedical approaches concentrate on the somatic elements, aiming to discover and fix underlying physiological causes (Bemis, 1978). The focus is the stabilization of the patient's medical and nutritional status, the ‘resolution’ of psychosocial precipitants of the problem and the re-establishment of healthy eating
patterns (Garner & Garfinkel, 1997b). Medical care targets ‘correction’ and ‘prevention’ of complications from abnormal weight and purging, including monitoring of weight, vital signs and electrolyte levels (Garner & Garfinkel, 1997b). Medical treatment is usually complemented by psychiatric and psychological treatments such as individual, family and/or group therapy. Some programs have also incorporated modalities such as yoga, art therapy, dance or movement therapy and meditation.

The most widely endorsed psychiatric approaches are Cognitive Behavioral Therapy (CBT), family and pharmacological therapy. Cognitive Behavioral Therapy, the most widely recommended treatment for Bulimia Nervosa (Wilson, Fairburn, & Agras, 1997), is also often used for Anorexia Nervosa (Garner, Vitousek, & Pike, 1997d). Pharmacological therapy is regarded as of limited benefit, especially for anorexia nervosa, and best employed only as an adjunct to psychotherapy (Becker, 1999; Garner & Needleman, 1997c). It is nonetheless widely used (Zhu and Walsh, 2002). These approaches focus primarily on treating the individual, stopping and changing abnormal thinking patterns and behavior and restoring normal eating patterns.

The primary goal of the treatment of anorexia nervosa is weight gain (Garner et al., 1997d). It is assumed that this will be accomplished by active education about exercise and nutrition, and behavior modification (Garner & Garfinkel, 1997b). It is expected that “[women] may be less likely to persist in self-defeating symptoms if they are made truly aware of the scientific evidence regarding factors that perpetuate eating disorders” (Garner, 1997a: 145).
Effective treatment and ‘management’ of an eating disorder allegedly require a good therapeutic alliance with the patient, effective monitoring, and accurate advice (Garner et al., 1997d). Yet patients with eating disorders, especially those with anorexia nervosa, are seen as uncooperative and ‘resistant’ to treatment and are thus often unpopular with doctors and nurses (Garner et al., 1997d; Robinson, 2000). A patient who fails to change as recommended may be seen as essentially at fault and perhaps not even merit some treatments (Robinson, 2000). They have been labeled stubborn, defiant, manipulative, deceitful, ungrateful and unappreciative (Garner, 1997a; Robinson, 2000). Anorexics can generate “strong feelings of aggression in the therapist” (Selvini Palazzoli, 1978) and “intense emotional reactions…perhaps the most intense encountered in a therapeutic relationship” (Cohler, 1977). Some theorists consider these reactions responsible for the malevolent and punitive forms of treatment occasionally reported (Garner et al., 1997d; Goldner, Birmingham, & Smye, 1997). Many girls and women are only too well aware of the therapies in store if they are hospitalized, and may go to great lengths to avoid treatment.

In the early stages of anorexia, before a person is ready to accept assistance, traditional treatment is usually not very successful. Working with a patient can be very frustrating when her resistance is strong. Some programs, such as the Eating Disorders Program at St. Paul’s Hospital in Vancouver, Canada, are increasingly recognizing and attempting to work with patients’ different stages of readiness for change (Geller, 2002; Geller, Cockell, & Drab, 2001). A set of therapeutic techniques or practitioner ‘stances’ increasingly used in the treatment of anorexia (and addictions) is “Motivational
Enhancement Therapy.” This recognizes various stages of “readiness for change” (Prochaska, DiClemente, & Norcross, 1992). It also attempts to ‘work with’ patients’ resistance.

In the earliest stage of anorexia, called “pre-contemplation,” the anorexic is not yet ready to take steps towards ‘recovery.’ Suffering is often secretive and isolated since seeking support may lead to being ‘confronted’ with her ‘illness’ (Prochaska et al., 1992). This means that women typically do not get any support (prior to the need for hospitalization) unless they are forced into treatment or until they summon up the courage to speak to a professional.

2.2.2 Recovery from Eating Disorders

The biomedical model of recovery focuses narrowly on the personal and internal ‘mental illness’ of the individual and the behaviors that result from biochemical irregularities or internal psychological ‘maladjustment’ (MacSween, 1993). Studies of recovery have been conducted almost exclusively within this model, which seeks causes and evaluates treatment of clinically diagnosed eating disorders. It assumes that professional intervention is essential to recovery. The unspoken (and ironic) assumption is that once women’s behavior is ‘fixed’ by experts, they will be able to readjust to the (unproblematic) ‘normal’ world where the behavior began in the first place.
In fact, most recovered anorexics say the events, people, and processes outside therapy were generally those most relevant to their recovery (Beresin, 1989; Garrett, 1998). Yet little research explores factors or conditions helpful to or necessary for recovery, still less includes voices of the recovered (Beresin, 1989; Garret, 1997; Garrett, 1998; Thompson, 1994). Positive outcome indicators, that is, the factors most likely to assist recovery, are largely absent from biomedical literature. Instead, the focus remains for the most part negative, that is on what might prevent recovery. Positive outcome indicators tend to resist 'measurement.' They most likely come in narrative form, with all its complexities (Garret, 1997). Clinical evaluations of anorexia and recovery which have taken seriously patients' ideas and given them voice (Beresin, 1989; Bruch, 1973; Bruch, 1978; Bruch, 1988; Garret, 1997; Garrett, 1998; Thompson, 1992; Thompson, 1994) as well as autobiographical accounts (Apostolides, 1998; Hornbacher, 1998; MacLeod, 1982) have provided far richer understandings. Some of these texts also provide a more complex interpretation of anorexia that takes into account broader historical, social and political factors.

2.3 Sociocultural Approaches to Eating Disorders: Feminist Theories

Feminist theories offer more holistic views of eating problems by highlighting their highly gendered nature and illuminating the sociocultural contexts which disempower women and reinforce unequal gender roles (Bartky, 1988; Bordo, 1993; Chernin, 1985; Davis, 1997; Ellmann, 1993; Fallon, Katzman, & Wooley, 1994; Kearney-Cooke, 1988; MacSween, 1993; Orbach, 1978; Spitzak, 1990; Wolf, 1991). Feminists have asserted
that weight and gender are so tightly intertwined that they often seem inseparable in Western societies (Bordo, 1993). To be acceptable within dominant culture women must constantly watch their bodies and control their weight. When women internalize dominant cultural meanings they may feel deep shame when bodies do not measure up (Bartky, 1988). These theories argue that women have transferred social pathology onto their bodies, long considered the site of their worth and social value. The attempt to gain ‘control’ over bodies and eating is a more attainable goal than dealing with the social inequality of which they may not be aware. Yet this ‘strategy’ (though not necessarily a conscious one) does not work because women ultimately harm only themselves (Ellmann, 1993).

Early feminist theories of eating problems highlight gendered causes, but some have been criticized for not taking other forms of oppression into account (Thompson, 1992; Thompson, 1994). They typically ignore marginalized women who do not, cannot or do not want to fit the hegemonic feminine ideal - namely women of color, the working-class, lesbians and women with disabilities. The possibility of alternative meanings of fatness and body image among such groups has been largely ignored. Some African American groups, for example, have acknowledged having more positive body images (Cash & Henry, 1995; hooks, 1993; Thompson, 1992; Thompson, 1994), and more flexible concepts of beauty (Parker, Nichter, Vuckovic, Simms, & Ritenbaugh, 1995). Like dominant biomedical ideologies, feminist approaches too often tend to view marginalized women as ‘exempt’ from eating problems. The lack of attention to eating
problems in diverse contexts and circumstances further obscures the systemic roots of these issues, and alienates and further isolates marginalized women.

Feminist sociologists have contributed theories that incorporate broader social issues. They have advanced sociological theories of the body (Featherstone, Hepworth, & Turner, 1991; Turner, 1984) that argue women’s bodies are templates on which cultural and political conflicts are projected (Turner, 1984). They have contributed significantly to understanding the ideologies of femininity, beauty ideals and various body practices, including eating disorders (Currie, 1999; Frost, 2001; Hesse-Biber, 1991; MacSween, 1993; Skeggs, 1997; Thompson, 1994; Weitz, 1998). Becky Thompson’s groundbreaking book, *A Hunger So Wide and So Deep*, put forth a ‘multiracial’ view that addressed the intersections of culture, class, race and sexuality (1994). Other sociologists have explored the social management of fatness and thinness, and conceptualized fatness and thinness as *social* problems (Sobal & Maurer, 1999a; Sobal & Maurer, 1999b). Such theories deconstruct Western patriarchal consumer capitalism’s need for women to feel inadequate so they will spend large amounts of money to improve their appearance (Featherstone et al., 1991; Frost, 2001). Illness and disease metaphors of social inequalities are viewed as “fought out [on the body] at the level of a micro-politics of deviance and desire” (Turner, 1984, p. 114).

Feminist and cross-cultural research in a variety of disciplines, including alternative biomedical discourses, has shown that marginalized and non-Western women are also afflicted with eating problems, including voluntary starvation. The rationale for
their behavior, however, is not usually an attempt to achieve the Western ‘ideal’ or ‘fat phobia’ (the main diagnostic features of eating disorders in the West), but a result of discrimination, sexual or physical abuse, violence, trauma, racism, classism, poverty, or homophobia (Thompson, 1992; Thompson, 1994), a way to negotiate transition, disconnection, migration or globalization (Katzman & Lee, 1997; Nasser, Katzman, & Gordon, 2001), or even a means of coping with political violence, torture and war trauma (Herman, 1997). Yet despite these advances in social theories of eating problems, dominant notions have largely remained static, especially in mainstream biomedical discourses. When eating disorders do occur in other cultural contexts, they are not considered to be ‘authentic’ by Western ‘experts’ (Nasser, 1997). This obscures the complexity of the diverse causes and meanings of voluntary self-starvation and eating ‘disorders,’ and results in a tendency to repeatedly point solely to Westernization or acculturation as the cause for the spread of eating disorders. The frequent trivialization and misunderstanding of the complexity of eating problems fuels feelings of shame and guilt, especially for those who are mistakenly considered ‘exempt’ from these issues (Thompson, 1994). Ethnocentric notions of eating problems leave little room for the deconstruction of local meanings of food refusal. It is problematic that anorexic women have been constructed as mostly white, Western, middle to upper-class, heterosexual victims of patriarchal capitalist culture, and theorized to be without agency or the ability to resist hegemonic expectations of feminine beauty.

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12 See Appendix 1 for an outline of the diagnostic criteria for eating disorders.
Some feminists unsatisfied with conventional theories of the social relations of power have increasingly contributed theories that draw on poststructuralist theories of power (Bray & Colebrook, 1998; Butler, 1990; Eckermann, 1997; Fuller, 1999; Gatens, 1996; Grosz, 1994; Malson, 1998). These theories provide a more complex view of women's bodies, including 'disordered' eating and body practices, that engage with Foucauldian notions of the de-centred subject and de-centralized power (Moss & Dyck, 2002b). Postructuralist feminists have drawn on Michel Foucault's theories of power and knowledge production (1980) and of how micropolitical operations of power produce and regulate socially appropriate bodies (Foucault, 1986a) to theorize about the operations of power that converge on the female anorexic body. Foucault provided a framework within which to understand how power is always implicated in social practices and in the discursive production of different forms of knowledge (Malson, 1998). He asserted that hegemonic institutional knowledges (such as biomedical authority) are socially sanctioned and legitimized as 'truths', usually at the expense of local or subjugated knowledges (Foucault, 1980a). Subjugated knowledges are those that 'have no place' or are confined by dominant forms of knowledge sanctioned by the established history of ideas (Foucault, 1980b). They are often excluded or silenced, usually for not conforming to or meeting dominant notions of 'validity.'

Foucault theorized about the power relations of different social spaces. His metaphor of 'heterotopia' is a concept that has been used to denote spatial sites constituted as incongruous or paradoxical, through socially transgressive practices. Such sites have an aura of mystery, danger or transgression about them, and are often
marginalized (Hetherington, 1997, p.41). Foucault used heterotopia (meaning 'place of otherness') in reference to specifically unsettling or ambiguous social spaces or 'counter-sites':

[Heterotopia is] a kind of effectively enacted utopia in which the real sites, all the other real sites that can be found within the culture, are simultaneously represented, contested and inverted. Places of this kind are outside of all places, even though it may be possible to indicate their location in reality. (Foucault, 1986b, p.24).

He theorized that these 'spaces of otherness' can be locations of resistance and transgression; marginal spaces where alternate identities are performed (in Hetherington, 1993). The 'otherness' of such sites, therefore, does not exist in itself, nor does it derive from the site, but is established via difference to other locations. Heterotopias function in relation to all spaces that exist outside of them. At the same time that they mark a culturally definable space that is unlike any other space, they also act as microcosms reflecting larger cultural patterns or social orders (Foucault, 1986b).

