ABSTRACT

Kristine Blair and Lee Nickoson, Committee Co-Chairs

The pro-ana online movement is a fairly recent trend on the Internet, defined as a forum for people with eating disorders to reclaim the illness as a lifestyle choice. While boys and men suffer from eating disorders, the users of pro-anorexia blogs are primarily young teenage girls. The pro-anorexia movement is a backlash to the self-silencing girls face during puberty, and it is an opportunity to take back control of their bodies. It thrived until the introduction of social media, which limited the discussion happening on the boards, and heavily emphasized visuals, known as “thinspo.” Thinspo does not encourage the open dialogue and keeps women as the object, whereas pro-ana places her firmly as the subject. This dissertation makes the defense that, unlike the thinspo trend, pro-ana boards provide a means of support to the suffering; this defense will be done through analysis of the world’s largest pro-ana online group and through interviews with some of its participants. Arguing how the pro-ana communities constitute a heterotopia, a concept originally theorized by Foucault, I will situate the girls of pro-ana as technofeminists, as they discuss their lived bodily experiences with a technological platform at their fingertips.
In loving memory of Lauren Kay Bettencourt, one of the bravest individuals I’ve ever met.
ACKNOWLEDGMENTS

Thank you to my advisor and committee members, all of who have supported me throughout this project from its inception, giving insightful and valuable feedback to help make this project the best it can be.

Thank you to my fellow cohort members for the laughs and the learning. It’s been a tough road but we made it!

And thank you especially to my parents, my brother and sister, and extended family, all of who have stood by me in my darkest times. Thank you for the unwavering support I received from the patients I met throughout different treatment centers. You have all helped save my life.
# TABLE OF CONTENTS

## CHAPTER ONE. EXAMINING THIS NEW ONLINE SUBCULTURE

<table>
<thead>
<tr>
<th>Pro-Ana: What is It?</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can Pro-Ana be More Than Just Weight Loss?</td>
<td>7</td>
</tr>
<tr>
<td>Pro-Ana: Effects of a Heterotopia</td>
<td>9</td>
</tr>
<tr>
<td>Bodily Rhetorics: Providing Context for the Pro-Ana Boards</td>
<td>11</td>
</tr>
<tr>
<td>Girls Online: The Establishment of Identity in Online Communities</td>
<td>13</td>
</tr>
<tr>
<td>Providing a Rhetorical Analysis of Pro-Ana</td>
<td>15</td>
</tr>
<tr>
<td>Project Outline</td>
<td>16</td>
</tr>
<tr>
<td>Toward the Understanding of Pro-Ana</td>
<td>17</td>
</tr>
<tr>
<td>Researching Online Rhetoric</td>
<td>17</td>
</tr>
</tbody>
</table>

## CHAPTER TWO. HOW DID IT COME TO THIS? LOOKING AT THE RHETORICAL SITUATION OF THE PRO-ANA BOARDS

<table>
<thead>
<tr>
<th>The Pursuit of Thinness</th>
<th>22</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Anorexic Mind and Identity</td>
<td>24</td>
</tr>
<tr>
<td>The Sexualization of Girlhood</td>
<td>28</td>
</tr>
<tr>
<td>The Objectification of the Body</td>
<td>30</td>
</tr>
<tr>
<td>The Pro-Ana Subculture is Born</td>
<td>33</td>
</tr>
<tr>
<td>Girls Online: Setting the Stage</td>
<td>44</td>
</tr>
</tbody>
</table>

## CHAPTER THREE. FEMINISM AND TECHNOLOGY: BUILDING A METHODOLOGY FOR STUDYING PRO-ANA

<table>
<thead>
<tr>
<th>Recruiting the Girls of Pro-Ana: Overcoming the Distrust</th>
<th>49</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conducting the Interview</td>
<td>53</td>
</tr>
</tbody>
</table>
The Narrative as Research Method................................................................. 56
Women as Research Subjects ......................................................................... 58
Preventing Question Threat and Triggered Emotions........................................ 60
Toward a Feminist and Technofeminist Methodology..................................... 63
Having a Stance in Community-Based Research........................................... 66
Ethical Issues Faced by the Researcher.......................................................... 67
The Visibility of the Researcher and Having a Personal Stake in my Research........................................................................................................... 70

CHAPTER FOUR. THINNER IS THE WINNER: A DEEPER EXPLORATION OF THE WORLD’S LARGEST PRO-ANA FORUM......................................................... 74
Establishing the Pro-Ana World as a Countersite to Our World....................... 79
Background Information of the World’s Largest Pro-Ana Forum....................... 82
What is Being Discussed?.................................................................................. 86
The Ugly Result of Eating Disorders on Pro-Ana............................................. 98
Saying Goodbye.................................................................................................. 101
A Preview of Where Pro-Ana is Now............................................................... 103

CHAPTER FIVE. PRO-ANA TODAY: INTERNET CENSORSHIP AND A DANGEROUS NEW TREND........................................................................................................... 104
Just Five More Pounds: The Risks of Joining Pro-Ana...................................... 106
Studying Online Rhetoric with an Insidious New Trend..................................... 110
Shutting Pro-Ana Down: Preventing Harm or Censorship?.............................. 117
Conclusion: So Where is Pro-Ana Now? And Where am I?............................. 120
REFERENCES……………………………………………………………………………… 123

APPENDIX A: IRB CONSENT FORM…………………………………………………………… 137
APPENDIX B: RESEARCH FLYER…………………………………………………………… 140
APPENDIX C: COVER EMAIL……………………………………………………………… 141
APPENDIX D: DEBRIEFING FORM…………………………………………………………… 142
APPENDIX E: ARABELLA INTERVIEW ANSWERS……………………………………… 143
APPENDIX F: CASSIDY INTERVIEW ANSWERS……………………………………… 146
APPENDIX G: EMILY INTERVIEW ANSWERS………………………………………… 150
APPENDIX H: HANNAH INTERVIEW ANSWERS……………………………………… 153
APPENDIX I: JOANNE INTERVIEW ANSWERS………………………………………… 156
APPENDIX J: KATIE INTERVIEW ANSWERS…………………………………………… 161
APPENDIX K: TESSA INTERVIEW ANSWERS…………………………………………… 164
APPENDIX L: PORTER FORUM ANALYSIS………………………………………………… 169
# LIST OF FIGURES

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Screenshot of King_Josie’s Post</td>
<td>40</td>
</tr>
<tr>
<td>2</td>
<td>Screenshot of Winkwink 1314’s Post</td>
<td>40</td>
</tr>
<tr>
<td>3</td>
<td>Screenshot of InnocentGerl2’s Post</td>
<td>40</td>
</tr>
<tr>
<td>4</td>
<td>Screenshot of World’s Largest ED Support Group’s Homepage</td>
<td>42</td>
</tr>
<tr>
<td>5</td>
<td>Screenshot of Hotline Numbers</td>
<td>43</td>
</tr>
<tr>
<td>6</td>
<td>Screenshot of Pro-Ana Study Comments</td>
<td>50</td>
</tr>
<tr>
<td>7</td>
<td>Screenshot of Recoveryisbeautiful’s post</td>
<td>52</td>
</tr>
<tr>
<td>8</td>
<td>Screenshot of Brokenimage16’s Post</td>
<td>53</td>
</tr>
<tr>
<td>9</td>
<td>Screenshot of “Thinspo” Google Search</td>
<td>110</td>
</tr>
<tr>
<td>10</td>
<td>Screenshot of “Thinspo” Search on Pinterest</td>
<td>112</td>
</tr>
<tr>
<td>11</td>
<td>Screenshot of Pinterest Disclaimer</td>
<td>112</td>
</tr>
<tr>
<td>12</td>
<td>Screenshot of Tumblr Disclaimer</td>
<td>113</td>
</tr>
<tr>
<td>13</td>
<td>Thigh Gap Image</td>
<td>114</td>
</tr>
<tr>
<td>14</td>
<td>Screenshot of “Bikini Bridge” Google Search</td>
<td>115</td>
</tr>
<tr>
<td>15</td>
<td>Bikini Bridge Justin Bieber Tweet</td>
<td>116</td>
</tr>
<tr>
<td>16</td>
<td>Bikini Bridge Harry Styles Tweet</td>
<td>116</td>
</tr>
</tbody>
</table>
CHAPTER ONE: EXAMINING THIS NEW ONLINE SUBCULTURE

“To lose confidence in one’s body is to lose confidence in oneself.”
-Simone de Beauvoir

The first time I threw up on purpose was the night of my brother Nick’s graduation party. About eighty kids were there, some of them his friends. Distant family members drove to town. There was a huge tent put up in our backyard; tables and chairs everywhere, decorated with red and white balloons. My parents had hired some barbecue restaurant to cater and there was a buffet of appetizers set up along our fence. I went to look at the food, grabbed a bag of chips and went to work. There were platters of cookies and brownies that I sampled unrestrainedly.

I hated Nick’s graduation party. I was always terrified of social situations like parties because I was awkward at them and unsure of myself. Nick was a natural, being able to talk to anyone anywhere and I was envious of his social ease. When our families got together, Nick would be the one making the funny jokes and the one-liners. I tried to make myself invisible but ended up straddling the fence. In one room would be the men, watching whatever sport was on TV. In the other room were the women. I was dull, never having any funny anecdotes to tell or new things to say about any clubs I was in (I was in none). I wanted to be that guy at the party who commands the room, with dark eyes and a cocky smile. But I laugh too loud, talk too much, and say the wrong joke—everything all wrong.

I became depressed early on in life, and I coped with my feelings through food—too much food. By age 12, I was 220 pounds, and after consulting with the family doctor, was sent to a nutritionist. I got down to 180 over the course of three years—a healthy loss. Of course, the idea of losing more was already in my head. I imagined getting down ten more pounds
since I wasn’t really satisfied with 180, which I reached a few months before Nick’s graduation from high school. That year I witnessed him and my parents preparing video tapes of him playing soccer to send off to prospective coaches; hours of footage of his superior athletic ability. He was getting older, and so was I. In a few years, I would be the one to go to college, and it terrified me. I was growing up and the chances to make friends and change who I was were growing smaller. Meanwhile my stomach hurt from all the junk food I had eaten that night, and I remembered my friend telling me how to relieve a hurt stomach after eating too much.

It was chaos. Everyone was getting older and doing things I was too afraid to do and I was overwhelmed with a desire to hurt myself. I didn’t have the friends I wanted. I was alone, sad, and weak. I couldn’t be the son I thought my parents wanted. I couldn’t be masculine and I wasn’t good at sports. My grades in school weren’t all straight A's like I wanted them to be. I made my way upstairs and closed the bathroom door behind me, lifted the toilet seat and bent over, wishing I could be someone new and that I could start over. I worked my pointer finger down my throat and wiggled it around. Before I knew it, the cookies and chips and brownies surged up my throat and dropped into the toilet. I had finally veered off the yellow brick road.

The time between the onset of my eating disorder and my admittance to my first treatment center was a short six months while my body rapidly shut down. That time would prove to be the most isolating in my life. I felt I had no one to reach out to; no one could understand the struggle of an eating disorder. In the beginning, I felt empowered—I had such good self-control! I was able to assert dominance over my body and make my weight go lower. Who else could do that? It wasn’t long, however, before I realized the control I thought
I had had slipped away—the illness was now controlling me, while I continued to starve myself, thinking I would be happy at just a few pounds lower.

It was in treatment that I found my first strong support system, and when the idea of this project first took place. Finally, here were people who understood what I was going through and were having important conversations. True, they were girls and women with eating disorders, but we shared many commonalities: the desire of erasure, the attainment of perfection, and the dominance over our physical selves. I opened up in group sessions, finally feeling safe to be myself. I wanted to know more about this support system and its rhetoric, and to help others in the outside world understand it.

It would be six months after my last treatment center that I would stumble upon the pro-ana forums, mainly *World’s Largest ED Support Group*, which was hosted through LiveJournal. While the mainstream media was shocked, I wasn’t. Here were the conversations I had with fellow patients, only written out and published online. They expressed the complexities of the illness—the love of it but the fear as well. But with the support came the worst of the illness and the reinforcement of eating disorder behaviors. They were congratulating each other on a job well done. “How could girls do this to themselves?” the outside world thought. This project aims to provide a rhetorical analysis of the pro-ana boards, and find out who is posting on the boards, the effects the boards have, and how the girls of pro-ana are forming their own discourse communities. I also rely on interviews to better understand the importance of these spaces to the girls themselves. This first chapter gives an introduction to what pro-ana is, its content, a brief outline of bodily rhetorics theorized by Michel Foucault and Susan Bordo, examines how girls are using the Internet to communicate, and an outline of this project.
Pro-Ana: What is It?

Dr. Michele Polak stated that pro-ana was an online subculture, community, and movement of mostly young women that “identify with each other by claiming that their disordered eating is a *lifestyle choice*” (83–4). Refusing any medical classifications that identify eating disorders as a psychological disease, pro-ana boards and forums typically include: a pledge to ana, a letter from ana, ana commandments, and an ana creed. Content of the boards can include motivational quotations supporting the “lifestyle,” dieting tricks and tips, personal reflections about living with the illness, pictures of women at low weights—known as “thinspiration,” medical information, and even recipes for low-calorie meals (Polak 84).

One board, *The Pro-Ana Lifestyle Forever*, featured the “thin commandments” listed below:

*Thin Commandments*
1) If you aren’t thin, you aren’t attractive
2) Being thin is more important than being healthy
3) You must cut clothes, cut your hair, take laxatives, anything to make yourself look thinner
4) Thou shall not eat without feeling guilty
5) Thou shall not eat fattening food without punishing afterwards
6) Thou shall count calories and restrict intake accordingly
7) What the scale says is the most important thing
8) Losing weight is good, gaining weight is bad
9) You can never be too thin
10) Being thin and not eating are signs of true will power and success.

The rhetorical choice to label these rules as “commandments” shows the near-religious fervor the pro-ana boards can take on as some pro-ana users view their illness as almost a deity. Users of pro-ana are also aware of outsiders lurking within their community, and have
made lists of reasons they “choose” their illness such as below:

*Why I starve myself:*

Because I can  
Because I’m the hunger artist  
Because I want to  
Because if I can accomplish this, I can do anything!  
Because of all the people in my life who die of jealousy when they see the way I look  
Because it makes me feel brand new every day!  
Because I just won’t quit  
Because I have wanted to be this way forever  
Because I don’t have any time to waste on food  
Because I can do anything I put my mind to  
Because I have the willpower  
Because it’s my life  
Because it’s my choice  
Because of my next birthday  
Because it’s me. And though I don’t advise it to anyone else; I’m too thin, and I don’t eat enough, and that’s me, and I love it!

*The Pro-Ana Lifestyle Forever* and other pro-ana boards also featured an “Ana Creed,” “Ana’s Laws,” and “Ana’s Psalm,” featured below. The careful language choice highlights how the illness can be, for some users, an active choice.

*Ana’s Creed*

I believe in control, the only force mighty enough to bring order in the chaos that is my world.  
I believe that I am the most vile, worthless and useless person ever have to existed on this planet, and that I am totally unworthy of anyone’s time and attention.  
I believe in oughts, musts and shoulds, as unbreakable laws to determine my daily behavior.  
I believe in perfection and strive to attain it. I believe in salvation trough starvation.  
I believe in calorie counters as the inspired word of god, and memorize then accordingly. I believe in bathroom scales as an indicator of my daily successes and failures.  
I believe in hell, cause sometimes I think I live in it.  
I believe in a wholly black and white world, the losing of weight, recrimination for sins, the elongation of the body and a life ever fasting.
Ana's Laws
Thin is beauty; therefore I must be thin, and remain thin, if I wish to be loved. Food is my ultimate enemy. I may look, and I may smell, but I may not touch!
I must think about food every second of every minute of every hour of every day… and ways to avoid eating it.
I must weigh myself, first thing, every morning, and keep that number in mind throughout the remainder of that day. Should that number be greater than it was the day before, I must fast that entire day.
I shall not be tempted by the enemy (food), and I shall not give into temptation should it arise. Should I be in such a weakened state and I should cave, I will feel guilty and punish myself accordingly, for I have failed her.
I will be thin, at all costs. It is the most important thing; nothing else matters.
I will devote myself to Ana. She will be with me wherever I go, keeping me in line. No one else matters; she is the only one who cares about me and who understands me.
I will honor Her and make Her proud

Ana's Psalm
Strict is my diet I must not want
It maketh me lie down at night hungry It leadeth me past the confectioners
It trieth my will power
It leadeth me in the paths of alternation for my figure sake
Yeah, though I walk through the aisles of the pastry department, I will buy no sweet rolls for they are fattening
The cakes and the pies, they tempt me
Before me is a table set with green beans and lettuce I filleth my stomach with liquids
My day’s quota runneth over
Surely calorie and weight charts will follow me, all days of my life And I will dwell in the fear of the scales forever

Typical pro-ana sites show pictures of emaciated bodies but with the head not showing—a telling representation of an illness that involves the establishment (or the erasure?) of identity. The anorexic body, in these communities, becomes an ideal and lived experience (Ferreday 285). The societal reaction to the pro-ana subculture has been one of shock and disgust—people appalled at the thin bodies on display. Users of pro-ana have called out the hypocrisy of critics, as they live in a world where mainstream media perpetuates an image of a thin, tall, white woman as the ideal. Eating disorders are simply an extreme of this
ideal.

**Can Pro-Ana be More Than Just Weight Loss?**

However, what both Polak and Ferreday argue that critics do not acknowledge are the links to recovery on the boards. “…Many sites do contain medical advice together with links that refer anorexics who feel ready for recovery” (Ferreday 290). What are also included, which critics solely focus on, are the posts that are for girls who are not ready. Polak argues that while adolescence sees young girls self-silence, the boards provide a means of communication. Girls are beginning to play with self-representation (90). Use of the boards increases because girls report a reduction of anxiety over being evaluated by others (Eichhorn 70). Eichorn analyzes the content of the boards using the optimal match theory, in which certain forms of social support are most beneficial after certain stressors (68). Nearly half of the posts on pro-ana boards involve seeking support. Strategies to solicit support are self-deprecating comments, shared experiences, requests for information, statements of personal success, and statements of extreme behavior (71). “Support” in this sense can range from fat talk to discussing different struggles, losing more weight and help through suicide ideology. Eating disorders are not one dimensional, even though the media had a narrow focus on topics once the boards hit the mainstream.

While the media selected only posts that sought encouragement for weight loss, the boards and the posts can actually be divided into nine themes: coping with external pressure from family and friends, reactions to cultural pressures to be thin and other standards of beauty, recalling symptoms of bingeing, purging and starvation, negative affect, recommendations for prosocial behavior, the newcomer message, positive affect, coping with weight, and posts unrelated to eating disorders (Eichorn 71). Approximately 37% of posts are
from women ages 20 to 30 (72). Posts that seek social support are grounded in problem solving. Surprisingly, the theme that appears least is reactions to cultural pressures to be thin and standards of beauty.