Foucault also theorized extensively about the body. He saw the body as a map, as a surface for social inscription, suggesting that bodies are acted upon in discursively constructed institutional settings. This results in taken-for-granted and internalized practices in which bodies are disciplined and normalized, and thus social reproduction is facilitated. Using his approach, poststructuralist feminists understand various body disciplines as effects of socially and historically specific practices: an effect, that is, not of (individual) biology or psychology but of relations of power (Gatens, 1996).
Poststructuralist feminists have criticized Foucault for not moving beyond his concept of ‘docile’ bodies and subordination to social prescriptions to incorporate gender as well as other subjectivities that have possibilities for agency and resistance. Some have theorized anorexia as an embodied form of resistance and a protest against the social meaning of the female body (Ellmann, 1993; Grosz, 1994).\textsuperscript{13} A body aesthetic that falls below the culturally prescribed ‘norm’ (a plummeting cultural ideal) can be seen as defiance of or rebellion against social prescriptions of femininity and ‘normality.’

Contrary to popular notions of anorexia as the result of slavish observance to patriarchal feminine ideals (Bartky, 1988), it is seen as “precisely a renunciation of these ‘ideals’” (Grosz, 1994, p. 40). Elizabeth Grosz even goes so far as to label feminine practices in certain contexts as “modes of guerilla subversion of patriarchal codes” (1994, p. 144). Although some women may experience eating disorders as oppressive, others may find them empowering or subversive of traditional notions of femininity. Yet women are pathologized for this subversion. Feminist postructuralist Liz Eckermann sees the irony in this:

\begin{quote}
If anorexia represents slavish observance to the specifications of medical and public health discourse...its entrance into the realm of the ‘abnormal’ in relation to psychiatric discourse is somewhat ironic. The normalizing ‘truth’ that is constructed in the operation of power in relation to nutrition and lifestyle has unintended consequences, such as obsessive concerns about weight, shape and eating (Eckermann, 1997, p. 162).
\end{quote}

Eckermann implicates medical and public ‘health’ discourses as the cause of women’s supposed ‘abnormal’ behavior, rather than their own irrational thinking patterns.

\textsuperscript{13} Susan Bordo has warned against the inclination to romanticize resistance. Bordo believes feminists should neither construct resistive forms of subjectivity as equal in power to dominant discourse nor turn our
Sharon Fuller has drawn on Homi Bhabha’s work in theorizing anorexia as a form of resistance (1996, 1999). Bhabha argues that through the mode of colonial discourse he calls ‘mimicry,’ colonialism repeatedly exercises its authority through figures of farce, producing text rich in irony. He calls this a complex strategy which appropriates the Other as it visualizes power, but is also the mark of the inappropriate (in Fuller, 1996). Fuller uses Bhabha’s idea of mimicry in describing how the anorexic’s actions can be viewed as a mime of the upheld (feminine) ideal, and a mocking of the dominant discourses of anorexia. She reverses Bhabha’s theory to argue that with anorexia it is the anorexics (colonized subjects) who produce “irony, mimicry and repetition” of the masters’ colonizing discourses, using their bodies as weapons (Fuller, 1996). Bhabha argues that “mimicry mocks the power of the monument to be a model with profound and disturbing effect on, and for, the authority of [dominant] discourse” (in Fuller, 1996). The aesthetic of the anorexic body - as almost the same as the Western cultural feminine ideal but not quite - poses a threat to normalized knowledges, disciplinary powers and the continually reiterated norm (Bhabha 1994, p. 86 in Fuller, 1996).

Feminist geographers have drawn on postructuralist theories to contribute to literature on women’s bodies. Geographers have not written much specifically about anorexia or about eating disorders in general, but have contributed significantly to understanding the body, health and illness, mental health, and the importance of space (including cyberspace) in social theory. Significant work has been written about the geography of food and eating practices (Bell & Valentine, 1997), the spatiality of bodies attention away from continued patterns or normalization (1993).
and consumption (Valentine, 1999), the geographies of mental health and stigma (Bankey, 2001; Parr, 1999), and the rise of health and medical information on the Internet (Parr, 2002).

Feminist geographers have taken a special interest in corporeality, claiming that much can be learned about human experience, subjectivity and relations of power through the body (Longhurst, 1995; Moss & Dyck, 2002a). They have also begun to investigate the different ways in which power relations produce appropriate and ‘docile’ bodies (and possibilities for resistance) at different sites and locations (McDowell, 1999). Feminists have addressed issues around biomedical authority and its effects on the legitimacy and knowledge of particular illnesses. Liz Bondi has written about the sharp hierarchical division of power between the ‘expert professional’ and the ‘lay person,’ referring to the increasing professionalization of the counseling profession (2003). Pamela Moss and Isabel Dyck’s work on chronic illness also points to the role of ‘expert knowledge,’ in the form of diagnosis, in defining the legitimacy of the ill body (1999). Hester Parr’s work considers how medical information is communicated, consumed and embodied on the Internet. She addresses how ‘healthy’ and ‘ill’ bodies constitute important geographies which are negotiated and contested in virtual space (2002).

Geographers have made significant contributions to thinking about space in social theory. Feminist geographers have demonstrated the ways in which gender relations are both reinforced and reflected in the spatial arrangements of societies (Massey, 1994; McDowell, 1999). Feminist geographers have re-considered the human subject and the
ways in which it is placed and spaced, and demanded the reconsideration of space and place in terms of social relations. As Doreen Massey has argued, particular ways of thinking about space, and living in space, are bound up with particular social constructions of gender relations (1994). Given that anorexic bodies are constructed as deviant and in need of *literal* medical surveillance, the social spaces in and through which anorexic bodies are situated become extremely relevant.

2.4 Theories of Cyberspace

In the past decade an explosion of research has examined Internet chat rooms and support groups for issues such as addictions, suicide, sexual abuse, disabilities, and specific illnesses. Many studies have concluded that on-line support groups benefited participants, facilitating both self-disclosure and support in a “safe” environment, and, in some ways, superior to face-to-face therapy (Walstrom, 1999). Few studies of electronic support or discussion groups appear, however, to be devoted specifically to eating disorders. Those that do focus on “support/recovery groups” – that is, groups for women wanting and/or ready to “get better” (Herskowitz, 2002; Walstrom, 1999; Walstrom, 2000). Very little scholarly research addresses *pro-anorexia* websites or discussion groups, for women not wanting (or ready) to “recover” (Dias, 2003).

Scholarly work in the area of cyberspace is also relatively new (Kolko, Nakamura, & Rodman, 2000). Scholars now assert that online environments facilitate the fragmentation of identities and illuminate the constructedness of gender (Benedikt, 1991;
Cherny & Weise, 1996; Poster, 1996; Shields, 1996; Stone, 1995; Turkle, 1995).

Congruent with ideas of poststructuralist subjectivity, authors from various fields theorize the self in cyberspace as a disembodied subject that ‘embodies’ a postmodern, ‘virtual’ cyberself. In some ways, cyberspace seems to be a promising postmodern project. The self in cyberspace is multiple and constructed by language, and identities can be decentred, fluid and nonlinear. However, having a virtual presence in cyberspace means deliberately constructing an identity for oneself, whether it is choosing an e-mail name, creating a web page, or choosing a nickname for a chat room. Within such a constructivist environment, the construction of identity, including that of gender, becomes even more important (Kolko et al., 2000).

The Internet has emerged as an electronic version of the Cartesian mind/body split: “going online” suggests the ability to leave the body behind and the possibility for multiple and polymorphous reembodiments and identities. Because bodies also signify race, gender, sexuality, age and ability (as well as fatness and thinness) in social and material ways, cyberspace seemingly promises to ‘escape’ these bodily markings, suggesting utopic possibilities and the ‘erasure’ of difference. Virtual reality encounters provide an illusion of control over reality, nature, and, especially over the unruly, gendered and race-marked, essentially mortal body (Balsamo, 1999). However, technologies act as ‘prostheses’ for already existing social processes and structures and are usually reflective of the dominant historical narratives from which they emerge (Stone, 1991). The ‘virtual geographies’ of cyberspace are constituted by the social
relations, discourses and sites in which the technologies are embedded (Crang, Crang, & May, 1999; Stone, 1991).

The phrase “going online” suggests a movement across a boundary, which also implies “going off-line” – the body still matters because no one lives exclusively online. Cyberspace offers unique opportunities to gain insight into the construction of embodiment and identity. The experiences of individuals in simulated environments in cyberspace are always real and embodied (Kolko et al., 2000). The situatedness of the disembodied cyberself is relevant here because the self that exists in cyberspace is always connected to the person who first chooses to represent herself in a particular way (Kolko et al., 2000). This is particularly relevant for the anorexic who ultimately must deal bodily with the consequences of self-starvation. Both the language and gender choices of participants hold fruitful possibility for examining the connections between virtual and offline life.¹⁴

Some feminists see the potential for women’s empowerment in this new landscape of cyberspace. They do not envision it as a feminist “utopia,” as others have referred to cyberspace (Nakamura, 2000). They do, however, see the potential for control of this new communications technology, mostly dominated by men, for their own

¹⁴ It is important to acknowledge that this new ‘alternative’ public space is not available to everyone. Not only are the uses and constructions of computer technology highly gendered, but they are also highly mediated by class. Foucault and others have claimed that ‘knowledge is power,’ (Foucault, 1980b), and clearly many individuals are excluded from access to the Internet. Access to technology and necessary skills effectively replicate class divisions within virtual spaces, tending to reinforce existing inequalities and propagating already dominant ideologies. As well, the cost of access to the Internet contributes towards class as well as racial divisions. The vast majority of the Internet’s users are white middle-class males.¹⁴ Thus not all women have access to this potential ‘safespace.’
purposes (Light, 1995). Cyberspace can facilitate communication among geographically
dispersed and potentially isolated women. Individuals can psychologically experience
meeting in “virtual space” – a space that can be constructed and reconstructed (Light,
1995). Cyberspace has therefore been conceptualized as a different kind of ‘public space’
for women, as an alternative to the space available in the built environment.

In contrast, critics of the idea of cyberspace as empowering fear that the Internet
will distort communication, interfere with face-to-face contact, and further isolate women
in the private sphere where they will ‘talk’ through screens and keyboards (Light, 1995).
They fear that common spaces, such as worksites, churches, schools, markets,
laundromats and playgrounds, will no longer serve as critical facilitators of community.
Because electronic communication is not seen as somehow ‘genuine,’ it is viewed as
more likely to produce social isolation than connectivity (Light, 1995).

However, Nina Wakeford (1997) argues for an active appreciation of and
involvement in the new forms of social and political connections offered by the Internet.
She asserts that women are not solely the victims of information technology they are
often portrayed. For example, she notes that media coverage of instances of sexual
harassment of women on the Net and in chat rooms has served to underscore the
restrictive stereotype of women as victims of male aggression, for whom cyberspace is
characterized as unsafe. Feminist geographers have similarly shown how media
portrayals of the danger of public urban spaces for women have similarly entrenched
victim stereotypes that inhibit women’s use of these spaces (Mehta and Bondi 1999).
These stereotypes, Wakeford argues, overshadow the creative and politically astute uses of information technologies that weave a web of support and connection across vast geographical and cultural distances. Although she agrees that it is no exaggeration to say that the Internet is dominated by men, she points out the possibilities for women to build community through a strategic use of information technology (1997).

Literature on eating disorders spans several disciplines and professional fields. Although biomedical discourses still dominate mainstream notions of eating problems, feminist approaches, especially feminist postructuralist theories, have contributed significantly to more complex understandings. They bring into focus the broader historical, social, cultural, economic and political factors implicated in widespread eating problems and bodily discontent. Feminist postructuralist theories in particular illuminate how pro-anorexic women are engaging with and resisting hegemonic discourses as well as contradictions between legitimate versus deviant food and body practices. Feminist geographical and cyberspace theories highlight the relevance of space and how it is used creatively to weave webs of social connection and support. These theoretical approaches, most notably the more complex feminist postructuralist theories of subjectivities that allow room for agency and resistance, and feminist geographical theories that highlight the importance and impact of spatial relations of power on female subjectivities, inform my investigation of pro-anorexia websites.
3.1 Feminist Qualitative Research

I have chosen feminist qualitative research methods because of the highly gendered nature of eating problems and the need for in-depth research that incorporates women's own voices. Such methods can elicit and allow more room than quantitative methods for the diversity and complexities inherent in women's experiences of food and body problems. They also have the potential to capture more fully women's own words and self-expressed meanings. In studying pro-anorexia websites, I wish to capture these women's expressions of their own experiences as well as explore whether or not they address the broader historical, political, economic and sociocultural processes and relations of power that most mainstream research - especially biomedical research - often fails to acknowledge.

Feminist researchers often put women's experiences at the centre of their enquiry. Here I draw on Shulamit Reinharz's definition of feminist research methods as having three main goals: to document the lives and activities of women; to understand the experience of women from their own point of view; and to conceptualize women's behavior as an expression of social context (1992, p. 51). Feminist research can be said to be based on a need to understand the forces that shape women's lives and a need to discover ways for women to transform and have authority over them (Bloom, 1998, p. 147). Fundamental is the recognition that because we live in a world that "systematically
silences and devalues the voices of women,” feminists have an epistemic responsibility to document and validate their diverse voices (Harding, 1987, p.7).

Feminist qualitative (and quantitative) researchers have attempted since the 1980’s to dismantle the myth of objective, value-free ‘scientific’ epistemologies and methods (Skeggs, 1997). They have questioned the value of distancing of the researcher from the research subject, and critiqued supposedly ‘objective’ stances towards the research process and data analysis. These epistemologies often assume that internal meanings, motives, feelings and emotions cannot be observed or measured objectively, and that any personal involvement by the researcher will ‘distort’ the data (Parr, 1998). Feminists researchers have asserted that no research is value-free; all researchers’ values are implicated in the work that they produce.15

The idealization of objectivity is especially apparent in most conventional medical and/or treatment-based approaches to research with human subjects. Research subjects, especially women and members of other marginalized groups, are viewed as passive objects of investigation rather than active participants in the study. The common presumption is that experimental results may become ‘contaminated’ if subjects become knowledgeable participants (Sherwin, 1992). Medical scientists project an image of dispassionate, neutral objectivity, a search for truth wherever it is to be found. Yet in reality medical science is an expensive, competitive institution. Researchers may have the well-being of their subjects in mind, but also have other conflicting interests such as the
growth of scientific knowledge, the limits of grant funding, fame, professional advancement, etc. Thus scientific research is a social and political activity that tends to support the interests of the dominant groups in society (Sherwin, 1992).

Feminists have suggested that supposed neutrality and indifference towards research subjects ought to be replaced by self-reflexivity or ‘conscious partiality’ (Mies, 1983). This necessitates that the researcher locate herself in the research process. Feminists have called for methodologies in which the processes of research are made apparent and accountable in the production of data through the situating of knowledge (Haraway, 1991; Harding, 1991). These methodologies emphasize an understanding of historical, social and cultural contexts and the social construction of reality.

Ethical and epistemologically sound qualitative research must be reflexive and confront questions of the nature and assumptions of knowledge production. This does not, however, necessitate a totally relativist stance (Ribbens & Edwards, 1998). Feminist researchers recommend high standards of self-reflexivity and openness about the methods and choices in our research, “considering the implications of practical choices for the knowledge being produced” (Ribbens & Edwards, 1998: 4). Qualitative researchers who have taken the ‘reflexive turn’ must constantly engage with dominant understandings of what constitutes ‘proper’ research.

15 It is important to acknowledge that there is no single, coherent ‘feminist position’ or ‘feminist critique’ of objectivity in research.
Dorothy Smith has been extremely influential in her strong critique of the ideological character and process of objectification built into the standard practice of social research (DeVault, 1999). Instead, Smith wants research that produces knowledge for women that helps its producer understand her social world from her own location (Smith, 1987b). The type of research Smith calls for (called institutional ethnography) begins with women's own voices as the "point of entry" into an analysis of social relations (Ibid). She says it is not enough to simply introduce women's issues to research, nor to address their experiences with renewed respect. Rather, she believes the task for feminists is to create new knowledge that will reveal the social relations that have been made invisible but that affect our lives and experiences as women. She states:

To enlarge our understanding as women of how things come about for us as they do, we need a method beginning from where women are as subjects. As subjects, as knowers, women are located in their actual everyday worlds rather than in an imaginary space constituted by the objectified forms of sociological knowledge built upon the relations of the ruling apparatus and into its practices (Smith, 1987b).

Smith believes that by positioning women's voices and actual activities as a place to begin analysis, they offer an entry point that is 'somewhere other than' or 'outside of' established (biomedical) knowledge.

Smith's proposed feminist research strategy does not create knowledge that reproduces objective methods that would discard the actual experiences and location of the subject (Smith, 1987b). Since social organization and power relations are only partially discoverable within the scope of individuals' daily activities and practices, it is the specialized work of the social scientist to 'uncover' the social relations implicated in
women’s experiences. Though Smith acknowledges the research subject must always be seen as the expert practitioner in her everyday world, she asserts that “the single case has no significance unless it can in some way or another be extrapolated to some general statement either about society or some subgroup ... or connecting the local and particular with a generalizing concept of sociological discourse” (1987b, p.157). This is because the local and particular function as the “point of entry” into a larger social and economic process (Ibid). The strategy of institutional analysis is to reveal patterns of women’s oppression rooted in matrices of social relations through individuals’ experiences (Smith, 1987b).

Feminist qualitative researchers have also attempted to address the central question of how researchers can remain faithful to the experiences and accounts of their research subjects while producing work relevant to the traditions and requirements of academic knowledge (Ribbens & Edwards, 1998). This is particularly relevant when researchers are trying to represent the voices of groups marginalized by and with little access to the practices of public knowledge production (Alldred, 1998). The social position of academic researchers in a position of power can be lessened (yet never completely eliminated) by listening to what women have to say about their own experiences (while acknowledging that experience is always, necessarily, culturally mediated), and adopting inductive versus deductive approaches to knowledge construction.
Traditional scholarly research has often problematically presumed academics to be capable of seeing through social discourses (Smith, 1987a) and failed to scrutinize the scholar’s paradigmatic and personal presuppositions (Fuchs, 1993). Research on anorexia, for example, often interprets the words of anorexic women as symptoms from which ‘bad’ discourse or a social pathology can be read by ‘experts’ (Bordo, 1993). This technique obscures rich, local experiences of eating disorders and renders women as mere props for theories of femininity (Saukko, 2000). All women are affected and defined by discourses we can never entirely transcend. Yet, we are also subjects, capable of sometimes critically assessing discourses and adopting new ones with their own problems and possibilities. My hope is that my centering of women’s pro-anorexic narratives encourages this evolution.

No matter how welcome or beneficially perceived the research, much of it is inherently intrusive (Stacey, 1988) and somewhat voyeuristic. As an academic, researcher, and professional, I am in a place of power. I ultimately decide the narratives and experiences which are important and ‘worthy’ of documentation. Once complete, the research is ‘owned’ by me and benefits my academic and professional career (Stacey, 1988). My hope is that this thesis might contribute to further understanding the social and power relations, including women’s shared oppression, that contribute to eating disorders. I undertook this research project out of personal interest but also because of my desire to effect social awareness and understanding of women’s widespread struggles with food and their bodies.
I have particular advantages and disadvantages as a researcher working with pro-
anorexia websites and this population. As a woman who has struggled with disordered
eating, and worked as a counsellor with this population, I have somewhat more of an
‘insider’ perspective (Hsiung, 1996) than many other researchers addressing this issue.
This will hopefully help me to be more sensitive to my subjects’ voices. It is problematic,
however, to be so ‘close’ to the research topic. I must therefore be mindful not to impose
my own biases or experiences when interpreting the research data.

As a reflection of my desire to be sensitive to a population already under constant
scrutiny and criticism, I employ a feminist thematic content analysis of the websites.
Content analysis is used by researchers to apply an inductive, interpretive framework to
cultural ‘artifacts.’ Content analysis involves “the study [of] a set of objects (i.e., cultural
artifacts) or events systematically by counting them or interpreting the themes contained
in them” (Reinharz, 1992: 146). The cultural artifacts have two distinct qualities. First,
they are not created specifically for the purpose of the study. Second, they do not require
asking questions of subjects or (directly) observing their behavior (Reinharz, 1992). As I
focus heavily on the themes that emerge from the content studied, I have labeled this
analysis a ‘thematic’ content analysis. Neither the texts nor the individuals producing
them are affected or changed in the process of study.

I use the term ‘narrative’ to describe women’s postings on these websites. I do
this strategically, based on the idea that these women are writing (partial)
autobiographical texts. Here I use ‘narrative’ to mean anorexic women’s written accounts
of their experiences. Women may have the potential to represent themselves in alternative ways that subvert the ‘master scripts’ of the anorexic experience (de Lauretis, 1987). Narratives existing in a public space may challenge the master scripts that (re)produce the status quo. On the possibility of such challenge, Leslie Bloom writes:

> The belief that this sort of change is possible is grounded in the assumption that individuals have the capacity to overcome the limitations imposed upon them by social, economic, racial, and historical factors. For women, this means also to overcome limitations placed on them due to their socialization within the patriarchal gender system ... [I]ndividuals reject and act against the limitations or prohibitions that are hegemonically and objectively constructed, but felt subjectively (Bloom, 1998, p.64).

Personal narratives provide data to explore ways that dominant ideologies and power relations are maintained, reproduced, or subverted (Ibid, 1998). As The Personal Narratives Group, in Interpreting Women’s Lives, succinctly maintains:

> [A]ttentively interpreted, [personal narratives] have the potential to illuminate both the logic of the individual courses of action and the effects of system-level constraints within which those courses evolve ... [D]eliberate courses of action ... have the potential to undermine or perpetuate the conditions and social relationships in which the life evolved (The Personal Narratives Group, 1989, p.6).

I am interested specifically in whether pro-anorexic narratives reproduce and/or resist biomedical discourses and authority, and examining their subversive/alternative messages.

There are also dangers in using personal narratives. I am mindful of not assuming that these women’s narratives are transparent, nor that they are meant to be representative of any absolute truth or reality. All individuals are invested in presenting and maintaining
particular identities and self-representations that are always caught up in social relations of power. I am also cognizant of Teresa de Lauretis’ and Sidonie Smith’s suggestions that women may unknowingly create stories in narrative forms that draw on masculinist norms (de Lauretis, 1987; Smith, 1987).

I collected data from pro-anorexia websites from the beginning of September 2001 to the end of February 2003. These consisted of website postings, ‘chat room’ and ‘bulletin board’ messages, and diary entries found on publicly accessible web pages. In addition to actual “pro-anorexia” websites I also collected postings from a “support” website called S.C.a.R.E.D. (Support, Concern and Resources for Eating Disorders) which has a chat room for discussion of pro-ana websites. In order to locate the websites I initially conducted Internet searches for “pro-anorexia websites,” “pro-anorexia,” “pro-ana,” and “pro-ana websites,” which resulted in a few direct links to the websites amidst an abundance of media articles about the websites. I found other websites through link pages on existing sites. Nearly all these links led to sites that had been shut down. After a lengthy process tracking down surviving websites, I collected a list of websites by bookmarking the homepages.

I spent the first several weeks searching for and browsing the websites to get a sense of their content and the expressed intentions of users. I was interested in how the women described their own behaviors around food, eating and their bodies, as well as their rationale for using websites. During this initial survey I started to notice different
types of narratives on pro-anorexia websites.\textsuperscript{16} "Pro-anorexia" narratives promote and encourage anorexia as a lifestyle choice and something to strive for. "Pro-anorexic" narratives promote non-judgmental support and freedom of expression for women who already have an eating disorder. The latter group often suggested that they did not want to encourage anorexia or anorexic behavior. I became intrigued by this second group in particular and noticed some participants discussing mainstream ideas about eating disorders. These narratives revealed a deeper understanding of the anorexic condition than sufferers were given credit for by critics. I decided to focus on these narratives because they showed evidence of critical thinking. I also examined contemporary media and professional articles about the websites in order to appreciate how dominant biomedical discourses of anorexia were used to explain this phenomenon.

3.2 Issues in Data Collection

I initially intended to track several websites and systematically and consistently collect data over six months. Over the first two months I book-marked twenty-six websites. As I began to track these websites, they began to disappear. Sometimes several would disappear overnight. In most cases the websites were hosted by free web servers, such as “Yahoo!” or “MSN Communities.” Website creators ultimately had no control over the policing or ‘pulling down’ of their websites. At any given time, approximately 90% of websites about eating disorders can be said to fall into three general categories: (1) ‘medical’: those disseminating medical, psychiatric and psychological information about eating disorder diagnosis and treatment, etc., (generally for professionals); (2) ‘support’: organizations or individuals providing information and/or support around eating disorders, for those with ED’s and their friends and family; and

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addresses bookmarked were no longer valid. Data collection and tracking of these websites became very difficult. I was not able to develop a consistent, structured system of data collection. Eventually I stopped trying to track websites systematically and began to collect data from whichever sites I could find. For the remaining sixteen months I collected data from original sites, as well as any new ones I could find in searches, approximately every four to six weeks. In total I accessed fifty-two websites over the entire eighteen months.

Since I was aiming mainly to collect narratives that demonstrated critical thinking about eating disorders, I was selective about narratives. I estimate that self-reflective narratives comprised approximately one fourth of the total postings found on identified websites. My research does not examine anorexic culture on the Internet as a whole. It deliberately and self-consciously concentrates on sites and narratives that demonstrate a critical engagement with the dominant stereotypes of eating disorders.

Because of the mutable boundaries of the Internet, the 'real' identities of the users of these websites can never be fully known. In cyberspace it is possible to represent oneself as a different age, race, gender or sexual orientation (Stone, 1991, p. 84; Turkle, 1995). There is no way to know that the 'women' or 'girls' using pro-anorexia websites are who they say they are. For the purposes of data collection and analysis, I accept the self-definition of the narrators as girls and women struggling with eating disorders. I am

(3) 'pro ED': sites dedicated to providing non-judgmental support for individuals currently engaged in eating disorders and not in recovery.
nonetheless mindful that I can never know the exact demographic characteristics of the individuals I am studying. Conclusions are thus somewhat tentative, until they can be confirmed in future studies.