Eating disorders have existed forever; however, classifications of eating disorders are complicated. The American Psychological Association defines anorexia, bulimia and binge eating. However, many patients, myself included, are diagnosed with EDNOS—eating disorder not otherwise specified, where there is overlap in criteria diagnosis. For example, I was diagnosed with both anorexic and bulimic tendencies. This new classification of eating disorder is still being researched, and new technology allows people with an eating disorder to assert agency in the public forum. Roxanne Kirkwood made an important clarification of the boards. Many viewed them as something that promoted the development of an eating disorder. Her research found, however, that the boards were more about how to operate within the illness once it began (Downer et al. 92). The time between the onset of my illness and my admission into treatment was the loneliest of my life, and I often considered how I would have fared had I known a community of people who understood what I was going through. I wouldn’t go so far as endorsing the pro-ana boards; I’m ambivalent about them. They reinforce negative eating disorder behaviors, but there is support happening there.

Reading through the posts, I’m reminded of conversations I had with my fellow patients in treatment. Sometimes we would have deep, meaningful conversations on a range of topics, anything from movies to our relationships with our parents. However, there would be those moments we would share tips on how to hide food, or how we planned to lose weight once we were discharged, or share embarrassing anecdotes about bad luck with laxatives or purging.
These latter conversations, it must be noted, were always spoken in private, away from the doctors and nurses. We actively knew what we were discussing was a hindrance to our recovery. This is what is known as the panoptic effect, originally theorized by Foucault. "He who is subjected to a field of visibility, and who knows it, assumes responsibility for the constraints of power; he makes them play spontaneously upon himself; he inscribes in himself the power relation in which he simultaneously plays both roles; he becomes the principle of his own subjection" (202-203). We learned to regulate our behavior, knowing the hospital staff were making the rounds and surveying us closely.

**Pro-Ana: Effects of a Heterotopia**

The Pro-Ana boards could be considered a heterotopia originally theorized by Foucault. A heterotopia is a concept in human geography to describe places and spaces that function in non-hegemonic conditions. Space itself has a history of Western experience and “…in the Middle Ages, there was a hierarchic ensemble of places: sacred places and profane places; protected places and open, exposed places; urban places and rural places” (Foucault 22). Foucault goes on to say that, despite some progress, space is still “governed by a certain number of oppositions that remain inviolable” (23). Historically women did not have access to the public sphere but were instead delegated to the home. As will be outlined later, girls are now entering the online world, which can be considered public.

Heterotopias possess six principles:

1. There is not a single culture in the world that fails to constitute heterotopias (24)
2. A society, as its history unfolds, can make an existing heterotopia exist in a very different fashion (25)
3. The heterotopia is capable of juxtaposing in a single real place several spaces, several sites that are in themselves incompatible (25)
4. Heterotopias are most often linked to slices of time—they open
onto heterochronies (26)

5. Heterotopias presuppose a system of opening and closing that both isolates and makes them penetrable (26)

6. Heterotopias have a function in relation to all the spaces that remains (27)

More specifically, pro-ana boards can be labeled as heterotopias of deviation: “those in which individuals whose behavior is deviant in relation to the required mean or norm are placed” (25). We see heterotopias of deviation with psychiatric hospitals and prisons. The girls of pro-ana constitute social deviants, as they invert social norms by claiming their illness as a choice.

Rather than actively working on recovery, some users of pro-ana claim an empowerment with their illness. Some girls of pro-ana described the thrill of starvation:

…it felt incredibly empowering. I had the willpower and the drive to starve myself! Who else can do that? Not many people in my mind…That feeling of empty – being the hungriest I could possibly be, the skinniest I could possibly be, was like a good high. It was amazing (Katie interview).

Codie Rouleau and Kristin M. von Ranson wrote about the risks of viewing pro-ana and found that several content analyses of pro-ana boards cited emotional support as a central theme. In an undergraduate sample, the frequency of visits was associated with “self-reported improvements in self-esteem and decreases in loneliness following a visit” (Rouleau and Ronson 526). However, some saw this support as superficial and conditional upon active participation and conformity to group norms—the girls elicited support by repeating the pro-ana rhetoric of the illness as a lifestyle choice. Also, those who did not use the interactive components of the boards, such as chat rooms, may not have received the same amount of support as participatory members received. While some users reported receiving support from the boards, “this support may often be insufficient to deliver long term support that is ultimately required to buffer the psychological, physical, and
emotional devastations of anorexia and bulimia” (527). While Rouleau and Ranson doubted the quality of support received, my project wanted to look at the boards as a means of support in the messiness that is an eating disorder, while understanding they can also have a negative impact on users and viewers.

Users of pro-ana have appropriated the medical terminology traditionally used for the illness, allowing them to create new identities through rhetoric. Language specifically used for eating disorders may not be found on other web sites, even though the Internet is a “viable place for exploration in many ways due to the anonymity of the users” (Polak 86). Sites commonly “break down medical jargon for users and address various health issues related to disordered eating.” Girls resist medical labeling because, as Sandi Reynolds explained, “…society has given the profession of medicine the power to determine what does and does not constitute infirmity” (Downer et al. 86). The patient is reduced to the disease itself—something Foucault originally theorized. Girls of pro-ana attempt to delineate “what constitutes illness and how identities are formed by the medical community” (Downer et al. 86). This subculture demands further research because of these types of posts—pro-ana is more than encouraging each other to lose weight; it is a community of technofeminists creating and experimenting with identity, as well as informing others who navigate the illness.

**Bodily Rhetorics: Providing Context for the Pro-Ana Boards**

Knowing the content of pro-ana boards, one must look at bodily rhetorics as a whole to help understand how some girls can develop an eating disorder. Bordo theorized the embodied rhetoric of eating disorders, while Foucault discussed the subjected body as a cultural figure. The soldier’s body, Foucault asserted, can be made into the ideal—bodies with a lively, alert manner, an erect head, a taut stomach, broad shoulders, long arms, strong fingers, a small belly, thick thighs, slender legs and dry feet (Foucault 135). It was during the
classical age that the body was fully recognized as an object or target of power. Because it could be used, formed, and manipulated, argued Foucault, the human body was known as the “docile body” (136). According to Foucault, “A body is docile that may be subjected, used, transformed and improved” (Foucault 136). The body has been in the grip of powers in every society.

As Bordo wrote, the anorexic body is the embodiment of the thin ideal our culture propelled into the mainstream. By starving their bodies and maintaining control over their size and weight, anorexic persons are clearly in possession of docile bodies. The anorexic body has strict discipline over the object it tries to manipulate—in the case of someone with an eating disorder, it is the body itself (Foucault 152). The anorexic body arguably could be “the natural body: it is the body susceptible to specified operations…it is the body of exercise…a body manipulated by authority…a body of useful training” (Foucault 155). This body is a result of starvation as a form of mutilation. Anorexia nervosa operates on a control axis, which is an axis providing reassurance of overcoming physical obstacles as well as the thrill of being in charge of your body. It is an aesthetic and moral rebellion (Bordo 52). Interview subject Emily remembers her feeling of empowerment: “I was in control. It felt good. It still feels good sometimes even after almost 10 years of recovery. I have to be careful of triggers. Even the memories, horrible, still feel good, if that make sense” (Emily interview).

Part of this feeling of the dominance over the physical self was further discussed by Sheila Lintott. While eating disorders are seen as an attainment of beauty, the anorexic body is typically not beautiful, as many girls with eating disorders develop dry skin and a layer of fine hair on their body. Eventually, the external goal becomes a non-issue in the eating disorder (Lintott 68). My realization that the number on the scale was no longer the
motivating factor in my illness was after my failed suicide attempt before my junior year of high school. I was 140 pounds and, feeling dejected from my failure to kill myself, decided I might as well just keep losing weight.

Wioleta Polinska brought up the stance on starvation as a form of self-mutilation by writing that the debate about the causes of eating disorders has gone on for years, as self-starvation has existed as a regimen since at least the 13th Century. Eating disorders, more specifically anorexia, are a “universal need for autonomy and self-control.” According to Polinska, the anorexic woman’s quest for self-definition was viewed as an active agent (573). Not eating became the same function as eating. The ideal of thinness, however, only led to an increase in depression among women (575). The conformity of the body to a thin ideal helps explain how some girls can develop an eating disorder, and the following section will highlight how girls who develop eating disorders are navigating their way online.

**Girls Online: The Establishment of Identity in Online Communities**

Adolescents were the defining users of the digital media culture, with approximately seventeen million teens navigating their way online. It was in the late 1990s that the Internet became more open to female users. The year 2000 was even declared the “year of the female” on the Internet (Mazzarella 2). By then, women’s presence online had surpassed that of mens’. When looking at the differences between adolescent boy and girl users, girls were found to be more social online with the use of email and instant messaging whereas boys were more likely to download and play games and music. With the growth of the Internet came the cultivation of communities by female users. Mazzarella wrote, “Scholars of adolescent girls’ identity development have pointed out the need for girls to have outlets for self-expression” (5). As frustrating as the
pro-ana community may be to some, studying it is important as “girls are coming of age in a more dangerous, sexualized and media-saturated culture” (Mazzarella 4).

This project aimed to establish the girls of pro-ana as technofeminists as the relationships the girls have with technology will be explored. For the purposes of this project, technofeminism will be defined as the analysis of the relationship between technology and gender; specifically technology as a liberation for women or the extent to which women’s experiences with technology are liberating and the cultural and material conditions that contribute to their lived experiences of technology (Wajcman 7). Judy Wajcman explained that which is deemed rational is revered versus that which is deemed emotional. However, the “rational” subjects, such as science and technology, may not be viewed as the solutions to the problem but rather the cause of them. Employing a technofeminist methodology asks the researcher to look at the emotional aspects of research, for there is logic in it. Wajcman writes, “Feminism has long been conflicted, however, about the impact of technology on women, torn between utopian and dystopian visions of what the future may hold” (3).

However as Hawisher and Sullivan discussed, “activity on the networks is only just now claiming the attention of feminist theorists” (173). As was explained, Foucault would have described e-spaces as utopias, “Viewed as utopias, e-spaces present a vision that corresponds to social constructionists’ goals of a decentered writing class where communities take shape. Viewed as heterotopias, e-spaces…subvert dominant power structures” (174).

On an e-space, social roles become blurred and normally silent participants are likely to speak more strongly online. Women have historically been excluded from positions of influence, and the electronic environment presents them an opportunity to speak—a benefit to technofeminism. Women are beginning to establish identities as technofeminists because
people are “…less likely to judge one another by differences of race, social class, age, sexual preference, disabilities, and gender” (175). Wajcman wrote these electronic spaces may undermine old social relations. “Electronic networks offer women new possibilities for global information exchange and for participatory democracy” (3). The girls of pro-ana can be considered technofeminists due to their establishment of communities, creating of online identities, and the establishment of community boundaries online.

Providing a Rhetorical Analysis of Pro-Ana

Complementing the interviews with the girls of pro-ana will be what Porter calls an archaeological analysis. According to Porter, an archaeological analysis questions the status of a text, who has used it, the context of its use, its classification, its value, the ideologies collected around it, what assertions may be made about it, and what assertions have been disallowed. An archaeological analysis of pro-ana will allow me to ask critical questions:

What is it possible to speak of? What terms are destined to disappear? What terms enter into current practice? Which ones are censured or repressed? Which ones are considered valid and which questionable? Which are eventually abandoned and which revived? What relations exist between present and past terms or foreign and native ones? What transformations are imposed on terms? Which individuals, groups, or classes have access to such discourse? How are their relations institutionalized? How does any struggle over a discourse operate? (Porter 9)

An archaeological analysis permitted me to describe the rules and customs of pro-ana, the limits and forms of expressibility, and the fact and manner of appearance of discourses (10). The reader contributes something to meaning as well, as the reader offers personal responses, in which the reader’s response is influenced by individual experience. The reader exists in the gaps of the text (64). Ultimately, my analysis of the pro-ana boards is in terms of the rhetorical features. Ultimately I asked: what is the background? To whom do the girls of pro-ana speak/write? What do they speak/write about? How do they say/write it? This, along
with the interviews, gave me a rich, detailed analysis.

**Project Outline**

In the second chapter will be the literature review, which will highlight the sexualization of the female body and the pressures existing within girl culture. I will look at self-objectification theory and discuss interviews where the interview subjects reflect upon their adolescence, puberty, and attention from boys. This will be framed by an analysis of the dominant rhetoric that surrounds girlhood in the U.S. Politics and the anorexic identity will be addressed as well. I will also discuss the anorexic pathology and discuss existing preconditions for eating disorders. The aim of this chapter is to lay a foundation to explain why girls are developing eating disorders and why they are navigating their way online.

Chapter three will outline the methodological foundation for my dissertation. This chapter will discuss my dissertation’s purpose as a feminist researcher. I will also discuss the ethics of my research, as many of the boards I analyzed are public domains, and therefore free to incorporate into my project. The ethical clause of this project is something I’ve grappled with. However, as I will explain, the utmost care was taken to protect the identities of the girls being interviewed and of the posts featured from the boards.

Pro-ana and its effects and members will be analyzed in chapter four. The chapter will examine the blog *World’s Largest ED Support Group* and analyze its background and discourse conventions. While girls are taught to self-silence during puberty, they are becoming more active in their agency online. As argued earlier, girls who post on pro-ana boards see the sites as a means of support and communication, which is why I do not condemn the boards’ existence completely.

Chapter five will conclude this project by examining where we are now with pro-ana,
new online weight-loss motivation trends, and the reclamation of the term “thinspo” into “fitspo.” I will also feature recommendations made from interview subjects on how to aid in recovery for people with eating disorders, as well as how we as a culture can better ourselves in the area of girlhood. This chapter will address further research needed on the new “thinspo” trend occurring online.

**Toward the Understanding of Pro-Ana**

Pro-ana, despite the problematic issues it may cause, is ultimately girls forming an online community. Shayla Marie Thiel explored how teenage girls are particularly vulnerable to media and cultural pressures, and that adolescence is a period of identity construction. Technology, Thiel argued, is becoming increasingly important in teenage girls’ lives as a means to communicate and articulate their own identities to the world (180). Thiel wrote, “Computer-mediated communication also becomes a site of identity play and experimentation” (181). Girls are forming and negotiating identity online, and the girls of pro-ana are putting their technofeminist knowledge to use.

Using interview as my primary research method will be most useful in answering my research questions because “the human and very personal face of social, cultural, economic phenomena” is what interviews allow projects to do (Nickoson and Sheridan 36). The driving motivation for this dissertation is personalizing the girls of pro-ana. There is a feminist understanding to the interview where information is not extracted, but rather knowledge is shared (37). The interview will allow me to portray the girls of pro-ana as they portray themselves.

**Researching Online Rhetoric**

For my project it was important to understand the Internet as not only a site of research
but as both private and public sphere. Warnick wrote of the interplay of the “private sphere—the realm of commodity exchange and social labor imbedded in the conjugal family—as it is related to salons, the theater, reading practices, and social gatherings” (1). The private sphere was a resource for the public. It was in the public sphere where people read, spoke about issues and opinions, and ideas (2). Before, the public sphere meant cafes and shopping stores. Social critic Jurgen Habermas described this public sphere as “an idealized construct against which were measured the venues and practices for public discourse in other eras” (1). However as Warnick explained, the late nineteenth and early twentieth centuries saw advances in technology with the development of the radio and the television. Coinciding with those developments was the development of public relations and public communication. But simply existing is not enough for public communication to occupy the public sphere. “Its continuance relies as well on the extension of a common culture, shared experience, communal values, skill in and commitment to the processes of deliberation, access to news and information, and the public’s ability to influence social institutions and government policy” (2). While some critics argue of the disintegration of the public sphere, Warnick asserted “that a good deal of vibrant and effective public discourse in the forms of social activism and social resistance occur online” (3). Thus, the Internet as public sphere is born.

The pro-ana forums sometimes take the shape of personal blogs. The difference between discussion boards and blogs is that the authors of blogs create the site content and are able to allow outside users to add comments to posted entries (18). “Of the genres of Web writing, blogs may be the most personal,” so using them for this project forced me to walk a tightrope over user’s personal thoughts and feelings, which some would consider to be part of the private sphere. However, electronic literature requires a new critical language
(26). Sites like blogs and discussion boards allow for personal thoughts and musings but “rhetorical critics may want to focus primarily on the extent to which [blogs and discussion boards] support and further online social and political action, and complement other media by providing spaces where citizens can strive for consensus and share a common, community voice” (19). The girls of pro-ana share such a voice and their words are deeply political as they challenge the societal norms and rhetoric of the passive patient. The girls establish communities of choice with the emphasis placed upon their subjectivity and agency (Wajcman 63). This project examines the Internet as public sphere as well as the technofeminist knowledge of the girls. The next chapter will highlight the thin ideal, the sexualization of girls as a cultural focus, and the current literature around pro-ana; this will further portray the girls as the savvy technofeminists that they are.
CHAPTER TWO: HOW DID IT COME TO THIS? LOOKING AT THE RHETORICAL SITUATION OF THE PRO-ANA BOARDS

“A cultural fixation on female thinness is not an obsession about female beauty but an obsession about female obedience.”
- Naomi Wolf

If you were to ask me, in the months following Nick’s graduation party, if I believed I had an eating disorder, my answer would have been an assertive, “No, of course not.” And that is what I truly believed. I was not like those girls with eating disorders I heard about in health class. No, I was just losing weight. I totally had control over it and would stop once I hit my ideal weight; my first ideal weight was 170. I had an affinity for numbers ending in zero because the evenness of it placated my anxiety. Nothing could go wrong if my weight ended in a zero.

The day after Nick’s graduation party was like all the other days of my life, except messier. There were red solo cups littered across the lawn, streamers torn down, and plastic tablecloths ripped. I woke up first and began cleaning. I loaded and ran the dishwasher, picked up the table centerpieces, and waded around two piles of vomit outside. I collected empty beer cans and put empty wine bottles in the recycling bins then went inside and made myself a bowl of cereal. When I was done, something switched in my brain. With the rest of the house asleep, I made my way to the familiar bathroom, and threw up the Frosted Mini Wheats. I wasn’t uncomfortably full like I was the night before. It simply occurred to me, “I don’t have to keep this in me.”

While I would be diagnosed EDNOS (eating disorder not otherwise specified), I’ve always felt I leaned more toward anorexia than bulimia. I would throw up sporadically but I soon took to restricting to as few calories as possible. My job at a summer day camp started soon after the party. I told my parents I wanted to start bringing my breakfast to eat at work.
Unbeknownst to them, the breakfast would be thrown away, along with the lunch my Dad took so much care to make. So all I had to lose calories from was dinner, which consisted of some sort of frozen food as my family did not typically sit down at the table.