The parameters of ethical Internet research are a current and ongoing topic of debate. Standard ethical guidelines regarding the use of human participants in research have often been deemed incompatible in studies of Internet-based interaction (Barnes, 1998). Because many on-line sites are openly accessible to the public, informed consent is often not obtained (Walstrom, 1999). In response to these problems, I followed the Canadian national standard, the Tri-Council Policy Statement entitled, “Ethical Conduct for Research Involving Humans.” This document outlines that informed consent is not required:

(1) for information collected indirectly from subjects from existing records in the public domain (Appendix 1);

(2) for research about “a living individual involved in the public arena …based exclusively on publicly available information, documents, records, works, performances, archival materials or third-party interviews … Such research only requires ethics review if the subject is approached directly for interviews or for access to private papers …” (Appendix 2, Article 1.1c);

(3) for research involving “observation of participants in … public meetings … since it can be expected that the participants are seeking public visibility” (Appendix 2, Article 2.3)


17 In fact, in one forum there was a discussion that one of the well-known websites that had been shut down
Despite such permissive language, care needs to be taken to exercise an ethics of "fair use" (Whittle, 1997) of contributions to public forums. This is especially true of Internet interaction devoted to "sensitive topics" (Lee & Renzetti, 1993), which should aim to respect participants' privacy and protect them from harm.

Given the controversial nature of pro-anorexia websites, and the backlash facing users, I felt sensitivity to be especially important. Several website owners posted requests specifically asking researchers not to contact the women directly or ask for interviews. Since there was a plethora of data available without further disturbing these women, I collected data from only publicly and easily available web pages, bulletin boards and chat rooms. I did not 'go in' to any forums or chat rooms that required a password, pseudonym or my participation. I did not ask participants any direct questions, nor did I interact in any way. In order to guarantee participants' confidentiality, I removed all names and pseudonyms from the narratives I collected. To further protect my research subjects, I have referenced only website names (with no URL addresses), the dates that the data was found, and the page number the quotes are located on in my data set. All the websites I am referencing in my research (other than the S.C.a.R.E.D. pro-anorexia website discussion forum) no longer exist.

had been appropriated and re-launched by a man.
3.3 Data Summary

This study is based on one hundred and eleven pages of data cut and pasted directly from the Internet. This includes content collected from fifty-two pro-anorexia websites, one pro-recovery/support website with a discussion forum on pro-anorexia websites (S.C.a.R.E.D.: Support, Concern and Resources for Eating Disorders, Pro-Anorexia Websites Eating Disorder Message Forum), and one petition website. The data consist of:

- Seventy-six pages from pro-anorexia website homepages, chat rooms, and bulletin boards (467 separate postings)
- Twenty-seven pages from the S.C.a.R.E.D. (Support, Concern and Resources for Eating Disorders) pro-anorexia website discussion forum (43 postings)
- Two pages from an online petition to allow pro-anorexia websites (1 posting)

The individual postings range in length from one or two sentences to a paragraph or several paragraphs. The median length is about four sentences. There are a total of five hundred and five individual postings. All postings quoted here have been copied verbatim, including authors’ spelling and grammatical errors. Some postings name the author (usually using a pseudonym), but many do not. Some women have strategically used several different pseudonyms to protect their identity. It is not possible to determine exactly the number of different individuals represented in my sample. However, from what I can ascertain, I would estimate roughly three hundred separate individuals.
I also discuss articles written about pro-anorexia websites by journalists and health care professionals found on the Internet. Articles were often found while doing searches for pro-anorexia websites. Some were found referenced or posted on the websites themselves. I collected fifteen separate articles, cut and pasted directly from the Internet from online sources such as *Time Magazine* Online or *The New York Post* Online. Some of these articles are found on pro-anorexia websites. I only used articles in which I was able to track the original source. All sources are referenced and cited in my bibliography.

3.4 Data Analysis

In order to get a sense of the nature of the topics of discussion in the data, I first read all postings to get an overall sense of the relationships among and within them (Strauss, 1987). I started with one of the research questions, “What are these women trying to accomplish on these websites?” (Coffey & Atkinson, 1996). I then did a second reading and coded the data inductively, by recording local categories that consistently emerged from the participants’ narratives (Ibid, 1996). Strauss calls this form of coding “in vivo,” meaning that they derive from the terms and language used by the social actors in the field (1987). This second reading produced sixty-three broad categories. I then compared the various categories for overlap or correlation. From this process I was able to identify three main themes, as well as several sub-themes. Quotations were selected as “apt” illustrations of the various sub-themes (Hammersley & Atkinson, 1995). A third reading

18 From now on referred to as ‘S.C.a.R.E.D. Pro-Anorexia Websites Forum.’
confirmed that the three themes well-represented the data. This process occurred after eighteen months of recording, analyzing, presenting and writing about some of these data (Dias, 2003). Website data were constantly shifting and disappearing. New information and websites regularly emerged. Thus the analysis presented here conveys ‘snapshots’ of data frozen in time.

Although the data will be presented in relatively neat, tidy themes, my experience of surfing these websites, and reading and collecting postings was quite different. ‘Pro-anorexic’ messages of support, validation and connection are woven in with pro-anorexia narratives as well as verbal attacks. The following thread demonstrates the disjointed and chaotic nature of some chat rooms on these sites:

I would really like to talk to you threw email, I’ve been ana for 6 years now! And wanting to talk to someone else who feels the same as I do. No one understands me for what I do ... I hope you email me back.

***

You seriously have some mental image issues. Even worse you are shearing them with other people who might trust you and start starving themselves as well. You need to see a counciler or child worker the things you’re saying are disgusting. SHUT UP!

***

Well I’m 16 years old 5’4 and im 155 pounds my goal weight is 110, and im thinking that I wont want to go below that so if I ever do does that make me anorexic?

***

I think your doing a great job. When I want to binge I just go online and surf here and it goes away. Keep up the great work.

***
I want to smoke to distract me from eating, but then I feel I can’t exercise as hard. Any suggestions?

***

HOW DARE YOU! How dare you put up things on here to make girls do this! This is truly evil and I hope god helps you all!

***

Just because some homosexual clothes designer wants some skeleton to wear his rags down a stupid catwalk in paris every girl in the world wants to be a fucken skeleton, its fucken pitiful. Wake up.

***

Thank you – someone understands.

***

This is a fucking sick site!!! Do you know what anorexia does to people, it kills them! You’re a fucking stupid bitch! You should love your body how it is and don’t listen to a word this anorexia bitch says Anorexia is not a good thing I lost my sister to it!!

***

It seemed I was reading my reasons while reading yours. Thanx a lot, I really find your page encouraging. You also have nice, helpful and reasonable tips.

***

This site brought me to tears. I almost died from this disease. However, I think it’s a great site. This is the sad truth about anorexia.

08/16/02-08/26/02 AnOreXic AdDiCt Website (35-40)

This thread aptly illustrates the ‘climate’ on many pro-anorexia websites; the line between ‘pro-anorexia’ and ‘pro-anorexic’ postings is not always crystal clear. The voices that demonstrate some semblance of critical thinking or alternative discourses have to be ‘teased out’ from a tangle of comments. Out of over three hundred postings
collected on this particular website, at least one third of them were examples of ‘flaming’ (extreme verbal attacks). Not all chat rooms or bulletin boards attract this strong a reaction, but participants always face a certain degree of anger.
CHAPTER FOUR: MAJOR FINDINGS

This chapter describes the main findings of my research and presents an overview of the pro-anorexic themes and subthemes that emerged from the data. The overarching analytical theme that emerged from the data was 'Cyberspace as a Potential Safe(r) Space.' Three main themes constitute this, each with three sub-themes. All themes and sub-themes illustrate that the main rationale for accessing these websites was participants' need and desire to have a safe 'space' for support, connection, expression, and/or to challenge dominant interpretations of their experiences. The first theme, which I have titled, “Space for Support,” highlights participants’ desire to connect with non-judgmental others who understand what it’s like to have an eating disorder. The second theme, “Space for Expressing Eating Disorder Experiences,” illustrates individuals’ need to express their own experiences of their eating disorder, especially writers who tend to be marginalized from mainstream discourses of eating disorders. The third theme, “Space to Challenge/Resist,” demonstrates critical thinking about struggles with food and challenges hegemonic discourses. The pro-anorexic voices of the website users stand at the centre of my presentation and analysis.

Prior to turning to the thematic analysis, however, it is useful to appreciate the climate in which pro-anorexic voices attempt to exist. These narratives make up about only one quarter of the total postings in the data, and tend to exist interspersed with pro-anorexia narratives on the websites. My main focus will be on these expressions that
exhibit some evidence of critical thinking, but since they represent a minority of voices, it is important to contextualize them in terms of the majority. It is these the pro-anorexia postings that tend to fuel the critiques. Thus I will first illustrate and provide an overview of the ‘climate’ found on these websites by describing pro-anorexia narratives and the backlash they generate.

4.1 Pro-Anorexia Narratives

Pro-anorexia narratives make up about three quarters of the postings found on pro-anorexia websites. These voices express attitudes and perspectives often congruent with dominant biomedical notions of eating disorders. These women discuss individual rights and freedom of choice as justification for their behaviors. They offer tips and advice on losing weight and resisting parents and professionals. They discuss fat (often disclosing their heights and weights and goal weights) and see anorexia as a way to ‘get thin.’

I want to be thin, no I want to be really thin, and have people say how pretty I am. I want to be pretty. It’s not fun being fat, and not feeling good about yourself, it’s not fun looking in the mirror and wishing that the face you’re looking at wasn’t yours. I work out all the time, but it’s not working fast enough, I eat right, I eat so damn healthy, and work out and still can pinch large areas of fat on my body, it’s not fair. No one wants to help me. I don’t think anyone wants me to be pretty. I just want to be beautiful and like who I am, I want to be thin and beautiful.

02/21/02 Ana and Mia’s Sanctuary Website (11)
Pro-anorexia narratives often reflect both biomedical discourses and mainstream Western societal values, such as liberal individualism, freedom of (individual) choice, ‘disease’ models of illness and normative standards of female beauty such as thinness.

Many participants call anorexia a “lifestyle choice” and claim the right to choose it. They reject censorship as an infringement on individual rights. Such posters often acknowledge that this lifestyle choice may cause death, but maintain that this too is their choice. Most believe that if they ‘do it right’ they can avoid death and maintain anorexia as a strategy to attain the perfect body. This ‘fight’ for the ideal body, and potential ‘victory’, is seen as a sign of strength and empowerment.

...Being pro-anorexia is my choice. No one but mine. I understand I can die, and I just hope I don’t. If I give up fighting for the perfect body now, then I am just a loser. If I continue to fight to be thin, I will win in the end. If I die, then I die very brave and strong ... It is a competition, it is a battle for me. I have to fight to reach my goal weight.

04/12/01 S.C.a.R.E.D. Pro-Anorexia Website Forum (75)

Freedom of choice and self-responsibility are extended to visitors of their websites. Disclaimers on homepages are intended to absolve their creators of responsibility.

THIS IS A PRO-ANA SITE! I created this site to be a support center for myself as well as others with Anorexia ... I will not be held responsible for any harm that comes to anyone from following this site’s advice. Anyone who decides to follow this advice is at their own risk, and any consequences are their own. Everyone is here by their own choice.

02/07/03 Ana by Choice Website (90)
Individuals are deemed solely responsible for their own actions and choices. Death, like anorexia, is reasoned to be a choice and a decision. The main focus is on individual rights and the desire to accommodate societal norms of female beauty.

Also common in pro-anorexia narratives are pleas for help in weight loss and self-starvation, including strategies to hide disordered eating from others.

Hey everyone! Well I REALLY need help!!! I've been trying to get really thin, cause I absolutely hate the way I look!! ugh! ... I really need some tips on starving myself, I'm trying, but I'm not doing so well I've tried throwing up, but my mom is starting to suspect something ... I don't want to get fat! PLEASE HELP!!!

02/27/02 Ana and Mia's Sanctuary Website (8)

Here is evidence of the 'fat phobia' that is widely discussed in dominant discourses (American Psychiatric Association, 1994). These postings tend to be riddled with derogatory comments about fatness, mostly self-directed. Sometimes there is evidence of caring for others, but mostly, as in the above comment, in the context of achieving weight-loss goals and resisting authority figures. Support requested is around losing weight and staying on track with 'ana.' There is little evidence of shared discussion beyond the desire for thinness. The prospects of real collegiality appears limited.

Pro-anorexia postings often disclose personal statistics that are almost solely body-focused. The use of well-known acronyms such as cw=current weight; gw=goal

19 See Appendix 1
weight, hw=highest weight; lw=lowest weight; BMI=Body Mass Index, suggest a
familiarity with professional discourses.

Cw: omg, too fucking scared to check...5 days of fasting before I do that
gw1: 144 gw2: 140 gw3: 135 gw4: 130 Final goal: 120 (for now..hehe)
***

Hw: 250 (yuck yuck yuck!) cw: 159 stgw: 110 fgw: 95 (is it ever final?)
Food free for 22 hours!
***

Height: 5'11" HW: 187! CW: 139 (BMI 19.4) GW1: 133 (modified from 136)

02/24/03 Ruby's Gloomy Place Website (19-20)

Such disclosures could perpetuate competition to lose weight. These posters in effect use
cyberspaces for self-surveillance as well as inviting peer surveillance, rather than as an
opportunity to shift the focus away from bodily appearance.

A common feature of most pro-anorexia websites is a section on 'tips and tricks.'
This is one major reason why the websites have been widely criticized for promoting and
spreading the illness. Most tips, also offered in chat rooms and on bulletin boards posted
on the sites, aim at rapid weight loss and/or ways to consume as few calories as possible.