The best day was Friday because I would throw out my breakfast and lunch. Then I would go to my weekend job at a miniature golf course. Going right from the day camp to the golf course meant no stopping at home, so my Dad would bring me dinner, which would be promptly thrown away. Here’s the thing though—I would be smart about this new eating lifestyle. And I would cover my tracks. I began picking the lunches apart, in case Dad put in seven pretzel sticks instead of eight. Then I would go home and bring up the missing pretzel. “See?” my parents would think, “He must be eating!” After the times I would throw up, I brushed my teeth vigorously and rinsed with mouthwash to protect the enamel.

I wasn’t anorexic, because I would be smart about it. The girls in hospitals simply didn’t know when to stop and I just needed to hit my goal weight. I wasn’t ill because I chose to do what I was doing. And boy, did it feel amazing. I had such power, such control! Who else could do this? Finally, I had discipline and willpower. I wanted to brag of my accomplishment, but knew that other people wouldn’t understand—I just had to hit my goal weight. Although my goal weight would go from 170 to 160. And once I hit 160, I decided 150 was ideal. And from 150 to 140, and so on, and so on, until I would hit my low weight of 109 just six months after Nick’s graduation party.

What would my younger self have thought if I knew what I know today? My passion for healthy weight loss led to long-term study of the pursuit of thinness and the anorexic mindset, while my time in treatment and the girls I met helped my interest in girl culture
bloom. Scholars from fields such as rhetoric and composition, medicine, and psychology have written on the effects that eating disorders have on various populations. Embedded in their illness, the girls of pro-ana cope with the defense that the eating disorder is either an escape from societal pressures of sexualization, or it is the embodiment of what is the physical ideal. While extreme, these beliefs are not unheard of among the community of people with eating disorders. The pro-ana boards simply allowed girls with eating disorders to speak with others suffering from the same illness, sometimes for encouragement, other times for support. My aim for this chapter is to give the reader context for the pro-ana subculture. More specifically, I will outline the pressure placed upon girls to be thin, the pathology and mindset of someone with an eating disorder, the sexual pressures girls face growing up, how girls internalize these pressures, and finally the pro-ana subculture and how girls have begun to find their way online to communicate with one another.

**The Pursuit of Thinness**

It is not a secret that being thin is the ideal of beauty in American culture. While the more voluptuous Marilyn Monroe remains arguably the most iconic sex symbol of all time, the media continues to bombard viewers with images of thin, white women. In the 1990s Kate Moss embodied the heroin chic look that was characterized by pale skin, bags under the eyes, and sharp bone structure. It was a countermovement against the “curvier” models of the time. In the 2000s the media saw the rise of Gisele Bundchen—tall, leggy, and ideal. While in recent years we’ve seen some pushback from stars like Jennifer Lawrence, Kate Upton and Amy Schumer, it’s impossible to deny that thin is still the beauty ideal.

Michele Lelwica discussed how the idea of pro-anorexia beliefs seems absurd but when observed critically, the beliefs are simply an extreme of our culture—a culture where
diet pills and fad diets make the rounds, in gyms where people pay for memberships to lose just five more pounds; a culture where girls as young as eight are reportedly on diets and believe themselves to be too fat (Lelwica 20). Women’s’ bodies have always been under siege, whether they were forced into a corset or had their feet bound. Ideals of beauty have come and gone, but the ideal of being thin has never wavered. Lelwica’s “religion of thinness” was one example because it encouraged women to be stronger than their appetites and to ignore hunger pains. Woman’s’ sacrifice and suffering is not only tolerated—it’s encouraged (Lelwica 24). Bordo argues that the sacrifice Lelwica wrote about is an ideology and that advertisements and commercials emphasize dieting and control. While men are free to indulge, women are only allowed to indulge from time to time.

The ideal of thinness became globalized and a form of social control. Women who successfully restricted their caloric intake were the elite status and the push to thinness is nothing more than a modernization of patriarchal power. Identity markers like race, class, culture or religion all conformed to being thin and women must “monitor, reform, restrict, judge and punish” themselves (Lelwica). Bordo expounded on this beauty ideal across cultural lines when she said “men who were teenagers from the mid-seventies on…are likely to view long, slim legs, a flat stomach, and a firm rear end as essentials of female beauty (102). This is because the 1980s and 1990s saw an increasingly omnipresent equation of thinness with beauty and success.

Advertisements for food, Bordo wrote, emphasize control. An example seen today is packages of food boasting only 100 calories or less of a food normally high in calories, such as cookies or potato chips. These foods are heavily marketed towards women, as they are expected to have more control over their appetites than men. Men, in comparison, are
expected to indulge. For example, there is the Hungry Man line of foods that boasts one pound of food per serving. The only times men can be “feminine” is when their masculinity is not threatened (132). While the cultural ideal is thinness, anorexia the disease is not. Western society pushes women so far, where the psychopathology of an anorexic person is the outcome of all that’s wrong with a culture (139). The body is a medium of its culture.

With the ideal of thinness and its impact on women being established, it’s important to critically examine the anorexic identity and self-objectification and how those factors appear on the pro-ana boards, because doing so will help readers understand what the girls of pro-ana may be thinking when they post online.

The Anorexic Mind and Identity

While anorexia and self-starvation are seen as the ultimate forms of control, what needs to be remembered is that it is an illness marked by the lack of self-control, as sufferers fear getting fat and go to extreme lengths to avoid it and ignore their body autonomy. With the pro-ana boards, many critics fail to grasp that the women posting on the boards are sick, despite their seemingly active agency in their illness. While refusing to eat indicates that they are in control, it’s the illness that is controlling them.

Joshua Register expounds that for men, the body ideal is muscular and powerful, whereas the body ideal for women is tall and thin (Register 108). It’s in the Disney princess movies, where the Prince easily scoops up his princess and carries her off into the sunset. In that moment, the Princess is reliant on her weight—light enough to be literally swept off her feet. Young girls exposed to these images subconsciously tuck this knowledge away, ready to take out at any moment. When girls objectify themselves, they see their body as nothing but a collection of parts. They zero in on certain features, which is why we see and accept a culture
Bordo says that anorexia embodies the psychological struggles of women and that while the first documented case of anorexia can be traced to 1945, this struggle has existed for far longer than that.

The desire to lose weight develops with this self-objectification, leading to feelings of shame, guilt, and depression. The media constantly bombards girls with sexualized images that have been shown to trigger anxiety (Register et al.). When girls are exposed to these images, they display what Dirk Smeesters theorized is the selective accessibility model. The selective accessibility model can be explained as when a person “enhances or inhibits the accessibility of self-knowledge or information” (Smeesters 578). In simpler terms, if someone sees an image promoting thinness, they will think back on a time when they considered themselves thin. Instances of their thinness are more accessible. Self-knowledge that is accessible is more likely to determine self-perceptions.

This self-knowledge leads to the anorexic identity. Anorexic identities are ones that are constantly invalidated, as Susan Haworth-Hoeppner explained. Identity invalidation, or discordant interpretations, is the attempt to “normalize or reformulate challenged identity so it aligns with others’ placements” (Haworth-Hoeppner 2). When an anorexic person continuously states, “I’m fat,” it is to try and align when other people claim they are too thin. For myself, no matter how low the weight got, I insisted I needed to lose more. When people told me I was too thin, in my head I would think, “Well, they can’t see what I see. They’re wrong.”

One thing to be aware of is the difference between the “self” and “identity” when researching how girls are creating identities online. A person’s identity is “a social location that determines who the person is in situated interaction” and the self is “the reflection of the
person’s consciousness” (Haworth-Hoeppner 6). So while we examine the anorexic identity, we must also be aware of the anorexic self. The anorexic identity is their placement in society and their function. Society sees them as victims, as sufferers, as ill. However, for some people with anorexia, their self is the complete opposite—they see their illness as empowering, which reflects their consciousness. Society pushes the ideal of thinness, and here they are, achieving it on the boards. So on the pro-ana boards, the anorexic selves are the ones that are posting. These are not healthy mindsets, but ones rather warped by the extreme of our culture’s ideal.

With the anorexic self and anorexic identity, there is also the awareness context. According to Haworth-Hoeppner, there are four types of awareness contexts with ill patients—closed, open, pretense and suspicion. Closed awareness describes the understanding of mortality among healthy individuals. Open awareness is when everyone knows and admits the possibility of mortality. Pretense awareness is when mortality is known but not openly acknowledged. And suspicion awareness is when the person suffering is suspicious of the illness but uncertain that it is fatal (8). Anorexics, however, do not fit any of these awareness contexts. Instead, they have "discordant awareness context," which is when a person refuses to acknowledge or accept someone else’s view of them, which is why the posters on pro-ana boards see both the illness as a lifestyle choice and themselves as fat. All interactions lack a mutual understanding with someone suffering from this kind of awareness context (9). This is important to understand for my project because the reader must remember the girls possess this awareness context, and that they are not of healthy mindset when posting on the boards.

With the anorexic identity, there is also the concept of the master identity—an identity that acts as a frame for all other identities. Anorexics have a master identity that has
only one goal—thinness (11). The master identity works alongside the anorexic’s fictional identity and while the master identity is grounded in partial knowledge of the illness, the fictionalized identity is completely grounded in the illness and lacks an awareness of its dangers (13). So it is common to hear someone with an eating disorder clearly speak about the dangers of the illness they are suffering from while at the same time swear an allegiance to it.

People with anorexia reject any identity placement in a quest to make them unique, which is part of a problematic interpretative process—the anorexic cannot see themselves clearly (15). With the rejection of identities, the anorexic will compare themselves to others and the distortions of their perceptions become connected to losing weight (17). The anorexic identities are transacted along three dimensions—size, desirability, and control. Size refers to the physical body and its dimensions, with emphasis being put on their weight and measurements. Desirability is a little trickier, and the anorexic can lose weight in an effort to form the physical ideal and be seen as sexy, or it can be a way to shrink the body so others cannot view it sexually. Control is the empowerment the anorexic feels by deciding what they eat and manipulating their body to what they want it to do. Bordo discusses this and also that eating disorders function along a control axis—where there is the reassurance of overcoming physical obstacles and the thrill of being in charge of your body. The anorexic identity, the feeling of control, and the awareness context help provide understanding to the mindset of someone with an eating disorder, and the girls of pro-ana. My project aimed to examine the pro-ana boards as a means of support; but first, I wanted the reader to understand the point of view of the girls.

Eating disorders are both logical and illogical illnesses. The girls of pro-ana navigate
the illness’ logic as they construct the written self on the boards. While I have discussed the
anorexic self and anorexic identity, as well as the pursuit of thinness, it’s crucial to also
examine the sexualization of girls as they transition into women. The onset of menstruation
marks a time when their bodies become political acts in and of themselves and they are
rendered the vulnerable agent. This transition can contribute to the development of an eating
disorder, creating an anxiety seen among eating disorder patients and the pro-ana boards.

The Sexualization of Girlhood

Eating disorders are unique because they are psychological illnesses that manifests
themselves in the physical body. The female body itself can be a political act. It is debated
and scrutinized and has become a part of our consumer culture. Janet Lee discussed how the
female body has become sexualized for the male gaze. A woman’s menstrual cycle is an
important component of body politics and when a girl gets her period for the first time, it is a
symbol of her emerging sexuality, stating that she is ready for reproduction. Menstruation is
seen as both magical and poisonous. While it creates life, it’s bloody and off-putting. Her
sexuality is negotiated with the onset of menstruation despite the young age (348). Women
reported wearing baggy clothing during menstruation in an effort to cover it up—evidence
that the teen years are contributory to girls becoming aware of their physical bodies.

It’s during this time, Lee wrote, when girls self-silence: “Adolescence and the journey
from girlhood to womanhood involve forms of self-silencing whereby girls become
preoccupied with how they are perceived by others” (350). Lee discussed their negotiation of
femininity in adulthood as a girl matures and becomes a teenager, — “a set of structures and
meanings that more fully inscribe their subordination on the basis of gender” (344). With the
heterosexualization of the female body after the onset of menstruation, girls become the
desired objects of men.

Kristina Gupta expounded that it draws on compulsive heterosexuality when we talk of this compulsory sexuality—a constructed set of practices and norms that pressure women to participate in heterosexual sex. This ranges from verbal pressure to the extreme of rape. Women have had sex for reasons other than pleasure, citing it as a sense of duty, or because they “should” enjoy sex (Gupta). The woman is always in service to the man. It’s the start of menstruation, Lee argued, that the girl’s relationship to boys ends. Gone is the camaraderie and instead comes the double standard where boys are encouraged to have sex and girls are shamed for it. Foucault argues that the repression of sexuality is a historical fact (10).

Repression of sexuality develops from silence.

The American Psychological Association wrote an extensive article to explain how young girls are being sexualized. Sexuality is very layered. Healthy sexuality can lead to healthy bonding, intimacy, mutual respect between partners, and strong physical and mental health. Sexualization involves many components:

The value a person places upon themselves excluding characteristics other than sexual appeal, the standard someone is held to being equated with narrowly defined physical attractiveness, inappropriate sexuality placed upon a person, and the sexual objectification of someone, or being made into “a thing for others’ sexual use, rather than seen as a person with the capacity for independent action and decision making (APA 1).

With so much emphasis placed on only their sexuality, it is clear that it often causes body image issues and low self-esteem.

Sexualization happens within three spheres—contributions from society, contributions from interpersonal relationships, and contributions from the self. Cultivation theory seeks to examine the relationship between time watching television and actual behaviors. In 2005, teenagers watched an average of three hours a day, and spent an hour a day on the computer
(4). One can ponder how much time is spent now, twelve years later, given the predominance of technology. On television we see music videos that feature a naked Miley Cyrus sitting atop a wrecking ball and Katy Perry dressed in a bikini with whip cream canisters attached to her breasts. Shows like *Gossip Girl* show women with only one body type—tall and thin.

Growing up, we are influenced most by our parents. Many girls experience the pressure to conform to gender roles whether it is to avoid sports, wear pink, or only play with girls. While seemingly small, things like the type of toy can have an impact on a child. Mom can have a particularly important role in raising a girl, as the daughter will learn from her how to “act” (14). It is quite common to see girls who develop eating disorders to have mothers with similar poor eating habits. With contributions from the self, girls learn to objectify themselves in a way that is facilitated by culture, as they are encouraged to do so. A 2002 study showed that, out of all attributes, young girls place most emphasis on their appearance (17). This sexualization has to do with the girls’ physical body, as she begins to be objectified and even objectifies herself.

The sexualization of girlhood is troubling, as female adolescents have their bodies objectified by not only their peers but older men as well. The objectification of the body can lead some young girls to develop poor body image, possibly even eating disorders. On the pro-ana boards and in constructing the written self, girls online use the boards as an emotional outlet for societal pressures.

**The Objectification of the Body**

Barbara Fredrickson and Tomi-Ann Roberts wrote on the idea of self-objectification by developing the study of objectification theory—when a woman places her self-worth on only her appearance and sexual functions. The male gaze holds the potential for
objectification; with some claiming men have the “right” to objectify women (175). We see this in instances where a woman is blamed for being assaulted because she “provoked” the man with her appearance. Schools enforce a dress code where young girls must have skirts reach a specific length so as not to pose a distraction to not only the boys, but sometimes the teacher as well. Women begin to see themselves as objects, ready for consumption and beauty brings with it a sense of power. Women not only push themselves to look a certain way for attention of men, they do it for control. While this sounds like they are choosing to pay attention to their appearance, Fredrickson argued that it stems from cultural conditioning to do so. Women, in an attempt to assert agency by losing enough weight or getting enough plastic surgery, are actually not the active agents in this scenario (179). Her sense of self, what seemingly should be in her control, is a mere social construction.

A scale for objectified body consciousness has been developed, where the central tenet is body surveillance. Women look at their bodies and look at the cultural ideal of tall and thin and try and reduce any differences between the two (McKinley 183). The cultural ideal is getting arguably more unrealistic. Weight lost rapidly is not ultimately kept off, many studies have found, but that has not prevented the sales of weight-loss products (183). Objectified body consciousness is dependent upon the idea that women “are responsible for how their bodies look and can, given enough effort, control their appearance and comply with cultural standards” (184). Because this belief is so widespread, attractiveness becomes a reasonable measure of judgment. What is not widely known is that bodies have a set point—a weight their body will “fight” to maintain. It’s why we hear so often that someone “plateaus” when dieting—his or her body refuses to go lower.

Body objectification can lead to a decrease in motivation, an increase in anxiety, and a
decrease in self-efficacy (Gapinski 383). Self-objectification can sometimes be situational. Trait self-objectification “describes differences in the degree to which people internalize observers’ perspectives on their physical selves in their everyday lives” (377). Women experience heightened humiliation, guilt, and foolishness. Self-objectification is also impacted by peer behavior. Peer groups also participate in “fat talk”—self-disparaging body talk that occurs in peer groups and appears to contain an element of social influence (378). “Fat talk” serves as a common meeting point for women and reinforces group solidarity. While women have different hobbies or interests, society practically encourages them to put down their bodies. Hearing this “fat talk” in treatment centers and the outside world motivated me to learn more about not only why it exists but also how it exists. Part of this project aimed to analyze how the girls of pro-ana engage in talk about their bodies and how it compares to the mainstream world.

Body image and fat talk is also related to media use, especially among adolescents. Broadly, body image is an internal representation of your outer appearance. It consists of attitude, perception, cognition, behavior, affect, fear of becoming fat, body distortion and dissatisfaction, and restrictive eating (Leavy 73). Body image issues can be especially predominant during adolescence, as adolescence sees the onset of accelerated growth and a maturation of sex characteristic. Teenage girls see the growth of breasts, onset of menstruation, and developing of hips (Borzekowski 290). Body image is influenced by the “goodness of fit” of expectations for your physical self, the perceived emotions of others, and the self-evaluations of your own body.

Dina Borzekowski and Angela Bayer wrote about the role the family plays in a young girl’s body image and self-esteem. “Family may provide the first set of criteria against which
girls evaluate themselves as women” (295). Girls are more likely to go on diets and have poorer body image if they had a more conflictive relationship with their parents. Girls with eating disorders perceived their families as less warm and cohesive (294). Puberty can be especially difficult as girls can gain up to twenty-five pounds. Borzekowski and Bayer brought together three facts that prove media consumption is sending problematic messages to girls and women: 12 to 19-year olds spend $175 billion annually on magazines; the women seen in these magazines and other media usually have below average BMIs; and television is especially problematic, as only 7% of female characters have above average weight (297).

With a clearer understanding of culture’s production of women’s body image and objectification, the focus may now move to the development of the pro-ana subculture, which highlights the pro-ana boards analyzed in this project. It’s on the boards that the written self is being constructed.

**The Pro-Ana Subculture is Born**

The first blog-authoring software came out in 1999 during the height of the Y2K frenzy. Suddenly, anyone with Internet access could create a blog about any topic they liked. The software became instantly popular. Users constructed their own social norms, with information being based only on personal experiences. The pro-ana boards began appearing not long after the establishment of the blog-authoring software. In Pro-Ana boards, the users claim their eating disorders are a lifestyle choice rather than an illness. However as David Giles noted:

> Each site owner has her own perspective on what it means to be eating disordered, or anorexic; the term ‘ana’ itself has become the source of much dispute; even users themselves are unsure as to whether they are ‘celebrating’ their EDs, whether anorexia is a lifestyle choice, a medical condition, an illness, or a positive or negative
experience (Giles 464).

Pro-ana boards went by relatively unnoticed, until in 2001, when Oprah Winfrey featured them on her show. Feminist scholar Dr. Michele Polak, in an interview, explained why the backlash was so sudden:

Look, let’s be honest, it’s not scholars watching Oprah’s shows. It’s mothers. And they were shocked this was going on. They just couldn’t believe it. And this was pre-reality TV. If this were to happen now no one would be surprised...Oprah has a pretty diverse audience usually. But if you watch that episode—a lot of white women. And that’s who’s typically effected by eating disorders—affluent white teen girls (Polak interview).

With pro-ana boards, there is usually a path the user makes, according to Polak. When they first join, it’s out of curiosity. First, he or she shares things she knows or has learned (even though the members usually already know) and then takes what is learned and brings it to other boards to share. They learn the language of this figured world and the power certain discourse holds. After a time, though, they do get serious and write about the illness, its complexities and their struggles. They acknowledge where they fall on the spectrum—has the eating disorder recently developed or has she had it for a while? What most users wanted, though, was genuine recovery out of the illness. That’s what Oprah and the media never acknowledged about the pro-ana boards—the support for recovery. In Dr. Polak’s research in 2004, she said all the sites she visited had links for recovery. Again, people with anorexia have discordant awareness context—they are fully aware of their actions as dangerous but do not stop. Pro-ana user Kate told the Huffington Post:

Most days I feel like what I'm doing could be way too much. I know that if I stay on a very dangerous path, that it could kill me within a year easily, if not sooner. But at the same time, I feel like if I set a goal, I have to reach it. I'm pretty torn about it most days, but I've never really felt bad enough that I wanted to stop (Huffington Post).

The links for recovery were provided for girls who finally could gain control over the illness.
Rachel Fleming-May and Laura Miller stated that some of the posts on pro-ana boards showed the girls were aware they were being judged. But they also acknowledged each other’s worries and challenges of the illness. Ironically, the demonization of pro-ana only strengthened the community. Pro-ana is driven by the “users’ desire for connectivity and support” (Huffington Post). Part of my project aimed to ask the girls about the relationships built in treatment centers, and how they compare to the relationships formed on pro-ana boards.

Three trends regularly happening on pro-ana boards are important to understand going forward because they impacted my reading of the boards: 1) to get advice on how to lose weight, or if they are eating disordered 2) how to maintain their illness, the sense of community created for site users, and 3) the sense of identity users get (Overbeke 53). Grace Overbeke said a community in a web space is one in which the posters feel safe to speak freely and discuss their concerns, free from judgment (55). Anorexics often lack social strengths in real life, so the pro-ana communities form a strong peer group. They want to harbor the notion that they have a social life and also band together to go against outsiders. Polak said, “Girls are very smart rhetorically. They know how to read a text and they know if an adult is in their community” (Polak interview). The users on pro-ana label their illness as a lifestyle choice because it is empowering to transform anorexia into a different way to view weight loss (Overbeke 56). The definition of what pro-ana means varies. Some view it as seeing anorexia as a lifestyle choice, while other users acknowledge it is a disease. What happens on the boards, despite this disagreement, is a network of support not acknowledged by the media. My goal was to analyze this support generated by boards.

Along with trends of the boards are usually “thinspiration” galleries. Thinspiration or
“thinspo” are photos of extremely emaciated women, used as inspiration to be thin. Eda R. Uca writes that thinspo is graded on two scales. “The first is in positive or negative values” (13). Thinspo can display pictures of perceived failure—overweight figures—and perceived success—severely underweight figures. These images may strike fear or hope in the user. The second grading scale relies on the level of dedication or disorder of the audience. Thinspiration may be more or less graphic: “Groups that aim for emaciation will be more likely to display photographs of women suffering malnutrition whereas groups that aim for a more mainstream ideal of beauty will post photographs of celebrities such as Britney Spears” (14). What Uca wrote that Overbeke and Polak acknowledge is the genuine bond between the girls. “…One of the most striking impressions gained in the analysis of the eating disorder community is the genuine state of sisterhood between propagators of sites” (22). The girls love and cling to each other as they follow the four pillars of pro-ana: control, austerity, persistence and endurance (74).

Pro-ana boards can be further divided into two subgroups—the self-expression group and the communal group. Members of the self-expression group generally isolate themselves while keeping web journals. These journals contain the details of diets, goals, failures, and successes. There are personal reflections, daily reflections, and personal profiles (55). As Uca wrote, “The members of this group most value the emotional support that they gain from other members and the anonymity that meeting online provides” (56). This anonymity is protected in this project, as to not jeopardize personal information. I changed the names of the girls as well as their online usernames to protect their identities. Doing so stops people from contacting them or, worse, “trolling” them online by sending rude or vulgar comments. The personal self and identity are both in development on the pro-ana boards. Sites such as
Facebook and MySpace allow users to create a virtual identity through an individual profile. Bates noted, “The profile owner controls and selects the content of self-presentation and the level of self-disclosure made available to the audience” (190). What has hindered past researchers is not knowing who the participants are and what affiliation to the ana identity means. Despite this hurdle, some key components of the pro-ana identity have been unraveled.

There is a well-established hierarchy of pro-ana identities: the most valued being “pure” or “true” ana (anorexia/anorexic), followed by mia (bulimia/bulimic), and finally EDNOS (eating disorder not otherwise specified). Some user labels include “the rebel,” “the saint,” or “the conformist.” In the management of these pro-ana identities are two interconnected themes: “maintaining a sense of the pro-ana self as an abnormal condition that bonded the members of the group, and concealing the ‘ana’ identity from friends and family (190). The construction of the ana identity involved “staying true to ana” by self-disclosing extreme behaviors and practices for weight loss, and creating an “audience for ana” by co-crafting a shared virtual social identity (191). Some pro-ana users rely on metaphor for identity construction, as metaphors are carriers of conceptual meaning and constructors of language. Two metaphors that appear frequently on pro-ana boards are anorexia as a skill and anorexia as a religion.

Identity is something constructed through interaction as “individuals have at their disposal a variety of ways of speaking with and about themselves, and these different discourses are tied to specific social and behavioral practices” (192). Carolina Figueras Bates identified four metaphorical constructions in pro-ana members’ self-descriptions: self as space, self as weight, perfecting the self, and the social self (189). The metaphor of self as space was evoked in 7% of the profiles Bates examined. Self as space is concretized selfhood in terms of
the place that the person occupied in the physical world. Self as weight appeared in 28% of the profiles, more than the other three metaphors. Here, there are two selves being constructed, the “real, pure, thin” self, and the current self (194). Perfecting the self appeared in 24% of the profiles, with users determined to be “true” and “pure” anas. Many operated in numbers, with low weights being benchmarks for success.

What’s more, users of pro-ana “radicalized the mainstream conceptualization of the body as part of the individual’s self-identity by strictly defining self-fulfillment as a programmed decreasing change in weight” (196). Here, perfection is defined by the disappearance of the body. Finally, the social self appeared on 17% of the profiles. “The self was positioned either as participating in a dynamic relationship or as ascribing to a collective identity” (197). We see a division of the public and private selves, the I versus the me and the subject versus the object. Giles elaborated on the social self and social identity as having a conflicting discourse surrounding it in Western society: “undereating is associated with self-discipline, asceticism, moral rectitude and principal rebellion” (466). However, the anorexic person is not culturally celebrated for their accomplishments in weight loss.

Identity has been debated as a process or an end achievement. Pro-ana boards have developed a collective identity, defined as “a cultural representation, a set of shared meanings that are produced and reproduced, negotiated and renegotiated, in the interactions of individuals embedded in particular sociocultural contexts” (Whitehead 598). A collective identity is achieved through processes of exclusion, solidarity, support, and boundary maintenance, all of which apply to the girls of pro-ana. Verta Taylor argued that “a group of women organizing around their experience and identity, whose behavior and group activities were previously identified as apolitical, were in fact engaged in overt political, social, and
cultural protest” (Whitehead 599). The girls of pro-ana could be considered feminists in their own right.

Collective identities of pro-ana are cultivated through five highly gendered practices: promoting surreptitiousness, organizing around the realm of domesticity, equating beauty with self-worth, fostering friendship among each other and their eating disorders, and using fandom as a method of attracting and maintaining members. Whitehead also identified two processes on how collective identity is displayed on the pro-ana boards: creating boundaries and developing group consciousness through new self-understandings (602). The girls of pro-ana do not live in a bubble, as girls going online has become something scholars have noted in the past twenty years. Below are screenshots of World’s Largest ED Support Group, pro-ana board and one of the ones I analyzed for this project. It is hosted through LiveJournal and boasts itself as the world’s largest pro-ana board. The screenshots below are what the blog look like, with posts appearing on the page chronologically, and a “Comment” section left for others to write in thoughts or support.
23 February 2007 @ 12:50 am

If anyone needs me i am around, just comment this. I'm in a bad mood about some LYING IGNORANT BITCH.... but no matter. I'm trying to get hold of Dylan and Jenna about the stuff in the below posts... but goddamit they both have a life and aren't around. also - if you dont purge/take laxatives dont start - they'll fuck your life right up. and i'm at a lower weight now without them, so go figure.

13 comments | leave a comment

Fig. 1 Screenshot of King_Josie’s Post

23 February 2007 @ 01:09 am

hmm

Heyy you guys...........
Im pretty proud of myself this month cause im 5'5 and ive gained weight over the holidays and i ended up being 140. But today i weigh 120 and ive lost 20 pounds in about one month but i have about 10 to 15 pounds more to go. i just would eat under 500 calories a day and fast for 2 days at a time this whole month and i didnt excercise once. hopefully this will inspire and help anyone in need of positive stories lol

One thing i liked about doing this is that no one noticed that i wasn't eating anything, cause i'd only eat my calories for the day in front of people so no one ever suspected anything especially my mother.

3 comments | leave a comment

Fig. 2 Screenshot of Winkwink1314’s Post

23 February 2007 @ 05:43 am

sooooo i put my boyfriend and I on a two week break....

Gives me a chance to re-organize/ control myself...get on a proper eating plan... start exercising.....more... Just become the girl i promised him (to myself) id be.... YAY FRIDAY!!!!!!!

How is everyone?

Current Mood: 😊 calm

8 comments | leave a comment

Fig. 3 Screenshot of InnocentGerl2’s Post
As seen, the girls discuss topics like their depression and the complexities of an eating disorder. However as I will discuss in chapter four, disagreements can happen as well. While pro-ana is defined by a reclamation of the illness as a lifestyle choice, the girls of pro-ana do not advocate for someone to develop an eating disorder. Rather they are quite vocal about how awful having an eating disorder is. Below is an excerpt from a post written by LameAmy, illustrating this point:

If you think there is a chance you dont really have an ED and are just on here because you think it sounds like a good way to fit into those true religions and get some attention, pull your head out of the clouds and FIGHT. You are worth it, but after the meat grinder experience of battling an eating disorder, that will be harder to recognize. And if you think you wont want to fight, you're wrong. You will, when you feel your body start to crumble and decay, you will wish you could be the strong, healthy, beautiful person you decided to destroy. But by the time you actually want to fight for your life (because your great little eating disorder will fucking KILL YOU) you won't be able to see two feet in front of you, you won't be able to make the decision to recover, not easily, not with out unimaginable pain. You will waste years of your life for no reason. Please, if you can, turn back now. I am so sick of girls just rolling over and giving into negative thoughts and allowing them to metastasize into anorexia and bulimia and binge eating disorder and every-other manner of hell we practice upon ourselves. It is not worth it. I promise (Lameamy).

When first logging on to Pro-Ana Nation, there is even the below warning and clarification, a result of outsiders placing judgment upon the pro-ana boards without a full and clear understanding of how they operate:
We are NOT Pro-Anorexia! We are Pro-Recovery and Pro-Support!

STOP!

Before you JUDGE what you THINK you KNOW about this site, Please READ the following information:

Hello to you! Whether you are viewing this message because you are a professional trying to teach about Proanorexia sites, a student, someone who is disordered and suffering, someone who is just curious about this “trendy little fad you saw on your local media station” or maybe even a reporter looking for the next negative thing you can promote. It doesn’t matter so much why, but since you are here, there is a few things you need to know.

First, I would like to introduce myself to you. I am Corie [fighting2win] and I am the Maintainer to this site and others. Now, before you send me email telling me how awful it is that I maintain a proanorexia site, let’s talk about the facts:

WHAT WE AREN’T

Proanorexia sites have been involved in heated debates on whether they should or shouldn’t be allowed to remain opened and quite frankly, 95% (if not more) need to be shut down immediately for one simple fact - THEY KILL! They provide harmful tips and tricks about how to hide what you are (or are not) eating, how to purge without making much noise, how to lie to family and friends about what you are doing, extreme diet regimens that they follow while congratulating each other for starving. The list is ENDLESS! They form group competitions to see who can starve the longest and weigh the least. They compare photos of themselves in their undergarments to see who can count the most bones. THESE are what most Proanorexia sites are like, These are DANGEROUS, THESE SITES HAVE YOUR CHILD ON THEM! The AVERAGE AGE OF MEMBERS of Proanorexia sites like I have described - 13 years of age. Scary? I think so!

WHAT WE ARE

This site is highly monitored and maintained 24 hours a day, 365 days a year.
We do not allow anyone on this site to encourage harmful and/or dangerous behaviors.
There is no tips, tricks, no competitions, no strange dieting and laxative support, NONE of that!

We may carry the name Proans, however, the name was here before the new changes took place inside. We promote ED Recovery at all times, provide positive support to those with Eating Disorders, Depression and Self Injury. We even contact 911 and local authorities to get help to those immediately in need, Globally!

If you want sites shut down, that is Fine - WE do too!
However, THINK TWICE before you clump ALL Proanorexia Communities together!

Fig. 4 Screenshot of World’s Largest ED Support Group’s Homepage
As I’ve discussed, the boards often post links for those seeking recovery. Below is a screenshot from Pro-Ana Nation:

![Fig. 5 Screenshot of Hotline Numbers](image)

Clearly the pro-ana subculture is more than a “how to be anorexic” guidance. Girls are constructing the written self through discussions about mental health and personal struggles. While pro-ana is fairly recent, I discuss in the next section how girls have begun to navigate their way online to communicate with one another and establish themselves as technofeminists.
Girls Online: Setting the Stage

Over seventeen million adolescents are online, with a 2001 study citing girls as the defining users. Barbara Warnick traces women and girls going online to the late 1990s, with more noncommercial sites being established. The year 2000 was even declared the year of the female (Mazzarella 2). However, as some critics argue, we live in a “girl poisoning culture.” Some believe girls “need spaces where they can know what they know and try new identities without self-censoring. Without safe spaces, girls will not be fully able to discover who they are and who they would like to become” (5). Lynne Edwards wrote of the framing of girls online, often as victims at risk. “The use of the technology was merely an extension of stereotypically female behaviors occurring in stereotypically female spaces like the kitchen and the bedroom” (17). Girls are seen as technologically inept, unable to build a website of their own. However, the girls of pro-ana challenge these stereotypes, as they not only build sites, but successful ones as well.

What aids girls in constructing an online identity is communicating in their own words. Ashley Grisso and David Weiss wrote, “Communicating in their own words helps girls develop not only their sense of self and identity but also allows them to construct their own social reality as members of peer groups” (31). In 2001, Yahoo! shut down hundreds of pro-ana blogs. However, this only removed the symptom, not the cause. On pro-ana sites, the girls do not merely describe their identity, but actually bring it into being (32). Girls online are constructing identities as sexual beings aware of their bodies. The Internet, as a non-physical entity, has become a site of exploration of the physical body. “The curricular evasions of and silences about the body, feelings, and sexual politics reinforce traditional gender roles and rarely provide support to help girls make decisions about complex personal and moral dilemmas in their lives,” Grisso and Weiss explained. (32-3). Rather than censor the girls of pro-ana, researchers must
talk with them, not at them, because “…cyberspace is a place that allows for the complex and shifting play of body, self, and community” (57). Girls can interact, interpret, and negotiate their world (56).

According to Shayla Marie Thiel, a benefit to going online for girls is being more vocal, as 37% of adolescent IM (instant messenger) users say they have said something online that they would not have said in person (180). Going online erases cultural boundaries between people of different race, class, sex and gender. The voice is disembodied. The identity becomes disembodied; pro-ana exists on the edge, the girls are disembodied online but work actively to have a bodily presence by posting weights, and uploading pictures of their frail frames. Thiel argues for a new examination of the concept of identity as it lies at the intersection of cultural perception and location. Foucault argues there is not one absolute identity, as it is “bound up in cultural discourse or dominant notions of what it is to exist and behave in the context of society and culture” (181). Part of this project aimed to look at how the girls of pro-ana are establishing an online identity, as complex as that identity may be.

As I outlined in Chapter One, the girls of pro-ana are labeled as social deviants, and the pro-ana boards as heterotopias of deviation. This is because, according to Jean Kilbourne, “a girl has two choices in life: to be a good girl who conforms to sex role expectations and strives to achieve an unrealistic body ideal or to be a bad girl who rebels against the culture and society with violence, aggression, and indiscriminate sex” (51). The girls of pro-ana could be considered the extreme good girls—eager to please, perfectionistic, dying to be thinner. As I discussed earlier, the mass media plays “an important role in cultivating and maintaining the flawless skin/body/hair/personality image, yet only one percent of girls come by that look naturally” (53). The girls of pro-ana strive to attain this ideal, and on the way there, are building their identities
and cultivating a community. Chapter two established the kairotic moment of pro-ana, and the conglomeration of factors to explain how pro-ana may have come to fruition. Chapters three, four and five will further explore pro-ana and the methods undertaken in this project, in order to argue how the girls of pro-ana are establishing online identities as technofeminists.
CHAPTER THREE: FEMINISM AND TECHNOLOGY: BUILDING A METHODOLOGY
FOR STUDYING PRO-ANA

“Whenever we treat women's bodies as aesthetic objects without function we deform them.”
-Germaine Greer

Treatment was a blessing, a plague, a liberation, and a home—such an odd paradox.

When I was admitted to the first hospital, I was such a good patient. I threw myself into recovery—going to groups, opening up, and eating prescribed meals. At the time, I genuinely wanted to recover. An eating disorder is hell because it’s a knot of self-hatred and frustration. So when I got to my first treatment center, boy was I ready to be rid of it. I thrived under doctor approval. And the staff loved having me. So easy to work with!

That was the beginning, though. On my first day I was handed a 21-day calendar. Over that period, I would “earn” more privileges by behaving myself and eating and not throwing anything up. Over that period would be sporadic therapy. How wonderful, I thought. All of this eating disorder hell would be gone in 21 days? Sounds amazing!