To all of you who want tips... or were asking how to lose weight ...
exercise a lot, don't eat.... chew gum, smoke, sip on water, or diet soda...
brush your teeth a lot.. sounds stupid but it helps... keep busy... don't
watch a lot of tv... most people eat more when they do..... stuff like that...
and just think... would you rather eat or be hot? Xoxo

02/23/02 Ana and Mia's Sanctuary Website (9)
***
Follow this plan and lose a shitload of weight. Morning: 1 veggie burger on light whole wheat bread with two bags of grocery store lettuce. Take 2 water pills and follow up with three glasses of water go on 1 hour-2 hour long powerwalks daily. Fill up on lettuce, only iceberg and 440oz diet pepsi fountain drinks. Will this diet give you bloating? Yes take water pills. Will this diet cause malnutrition? Yes, but your anorexic who cares n-e-wayz? ... I got down to 11% body fat while eating like this.

02/24/02 Ana and Mia’s Sanctuary Website (16)

As the comment, “Will this diet cause malnutrition? Yes, but you’re anorexic who cares n-e-wayz?” indicates weight loss is desired at all cost, without consideration for long-term health or immediate consequences.

Although the pro-anorexia content is understandably shocking to the unfamiliar, none of these expressions or recommendations is new. One doctor interviewed for an article acknowledged:

[Pro-anorexia] is not really a new idea. Technology has just made it more visible. Prior to the Internet, girls found other ways to egg each other on, finding solace in “not being the only one” ... Some would find each other in their own communities; others would meet, ironically, at residential treatment centers (Milne, 2002).

The president of an American eating disorder organization in an article interview stated:

People have never showcased anorexia like this showcases anorexia. Eating disorders are constantly being viewed in a very dark shadow. Now it’s [sic] being brought to the forefront (Goldman, 2002).

Yet the support that these women are able to access and provide one another on the Internet is unprecedented. Participants now have the ability to access support and speak out about experiences in ways not previously possible.
4.2 Backlash

Pro-anorexia websites have caused a huge uproar in the media, and among health professionals, parents and recovering anorexics. In July 2001 the media exposed pro-anorexia websites to the public. An American eating disorder advocacy group begged webservers such as Yahoo! to take down these sites, and four days later one hundred fifteen sites were shut down (Reaves, 2001). Servers are encouraged to pull down pro-anorexia websites at their own discretion and many other servers have followed suit.

Articles that critique and demonize pro-ana websites abound on the Internet. Most mainstream critiques zero in on pro-anorexia voices, especially the ‘tips and tricks.’ Website owners are “blamed” for causing and promoting a deadly disease, and the “horrors” of the contents of their sites are displayed and discussed:

In these sinister forums cloaked in the anonymity of the Net, girls discuss their obsession with losing weight and swap tips ... They normalize anorexia, when really it is an illness. They tell girls, mainly young girls venturing into sites for the first time, that what they’re doing is totally normal. They’re dangerous because they reinforce the sense of community (Gotthelf, 2001).

The dialogues in the articles usually occur between authors and medical or eating disorder ‘experts.’ Rarely are the users ever contacted for their own explanations or viewpoints. Women running and visiting sites are well aware of the animosity. Many sites post letters from the media that condemn their behavior, sometimes as a form of inspiration to keep going.
The websites are also policed internally by individual users who ‘flame’ in the chat rooms, verbally attacking the creators and participants.

You people are seriously sick! You're nothing but slaves to the media. You say you do this for YOU to make yourself feel better. Bullsh*t. You wouldn't feel bad about yourselves if you didn't have a distorted perception of perfection. You people need to do a hell of a lot more than lose weight, you need to get some self-esteem. Go to counseling ... The makers of this site ought to be ashamed of themselves.

10/27/01 The Anna Sanctuary Website (59)

Advice is often given in terms of “what guys want” and find attractive. This position assumes that participants are heterosexual and struggling with anorexia in order to look good for men.

You are all crazy bitches .... Why would you want to be so thin? I hope you know that it DOES NOT make you attractive it makes you look sick and another thing .... guys like girls with shape and a good figure ya know with curves and muscle not thin little skinny girls who look about 11.

10/08/01 The Anna Sanctuary Website (58)

Also common in the chat rooms is the policing of the boundaries of normative femininity in the form of information on how to conform without crossing the line to deviance. This is often done by individuals who give advice on how to be thin but not anorexic.

Let me tell you girls, I am in great shape, but NOT anorexic. I am 5'4 120 lbs. There is not an inch of fat on me. I eat healthy and work out regularly. I have a wonderfully fit & curvaceous body. I am proof that you can have a great body and not starve yourself into a bony skeleton.

10/08/01 The Anna Sanctuary Website (58)

***
You don’t have to be ana to be thin. You can be size 0 or whatever by just exercising and eating healthy foods! I am size 0 at 18 years old but I just work out and eat healthy.

07/31/02 AnOreXic AdDiCt Website (46)

Articles that critique the sites tend to reinforce biomedical discourses. Doctors and eating disorder ‘experts’ are glorified and presented as benevolent.

While doctors are hard at work treating and trying to prevent anorexia, girls with the disease are busy setting up websites that urge their peers to resist treatment (Martin, 2001).

***

Medical experts have warned for years that anorexia and bulimia can be deadly, but a growing number of teens are celebrating their eating disorders on the Web and sharing their tips and strategies for losing weight and exercising. It’s a trend that worries and disturbs eating-disorder experts (Hellmich, 2001).

These articles, like most mainstream commentaries on eating disorders, present commonplace biomedical definitions of anorexia and bulimia. The etiology presented reinforces individual pathology models of eating disorders.

Anorexia nervosa is a psychological condition in which the person is fixated on losing weight. Dieting usually becomes an obsession and spirals out of control. The sites also encourage people suffering from bulimia nervosa, a condition characterized by binge eating but where food is then purged by vomiting, laxative abuse or diuretic abuse. The illnesses are often tied to low self-esteem, poor body image and fear of growing up (Higgins, 2001).

They also reinforce anorexic stereotypes by portraying the women as childish, irrational and defective. They ignore the basis of negative thoughts or feelings.
Disturbing as this Web content may be, it is not uncommon for sites to be hosted by women with frilly, childlike nicknames ... The paradox between the little-girlishness of their identities and the despair of their reality is ... representative of the anorexic archetype ... “the eating disordered girl is quite often the most loved child in the family. But their negative thoughts are so great, they cannot accept the love they are given” (Goldman, 2002).

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Women naturally develop weight on their hips and thighs, but those suffering from an eating disorder believe there should be no fat anywhere (Milne, 2001).

When contextual issues are discussed, individuals are still pathologized without any sensitivity to what may cause women to reject help at particular times or from particular people.

Some of these women are dealing with past sexual abuse. They cut themselves, they turn to smoking and diet pills, and lie on the floor with laxative-induced cramps at midnight to lose themselves and their past. They believe no one cares. But when someone does care, they get angry. “Don’t tell me what to do. This is all I have,” they say (Milne, 2001).

Such typical critics present pro-anorexia websites one-dimensionally. Biomedical discourses are drawn upon to individualize and pathologize. The women who create and visit the websites are rarely interviewed or asked to give their perspectives.

4.3 Pro-Anorexic Narratives: ‘Cyberspace as a Potential Safe(r) Space’

The overarching theme from the data was ‘Cyberspace as a Potential Safe(r) Space.’ All three major themes and the various sub-themes point to participants’ need and desire to have a safe ‘space’ for support, expression, and to challenge dominant interpretations of
their experiences. The paradox of theorizing these sites as potential ‘safe spaces’ is that they aren’t completely ‘safe.’ Ultimately the women do not have complete control.

Some overlap occurs between the various themes and sub-themes. They are treated separately in order to highlight the main threads that appear continually on websites.

4.3.1 Theme One: Space for Support

The first theme, “Space for Support” highlights women’s desire and need to connect with others who understand what it’s like to have an eating disorder. The first sub-theme is captured by the phrase, “‘I get a lot of sympathy and understanding:’ A space for support and acceptance.” It illustrates participants’ uses of pro-ana websites for connection and validation. The second sub-theme, “‘Just because you’re not in therapy doesn’t mean you have to be alone in it:’ Countering loneliness and isolation,’ expresses women’s need to counter the disconnection they experience before they are ready to recover. The third sub-theme, “‘I’d like to see this become a place where we … [don’t] have to pretend, argue, justify, defend:’ Escaping judgment and surveillance,” highlights pro-anorexia websites as space to escape harsh criticism and surveillance.

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20 I acknowledge here that safety is always relative. Whether any space can ever be entirely ‘safe’ is debatable.
i. Space for support and acceptance: "I get a lot of sympathy and understanding"

Participants consistently articulate intentions and motivations to create a ‘space’ or ‘place’ where they can get support and interact with others struggling with eating disorders.

The pro-ana community is a place where people who [have] ... anorexia come together. It’s a place with no barriers no judgments only support and love...I’ve met people who are just like me, facing the same problems, with weight, eating and life.

08/15/02 The Mirror Website (98)

The goal is a safe ‘community’ to share struggles and joys, accomplishments and humor.

My intent with this community is only to make a place where people who live with an eating disorder can get together and discuss their trials and tribulations together, as well as their joys and accomplishments. A place where people with similar circumstances can give and receive support.

02/07/03 Ana by Choice Website (87)

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I’d like to see this become a place where we can meet each other, offer support and a shoulder, joke around, etc...

10/15/01 The Anna Sanctuary Website (21)

Participants are given the opportunity to hear others’ experiences and be heard in ways that may not otherwise be possible to them in their lives.

If you want to hear that we've been there, that we've been to hell and only just barely found the way back, we can do that for you. If you want us to hear about your hell, we can listen to you. You are welcome here...

01/15/03 Edible Woman Website (104)
Unlike pro-anorexia posters, these participants do not desire to encourage anorexia, but to provide support and validation for those who are already struggling. Validation is especially important because of the shame of a condition that society largely views as a sign of deviance.

Pro-ED to me means understanding that there's no shame in how we are, and acceptance that this is how we will continue to be for an indefinite period of time. It means support for us so we don't have to deal with this alone ... Pro-ED to me does not mean recruiting, encouraging or teaching others to be anorexic, encouraging excessively dangerous practices, or starving to death.

03/04/02 Fat Like Me Website (3)

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I want to know that if there are people like me out there then at least they know they're not alone and they're not freaks. That they have someplace to go where they’ll be accepted.

10/13/01 The Anna Sanctuary Website (7)

Many posters say that only those with eating disorders can truly understand what it is like, and therefore only they can offer needed support.

Only other anas can know how tough it is to have this mindset. So I get a lot of sympathy and understanding.

08/07/01 My Obsessions Website (4)

Critics have expressed concern about this kind of support and validation: that without professional guidance, anorexics may lose touch with reality and engage further in risky behaviors. However, not all support or ‘tips’ do this. In fact, individuals are sometimes actually supported in not engaging further or reengaging in eating disordered thinking or behavior.
I didn’t realize that my feelings of comfort with this were not as strange and sick as I had imagined. I’m not sure what I should do at this point, and I know that its not the sort of question I could ask anyone “on the outside”, so to speak. I want to go back, I know I shouldnt, but I’m not sure if … I’m strong enough to fight it. What should I do?

S.C.a.R.E.D. Pro-Anorexia Website Forum (71)

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You should fight it with all of your might. Get lots of friends and family involved in your fight … They will support you but will not and should not carry your burdens… Don’t hide this disease because if nobody knows, then nobody can help. It is extremely difficult to beat this by yourself ... Good Luck and be strong. You can do this.

S.C.a.R.E.D. Pro-Anorexia Website Forum (71)

ii. Countering loneliness and isolation: “Just because you’re not in therapy doesn’t mean you have to be alone in it.”

The second sub-theme suggests pro-anorexia websites help break the loneliness and isolation. Posters highlight the dangers of keeping feelings inside rather than sharing them with others who can empathize.

People with eating disorders are isolated and surrounded by people who don't understand what we think or feel. Without anyone to talk to and empathize with we turn more and more inward, which only makes things worse.

03/04/02 Fat Like Me Website (3)

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I’ve never posted here before, and I think this pretty much sums up me and my problems, my thoughts and feelings. Please post a reply. I feel so alone and attacked. I need someone to understand.

09/13/01 S.C.a.R.E.D. Pro-Anorexia Website Forum (85)
Feelings of loneliness and aloneness come up constantly in the postings. Participants acknowledge isolation as a major reason for seeking out these spaces.

Those of us with EDs know what it’s like living with them and we also know just how lonely keeping all of this inside us can be.

10/15/01 The Anna Sanctuary Website (21)

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I developed my ed when I was 13, I really relate to that lonely feeling, I wanted to say I really respect how your trying to reach out to those in need but feel they have no where to turn...thanx.

02/28/02 Ana and Mia’s Sanctuary Website (8)

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I... understand the problems of loneliness and would like to offer my friendship to anyone who needs it. Ultimately that is why a lot of people come down to places like these; because you can meet other people who are like you ... I have made many friends here.

09/18/01 S.C.a.R.E.D. Pro-Anorexia Website Forum (63)

Though they indicate that eating disorders seem to be ‘everywhere,’ many suggest that women don’t talk about their experiences openly with each other in the ‘real world.’

People with ED’s are everywhere. I realized this when I had one (bulimia). I never knew about my friends’ problems; and even though I do now, we never talk about them.