I remember it was day 17 when I began to rebel. 17 days of eating, and I was the same me I hated, only heavier. The eating disorder voice in my head persisted. Nothing was changing, and that’s when my anger bubbled and erupted to the surface. I thought the eating disorder was supposed to go away! And here it was, in my head, raging on.

Of course the doctors told me that an eating disorder is for life. I thought, though, that by being the good student I’ve always been, I could be rid of it, that there really was a cure I wasn’t told about. But that anger was how I would operate the rest of the way through treatment, as I began distrusting doctors for their inability to cure me. Maybe they just didn’t know what to do with me. Here I was, a boy with an eating disorder. They were thrilled because maybe now they
could research me for the enigma of male eating disorders. I was often the only boy in the centers. Every doctor I met—each one—asked if I were gay or had ever been molested. Because one of those two reasons would explain the eating disorder. I stayed mum on these topics, because I knew my eating disorder was created from a conglomeration of factors. I refused to be boiled down into one explanation and so easily dismissed.

Treatments and rehab have a scary stigma attached to them. To be honest, I loved parts of treatment, specifically the girls I lived with. There was no judgment between us. Finally here was someone who understood the struggle—how you want to be free of the eating disorder but willing to die for it at the same time. The social anxiety I experienced in the outside world vanished. I was told I was funny and I felt an unspoken bond between us. They lifted me up in my ugliest of times. In one center I snuck in a razor blade so I could still hurt myself, and when the staff caught me, it was the girls who didn’t look down on me. Instead of passing judgment like everyone else did, they listened to me, and I will always love them for that.

It was this lack of judgment that compelled me into studying pro-ana and its population. How could I allow these girls to voice their narratives? What do they think of these forums? Are the forums helpful or destructive? Initially my driving motivation was to integrate their narratives into my research. However, as I outlined in earlier chapters, Porter’s forum analysis became a more fitting research method. Foucault has been such a driving force in my literature review, it was only appropriate I use his theories in my methodologies. I discovered the pro-ana boards in late 2006/early 2007 after I saw a news piece on them. ‘How dare people judge these girls!’ I thought. However, as will be discussed, the personal narratives became more fitting for my implications chapter, as I reserved chapter four for solely a forum analysis. Questions I aim to answer with this project are:
• Why are girls communicating on pro-ana boards and what type of support do they receive?

• How do the pro-ana boards contribute to the larger conversation of girls going online?

• How are pro-ana boards a rhetorical community?

This chapter will first outline my recruiting method and procedure; while I will go on to analyze a LiveJournal site, I recruited through the social media site Tumblr. Next I will examine the interview process and the narrative as research method. Then I discuss women as research subjects and how to prevent emotionally triggering questions, and obstacles in the research process such as having a personal stake and ethical issues. I aim to provide a methodology and set of methods for the interviews and a set of methods and methodologies for the discourse analysis of LiveJournal.

**Recruiting the Girls of Pro-Ana: Overcoming the Distrust**

“Recruiting girls will be simple,” I thought. After all, I was an insider to the eating disorder community. I thought earning the trust of the girls online would be as natural as earning the trust of the girls in treatment. However, the absence of the physical body would prove to be detrimental in the recruiting process. After all, couldn’t anyone claim to be an insider to the eating disorder community online? This is where the online phenomenon of trolling comes from, where online bullies contact the girls of pro-ana with derogatory messages.

Chapter four will analyze a pro-ana forum hosted through Livejournal, and online blogging software. This forum was once the world’s largest pro-ana forum, with up to 400 posts daily when I followed it in 2007. However, with the introduction of social media, pro-ana has gone mainstream, as will be discussed in chapter five. The Livejournal forum is no longer public, so I had to recruit interview subjects through Tumblr. The difference between Tumblr and Livejournal is anyone can post to Tumblr, whereas on LiveJournal and on the pro-ana forum,
page moderators mediate posts. On the pro-ana forum, girls would have to apply for membership and undergo a questionnaire. Membership was not a guarantee. So I made the decision to post my recruitment flyer (attached in the appendix) on Tumblr. However, the distrust began immediately, as seen in the below image:

![Fig. 6 Screenshot of Pro-Ana Study Comments](image)

When I set up my Tumblr profile, I simply reposted the flyer many times; I thought, “I’ll post it again so more people see it.” However, as can be seen in the comments, this only eroded any
trust I hoped to build. Some Tumblr users reblogged the post, so their own followers would see it. While this encouraged me, the distrust created unsettled me deeply. The last thing I wished to be was a threat to these girls’ safety. As a feminist, I advocate for girls to have safe spaces online. To earn trust, I knew I would have to share my own narrative. In order for my recruitment flyer and posts to be seen by the population I was seeking, I used the hashtags of “pro-ana” and “thinspo.” However, when I posted my narrative, I added the hashtag “e.d. [eating disorder] recovery.” Girls in recovery, I reasoned, could be more likely to contact me. I remember when I was in the depths of my eating disorder, I was distrusting of anyone. In recovery is when I began to trust again. Below is the narrative I shared:

Willing to talk
If anyone has questions about the research I’m doing I’d be more than happy to answer questions. I understand some see it as questionable or shady so I am here to be as open and honest as possible. Please don’t hesitate to message me.

About me:
I am a third year PhD student. My interest in pro-ana stems from my own personal struggles. I was diagnosed with an eating disorder when I was 15, and was brought into treatment when I was 16. I was EDNOS, to be technical. I stayed at a total of seven treatment centers; some for the E.D. others for the depression.

When I was in treatment first, I was such a willing patient to recover. Getting rid of the shame, the guilt, the terror around food? Sounded good to me! So I threw myself into recovery, for about three weeks. After that period, I began getting angry. They weren’t changing who I was, like I thought. I was the same me, only gaining weight, and I lashed out at my treatment team. I didn’t leave any of the treatment centers on a good note. I was vicious toward them—they were taking away my eating disorder, the thing that made me special!

My recovery seemed gradual not some instantaneous thing like I originally thought it would be. I ate, went to therapy, and charged forward. There’s a ripeness that came with age, I think, that I didn’t have in my adolescence. Now 29, I struggle between saying “I’m recovered” and “I’m in recovery” because the voices are still there. It’s more than just “wanting to get better” like the doctors told me. It’s about believing you, the you you’ve always been, are enough. And I choose to believe that I’m enough.

So when I had to pick a dissertation topic, I thought of the dozens of girls I met in
treatment, and the bonds we built. Finally here were people that truly understood the struggle, and didn’t judge. Even when I was at my worst, they came at me with only love. Some I still keep in touch with today, others I have trouble remembering their names. But my heart is with them, and any person—boy or girl—struggling with this damn illness. You are so much stronger than you think.

No comments of distrust were posted on my narrative or any posts following it. I knew, though, that I needed to establish a stronger online presence to build trust. The last thing I wanted to do was to conduct interviews, then flee the girls’ lives. So I began posting things with the hashtag of “e.d. recovery” to show I was pro-recovery, not pro-eating disorder. Below are some pictures I posted and posts I shared:

Fig. 7 Screenshot of Recoveryisbeautiful’s post
Once I began making pro-recovery posts, a few girls contacted me to agree to answer my interview questions. Some of the distrust lingered, as one girl opened her email by saying, “Hello, I saw your post on Tumblr and to be honest against my better judgment I am willing to participate.” After assuring confidentiality, I had a set interview responses ready to synthesize with my research. These answers, attached in the appendix, will be discussed further in chapter five, in my implications and conclusions of research.

**Conducting the Interview**

Goals of my interviews were to synthesize my research with narratives of girls who post pro-ana-related material. Cited in Nickoson and Sheridan’s collection, Cynthia Selfe and Gail Hawisher discussed the benefits of the interview as research method: it gives a “powerful, vernacular sense of what social change looks like from the perspective of individuals in their
own experiences and lives” (Nickoson and Sheridan 36). Feminist researchers argued that the benefit to a structured or semi-structured interview was that all participants “understand that they are engaged in mutually shaping meaning and that such meaning necessarily is local, fragmentary, and contingent” (37). Interviews are not so much about extracting information but rather about sharing knowledge. Interviews are most successful when relationships between interviewer and subject are formed over time, over mutual interests (36). My interviews will show this success with the reciprocal relationship between the interviewees and myself as the interview may act as catharsis for those answering. None of the girls I interviewed reported a negative effect to answering the questions. This was a perceived risk to conducting the interviews, as reliving emotional moments may trigger someone into reliving the memory. However, with IRB approval, the girls were given debriefing forms after the interview with the phone number to the National Eating Disorder Awareness Association, should they require more help. As an insider to the community, however, my instinct was to reach out and let them know I was there to talk with them. However, as a researcher, it was critical I maintain some boundaries between the girls and myself.

Interviews work best when the questions and answers unfold as a story. My interview questions allowed the girls to trace the time between when they were young, when the eating disorder began, when they sought treatment, and where they are now. Research subjects have the opportunity to “set forth a view of the self and its doings” (38). As mentioned earlier, many users of pro-ana operate under the motivation of reclaiming their identity, when the medical community reduces them to just the illness. This project permitted marginalized voices—girls with eating disorders—to voice their thoughts and beliefs. Instead of being talked at, the girls interviewed engaged with the outside community. Selfe and Hawisher wrote, “These untidy,
discursive, and dialogic exchanges highlight individual conversations and make us increasingly aware of the collaborative role that we play with participants in making meaning of their narratives” (42). The girls will be portrayed as they portray themselves (41). This authentic portrayal is key in feminist methodology and gave transparency to the project. It was after the interview was conducted that I was open to discuss my research interests. “After the interview, so that narrators will not be led into researcher’s interpretations, the interviewer can reveal her personal investment in the project and discuss project issues,” Minister wrote (36). Once I had the interview answers, the interview subjects were sent a copy of the project, allowing them to see my personal involvement in its creation. I do believe I built relationships with the research subjects as I integrated our narratives. Robert Weiss wrote that the terms of the research relationship are implicit, but included the following clauses:

1. The interviewer and respondent will work together to produce information useful to the research project
2. The interviewer will define the areas for exploration and will monitor the quality of the material. The respondent will provide observations, external and internal, accepting the interviewer’s guidance regarding topics and the kind of report that is needed
3. The interviewer will not ask questions out of idle curiosity…the interviewer will be a privileged inquirer in the sense that the interviewer may ask for information the respondent would not make generally available
4. The interviewer will respect the respondent’s integrity. This means that the interviewer will not question the respondent’s appraisals, choices, motives, right to observations, or personal worth
5. The interviewer will ensure that the respondent will not be damaged or disadvantaged because of the respondent’s participation in the interview (65)

As Weiss wrote, there are usually not any perceived significant risks. However, the population I studied is considered vulnerable. Once the questions had been fully answered and returned to me, I provided the interview subjects the contact information for further help if they were at all emotionally triggered by the material covered.
William Foddy wrote we “must understand the methodological implications of the assumptions underlying the procedures we use” (Foddy 12). Qualitative researchers “accept the phenomenological or subjective point of view that social science should be interested in how human beings ‘experience’ their worlds rather than how physical events impact one upon another” (13). My interview questions aimed to have the girls avoid pre-set response categories but rather answer in their own words. Social situations for one interviewee can be different from those of another, which may impact the interpretation of the question. Foddy wrote there should be four steps followed for a successful interview:

1. The researcher must be clear about the nature of the information required and encode a request for this information
2. The respondent must decode this request in the way the researcher intends it to be decoded
3. The respondent must encode an answer that contains the information the researcher has requested
4. The researcher must decode the answer as the respondent intended it to be decoded (170).

Foddy called for transparency and clarity in an interview. No deception was involved in this project. One point of deception I avoided was situating myself as pro-eating disorder. I maintained a position as pro-recovery. Some ethnographers have immersed themselves within a community they study. However I simply observed the boards. While setting up a profile of a pro-ana user might have garnered me more private information, I saw this as deceiving the girls of pro-ana, who post within a safe space and, as my literature review outlined, views from outsiders only solidify their bond and isolation.

**The Narrative as Research Method**

Use of the narrative was debated within research. Debra Journet wrote that, “the conflation of narrative and the personal is a product of how narrative research genres have been constructed and employed in the discipline” (Journet 13). Narratives, Journet presented, “are
conventional stories we have learned to value as a discipline” (14). Kristine Blair also argued for the importance of narratives within research and technofeminism. Many patriarchal fields have long-since excluded women’s experiences, while technofeminism values diverse and historically excluded voices. Blair advocated for “the role of narrative as a powerful method for women and girls to… render the complexities of individual and social experience” (64). She continued to state that feminist researchers aimed to “ideally describe and transform the conditions of those individuals and groups studied” (66). While my interview does not intend to transform the conditions of the interviewee’s illness, it will allow them to voice their individual complexities.

Rather than separating the researcher and research subject when constructing narratives, Carolyn Ellis and Leigh Berger wrote, “the interview is an active relationship occurring in a context permeated by issues of power, emotionality, and interpersonal process” (Ellis and Berger 851). Because the girls interviewed constructed their narratives, my involvement could help them “feel more comfortable and close the hierarchal gap” between us (851). Dialogue is preferable to interrogation and the benefit of employing a feminist methodology is that emotions are valid topics of research (852). I made the decision to include my own story because, “including the researcher’s experience helps readers understand more about the researcher’s interest in the topic and provides background for how he or she interprets what’s going on” (860). This was an unmediated constructed narrative choice I made, where the focus turns directly to the self.

Some may question the interview method, as it is possible to fail to properly facilitate the emergence of the interviewee’s issues (Nickoson and Sheridan 156). To avoid this, I constructed a questionnaire that served as a guide to the girls in discussing the topics. They were asked to answer all questions, but had my contact information if they had any further questions or concerns. The interview had a hierarchal agenda, which allowed the interviewee to start at any
point and go in any direction (168). This was a semi-structured interview; the questions asked to
the interviewee could be thought of as guidelines and talking points. I wanted to encourage
personal anecdotes and opinions from the interviewees (University of Melbourne 2). All
questions were open-ended in order to not limit answers. Problems that I avoided were
ambiguous questions, double-barreled questions, leading questions, unevadeable questions,
negative questions, knowledge-implying questions, prestige bias questions, denial questions,
non-frame of reference questions, artificial opinion questions, personal questions, and
direct/indirect questions (6). The interview question set was emailed to the interviewees, so I did
not need to consider things like posture and eye contact as I would have had it been a face-to-
face interview.

**Women as Research Subjects**

While Foddy wrote of the possible hurdles the qualitative researcher may have, it is
imperative to understand the importance of interviewing women, as Shulamit Reinharz and
Susan E. Chase wrote. Interviewing women can be different than interviewing men because,
“most women, at least in Western societies, are likely to grow up with some negative notions
about female bodies; to fear rape; to be treated as ‘mother confessors’ at work or elsewhere; to
earn less than equally educated men” (Reinharz and Chase 221). And in the 19th and 20th
centuries women were not considered worthy of study (222). Kathryn Anderson and Dana Jack
agreed and added, “the expression of women’s unique experience as women is often muted,
particularly in any situation where women’s interests and experiences are at variance with those
of men” (11). Eating disorders are more common in girls, as any expert will tell you, and this
project aimed to lend a platform to these girls. Previous research talks at or to the girls; my
project aimed to talk with them.
To interpret a woman’s silence or speech act requires an understanding of her social location. However, a man interviewing a woman could elicit different responses than a woman interviewing a woman. To counter this, I made an effort to downplay my gender and desexualize the research encounter as Javier Trevino did in his study with women members of Alcoholics Anonymous (232). Aware of my male privilege, I heeded Reinharz and Chase’s advice: “It is crucial that the researcher take account of his or her own and the interviewee’s social location and how that might effect the research relationship” (233). When I was in treatment, being a guy had both benefits to building a strong rapport with the girls, and was the same for this project. It was and is imperative that I reflect on my social location at all times and to embrace all answers given.

As Anderson and Jack discussed, “an interview that fails to expose the distortions and conspires to mask the facts and feelings that did not fit will overemphasize expected aspects of the female role” (11). One precaution I took when sending the interview questions was to stress honesty, and as a researcher I asked questions that would highlight personal experience. Fear of forcing individuals into discussing topics they wish to not discuss can prevent women from having the space and permission to explore deeper, more conflicted parts of their story (13). The same result can occur with the boundaries of the interview in which women are afraid to be spontaneous. However, as Kristina Minister explained, feminist interviewers expect the interviewee’s stories to be unpolished, untidy and not adhere to the plot structures of publicly performed pieces (37). Looking over the answers of the girls I interviewed, there isn’t a sense the answers are rehearsed or the girls are simply “telling me what I want to hear” as a researcher. I did worry the girls would simply repeat stock answers; however, because I stressed both honesty and confidentiality, this worry was unfounded.
Preventing Question Threat and Triggered Emotions

Interview subjects were also given the option to filter their answers. A filter, Foddy established, is “a question or question component that is explicitly offered to a respondent, either to establish the relevance of the question to the respondent, or to emphasize that it is acceptable for the respondent to not answer the question,” (101). The consent form drafted for my interview came with a clarification that girls could skip or not answer questions they were uncomfortable with, or offer answers such as “I don’t know” or “No opinion.” Given that a possible impact of the interview was the triggering of negative emotions, as a researcher I allowed the skipping of questions to further gain the trust of the girls interviewed. Pushing them on questions that caused any discomfort could have caused the girls to shut down completely.

Invasive questions could cause what Foddy labels as question threat. And for the researcher to avoid question threat, it’s recommended to:

Adopt a casual, everyday approach, lessen any imputation of deviance, let the respondents answer anonymously, lessen the psychological immediacy of the questions, decrease the specificity of the information called for, adopt a knowing or direct approach so that respondents have to confirm rather than volunteer that the question is relevant to them, boldly ask the question so that respondents find it difficult to lie, adopt a direct or indirect approach so that the respondents give the required information without realizing that they have, and to place threatening questions at the end of questionnaires and interviews so that respondents’ answers to initial less threatening questions will not be disturbed (113).

Questions that could be considered threatening were interspersed throughout the interview and conducting the interview electronically allowed the girls to take breaks from answering if needed. Not having a face-to-face interview meant I wouldn’t be able to see nonverbal signals such as uncomfortable body language and may have stripped away a layer of intimacy that can be built in face-to-face interactions. However, I chose to use electronic interviews in order to allow the girls to answer the questions on their own time and in their own home environments, thus securing more thought out, honest answers.
Weiss explained that risks of qualitative research are not normally significant. “One risk is the time-limited nature of the interviewing relationship. When there is a series of interviews and the respondent is socially isolated, the respondent may feel let down when the interviewing ends” (123). However Weiss goes on to say that the respondent will most likely not be worse off than before the interviewing began. A severe sense of loss can be prevented through certain precautions. Precautions taken for this project included informing the respondent of the amount of time given to answer the interview questions, what follow-up would occur, and a summing-up of experience upon handing in the questions, to give a sense of closure. Weiss went on to explain one effect of interviews may be causing the respondent to make certain life changes, or the respondent may regret talking too freely. The girls interviewed for this project were allotted four weeks to answer the question set. I chose this period of time so they would be allowed to sit, contemplate, and reflect upon their answers. So if they answered a question during the first week that they would later wish to change, they would have the permitted time to do so.