10/14/01 S.C.a.R.E.D. Pro-Anorexia Website Forum (70)

That there is a place to talk openly, prior to treatment or recovery, is a source of comfort.

The internet hadn’t happened yet in the early days of my ed, I can really appreciate having people I can talk to about this. Just knowing that you guys know what this is like is a comfort. We all know how lonely having
an eating disorder can be. I wish we could all have inner peace too but in the meantime I’m grateful for your company.

02/07/03 Ruby’s Gloomy Place Website (18)

iii. Escaping judgment and surveillance: “I’d like to see this become a place where we … [don’t] have to pretend, argue, justify, defend:”

A safe space for support and acceptance also suggests escape from judgment and surveillance. Posters note that discussion of anorexia is not welcome in most social spaces, where individuals risk being pathologized or misunderstood.

We can’t go ask for safe advice from non-EDs without a risk of being hospitalized or shunned.

03/04/02 Fat Like Me Website (3)

Participants indicate that ‘legitimate’ pro-support or pro-recovery websites also prove to be unsafe and critical spaces.

I used to belong to a “support” board where someone would post a topic about feeling out of control, just looking for a little warmth from someone or some reassurance, and everyone would jump all over her with comments like, “EAT SOMETHING!” or “Call your therapist!” Bleh.

02/07/03 Ruby’s Gloomy Place Website (17)

When they are able to talk openly, many recognize that their eating disorders are strategies to escape insults, teasing, criticism and/or harassment that come with the surveillance of ‘fat’ bodies.

Let me tell you something… I’ve been fat all my life (it hasn’t been that long, I know. I’m only 15), but now I’m trying to change that… Being
overweight and being teased, left out, criticized, etc. can screw up a little
girl’s mind. I wouldn’t tell anyone to do what I do, but if they do it on
their own, they have their reasons. All my friends with ED’s, including
myself, are happier thin than they were fat. Insults and cruelty are easier to
handle if they come from yourself.

10/14/01 S.C.a.R.E.D. Pro-Anorexia Website Forum (70)

A major benefit of supportive spaces is the anonymity. It may be safer and easier for
women to talk openly when they are not face-to-face.

Why am I doing this, letting my self be vulnerable to the world wide
audience of the web? because I want to help people battle this, and I want
to win my own battle ... ***Plus I can be totally anonymous***

03/04/02 Bleeding on the Couch Website (2)

Participants exhibit a great deal of resilience in their determination to maintain safe
meeting places.

Since the original Sanctuary was wiped out I’ve kinda let things slide
again ... I’m working on starting all over again ... What I’d like to see this
place become is a kind of meeting ground ... What I don’t want to see is a
place where you have to pretend, argue, justify behaviors, defend yourself.
We do enough of that in everyday life.

10/15/01 The Anna Sanctuary Website (21)

4.3.2 Theme Two: Space for Expressing Eating Disorder Experiences

The second major theme addresses “Space for Expressing Eating Disorder Experiences.”

Its three sub-themes deal with the need to communicate what it means to live with eating
disorders. I have titled them: “I finally will be able to speak my own voice:”
Marginalized voices speak to their eating disorder experiences; "Anorexia is awful:" Awareness of the realities and risks; and "I’m too scared to risk this ED security blanket:" ED as a way of coping and ambivalence towards recovery.” Participants emphasize the need to speak in their own voices. Narratives both expand on and challenge biomedical discourses.

i. Marginalized voices speak to their eating disorder experiences: “I finally [am] able to speak my own voice.”

Pro-ana website users constantly express the benefits of expressing their thoughts and feelings in a creative way.

[I can] express myself in ways I can not otherwise...I’m not doing this for attention. I’m doing this [because] it makes me feel good putting something out there that I MADE. Something I can be proud of. It’s like a painting, it expresses my emotions, state of mind and life. It’s a form of self expression.

08/15/02 The Mirror Website (98)

Making and maintaining websites requires creativity and energy that gives participants a sense of pride and accomplishment. Posters feel they are helping themselves and others at the same time. One individual asserts that it helps to keep her ‘under control’ and to keep her mind off her eating disorder.

[I]t keeps me under control and it gives me time off from thinking. I love my site ... others see it and find it helpful. It has changed my life. When you are able to vent your aggression or happiness to the world you do feel better and become a better person.

08/15/02 The Mirror Website (100)
In fact, a wide range of feelings and emotions appear on these websites. Women encourage each other to express emotions like anger or aggression that are not usually very welcome from women in the public sphere. One user states her need to express her own experiences of anorexia and be accepted, even if her story doesn’t ‘fit’ dominant discourses or isn’t what others want to hear.

I need to be able to express what [anorexia is] like... Not be told that just because I’m not performing I’m not accepted.

09/09/01 S.C.a.R.E.D. Pro-Anorexia Website Forum (60)

As women express their own experiences of eating disorders, it becomes clear not all fit the stereotypical ‘anorexic’ profile. Individuals and groups marginalized or absent from the literature are also able to find space for their own stories. During the months I observed, at least two pro-ana websites were devoted specifically to women of color. One website creator wanted to dispel the myth that black women are unaffected by eating disorders.

Welcome to the Colours of Ana, a website that speaks the truth about black women and eating disorders ... This project is close to my heart, because as a black woman, I finally will be able to speak my own voice and tell my own story of my eating disorder ... Anorexia and other eating disorders are ... seen as illnesses that white women have ... [T]he medical profession all too frequently misdiagnoses these conditions in black women ... [W]e are suffering these conditions and many do so, unfortunately, in silence. I intend this website to be a place where black women can gain support and reassurance that they are NOT alone.

01/15/03 Colours of Ana Website (103)
Another website has been created for lesbians struggling with anorexia and bulimia. The creator of this website wants to challenge another myth: that lesbians are exempt from these issues because they reject heterosexual standards of female beauty.

This site is a home for lesbian feminists of all ages and races who struggle with anorexia and bulimia. My search for information on us has left me frustrated; the studies that don’t ignore us completely dismiss us ("lesbians reject the heterosexual male standards of feminine beauty, and are therefore insulated from eating disorders") … I am a twenty-eight-year-old lesbian. I am, for the most part, recovered from ten years of anorexia … I have encountered very few like me, but I know we exist … I’ve never met an anorexic lesbian who was "out" on both counts.

01/15/03 Edible Woman Website (105)

Both these postings address how mainstream discourses do not address women of color or lesbians adequately, if at all. The quote, “I’ve encountered very few like me, but I know we exist” expresses alienation and desire for connection with others. Her statement, “I’ve never met an anorexic lesbian who is “out” on both accounts,” suggests that lesbians may be reluctant to acknowledge struggling with an eating disorder. There is also some evidence that men are struggling with eating problems and accessing these spaces.

Hey, I found such inspiration from the letter from ana! I’m a 16 year old male beginner, so I’m sure it’ll help me a lot! Thanks!

08/05/02 AnOreXic AdDiCt Website (45)

Though men self-disclosed in ‘mainstream’ pro-ana chat rooms, women of color and lesbians did not identify themselves. The only spaces where they self-disclosed were on
separate sites dedicated to their social groups. I found these websites ‘accidentally’
through ‘pro-anorexia’ searches rather than via links from other pro-ana websites.

ii. Awareness of the realities and risks: “Anorexia is awful.”

Some women are not in denial about the realities, risks and dangers of anorexia. They
acknowledge its dangers and are adamant that they do not intend to encourage others.
They believe that because their websites illustrate the truth about anorexia, they may
actually deter people.

I am not trying to encourage new people to become anorexic. Believe me I
don't want that ... At no time do I ever say that an eating disorder is a
good thing, or a glamorous thing, or even something to be desired. It's not.

02/07/03 Ana by Choice Website (87)

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Anorexia is awful, even for those of us who depend on it to survive ...
[Pro-ana sites] are ways for us to express ourselves and in many ways feel
that we are not alone. They are sick, we are sick. I use my site to show
people what it is like to suffer from this disease. So people may
understand what it's like to be me. I would NEVER EVER want anyone to
live my life.

09/21/01 S.C.a.R.E.D. Pro-Anorexia Website Forum (67)

Direct advice is offered on the dangers of anorexia for beginners.

I tell people what they’re getting into, how EDs will damage their bodies,
what to do when they slip up and cause themselves damage ... tell them to
drink water, take vitamins, stay away from laxatives and diuretics, be as
safe as they are able.

10/13/01 The Anna Sanctuary Website (7)
Pro-anorexic narratives show participants questioning and rejecting the illusion of control that anorexia promises. The ‘side effects’ of anorexia – depression, hiding, insomnia, lying, death, etc. – are acknowledged.

Dear Ana, Why is it that as I peel away the layers I don’t see the beauty you promised? I just see me. Only every day I am uglier and more grotesque. Where is the love that you promised? The acceptance? When will I feel like I’m finally in control? Why is it that the more I control what I eat and weigh, the more out of control I feel? As I peel away the layers of fat, the old problems resurface ... the depression, the loneliness, the cutting, the insomnia. Why can’t I just be normal? Why can’t you make me happy? ... [Y]ou rope people in with your promises. “You will be thin.” “You will be popular.” “You will be in control.” “You will be loved.” You are a mirage ... You are my only friend, my biggest enemy. I worship you and you destroy me.

09/13/01 S.C.a.R.E.D. Pro-Anorexia Website Forum (85-86)

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To fall deeply into a disease that promises beauty, love, and perfection, but in reality causes only death, fear, hiding, lying, destruction, resentments, and self-hatred is no life.

09/21/01 S.C.a.R.E.D. Pro-Anorexia Website Forum (67)

Although participants may be aware of the control paradox of anorexia, they also acknowledge its appeal. The feelings that either precede or come along with anorexia are not controllable.

I guess its paradoxical, its both under and out of your control simultaneously...I don’t want to feel like im worthless and fat and ugly...but I do. I cant control that. I don’t want to feel like I cant eat but I do feel like that. Those arent under my control.

02/24/03 Ruby’s Gloomy Place Website (19)
In these spaces such voices are not labeled irrational or wrong. Many express their comfort and relief at having others who not only accept them but can understand and relate.

There is also space on these websites for acknowledgement of the fluid nature of eating disorders. Participants discuss the non-linear patterns of their thinking and behavior around food and their bodies. Environmental and interpersonal factors are implicated in re-triggering negative thinking patterns and setting off a new bout of the eating disorder.

[My attitudes towards thinness change all of the time ...] Here are certain times in my life when everything seems to be going right and I don’t feel a need to control my food intake. I gain weight and I don’t care what others think because I am happy. I don’t judge other girls based on their weight. I realize that weight is not important. Then I may start getting negative comments from people about my weight or I may have some stress and I start to feel like my life is spinning out of control. That is when I want to control my body so I start this anorexic mindset and I start to feel sick when I eat. Then my attitudes towards thinness change. I think that thinness is natural, that everyone who isn’t is lazy and weak, including myself, I start to idolize those who have control and discipline over their eating.

08/07/01 My Obsessions Website (5-6)

Anorexia serves as a mechanism to regain control. Focus on food and weight can be triggered by external comments that about appearance, especially weight. One narrative illustrates a certain degree of control over whether or not to engage in the ‘anorexic thinking.’

I am not interested in [the] sites right now because I am trying not to become so involved in this anorexic thinking. I know I am walking a thin
line right now because I want to start being really restrictive, and I have been on and off again for the past three weeks. But there is a battle in my head ... I really want to be healthy and keep myself strong. I want to undo the damage that I have done on myself in the past. But somedays I want to feed this negative voice and other days I feel strong and I want to eat right and exercise. It really depends on how my day went.

08/07/01 My Obsessions Website (6)

This participant is aware of the ‘thin line’ between her desire to remain strong and healthy and the anorexic thinking. The ‘battle in my head’ is commonly described by eating disorder sufferers as a battle between the ‘anorexic voice’ (or ‘eating disorder voice’) and the healthy and strong voice. This dialogue highlights the reality of the sometimes daily struggle of dealing with an eating disorder.

iii. Eating disorder as a way of coping and ambivalence towards recovery: “I’m too scared to risk this ED security blanket.”

A main rationale for these websites is the need for support and understanding, before recovery. Eating disorders are framed as a coping mechanism or ‘security blanket.’ Posters reveal that they do not choose to have an eating disorder and that they cannot simply decide to stop.

Eating disorders are a coping mechanism. We don't choose to be this way, and we can't simply decide to stop. Some of us need our EDs still and aren't ready to recover ... [Pro-ana] means nonjudgmental help so we can survive and remain as safe and healthy as possible while maintaining the behaviors we still need to keep.

03/04/02 Fat Like Me Website (3)

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There is a conflict within us between our needing our EDs and wanting to survive. It becomes harder and more tiring every single day to fight to balance myself-who-lives with myself-who-is-just-in-pain. Sometimes I want to never think like this again. But more often I’m too scared to risk this ED security blanket. Right now I need it still.

10/13/01 The Anna Sanctuary Website (7)

Some postings emphasize that anorexia is their ‘life line’ that gives them a reason to go on. Pro-anorexia websites provide space to deal with ongoing problems.

Hi I’m new here. I just wanted to make a few comments on pro ana... Yes I am struggling with anorexia. I want to get thinner. My website isn’t to hurt people. It’s my life line. I deal with my problems there.