But what about when the interview covers areas of the respondent’s distress? My initial instinct, as someone with a diagnosed eating disorder and insider to the community, was to reach out and be a listening ear. However, as a researcher, I understood this could be inappropriate. Weiss explained the similarities and differences between researcher and therapist: “The research interviewer resembles a therapist by encouraging the respondent to develop thoughts and memories, by eliciting the respondent’s underlying emotions, and by listening closely to the respondent’s utterances” (134). By encouraging an honest and open dialogue I share a commonality with a therapist.

However there are many obvious differences between a therapist and myself. One is the aims, practices, and research interviewing of both are different. The functioning of the patient is the main concern in a therapeutic setting. In a research setting the main concern is the eliciting
of information useful to a study (Weiss 134). Another difference is “the material elicited during research interviewing and therapeutic interviewing is different” (135). Therapists encourage talk about internal states and possible occurrences in earlier life for current images and feelings. The research interviewer is “much more likely to want to hear about scenes, situations, and events the respondent has witnessed” (135). Weiss went on to say the research interviewer asks only about internal states if it is relevant to the study. Thus I felt the boundaries between myself and a therapist began to blur, as my questions asked about adolescence and possible traumas. The final difference between interviewer and therapist is the relationships built. Therapists are responsible for helping the patients improve in functioning whereas the interviewer is a partner in information development. The therapist is seen as an authoritative figure while I, as the research interviewer, am seen as a transient figure (136). Thus, I had to make the active choice to remain an outsider, in this respect. Being an insider to this community lends one ethos in giving support, as you understand the emotional struggle. However, I understood my insider status was not enough to mediate feelings for this project.

One post-interview precaution I did take was sending the girls contact information for further support, such as the National Eating Disorder Association, if they were triggered by any of the discussion. This was a decision made after reading Weiss’ advice:

> It is when a respondent doesn’t indicate an interest in clinical services but you think they are needed anyway that you may have a problem. Although it is not your place to make diagnoses or judgments regarding who might be benefited by therapy or counseling or other services, if your respondent, on the way to sitting down with you for the interview, were to trip on the rug and be injured, you would of course call for emergency treatment. Similarly, if the respondent gives the kind of evidence of need that any fellow citizen would respond to, you should respond as a fellow citizen (136).

While as research interviewer I was unable to be the source of support I was for the girls
while in treatment, there is still a code of ethics to find an appropriate source of support in the research setting.

**Toward a Feminist and Technofeminist Methodology**

As was discussed briefly in the first chapter, the girls of pro-ana could be labeled as technofeminists as they seek out e-spaces to establish identity. Second-wave feminism took notice of women’s silencing in a post-industrialist society. The identification of masculinity with machines and technological competence was enforced by the mass media, the family, schools, and youth culture (Wajcman 14). With girls navigating their way online, though, the spaces and communities created are now becoming decidedly feminine.

However radical feminism, cultural feminism, and eco-feminism view technology itself as the embodiment of patriarchal values and “emphasize gender difference and celebrate what they see as specifically feminine” (18). But Wajcman maintained that this new technological front might be the answer to oppression that women are searching for:

Women’s unpaid work in the home, servicing men, children and other dependents, had for a long time been seen by feminists as a key to women’s subordination. Considerable optimism had attached to the view that technology might provide the solution to the drudgery of housework (27).

Technology plays as both a liberating and oppressive force. Girls are navigating their way online and creating spaces to communicate with one another. However, technology is usually seen as a male-dominated field and the girls of pro-ana are navigating this patriarchal field to build rhetorical communities, as will be analyzed more in chapter four.

As a feminist researcher, technofeminism informed my study by also granting attention to the online and digital implications of my research. However, in employing a technofeminist
and feminist methodology, certain dilemmas and problems could arise. Joan Acker, Kate Barry, and Johanna Esseveld wrote that social scientists could contribute to a woman’s self-emancipation “by analyzing how the personal is political and by pushing that analysis beyond individual experience to comprehension of its determination in the larger socioeconomic structure” (Acker et al. 135). A problem to avoid in employing a feminist methodology is imposing my own definitions of reality on those researched because “to do so would undermine our intention to work toward a sociology for women” (136). The research relationship must not be an exploitative one. The authors recommended that both researcher and researched participate in the analysis process to avoid objectification. Ideally, according to the authors:

The research process becomes a dialogue between the researcher and researched, an effort to explore and clarify the topic under discussion, to clarify and expand understanding; both are assumed to be individuals who reflect upon their experience and who can communicate those reflections. This is inherent in the situation; neither the subjectivity of the researcher nor the subjectivity of the researched can be eliminated in the process (140).

To maintain validity, Acker and Barry and Esseveld recommended maintaining the active voice, make the theoretical reconstruction account for the investigator as well as the investigated, and the reconstruction should reveal the underlying social relations that eventuate in the daily lives we are studying (145). And as I discussed in the previous chapter, employing a technofeminist and feminist methodology urged me to position myself as an insider to the community I studied. As Wolf noted, power is the central dilemma for contemporary feminists in fieldwork. Power is discernible in three interrelated dimensions:

1. Power differences stemming from different positionalities of the researcher and researched
2. Power exerted during the research process
3. Power exerted during the postfieldwork period (2).

The first dilemma forced me to confront my male privilege as both an insider and outsider to
the pro-ana community. There was the risk of having a more difficult time earning the girls’ trust as a man unable to truly comprehend their struggles. I was reminded yet again of being in treatment where the girls I met divulged secrets to me that they may not have told me outside treatment walls. My sexuality could also have gained me this privilege, as I was not deemed a “threat” by the girls. That is, I was not perceived as someone they would have to worry about making a pass at them.

As Wolf noted, “the second and third dimensions result from feminist researchers tending to maintain control over their research agenda, the research process, and their results” (3). By sending the interviews to the girls for the four-week period, I made the choice to give up some control of the research process. Had I conducted a timed, face-to-face, formal sit-down interview, the girls’ answers could have been more unrehearsed, possibly more honest. However, I decided against that, as I believed that letting them sit with their answers would establish a more reciprocal relationship; one in which they felt compelled to give authentic answers. By authentic, I aimed for both unrehearsed and informed answers. As the girls were able to sit with their answers for the four-week period, some rehearsal was anticipated; however I encouraged complete honesty.

As a feminist researcher, I employed strategic contemplation in my research. And by giving the girls a period of four weeks to answer their questions, my aim was for the girls to employ strategic contemplation as well. Royster and Kirsch explained that, “strategic contemplation suggests that researchers might linger deliberately inside of their research tasks as they investigate their topics and sources” (84). This allows researchers to hear previously ignored voices. It is about taking as much information into contemplation while withholding judgment. The research process is slowed down and the rhetorical situation is critically
examined (85). The answer period being four weeks almost demanded the girls contemplate their answers, as most took several days, if not weeks, to return their answers to me. Only one girl returned her answers in under a period of twenty-four hours.

**Having a Stance in Community-Based Research**

Even after my research, I still have reservations about endorsing the pro-ana boards. I see the sense of community and support; however this struggle to endorse came from my memories of validating my eating disorder with fellow patients, out of earshot of the therapists. Most of the time, the girls and I would talk just like normal people—movies, TV, jokes. But the anorexic voices would slither in from time to time, and talk about our nostalgic feeling for laxatives, or share our craziest stories of purging. I remembered not only those moments but also the bond I felt that was not influenced by the illness—our non-judgment of each other. And I saw these types of relationships on the pro-ana boards.

However, by the end of this project, I aimed to have a firm stance on my research. Jeffrey Grabill et al. discussed the importance of a researcher stance. According to the authors, “a stance should be understood as a position or a set of beliefs and obligations that shape how one acts as a researcher” (211). As a researcher I endorse the social support of the boards, as the girls are cultivating a rhetorical community. This project can be viewed as research on a community—in this case, the pro-ana one. Community-based researchers “draw on the practice of working with people to answer questions and solve problems as opposed to researching ‘on’ people and their problems” (212). Interviews with the girls in my project addressed the existing gap in research on the pro-ana community. I employed community-based research and interviews because, as Grabill noted, “CBR researchers value and focus on developing the relationships necessary to engage community members in the practices of
research, analysis and writing” (213). As a researcher, I was flexible and open for the success of my project by withholding judgment. Setting up a Tumblr profile and posting positive things such as quotes allowed the relationship between the girls and myself to strengthen.

Having a stance early in research was critical because “a stance is an identity statement that enables a researcher to process methods and make decisions.” Having a stance addressed the following questions:

- Who am I personally? As a researcher? In relationship to my discipline?
  
  To answer this question, I made the decision to include my own personal narrative, not only as someone diagnosed with an eating disorder but as a gay man as well. Incorporating this into my study was imperative to earn the trust of the girls.

- Why Research?
  
  Why research pro-ana? While some may question the ethical boundaries, the girls of pro-ana are building communities. Unfortunately, it’s on a topic most don’t approve of. The research that has been done on the pro-ana boards involves analyses of the rhetoric and talk on or about the girls. My research aims to humanize the girls behind the screen names.

- What are my commitments with respect to research?
  
  My most significant commitment is to protect the identities of the girls interviewed and the authors behind the posts used. As a feminist, I advocate for girls to have safe spaces of communication. However, understanding how the Internet works, I knew publication of personal details could lead to detrimental effects.

**Ethical Issues Faced by the Researcher**

Different respondents can view the same topic in different ways which raises two issues for the researcher: that answers with different meanings will be treated as if they were the same, and “unless the researcher knows what perspective a respondent has used, the researcher will not be able to interpret the respondent’s answer with any confidence” (Foddy 79). Addressing these issues for my research methods, I had to remember that a perspective
that is relevant at one point in time is not necessarily relevant at another (80). Respondents can also shift from one perspective to another in the middle of answering a question. To counter this, “the researcher can assume the responsibility of clearly specifying the perspective that respondents should have in mind” (81). The interview questions given to the interview subjects navigated through different topics such as pro-ana, puberty, body rhetorics, and thinspo.

Of course, as I conducted research on the Internet, there were ethical issues to address. As Jim Thomas writes, “many of us forget that ethics extend beyond formal research and encompass all levels of life” (188). Speaking of ethics in general, Thomas explains some reasons researchers should take aggressive measures to reflect on scholarly ethics. Promoting ethical standards complies with federal and institutional requirements and helps ensure a professional image internally and externally. Also, awareness and practices of net ethics enhance the credibility of research and contribute to a climate of trust and integrity. Ethical awareness also increases recognition of the investigator’s own social location in the process of scholarship and can highlight our obligations to the public we served by our scholarship. An awareness of ethical issues contributes to a shared awareness of the diversity and complexity of issues facing practitioners involved in human subject research (188-9). Some may confuse the term ethics with morality; and while similar in nature, good morals and good ethics are different. Ethics refers to “the character or conscience of a person in relation to a group and morality refers to the value system of a group in relation to the individual” (193). Because I am studying a group on the pro-ana boards I had to keep in mind ethics, and with the individual interviews I had to be aware of my morality.

Ethical issues with internet-based research differ from those raised from traditional print-
based research. In Nickoson and Sheridan’s collection, McKee and Porter wrote, “for example, how does a researcher determine what is ‘public’ versus ‘private’ on the Internet?” (245). As I discuss further in the project, the blogs I used for this project did not require a password to view, so were considered part of the public domain. Questions from McKee and Porter that I considered were: when should online information be considered as “text,” when (and how) should researchers seek informed consent, and how can researchers ethically and legally conduct research when the internet spans so many geographical and cultural borders? (245). Because Tumblr is public on the Internet, I made the decision that it was fair to analyze for my project. Informed consent was only required for interview questioning. By being granted IRB approval, I was able to cross the geographical and cultural borders that the Internet spans.

The study of a text requires expectations and guidelines for fair use of others’ work, whereas a study of persons often requires obtaining “informed consent and considerations for ethical researcher participant interactions” (246). McKee and Porter wrote that the ethical boundaries of researching a pro-ana website were not as well defined as the ethical borders of other research such as studying Facebook profiles or participant observation of a discussion group for alcoholics (254). The research that has been done on pro-ana blogs is reading posts but not commenting or interacting. The posts can be viewed as primarily public as the girls posting on them seek broad readership to spread their message. However, the sensitivity of the topic is fairly high, “and the researcher does plan to use direct quotations from the blogs that are easily traceable via research engines.” The vulnerability of the girls posting online could be viewed as high because some are teenagers (255). I was sure to critically examine others’ perspectives, which helped influence my position of using public posts to analyze. However I still grappled with this type of blanket statement, so was sure to remove any
identifying information. By having my own Tumblr profile and online presence, I became immersed in the research context. After I posted my own personal narrative online, I remained as transparent as possible throughout the research process.

Thomas agreed with McKee and Porter and recommended to always protect informants, protect the integrity of the research inquiry, and reinforce the norms and practices of ethical behavior (197). I also heeded Thomas’ advice by committing myself to broader principles of justice and beneficence rather than detailed rules due to the ambiguity in ethics of online research. These recommendations and ramifications allowed me to navigate the ethical issues of this project and its implications.

**The Visibility of the Researcher and Having a Personal Stake in my Research**

Kathleen LeBesco talked of managing visibility as a researcher online as a key issue in ethnographic practice in earning the research subject’s trust. Upon issuing the flyer for my study, I knew I would have to earn the trust of girls who volunteered to be interviewed. Because LeBesco participated in the forums she researched and let her presence be known, I followed suit on Tumblr. As LeBesco wrote, “Once I had established some initial connection, it was vital that I continue to nourish those bonds by letting my research subjects know about the idiosyncrasies of my life and my schedule” (66). Something I kept in mind while observing the boards and interviewing the girls was understanding my “stance is not the definitive read of the meanings held by a particular culture” (68). While I see the boards as a means of social support, the feminist in me understands the dual nature of the pro-ana movement—one in which girls send out a virtual shoulder to cry on, but still want to lose weight themselves.

Naples discussed the feminist methodology and explained how she dealt with the dilemmas of power in fieldwork by developing a reflective ethnographic practice “that
acknowledges how relationships in the field blur what counts as ‘data,’ takes into account the contradictions of friendship in fieldwork, and openly confronts ethical dilemmas faced in fieldwork-based friendships to enhance fieldwork agendas” (37). Naples went on to argue that members of the communities we research are “also active participants in the research process and can play powerful roles in shaping what we come to know about their lives and the communities in which they live and work” (37). Feminist ethnographers in the past have used standpoint analysis to position themselves within the groups they study. My biases in the research, as I advocated for the girls of pro-ana to have a safe space to communicate, were addressed throughout the project. Standpoint analysis was used “to construct reflective strategies for field research. Reflective strategies reveal the inequalities and processes of domination that shape the field” (38). As a researcher, I was aware that I could be the one considered to be in power. However, I downplayed my role as researcher, and instead my Tumblr posts highlighted my role as someone in active recovery.

But does constant reflexive practice make social interaction cumbersome? A reflective practice allows both individual self-assessment and collective assessment of research strategies (41). As Naples further noted, “Such reflective strategies can also help ethnographers bring to the surface their own privilege and possible bias as well as addressing the differences between different constituencies within the communities they study” (41). Constant reflexivity is a trademark of feminist research practices. Individual narratives can “be seen as both expressive and ideological in nature. However, using the first-person point of view as a basis for knowledge’s claims is viewed with suspicion by some,” though Naples argued that such reflexivity can help uncover the complex dynamics involved “in the production of everyday life.” Naples noted that by recognizing the fluid boundary of insider/outsider, we acknowledge
three key methodological points: “ethnographers are never fully inside or outside the community our relationship to the community is never expressed in general terms but is constantly being negotiated and renegotiated in daily interactions, and these interactions are themselves enacted in shifting relationships among community residents” (49). I consider myself in recovery but still empathize with the girls being studied, and as Blair wrote, an explicitly technofeminist approach involves researchers as “personally and politically connected to the groups they study, balancing their joint status as insiders and outsiders in ways that are consistent with participant-observer methods” (66). Being in treatment showed me the fluidity of the insider/outsider binary. As someone with an eating disorder, I understood their struggles. But could I fully understand their struggles, as a man? But being a gay man broke down the barriers separating us as it built a sense of safeness between us.

As much empathy as I have for girls with eating disorders, and as strong as the bond that I feel with them is, I admittedly will never fully comprehend their lives. Since treatment, I’ve done everything to become their ally and advocate, making sure to remain aware of my male privilege. I enrolled in women’s studies courses and wrote essays on body rhetorics. Education was and is my tool for change. In the process, however, is my identity filled with bias and perspective? Yes, it absolutely is, because I have lived the life of an anorexic. I was in treatment with these girls, sharing some of our most raw, emotional moments. I understand the anxiety over weight gain and the desire to erase your identity. Ultimately, through technofeminism and community-based research methods, this project aimed to examine how girls with eating disorders are forming a community online and the rhetoric of that community. Chapter four will take a closer look at what was once the world’s largest pro-ana forum to examine the self-definition and constructing of online identities through an
archaeological analysis to see when the board started, its rules and boundaries, who is posting, to whom they are writing, and what they are posting about. Through this, I will situate the girls of pro-ana as the technofeminists I firmly believe them to be.
When you’re alive, people can hurt you. It’s easier to crawl into a bone cage or a snowdrift of confusion. It’s easier to lock everybody out. But it’s a lie.”
-Laurie Halse Anderson

Lauren was the first girl I would meet in treatment. She had bags under her eyes and blonde hair that was probably luxurious when she was healthy.

“I’m Stephen.”

“Lauren.” Her voice was a little hoarse, clogged with morning phlegm. But once it clears I can hear she had a very dulcet tone.

“What are you here for?”

“Um, eating disorder.”

I just nod. I’m not great at making conversation. Add a watching nurse and it’s awkward.

“How old are you?”

“Um, 14. You?”

“16.”

We speak a little bit about where we’re from. We tell each other how long we’ve been sick. Before the 30 minutes are up, she does make one comment: “I just don’t think I need to be here.”

Whenever we tried to speak of our eating disorders, the nurse watching said it wasn’t allowed. After we were done eating, though, we opened up and poured everything out. Lauren was viciously bitter that she was there. We spoke and spoke and spoke; about how wonderful it feels to have your stomach caving in from hunger, about how we love people telling us we’re skinny, about the parts of our bodies we hate. When you have spent a year engulfed in depression, meeting someone who finally understands is so liberating. We skimmed the
magazines my Mom bought me from the newsstand in the lobby. She fixated on pictures of the women. She pointed to the ones she wanted to look like. We talked about the doctors. I became her mentor by default in terms of prepping her through the 21-day schedule the hospital had for eating disorder patients.

Nothing remarkable happened during Lauren’s first two days. We got close very fast. It wasn’t until her third day that I swerved off track. It was night snack. I had animal crackers and string cheese and the nurse sitting with us was named Chris. Maybe it was those talks with Lauren about going back to our old behaviors when we got out (which she was more apt to talk about than myself) that made me pocket food. Chris had been called and made the mistake of going to speak to the nurse at the door. Her eyes were off us. I grabbed two animal crackers and a hunk of the string cheese and crammed it in my pocket. Lauren watched but kept mum. Conversation was made while the food burned in my pocket. Pocketing food is such a common thing for eating disorder patients but for me it was quite a rebellious behavior. *Tick tock tick tock tick tock.* With less than a minute to go, I cracked.

“I can’t!” I dug the food out of my pocket and slapped it down in front of me. With a glance at her watch Chris said, “Well, you’ve got 30 seconds.” When finished eating, I started crying. In that moment, the disorder pulled me back when I so desperately wanted to get rid of it. Lauren slumped her head and began crying, too.

“You know,” Chris began, “you guys are at a crossing point here. You can choose where to go right now. You can keep living this life, in the hospital. Or can you choose health. You can choose a life outside this.” By the time Lauren and I were out at the table to wait the 30 minutes my eyes were puffy and I was done.
“I just want this to go away”, I muttered. Snot ran out my nose. I am a very unattractive crier.

Lauren gasped between sobs. “I just don’t need to be here.”

There were repercussions for my actions. I told the doctor I was proud because I chose to be honest. What she saw was an eating disorder patient now capable of pocketing his food. She also saw something toxic in my relationship with Lauren in that we were feeding each other’s illnesses. Those were her exact words: “feeding each other’s illness.” Such an odd phrase to use on someone with an eating disorder. The next day Lauren and I ate at separate locations, on the doctor’s orders. That only lasted for one day, though because in a hospital, there are always emergencies. So by Day 2 they’d forgotten the new protocol, and Lauren and I were reunited. This time though, a small barrier had gone up between us.

Tension grows among eating disorder patients. We get close and bond, but then come to resent certain things about the other. With Lauren and me, we didn’t actively voice our frustrations. Lauren was committing the most eating disorder behaviors. She dabbed the vegetables on the plate to get any butter off and I saw her hide bits of food under the plate where the nurses didn’t check. I told the nurses of all the things she was doing. I was told to “just worry about yourself” and that they were aware of the problem. Let’s be honest, I was envious of her behavior. She was getting away with rule breaking while I dutifully followed, and my anger towards Lauren boiled over one day.

Afternoon snack. Lauren had a blueberry muffin that she nursed with minuscule bites. I eyed the clock and at what I believed was the 15-minute mark, gestured at the nurse. When she saw me gesture toward the clock, she swept in. “Time’s up, Lauren.” She took the muffin out of her hands and left. Lauren kept her eyes on the table. “That was the fastest 15 minutes ever,” she
said. Another patient looked up at the clock. “Yeah, it seemed more like 10, to me.” Was it only 10 minutes? No. I could have sworn it was 15. Or maybe it wasn’t? I still don’t know to this day. We had to sit at the table while Lauren drank Ensure, a caloric-dense nutritional drink, to make up for the uneaten muffin.

I would think of Lauren when I discovered the pro-ana boards. Her illness was layered, and complex. She wanted to be happy but at the same time was enamored with her eating disorder. She understood it was the illness responsible for her misery but couldn’t let it go because she swore allegiance to it. I would look at the pro-ana boards and see girls who voiced what Lauren did; I would wonder if Lauren herself was on the web, posting about the number of calories she had eaten that day.

So when I undertook analyzing the boards, I aimed to analyze them through James Porter’s heuristic outlined in *Audience and Rhetoric*. (Porter’s heuristic is attached in the appendix for reference). A forum analysis, Porter wrote, is a form of audience analysis, one that “aims to uncover the ethos of a particular discourse community” (137). Forum analysis and the heuristic also “call attention to the audience…and begins by casting the audience in the role of participant in a social dialogue” (138). The relationship between writer and reader is beneficial to both parties as they aim to learn from, not just about, each other. Still, a discourse community may not always be seen in the best of terms. “Discursive formations, even to Foucault, control bodies, exert power, limit knowledge, constrain—and perhaps obliterate—the individual” (109). However this view doesn’t take into account the emergence of the individual. A member of pro-ana may, for example, be motivated to lose weight after reading a post in the community. This choice is arguably an individual one, as not every member may react the same.
The heuristic aims to look at two things on a forum or community—the background and discourse conventions. Finding the background of a forum includes not only the name and its size but also its expressed beliefs and purpose. The background analyzes the manner in which it assembles and its reputation among members. Discourse conventions include who speaks and writes, to whom do they speak/write, what they speak/write about, and how they say/write it. For this part of the heuristic I looked at who is granted status as a speaker/writer, as well as audience needs and expectations, what topics are allowed to be discussed, and what constitutes validity or evidence. With “how they speak/write it” I analyzed misspellings and grammatical errors as well as acronyms such as “ana” or “mia.” This language choice helps the pro-ana girls build strong community ties.

With Porter’s forum analysis as a guide, I decided to analyze *World’s Largest ED Support Group*, a pro-ana forum hosted through LiveJournal, an online blogging website. The following sections will walk through first the background of the community to establish a foundation for its existence. With analyzing discourse conventions, I decided to walk through the different topics discussed, originally researched by Eichorn; I will highlight the discourse conventions of the topics and finally how they help establish the community as a heterotopia, a concept theorized by Foucault.

Posts are locked so they are visible to only group members, but posts before 2009 are visible to anyone. The fact that I wasn’t analyzing the current, private posts helped me negotiate the ethics of online research and the battle between what is public and what is private. McKee and Porter outlined questions the researcher must consider in conducting Internet research:

- How does a researcher differentiate between private and public?
- When should online information be considered as text and when as the communications of a living person for whom a different set of ethical considerations apply?
When and how should researchers seek informed consent? How can researchers ethically and legally conduct research when the Internet spans so many geographic and cultural borders? (Nickoson and Sheridan 245)

I heavily contemplated these questions as I scrolled through the posts, always aware of the vulnerability of my research subjects. I made the decision that the posts analyzed were, technically, public information, and that other researchers have analyzed these communities before me. I could even argue that the girls of pro-ana are very aware of the public nature of the blogs, given that some entries are directly targeted toward outsiders reading the posts. So with IRB approval, I set out to establish the rhetoricity of this pro-ana community.

Establishing the Pro-Ana World as a Counter-Site to Our World

My first step in analyzing the forum with Porter’s heuristic was examining its background: when was it founded? By whom? How many members does it currently boast? Finding the background of World’s Largest ED Support Group meant examining its rules to see what is and is not permitted and other guidelines for members. I aimed to see how the members themselves saw the forum.

It’s critical to first establish the pro-ana boards as a counter-site to the mainstream world, what Foucault dubbed a heterotopia. Heterotopias are “outside of all places” and “are absolutely different from all sites that they reflect and speak about.” A heterotopia is a blending of joint experiences and acts as a mirror to the other site, a utopia. Mainstream culture, one that pushes thinness and sexuality and perfection on girls from a young age, acts as the utopia the girls of pro-ana rebel against. Establishing the pro-ana community as a heterotopia establishes the rhetoricity of the community.

But how can heterotopias be described? Their first principle is that “there is probably not a single culture in the world that fails to constitute heterotopias (Foucault 24).” The second is
that a society “can make an existing heterotopia function in a very different fashion.” While the Internet was primarily used for fast communication (emails, instant messenger) the girls of pro-ana are building an online presence, one that is constant and growing. While the Internet allows anonymity, these girls stake their claim, creating online identities and making themselves known.

The third principle is that a heterotopia “is capable of juxtaposing in a single real place several spaces, several sites that are in themselves incompatible” (Foucault 25). Initially, the Internet was for communication but, again, is becoming its own figured world, one where people create virtual realities and experiences. Pro-ana boards create spaces of support; girls act as peers and also therapists. “Heterotopias are most often linked to slices in time” and “always presuppose a system of opening and closing that both isolates them and makes them penetrable” which are the fourth and fifth principles of a heterotopia (Foucault 26). Pro-ana boards are a perfect reflection of today’s current culture; they blend today’s reliance on technology as well as the push for physical perfection, while giving adolescent girls a public platform. They stand apart from the mainstream but by remaining public, are vulnerable to outsiders.

The final principle of heterotopias is they “have a function in relation to all the spaces that remains [which] unfolds between two extreme poles…where either their role is to create a space of illusion that exposes every real space…or else their role is to create a space that is other, another real space, as perfect, as meticulous, as well arranged as ours is messy” (Foucault 27). The pro-ana community wavers somewhere in the middle between these two poles. They create a space of illusion by allowing the girls to state their illness as a lifestyle choice, something that empowers them enough to live through their daily life. But it is also a space of control, one where they stand apart from the mainstream, seeing them as more capable of doing what so many others wish they could do—to lose weight and fit the physical ideal, for more social
acceptance. They compensate for what they feel the mainstream culture lacks. The recent emergence of thinspo which refers to thin inspiration, a play on words that is defined by an image that promotes extreme thinness, further illustrates this space of illusion, where the post pictures of an extremely unrealistic body ideal, and strive to attain it.

While seeing that the pro-ana community fulfills all the principles of a heterotopia, it can be further broken down into categories. Two categories exist for heterotopias—crisis heterotopias and heterotopias of deviation. Crisis heterotopias are populated by individuals who are in a state of crisis, such as adolescents, menstruating women, and the elderly (Foucault 24). But Foucault asserts these heterotopias are disappearing and being replaced by “heterotopias of deviation: those in which individuals whose behavior is deviant in relation to the required mean or norm are placed” (Foucault 25). Again, the pro-ana community can be constituted as both: where girls with eating disorders are certainly in crisis, they also rebel against mainstream society. Mainstream media emphasizes thinness but quickly chastised the pro-ana community for its deviant behavior. Add that the girls of pro-ana are actually asserting themselves online, and they could be described as technofeminists.

Technofeminism often relies on the notion of lived experience and the ways in which women need to articulate those experiences. Wajcman defines technofeminism as “scholarly activity that redefines the problem of the exclusion of people from technological domains and activities” (“Feminist Theories). Building off of Wajcman’s theory, Blair established that technofeminism intertwines the political along with the personal, situating it in a range of “familial, educational, and professional contexts that have often been marginalized women’s voices.” Blair goes on to assert “narratives are a powerful method for women and girls to articulate their relationships to technology within academic and social spaces.” It renders the
complexities of social and individual experience (Blair 64). Technofeminism is typically related to the experience of technological spaces and tools, but could also apply to eating disorders in the sense that they are using a digital tool to engage in those narratives. Outsiders to the community may be wary of labeling the girls of pro-ana as technofeminists, as doing so may embolden or empower the girls more, when the instinct is to educate them about the perils of the illness and push them toward recovery. However, the reality is that these girls are discussing their daily lives with a technological platform, and are both creating cyber-identities and building relationships with other girls and young women.

**Background Information of the World’s Largest Pro-Ana Forum**

*World’s Largest ED Support Group* boasts over 7,000 members. The first post on *World’s Largest ED Support Group* appeared in 1999, with the number of posts from 1999 to 2000 being quite sporadic, where there would be consecutive weeks without new posts. One post appearing in November of 2001 asks for advice: “I have a question-- at a movie theater, what would the best thing to eat be? probably candy, right? not chocolate, but just pure sugary candy. wouldn't that be better than buttery popcorn?” The number of posts began to increase in 2004, once pro-ana forums were being covered in the news. At this time there were an average of fifty posts per day, with that number climbing into the hundreds over the next few years.

In 2009, moderators of the forum made the shift from pro-anorexia to pro-recovery and pro-support. The site’s moderator, fighting2win, believes most pro-ana sites should be shut down because they pose a dangerous threat to user safety. Pro-ana boards provide tips and tricks on how to both avoid eating and lose weight—such as how to purge without making noise, how to lie to family and friends about what you are doing, and providing extreme diet regimens. When I discovered the chosen forum in 2007, I would come across posts like these. However
fighting2win has posted on the homepage that the site is monitored and maintained 24 hours a
day, 365 days a year. The encouragement of harmful and/or dangerous behaviors is strictly
forbidden—so no tips, tricks, no competitions, no strange dieting and no laxative support. The
site carries the name pro-ana because the name was already established before the new changes
occurred. Below are the community rules:

* * * ALWAYS MAKE OTHER MEMBERS FEEL WELCOME * * *</b>

Details:

This is our #1 and most important rule. Be nice. If you can't be nice, don't respond at all
to them. We have tens of thousands of members - just like in any city, you are only going
to interact with a few.

Remember you are dealing with MENTALLY DISORDERED people that are socially
withdrawn, Suicidal, Unable to cope with criticism or normal comments about
appearance. DON'T ASSUME THEY CAN HANDLE COMMENTS A NORMAL
PERSON COULD HANDLE. Don't be sarcastic, belittle or make fun of them.

If someone asks a question, feel free to answer with your opinion or viewpoint, in a nice
way - it is good if you can quote studies and link to them if giving factual information.
You may share your experience with them (...... I did that once, and here's what happened
to me..) or (.......I read about a girl who did that and here's what happened to her....) but
don't not glorify dangerous behavior.

2. No discussion of other communities (and/or promotion thereof), banned members,
slow posting, or anything that is not fully supportive of this community.

3. Post all pictures behind an lj-cut or it may get deleted.

4. NO REVERSE THINSPO (Pics/Videos/Conversations/Links) OR THINSPO
PICTURES/Posts ARE ALLOWED PERIOD. EVEN IF IT’S UNDER A CUT, IT IS
NOT ALLOWED.

5. Videos - ARE ALLOWED UNDER CUTS ONLY HOWEVER Videos CANNOT be
of thinspo (regular or reverse), Promotional, Self Injury, Sexual Porn.

6. No pics of reverse thinspiration, nudity, mutilation or things likely to trigger someone.
These things are also not allowed to be featured in userpics. Also, all posts regarding
drugs need to be put behind a cut with a warning because they can be triggering to
recovering addicts (this includes drugs such as laxatives, diet pills, adderall). Photos of
Food must be labeled as such.
7. No teaching damaging behavior or asking for tips. By "no teaching damaging behavior" we mean no posts about group fasting, no asking to "join in fasts", no competitions, no giving purging tips or stating its "amazing" or "great", and no mention of how to get illegal drugs (this includes Adderall). Topics pertaining to illegal drugs must be under a cut AND Labeled accordingly or it will be deleted. DO NOT GLORIFY ILLEGAL DRUGS, PERIOD.

8. English posting only.

9. No promotion of any kind - websites, twitter, Facebook, Myspace accounts, products, videos, bands, chat, email, msn, phone, etc. DO NOT ASK FOR OTHERS INFO EITHER. This includes surveys for personal info.

10. Mentioning specific food triggers some members. Put it behind an LJ-Cut and warn on the main page that food is mentioned. If you don't put it behind a cut you need to white out the names of foods. Don't just cross them out, they must be whited out.

11. No posting or commenting that mentions "ABC Diet", "Milk Diet", "2468 Diet", "I Eat Nothing But My Toe Nails" Diet etc. and doing so is subject to deletion of post, even under a cut I will delete.

12. Any posts with content relating to self-injury MUST be behind a cut and labeled appropriately.

13. Encourage recovery when possible. Do not help aid in helping people by advising them how "hide" their disorders from parents and/or how to develop it further etc. It is not only against our rules, but the Terms of Service of LJ. LOCKING POSTS IS AUTOMATIC. Therefore YOU can't see this community's posting without being a member.

14. LASTLY - Do not ask for money or try to sell your items. Its PA not eBay. Thanks!

What’s most noticeable about the rules is the protection of its members. Kindness between members is heavily emphasized and sarcastic and/or mean-spirited responses are forbidden. While pro-ana is defined as the reclamation of the illness as a lifestyle choice, users of this forum stress that it is a mental illness, and the girls are vulnerable and may misinterpret comments. Personal stories or examples may be shared but the glorification of dangerous
behavior is forbidden. The protection of the members fulfills Foucault’s second principle of a heterotopia as it takes the existing heterotopia, the Internet, and makes a safe space for the girls to communicate. Members do not have to face backlash from people who don’t understand the struggles of the illness.

These rules are seemingly opposite to what pro-ana was originally created for. Pro-ana is defined by claiming an eating disorder as a lifestyle choice. However the community as it is now stresses that it is an illness above all else. Posts pulled from before 2009 show the sharing of tips and tricks as well as thinspo images. But the support of members was still stressed, as well as the emphasis on an eating disorder as an illness rather than a choice. While members wouldn’t call the illness a choice, they were still supportive and lending advice to one another. Uca argues the pro-ana community is not defined by the reclamation of the illness as a lifestyle choice but rather “they view those afflicted with eating disorders as victims of disease and contend that behavior rooted in disease is not a matter of personal control” (66). It’s this reconfiguring of the girls as victims that helps me lend support of the boards remaining active.

The pro-e.d. community consists of two subgroups—the self-expression group and the communal group. Uca wrote that the self-expression group “lives in relative isolation while keeping web-journals…whereas the communal group actively engages in all levels of community activities” (55). Communal groups most value emotional support “that they gain from other members and the anonymity that meeting online provides” (56). Members regard themselves as both pro-recovery and pro-ana, a tricky paradox. Members understand that the illness is not a choice but still have an allegiance to it. As Foucault theorized about heterotopias, they function to create a space that is other. The pro-ana does this by walking between these narratives, one where there’s recovery and the other where there is the illness.
The guiding philosophy of both pro-recovery and pro-ana is something I would come to see in treatment, as we hated the illness but at the same time didn’t want to give it up. What’s noticeable about the current rules is they are very similar to what I would face in treatment centers. Talks of diets were forbidden, as well as the glorification of dangerous behaviors. We were unable to discuss any topics that could trigger an emotional reaction from someone else unless mediated by a therapist. The pro-ana forum I analyzed seems to model itself in this way, which makes me curious about the site moderators’ experiences with treatment.

What is Being Discussed?

Part of the discourse conventions Porter’s heuristic lays out is what is being spoken about; what topics are covered. Campbell-Eichorn addresses the themes seen on pro-ana sites, discussed in earlier chapters. The most frequently appearing theme is positive affect. Positive affect can take different meanings. Sometimes it can be surface-level complimenting on a job well done eating as few calories as possible, as we see at the end of lorna’s post: “Stay strong everyone & thanks to you all - God bless us all in this struggle..................Lorna.xx” (Lorna). Sometimes positive affect can be seen in unexpected way, as with the following response: “im cant really explain the physical hunger, but i read your posts often and and proud that you made it to even 800! i hope you can get back to sleep peacefully and have pleasant dreams... nitey nite” (Boody143).