09/09/01 S.C.a.R.E.D. Pro-Anorexia Website Forum (60)

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[Anorexia] gives us a reason to go on. A reason to wake up. Pro-ana sites are not there to teach women to die. Pro ana sites are there for those of us who know no other life [right now].

09/21/01 S.C.a.R.E.D. Pro-Anorexia Website Forum (67)

Though many are not yet ready to recover, some posters are supportive of those who are.

I support those of us who are ready to recover. I hurt when I see how much hurt we carry and how we cling to our EDs as our only current way of dealing with that pain.

10/13/01 The Anna Sanctuary Website (7)

Some women question whether or not ‘pro-anorexia’ is an appropriate term for their websites. They do not actually support or promote anorexia, but are simply coping with it themselves.
I find the term “pro ana” a bit of a misnomer. That’s saying you support the growth of anorexia and think of it as a good thing. I would never recommend anorexia. It’s just the only way I know how to live.

01/15/03 Edible Woman Website (104)

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I’d have to agree ... I don’t endorse eds in people ... I don’t recruit, but I am accepting of my personal eating disorder. It’s my way to cope and since it’s my physical & emotional well-being at stake I find that I am the one who should be deciding what to do with my body. I am a member of a few “pro-ana” communities.... and it IS a misnomer ... why should the ones who don’t see recovery as feasible at present be denied support?

01/15/03 Edible Woman Website (104)

Highlighted here is the idea that individuals want the right to decide what to do with their own bodies. They repudiate forced treatment or recovery, claiming that it must be their own choice.

The main idea here is that forced recovery is not really recovery at all. Recovery must be a choice made by the person with the eating disorder. Otherwise it only serves to soothe the consciences of those who would like to see the problem “go away.” None of the real needs of the sufferer are addressed.

10/09/02 The Thin Page Website (88)

The narratives in this theme highlight participants’ need and desire for a supportive space to express their own experiences of their eating disorders. These websites allow voices not usually included in dominant discourses. They are able to express the realities of anorexia and other eating disorders in the early or ongoing stages prior to readiness for recovery.
4.3.3 Theme Three: Space to Challenge/Resist

The final major theme, “Space to Challenge/Resist,” highlights responses to backlash and criticism, challenges to hegemonic discourses, and evidence of critical thinking. The three sub-themes are, “Society is hypocritical:” Speaking to the contradictions’; “The media worships us with images and bashes us with words:” Implicating media messages’; and “People … would be happy if we remained quiet. But that’s not going to happen:” Refusing to be silenced.’ Participants speak to the contradictions of stereotypical notions of eating ‘disorders’ in the face of unrealistic media representations of women. They also demand space to speak stories, reject blame for causing and spreading eating disorders and refuse silence.

i. Speaking to the contradictions: “Society is hypocritical.”

Individuals creating and using these websites are seemingly well-aware of society’s mixed messages. Their postings address the contradictions of messages and plea for their right to cope in their own way. The following narrative comes from an online petition to allow pro-anorexia pages.

Society says that supporting eating disorders is politically incorrect; yet clothing in most stores is sold in sizes 0-12, while the average American woman is a size 14. Unlike affirmative action, there is little done to protect the rights of women over the size of 12 from being harassed for [their] size, or anything done to police morality and change society’s view of thinness and beauty. Until this changes, we want our equal say about how to live with society’s image of beauty that is forced upon us.

10/09/02 Allow Pro-Anorexia Pages! Petition Website (101)
Such postings point out the similarities between pro-anorexia websites and socially sanctioned and legitimate organizations that provide women with ‘tips and tricks.’

I am a member of a few "pro-ana" communities … of all of the sites & message boards & mailing lists I have seen, [they are] not really any different than a dieting support/weight watchers type of thing.

01/15/03 Edible Woman Website (104)

They also address the contradiction of labeling eating disorders as a problem while widespread discrimination exists against fat people.

Society is hypocritical because … some of us know all too well how a fat person is treated, so if society can’t see being overweight and mentally tortured as being a problem, then they should seek professional help.

02/07/03 Ruby’s Gloomy Place Website (25)

Though many can understand criticism, they refuse blame for causing the epidemic of eating disorders.

The latest controversy regarding the [pro ana] issue has had many viewpoints, [and] the other side of the story is understandable. But to use us as scapegoats for spreading the disorder – that is just plain wrong.

07/17/01 The Perfect Drug Website (97)

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The media portrays pro-anas are horrible people, and have even accused them of being “murderers” in the sense that they “help to kill” others. I believe it is quite the contrary. Pro-anorexics do not CREATE the disorder. They do not MAKE others sick. They have the disorder, then seek out others who will not judge them or be cruel, those who understand.

10/06/01 Makayla’s Healing Place Website (56)
They also speak to the fact that not all are anorexic, or ‘small,’ as they are widely reputed to be to begin with. A major issue in such narratives is the West’s widespread fat phobia and discrimination, especially against women. The following excerpt from the online petition demands societal change, rather than accepting individual blame.

Not all victims of eating disorders start out at a size 8, unlike what is shown in films and on TV. There are people who go to the length or surgery, risking their lives and appearances, to fit society’s mold of beauty, yet we endorse and condone this. [F]ashion magazine[s] ... offer millions of examples of thin, waifish models ... that are considered beautiful, but they only offer 8 or 9 examples of plus-sized women ... We are men and women of all different shapes and sizes [who] are fighting to attempt to fit into society’s mold of “beauty,” which is not changing one bit...We are a product of society, and until society ... [changes] ... we warrant a right to make sites and communities ... on the internet.

10/09/02 Allow Pro-Anorexia Pages! Petition Website (101-102)

ii. Implicating media messages: “The media worships us with images and bashes us with words.”

Participants’ postings implicate the media in the perpetuation of the thin body ideal and discrimination against fat people. They talk about how the emphasis on thinness has influenced them and other girls and women.

I think that the way the media promote thin models and make fun of fatter ones is definitely an influence ... It just seems that the media hold up the thin people and make fun of the normal ones. I know that other girls are influenced by it too, we think that we are supposed to weigh the same as a model or an actress to be considered truly beautiful. Girls aren’t stupid, we know what is expected of us.

08/07/01 My Obsessions Website (4)
They also maintain that the media do not do justice to what pro-anorexics are trying to accomplish on these websites, but merely skim the surface of the issue. They criticize the failure to consult with those with first-hand experience with anorexia.

[General the media only skim the surface of anorexia anyways. So they ... assume that pro-ana sites merely advocate ana instead of showing some of the benefits of these sites ... [T]he news stories aren’t written by girls or by women who have knowledge about ana, they are written by people to fit their editors expectations and the viewers preferences for an issue ... But they don’t go into the truth about ana, they skim the surface and make it an easy thing like you can catch it.

08/07/01 My Obsessions Website (4-5)

They also blame the media for the backlash against these websites and the subsequent need for the movement to be pushed further underground.

These heartless media reports only feed the need to run into the shadows of the pro-anorexia underground, as it has become. But I suppose the “real world” only sees anorexia as a “chic” supermodel disorder, not a real emotional struggle and a genuine problem. But the media is to blame for that as well, as far as I’m concerned.

10/06/01 Makayla’s Healing Place Website (56)

Such postings highlight frustration over the brutal and shallow treatment of the illness. Anorexia is presented as misunderstood by society in general. Often seen as a ‘chic supermodel disorder,’ it is not acknowledged as a ‘real emotional struggle,’ to be taken seriously.
iii. Refusing to be silenced: “People … would be happy if we remained quiet. But that’s not going to happen.”

Despite the extreme backlash, these women have no intention of giving up. Having the opportunity to talk openly about problems is healthy. One website owner expressed her determination not to be silenced.

I … think it is healthy for people to talk openly about their problems, ie. what they are doing and why. There are many people who would be happy if we remained quiet. But, that’s not going to happen. That’s why this site exists.

10/09/02 The Thin Page Website (88)

The main message of the online petition is that forcing anorexics into recovery or silencing them will not solve the problem.

This petition is to support the free rights of anorexics to express their views on their illness/lifestyle on the internet. We wish to be allowed to create sites with disclaimers that express why we, as a community, should be allowed to discuss and express our illness/lifestyle on the internet, as long as we provide links to recovery sites, without our sites being deleted without our permission or knowledge. If we have an illness, depending upon one’s view, then why are we not allowed to discuss it until we are prepared to recover? … Whether you agree or not, please let those of us who are adults live this way … Please don’t … try to force us into recovery or silence; that is not the way to approach these problems.

10/09/02 Allow Pro-Anorexia Pages! Petition Website (101-102)

The writer supports those who are both pro-anorexic and pro-anorexia; both should have the freedom to express their views on their “illness/lifestyle.” Silencing those struggling with eating disorders is not the solution.
4.4 Summary of Findings

The Internet offers opportunities for support, connection, expression, and resistance. Women are able to access nonjudgmental support and understanding, tell their own stories, and speak to societal contradictions, without the intervention or surveillance of authority figures. Cyberspace appears to be safer for these expressions than ‘realspaces’ in their everyday lives.

These alternative spaces, however, are clearly not entirely safe. Since most website ‘owners’ post their sites on free internet servers such as Yahoo! or MSN Communities, they do not have ultimate control. The media, health care professionals and other individuals police and harass these women continuously. Critics focus on the majority pro-anorexia voices that often reinforce mainstream notions of eating disorders. Other than an assumed overdetermined compliance to cultural feminine ideals, broader sociocultural issues are rarely taken into account by opponents. Dominant discourses of anorexia and other eating disorders are used to individualize, pathologize and decontextualize their behaviors. No attention is paid to alternative voices on these websites; pro-anorexic narratives are ignored completely by the voices of the backlash.

Yet the minority pro-anorexics refuse to surrender. Narratives that are not easily pathologized, individualized and subsumed by dominant discourses offer insights into the use of these sites. A few users not only articulate their own rationales and intentions, but implicate broader social issues in their struggles around food and their bodies. They
illustrate the need of women with eating disorders to speak openly, and receive support and before they are ready to recover.
CHAPTER FIVE: DISCUSSION & CONCLUSION

This research demonstrates women struggling with eating disorders are seeking out alternative social spaces for support, connection and self-expression. They desire escape from the regulatory mechanisms of control in the public sphere (Bray & Colebrook, 1998) and some reject biomedical discourses and mainstream critiques, that seek to interpret their experiences and silence their voices. Unlike sinister, pathetic, malicious girls trying to harm themselves and others painted in the critiques of pro-anorexia websites, my research suggests a somewhat different picture, one of struggle, pain and search for acceptance and connection, as well as ambivalence about recovery. These are all realistic aspects of eating disorders (Garrett, 1998). Some postings show that women are very aware of their situation and the risks involved in engaging with anorexia. A few suggest care for others. There is also evidence of the desire to ‘go public’ to try to generate more societal awareness.

A great deal has been written from a variety of different disciplines and perspectives about anorexia and other eating disorders. The research here is, however, unique. It demonstrates the significance of ‘space’ for women struggling with food and body issues. Regardless of how anorexia is theorized or framed, participants repeatedly describe the need for a location to ‘come together’ for support and empathy, to be able to work out their own meanings and experiences of their eating disorders, and to escape

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21 See the works of Susan Bordo, Catherine Garrett, Helen Malson, and Becky Thompson for detailed discussions of the categorizations and labels of eating disorders and alternative framings.
judgment and isolation. Between September 2001 and February 2003, these websites and critics illustrate contradictions and paradoxes. The boundaries of the ‘safe space’ are constantly threatened. Yet despite setbacks, criticism and threats, some participants still manage to (temporarily) escape judgment and surveillance, talk back to their critics, and challenge mainstream social norms about eating disorders.

5.1 Significance of the Research

5.1.1 Theoretical Implications

As the thesis demonstrates, not all the postings on pro-anorexia websites show evidence of critical thinking or challenges to biomedical discourses. Pro-anorexia narratives often reinforce dominant discourses of anorexia, most evident in their prescriptions of how to ‘practice’ anorexia. It has been argued that one benefit of cyberspace communication is the ability of users to represent themselves differently than in face-to-face interactions (Kolko et al., 2000; Nakamura, 2001; Stone, 1991; Turkle, 1995). Potentially, women with body image issues could use this ‘safer space’ to avoid focusing on body weight and appearance. However, this study reveals that many pro-anorexia users are voluntarily disclosing this information and thus perpetuating competition among women. These participants’ celebrations of their eating disorders have been the target of the majority of the critiques and backlash.
Pro-anorexic voices, however, move beyond simply reinforcing mainstream notions of eating disorders. Their narratives illustrate how the failure of current treatment approaches may be a result of the ways in which the anorexic herself has been villainized. Historically, anorexics (and women in general) have been constructed as ‘patients’ who ought to be grateful recipients of the expert care of medical authority figures (Sherwin, 1992). In addition, their behavior has been pathologized and medicalized. The goal of biomedical intervention is to bring individual women under control to passively accept the treatment methods deemed to be in their best interests. That these women are speaking back to those they should show gratitude towards fuels the critics who disregard their knowledge. Biomedical discourses dismiss outright (or ignore altogether) the validity of women’s experiences and desires, rather than locating them in a context that makes them understandable.

Historically, members of subjugated groups have often prioritized local knowledge over hegemonic knowledges (Foucault, 1980b, p.81). In the themes and sub-themes presented, many pro-anorexic narratives could be said to represent alternative local knowledges in that many stand in contrast to hegemonic discourses of anorexia and some to biomedical discourses. Many show evidence of favoring their own embodied and shared experiences over hegemonic knowledges. That women may actually know what is best for themselves in a system that discourages self-sufficiency, especially among female ‘patients,’ defies dominant discourses of health and illness (Sherwin, 1992).
It is not the norm for individuals to have their own spaces in which they are free to share their experiences, without professional intervention or the need for diagnosis in order to have access. In contrast to discourses that portray women with eating disorders as in denial of their condition, many narratives have shown that they are quite aware and articulate about their circumstances. Pro-anorexic voices speak to the inadequacies of biomedical treatments paradigms, which view professional intervention and sometimes forced treatment as necessary to healing. Their voices make it clear that this is not wanted or necessarily needed, at least at an early stage.

Some posters also implicate broader sociocultural power relations and messages in women’s widespread eating problems. Unlike biomedical discourses they regard these factors as more than merely ‘contributory or triggering’ (Becker, 1999; Katzman & Lee, 1997; Robinson, 2000). They demand recognition that societal attitudes towards female thinness and beauty are quite central to their issues with food and their bodies, and that it is social attitudes and value systems that need to change. Pro-anorexics claim they are not responsible for creating or perpetuating eating disorders. Rather they have found safe(r) spaces where they can deal with having them. They look to each other for support and understanding, but also for knowledge and information about dealing with eating disorders. Pro-anorexics refuse to be silenced by supposedly superior and ‘legitimate’ discourses.

In contrast to dominant notions that assume the anorexic is victim to the dictates of patriarchal capitalist culture and/or her own individual pathology, pro-anorexics
actively engage and talk back. Eating disorders may be argued to be, at least partially, the embodied consequence of cultural prescriptions (Eckermann, 1997). However, some women express agency by carving out social spaces to speak about coping with a culture they experience as toxic. Their actions advertise the contradictions inherent in mainstream society’s dubious delineation between normalcy and deviance.

Like Sharon Fuller’s usage of Bhabha’s idea of mimicry, pro-anorexia websites’ visual and textual presence in cyberspace can be viewed as a mimicry of the Western feminine ideal and a mocking of the dominant discourses of anorexia (Fuller, 1996). Though Fuller’s argument is meant to address anorexia in general, I would argue that pro-anorexics demonstrate this in an unprecedented way that is more organized and empowering than individuals struggling alone with anorexia. Pro-anorexics use not only their bodies as sites of resistance, but also technology and the contradictions of society as tools in the fight.

Bhabha argues that the mimicry of dominant (in his case, ‘colonial’) discourses can have profound and disturbing effects on their authority (in Fuller, 1996). That pro-anorexia websites elicit such a strong backlash demonstrates their ‘disturbing effects.’ The local knowledges produced in these alternative spaces pose a threat to normalized knowledges, disciplinary powers and the continually reiterated norm (Bhabha 1994, p. 86 in Fuller, 1996). Though hegemonic knowledges of eating disorders are drawn upon strategically to ‘displace’ and delegitimize these alternative discourses, pro-anorexics are
able, at least momentarily in cyberspace, to resist and subvert the backlash through their strategic use of technology.

Foucault's metaphor of 'heterotopia' is also useful in theorizing cyberspace as an alternative social location of resistance and transgression. Pro-anorexia websites can be theorized as heterotopias in that they are marginalized yet subversive social spaces in and through which alternative identities are performed and discourses produced (Hetherington, 1993). These alternative discourses can potentially challenge dominant discourses in ways which do not solely repeat established norms. Foucault names this possibility as 'transgression' (Foucault, 1980b). Pro-anorexic identities are particularly transgressive because they do not conform to either biomedical discourses nor victim stereotypes of the anorexic. They are also subversive in that they “trick the conscience of [their] viewers, forcing them to recognize that they are implicated in the spectacle that they behold” (Ellmann, 1993, p. 13). Aspects of pro-anorexia websites both subtly and overtly illustrate the sociocultural relations of power that are implicated in women’s widespread bodily discontent and eating problems.

According to Foucault (and similarly Bhabha), it is possible to use the analysis of disqualified knowledges against hegemonic theories (or ‘genealogies’) tactically to undermine dominant theories (Foucault, 1980b). I do not wish to suggest that pro-anorexic's alternative discourses are powerful enough to 'undermine' hegemonic theories, nor that website users are consciously setting out to accomplish resistance to biomedical discourses. To reiterate Dorothy Smith’s statement, individuals can only be
partially aware of how their daily activities and practices are tied up in social power relations (1987b). And as Susan Bordo warned, feminists must not construct resistive forms of subjectivity as equal in power to dominant discourses nor turn our attention away from continued patterns of normalization (Bordo, 1993). I do believe that the spaces these women are creating for themselves, that exist in the public sphere, highlight many contradictions and paradoxes of those discourses. The extent of the backlash is evidence that these individuals have hit a social nerve. These alternative narratives may be transgressive, however, pro-anorexics are unlikely to have the capacity to effect social change powerful enough to subvert or change dominant biomedical discourses.

Unfortunately health care professionals and critics of pro-ana websites show no evidence of taking seriously anything these women have to say. Critics consistently dismiss, discredit and delegitimize their knowledges. Their critiques also (re)invoke dominant discourses of eating disorders to pathologize, individualize, decontextualize and attempt to silence these women’s voices. Critics of pro-ana websites, however, are unable to eradicate completely the local knowledges of eating disorders produced by and among these women.

5.1.2 Implications for Clinical Practice

In clinical practice I have become increasingly disturbed by eating disorder professionals’ judgmental and moralistic responses to these websites. Demonizing and dividing those who do not want help from those ready for help simply reinforces dominant binaries of
good girl/bad girl (or 'compliant/resistant') that have been historically used to pathologize and silence women. Anorexia is certainly not to be taken lightly; its effects can be extremely harmful and potentially fatal. However, considering the high failure rate for traditional biomedical treatment methods (Globe and Mail, 2001), and the current challenges around access to treatment, it is time to reexamine clinical practices.

These websites open up opportunities for discussion and debate. Perhaps we can begin to better understand what drives women in Western societies, and increasingly globally, to seek alternative spaces for safety, understanding and support. Clinical approaches to eating problems need to take women’s voices more seriously. These websites have the potential to teach us something about women’s subjective and embodied experiences of eating disorders.

At one point during a presentation early in my research, I was asked if I would ever recommend these websites to a client. I have given this question a great deal of thought. Considering how incredibly misunderstood, lonely and isolated girls and women feel at times, even when surrounded by well-intentioned family members and friends who they feel can never entirely understand, I have thought at times that I might. These websites may be a valuable tool for therapy, not an enemy to be railed against or suppressed by practitioners. There are certainly ethical issues to consider in bringing these websites to the attention of those who do not yet know of their existence. If a strong therapeutic alliance is established with the client, discussion of some of the themes raised in these electronic spaces, and considered here, could be quite productive. There is a
good chance that many clients already know about and access these sites. As one eating disorder program coordinator stated, “[T]he internet is here to stay and it is likely that the movement will continue to grow as long as it continues to serve a purpose to its members” (Davis, 2002). Thus, avoiding the issue is not helpful. Perhaps it is best to confront these issues directly with our clients, hoping that a common conversation might prompt greater insight.

5.2 Limitations to the Study and Suggestions for Further Research

Since I did not interview women directly, the interpretations offered in the thesis to help us understand the ‘spaces’ that are created by pro-anorexia websites must necessarily be speculative and partial. Participants were unaware that their postings were being studied and thus did not have the opportunity to respond to my interpretations of their motivations. No matter how well-intentioned my research, it is limited in its claims to understand this new social phenomenon. The themes presented in this thesis are representative of findings across websites over an eighteen month period. There is no way to know their accuracy for the population of women struggling with eating disorders.

Another limitation is that it does not address the ‘what next’ question. This study was done with a static set of data, with no follow-up to see how women have fared over time. Further research needs to be done - qualitative as well as quantitative - to see whether such websites may be potential resources. Can professionals work alongside these initiatives, without creating a climate of policing and surveillance?
This study has suggested particular benefits of these websites for users. These are important. It is also important, however, to explore ways that eating disorder sufferers’ needs can be met without resorting to spaces which encourage so much backlash. Professionals need to reexamine ways to make treatment approaches and facilities safer and more empowering for women.

There is a tension between working at the individual or small group level and examining and analyzing eating disorders at the macro level. One of the reasons I chose to return to school was my increasing awareness of the sociocultural, economic and political processes surrounding eating disorders and the desire to effect change. My increasing awareness, however, was usually not very helpful in working with women’s embodied daily realities of disordered eating. Not all women are aware of or interested in a feminist social analysis of their eating disordered experiences. As eating disorders can be life-threatening, there is always a need for individual treatment and intervention. It is difficult to maintain perspective of the ‘big picture’ when working with sometimes bizarre behaviors and thinking patterns at the individual level. However, there needs to be more awareness and training of health care practitioners around the importance of sociocultural factors – beyond simply the media and fashion magazines – implicated in women’s epidemic bodily discontent. Women’s eating disordered experiences and desires that drive them to seek out alternative social spaces make a lot more sense when contextualized.
Some pro-anorexic narratives illustrated the diversity of eating disorder sufferers, such as women of color, lesbians and men, that is not being addressed or represented adequately by mainstream discourses. Research that has been done that explores eating disorders in marginalized populations, in North America and abroad, often exposes the limitations and rigidity of mainstream Western biomedical theories (Thompson, 1994; Katzman & Lee, 1997; Nasser, 1997; Nasser, Katzman & Gordon, 2001). Marginalized and non-Western groups need to be taken more seriously in research, beyond the ‘cookie cutter’ approach of imposing Western notions of the meanings of self-starvation, for example, onto diverse experiences of eating problems.

I am concerned that, due to the theoretical requirements of academia, my final product may be inaccessible to my research subjects and the average woman struggling with an eating disorder. To deal with this issue, I plan to continue to write for and publish my research findings in community and local publications.

5.3 Final Remarks

Ultimately my hope is to benefit women suffering with eating disorders by giving them forceful voices that highlight the complexities of their situation and needs. They help us understand that biomedical discourses do not fully account for the present epidemic of eating problems, and that treating eating disorders as individual pathology is not working. Individual agency emerges in posters’ attempts to reach out and create safe, nonjudgmental spaces. The pro-anorexic messages on these websites demonstrate much
more than dominant discourses of eating disorders. Cyberspace may offer women
struggling with anorexia temporary sanctuary. It may also offer critical readers greater
insight into these enigmatic 'disorders.' Ultimately, however, safety in our public (as well
as private) spaces will require transforming complex hegemonic power relations. This
revolution is clearly beyond the scope of these websites or this project.
BIBLIOGRAPHY


Herman, J. (1997). *Trauma and recovery: The aftermath of violence from domestic abuse to political terror*. New York: BasicBooks.


APPENDIX I

The diagnostic criteria for Anorexia Nervosa (AN) include:

a) 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 weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.

d) In postmenarchal females, amenorrhea, i.e. the absence of at least three consecutive menstrual cycles.

The diagnostic criteria for Bulimia Nervosa (BN) include:

a) Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:

-eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances

-a sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating)

b) Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, enemas, or other medications; fasting or excessive exercise.

c) The binge eating and inappropriate compensatory behaviors both occur, on average, at least twice a week for three months.

d) Self-evaluation is unduly influenced by body shape and weight.
e) The disturbance does not occur exclusively during episodes of anorexia nervosa.

The diagnostic criteria for EDNOS (Eating Disorder Not Otherwise Specified) include:

a) All criteria for anorexia nervosa are met except the female has regular menses.

b) All criteria for anorexia nervosa are met except that despite substantial weight loss the individual's current weight is in the normal range.

c) All criteria for bulimia nervosa are met except that binge eating and inappropriate compensatory behaviors occur less than twice a week or for a duration of less than 3 months.

d) Regular use of inappropriate compensatory behavior (by individuals of normal body weight) after eating small amounts of food e.g. self-induced vomiting after eating two cookies.

e) Repeatedly chewing and spitting out (but not swallowing) large amounts of food.

f) Binge eating disorder (BED): Recurrent episodes of binge eating in the absence of the regular use of inappropriate compensatory behaviors characteristic of bulimia nervosa.

The diagnostic criteria for Binge Eating Disorder (BED) include:

a) Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
   - Eating, in a discrete period of time an amount of food that is definitely larger than most people would eat in a similar period of time under similar circumstances;
   - A sense of lack of control over eating during the episode

b) The binge eating episodes are associated with at least three of the following:
   - Eating much more rapidly than normal
   - Eating until feeling uncomfortably full
   - Eating large amounts of food when not feeling physically hungry
   - Eating alone because of being embarrassed by how much one is eating
   - Feeling disgusted with oneself, depressed, or feeling very guilty after overeating
c) Marked distress regarding binge eating.
- The binge eating occurs, on average, at least 2 days a week for 6 months.
- The binge eating is not associated with the regular use of inappropriate compensatory behaviors (e.g., purging, fasting, excessive exercise) and does not occur exclusively during the course of anorexia nervosa or bulimia nervosa (American Psychiatric Association, 1994).