The response was under a post written by a user discussing her struggles with recovery and weight gain, and that eating 800 calories was a lot for her. The support for recovery is surprising to see on a site known for the advocating of an eating disorder as a choice, which shows the depth of support some of these groups possess. Porter’s heuristic looks at what is valued in the discourse community, and this pro-ana board aims for support
Discussion of struggling to lose weight is fairly common on pro-ana boards, with Campbell-Eichorn attributing the theme to be 14.5% of the posts, right behind positive affect. Struggling with symptoms of purging, starvation and binging is also a common theme. What’s interesting about these posts is that anyone is granted status as speaker or writer, which is part of the discourse conventions brought up by Porter. In treatment, some patients may be divided among their illness; it’s actually common for patients with anorexia to “look down” upon patients with bulimia. But in the pro-ana community little to no judgment seems to be made by the girls amongst any differences. Gatorgrl63 wrote the below post: “I am so mad at myself right now. I fasted for like a week and a half, and I lost over 10 pounds, but then when I up my calorie intake to 300 cals!!!! Grrrr, I shouldn't have stopped fasting. I'm going to start again today. I'm so mad I could cry” (Gatorgrl63).

In the context of pro-ana, a ten-pound loss sounds dangerous. When I read it, however, I thought of all the Healthy Choice and Lean Cuisine meals on sale at the grocery store, boasting a small 300 calories or less in each. Can we really condemn the girls of pro-ana for behavior that we as a society have normalized? Susan Bordo discussed, “These disorders…reflect and call our attention to some of the central ills of our culture—from our historical heritage of disdain for the body, to our modern fear of loss of control over our future, to the disquieting meaning of contemporary beauty ideals in an era of greater female presence and power than ever before” (139). Our culture emphasizes control over every aspect of our lives and this includes over our appetites; to fast is to be pure. Bordo goes on to say that the body is simply a medium of our culture, “The body…is a powerful symbolic form, a surface on which the central rules, hierarchies, and even metaphysical commitments of a
culture are inscribed and thus reinforced through the concrete language of the body” (165). The girls of pro-ana are taking the messages our thinness-obsessed culture sends them and applying them to the physical body; where they see value and superiority in thinness. Shutting down these sites does not address the larger problem—a culture that drives girls to such extremes.

The category many posts fell under was to elicit support from other members. This speaks to audience needs and expectations, part of Porter’s heuristic, as girls sign on for an understanding they are not finding elsewhere. As Foucault discussed, the heterotopia creates a space of illusion that exposes every real space. In the pro-ana community the girls understand they are sick, but build a community that calls out the hypocrisy of the mainstream culture.

A core value of this community is a strong support system. Strategies to solicit support are self-deprecating comments, shared experiences, requests for information, statements of personal success, and statements of extreme behavior (Eichorn 71). As mentioned earlier, Porter’s heuristic looks at the value and belief system of a community; not only that, the heuristic also looks to examine the length of posts, and reasoning why they may be the length that they are. Self-deprecating comments, and short posts, generally garner quick supportive comments.

Self-deprecating comments tend to be shorter posts whereas longer self-deprecating comments usually include personal anecdotes or shared experiences, such as:

so it was my first day of high school school yesterday. it wasnt horrible but i only know one person. and im home right now staying home from school cause i was too scared to go to school this morning. now i feel like a loser. i wish i could go back in time but i would still be too nervous to go (Wanna_be_hot).

People with eating disorders and anxiety tend to suffer from some form of social anxiety, so
posts like Wanna_be_hot’s are common. These posts and the comments left on them highlight the means of support the pro-ana boards provide.

But because the Internet and blogs only allow alphabetic texts, there can be misinterpretation. Porter’s heuristic asks how posts are written. In this pro-ana community grammar and spelling are not heavily enforced. However, when one post asking how to lose knee fat included several words underlined or crossed out, the following commentary battle ensued:

liposuction would be underlined my dear, but that's okay! =) it was a serious question, and it didn't need your sarcastic remark. now why doesn't your fat ass go run along and suck hilary duff's left tit.buhbye!
–Jaded-perfectly

oh. btw. i'm not fat - probly skinnier than u and proud of it.. i dont have ANY fat on me knees.
–Sexiiibeast420

all i see is fat. i honestly don't need someone like you pointing it out to me when that is all i see in the mirror every moment of everyday. i don't come on here to conversate with people of your level. my obsession is my body. my conversation w/ you is done. Bye.
–jaded-perfectly

c, i wouldn't have said that if it wasn't for the "why doesn't your fat ass" comment. i realize ur not happy w/ ur body. neither was i until about a month ago, and even now im still slipping back even tho im getting better. ive been thru the same things u have, and sweetie, i doubt ur as fat as u think u r.
–sexiiibeast420

While this battle answers the question of Porter’s heuristic on what the community values are, it also looks at style conventions. The heuristic asks about any specialized jargon, tone and manuscript mechanics. Normally, spelling and grammar aren't heavily policed on the pro-ana community. That could be for different reasons, none of which are made clear, so one would have to speculate. Jaded-perfectly posted and asked how to lose fat from her knees (which
highlights how controlling an eating disorder is, as the user is focusing on her knees, of all body parts). However, another user found her use of underlining odd, so ensued to jokingly suggest liposuction. This particular community member was seemingly annoyed by the poster’s grammatical and stylistic choices and a rift was caused. However, looking through the other posts here, one can see many typos and grammatical errors, so perfect grammar isn’t a priority or highly regarded value among the community.

Eating disorders are extremely competitive illnesses, as each person strives to become the sickest or thinnest, so bickering can be common. And the more weight you lose, the more irritable you become; I lashed out at anyone who annoyed me in the slightest way. You become an angry person. This anger is a trait of the community and its members; so reading the posts, an outside viewer must take this into consideration.

While some disagreements occur on World’s Largest ED Support Group, generally the users advocate for a safe space of peace. Aussiewishthin1 called for a resolution when she noticed a negative tone beginning to overtake the posts: “but after being a memebr for over a year i ahve found that it has been getting increasingly unfriendly in here.. everyone is snappy and a bit mean to others sometimes...” (Aussiewithin1).

As I sifted through the comments on her post, none were in disagreement with her but rather lent support. Of course while anger is common, so is self-knowledge and self-awareness. Many users on pro-ana boards understand an eating disorder as an illness rather than a choice. And while pro-ana is defined as the reclamation of the illness as a choice, the opposite proves to be true, as when some users are labeled as “wannabes” or “wannarexics.” Mota911 posted about receiving a message from a girl hoping to “become” anorexic:

Having an E.D is not something you just decide to do!
Its a new life and a new way of thinking. Alot of people here its just something that happened, having a factor of control. You can lose weight and you can want to diet but Ana is a hole different ball game!

I would think wisely before you set your sites, Cause alot of people here are ana or mia and want to stop and be 'normal' but they can't because its a downward sprial! (Mota911)

Mota911 mentions the social impact that eating disorders can have, such as gossip and rumors that can be spread among peers. Eating disorders are all-consuming creatures. You think about food constantly, become miserable, you lie to everyone about what you eat, and you lie to cover up your lies. So encountering someone who wants to “become” anorexic can be seen as offensive. Foucault theorized that heterotopias “always presuppose a system of opening and closing that both isolates them and makes them penetrable.” Because the posts, at the time, were public, they were also vulnerable to outsiders; some who claimed to “want” to be anorexic.

Despite this, many forums are still open to the public, as a warning sign to outsiders how awful living with the illness is. Something worth noting about the above post is the use of “ana,” short for anorexia, and “mia,” short for bulimia. These two abbreviations occur frequently on World’s Largest ED Support Group and other forums. They assume a familiarity among members and establish a comfort with the illnesses. Using “ana” and “mia” is a rhetorical choice of personifying the illnesses by giving them names. Seeing their use reminded me of when I began seeing therapists and some encouraged me to “name” my disorder as a way to cope with it.

One type of post is the “newbie” post, where a girl posts for the first time, usually with her weight (high, current, goal), height, and goals. New user sunsunaway posts:
ok well i am new to this community but not so new to this lovely ed
sadly stats
height, 5'5
age 17
cw- 113?
hw- 135
lw-97
gw1- 105
gw2- 99

i wanted to fast today but my friends ended up making me eat one of those mini
like halloween things of stupid skittles and i came home and had a handful of mini
carrots. (Sunsunaway)

Newbies are usually welcomed into the community but they must assimilate into the
value system. However, careful language selection is required. *World’s Largest Support
Group*, like other pro-ana sites, is a group of rhetorically clever girls who can sense
inauthenticity among them. User Jenny1109 posted: “ok...so I'm new hear. I've been semi-ana
for about...5 months but I've been having trouble because i swim and do water polo and it
makes me eat a lot more than i should. and its not a problem of being hungry, i just cant help
myself! suggestions?” (Jenny1109).

The choice of the words “semi-ana” garnered a reaction from other users as the user
seemed to forget her audience. Harkening back to Porter’s heuristic and Foucault’s fifth
principle, one strong value the girls have is authenticity; they are wary of outsiders. The
assumed audience members for this forum are girls with an eating disorder, and members are
expected to display an authenticity; so seeing “semi-ana” triggered an emotional reaction
among some members. Some were supportive to this alleged outsider. Ellebaby06 wrote:

    youre either anorexic or youre not
    love you might be wannarexic
    seriously, dont try and become ana
    its an awful, awful web to get caught
And with_fairies posted:

I think what you mean is you don't class urself as anorexic because you struggle to not eat and so your weight is not dangerously low? in which case you could be EDNOS (eating disorder not otherwise specified) which means you don't fulfil the criteria for anorexia but you DO have an eating disorder (With_fairies)

Ellebaby06’s post shows the self-awareness the users of World’s Largest ED Support Group possess, while at the same time keeping outsiders away and strengthening the pro-ana borders; again, this goes back to Foucault’s fifth principal of community vulnerability.

Having an audience of girls with eating disorders can have several different meanings. The girls possess self-knowledge of the illness so display vulnerability among themselves. Sometimes the vulnerability can border on being irrational or paranoid. Although some paranoia may be founded as there are outsiders reading the post. But what’s noticeable with the assumptions most posts make about the audience is that outsiders won’t and/or can’t comment, so these outsiders are not addressed at all. The forum is a safe space for members, and any display of inauthenticity is not tolerated.

While eating disorders are seen as an illness, recovery is generally considered a choice within an eating disorder community or forum. Any member is granted status to write about it. All the doctors and professionals I encountered would tell me I “had to want it [recovery].” People who post about recovery generally are met with support or admiration on World’s Largest ED Support Group.

Being thin isn't the 'cure' for anything. If you want to be invisible you will stick out like a sore thumb. If you are being bullied it won't stop the bullying. If you are going through puberty, it's the most natural, gorgeous womenly thing to go through.

It takes ages. It has taken me months to realise this. But you have to understand. If any of you don't get help and carry on this you WILL DIE. And i know that even if
you weighed 500lbs and was anorexic, and lost 200lbs but was still obviously dangerously overweight, you will most certainly die like an anorexic who is 69lbs. It's damaging you so much inside, it's killing your amazing soul and body.

Bye now.
Steph –
369_xx

Considering the audience for these posts, it’s interesting that members seem to go by the mantra, “Do as I say, not as I do,” as many will advocate for recovery in others but not for themselves, or will tell others to practice self-love but engage with an illness that is a slow form of suicide. But the audience for this forum is an ill population, an illness marked by depression, anger, and paranoia. This is a crisis heterotopia. World’s Largest ED Support Group even includes links and phone numbers for members seeking recovery.

This advocacy for recovery is why Kristen Gay argues the shutting down of pro-ana cites argues that the viewing of this censorship seen through the lens of epistemic violence “reveals that a social discomfort with pro-ana content may speak to a general unwillingness to confront structural violence that influences some women to engage in self-starvation” (Gay 321). Eating disorders are partially a cultural product; and shutting down pro-ana cites erases the symptoms, not the illness. This will be further discussed in chapter five.

Recovery becomes a point of encouragement on World’s Largest ED Support Group. One user has the username icantchoose1, perhaps as a reference to some pro-ana users proclaiming the illness as a choice. Icantchoose1 wrote the below post titled, “Recovery update.”

Just thought I would give a little update on how my so-called recovery was going. I was doing ok for a couple of days, sticking to 500 calories, and no purging, and very little exercising, but then I gained like a pound and once again completely flipped out. I wish i could recover without gaining weight! (Icantchoose)
The rhetoric of wanting to recover without gaining weight was common in the treatment centers I went to, and was one of the first responses I gave my therapist when he asked if I wanted to get better. But it is a reality all eating disorder patients have to face. Configuring pro-ana as claiming the illness as a choice, one would assume the response to recovery posts would be to choose the illness instead, with tips on losing weight. Instead is the below response:

hey. im new here but my ED has been with me for a long loong time. i know how you feel. two years ago i started to realize that i needed help and was ready- that i needed to recover. my mum had been urging me all the time but i simply wouldn't admit. then i was armwrestling with my little cousin (shes 11!) and i lost and i felt so weak and desperate.so i decided i would fight the fucking ED (Innocentgerl2).

The word choice of “ready,” is interesting, as it suggests that all eating disorder patients must reach a certain point in the illness to recover, and that recovery, unlike the illness, is a choice. This illustrates the safe space that heterotopias create. A heterotopia is about arranging its own space. Some pro-ana users are torn between allegiance to an illness and recovery and a pro-ana community acts as heterotopia as they navigate the pull in each direction. Lspritz writes:

Does anyone else ever wish that sometimes this could just be over....that the ED would just go away and to hell with everything maybe even try eating today? Anyway, everytime I think I want to get well and not live THIS life anymore I get scared of getting fat and all that other stuff...I feel like I am caught in a vicious cycle (Lspritz).

The illness at times does feel like an empowered choice to some, but you do reach a point where you realize it’s the illness that controls you, as lilhottie_132 writes:

Omg i just got done eating..lunch...that i wasnt supposto have...i had a smart ones dinner 220 cal. and then for some odd reason i just had to eat the cake out of my sons tv dinner (he alays tries giving them to me because he doesnt like them) omg i didnt eat the whole cake but most of it so im sure it was like 300 cal (Lilhottie_132).

Bingeing moments such as the one described above are quite common in people with
eating disorders. Posts about bingeing and purging episodes are one of the nine themes that appear on pro-ana sites. As I wrote about in earlier chapters, the theme that appears the least on pro-ana boards is reactions to cultural pressures to be thin and standards of beauty.

Reactions such as these appear very rarely on *World’s Largest ED Support Group*. It took me several hours of reading through posts until I found this one posted by numbblonde: “So last night i went to the Spice Girls and HOLY SHIT victoria is even skinnier in real life... also, Ginger lost like 50 pounds and looks stunning” (Numbblonde). Victoria on this post refers to Victoria Beckham, a notoriously thin celebrity who is often featured in tabloids for her thin appearance. She is often featured in thinspo galleries. As I wrote earlier in the chapter, thinspo refers to thin inspiration, a play on words that is defined by an image that promotes extreme thinness. Thinspo can be a quote or a picture of a very thin woman. Faces and heads are usually cropped out, a telling statement on the erasure of identity.

Uca discussed the two scales thinspo is graded upon—the first in positive or negative values and the second is reliant upon the level of dedication or disorder in the intended audience. The first scale “may inspire fear by displaying vilified symbols of failure” (Uca 14). The second scale depends on the audience, such as girls who aim for a more emaciated look are more likely to post pictures of emaciated women. What’s interesting about the thinspo audience is the material can put up walls within the pro-ana community, as those who embrace the ideal of beauty of having a fuller figure may be mocked for it or deemed impostors.

Rainbowroyalty commented on Numbblonde’s post:

I saw them on tv at the victorias scecret fashion show and victoria is sooo skinny
I’m sooo jealous
and then all the VS models
gah, they just make me wanna not eat for about a year or two (Rainbowroyalty)
The Victoria’s Secret Fashion Show is a yearly television event that has gained more mainstream media coverage in the past decade, most recently featuring performers like Lady Gaga, Ariana Grande, and Justin Bieber. Models featured are, like Victoria Beckham, featured in thinspo galleries on the Internet. Rainbowroyalty’s comment is a direct reflection of the detrimental impact the fashion show may have on viewers.

While the intended audience is usually female, men are not ostracized from the group. There are simply far fewer men posting on pro-ana sites than girls. When I did encounter a post written by a man, I was surprised it made no mention of his gender or biological sex, with only the admission of his name giving him away:

I'll join in
Name:
Steve
Age: 20
East Coast ED-NOS

I thought that coming to college would be the best thing for me weight wise. My last time I checked was before college and I was 146. What's fucked me is the lack of support up here at college. I've fasted ONCE the past three weeks. I'm too scared - being bi - of being unaccepted by my peers up here or even found out and discriminated against (Anakidanakid).

Had Anakidanakid not written his given name, one would assume a girl wrote it, as it displays features of a typical pro-ana post. There were three comments left on his post, all welcoming him and, like his post, not mentioning his gender or biological sex. He discusses a lack of hunger pains, as well as telling the site how long he has had an eating disorder for. Anakidanakid mentions a recent transition in his life—going to college—which lends him credibility, as many users on World’s Largest ED Support Group are college-aged and can empathize with the adjustment college requires. Using Porter’s heuristic as a guide and
looking for the community’s value system, this post and the responses indicate that there isn’t a preference or value for one gender. The authenticity of the posts counts as validity in the pro-ana community.

**The Ugly Result of Eating Disorders on Pro-Ana**

Something rarely discussed on *World’s Largest ED Support Group* is the end result of an eating disorder—death. As Foucault argued, this space is othered; it’s a space created to distract the girls from some of the realities of the illness, like death. While it’s a reality of self-starvation, users rarely post about it. This occurred to me when I saw a hyperlink on the right side of the webpage: “In Memory of Kristi Lanford.” However, when I clicked it, the page was frozen, so I went to Google. Interestingly enough, when I began typing her name, “Kristi Lanford LiveJournal” came up in autocomplete, telling me many others have done this exact search. What came up were some articles about pro-ana sites, and more interestingly, sites that discussed the death as a hoax. I came upon her LiveJournal account, which was open to public access without a password. Below are her posts from January 27, 2007:

12:07 am Just got back from the store with my anti-nausea medication, which is the last item I needed to overdose effectivly. Now all that's left is writing the notes and doing it. Why the fuck did I just buy groceries, too? I guess tonight might not be the night?

12:35 am Well, called my little brother to tell him I loved him (it's 12:30 am). He asked what was wrong and I said I just wanted to hear his voice and let him know how much I loved him. Then I said goodnight and hung up. Called my mom's house, but my stepdad answered so I hung up. That's just as well.

1:19 am So, just took 3 Clonazepam, 2 Ambien, and 10 Darvon. 30 more Darvon to go if I want to die. I can stop at any time and be fine I think so I haven't make THE decision yet. Not sure why I'm updating - think I'll go watch TV and drink my Hennessy in front of the lovely fire I have going.
While suspected as a hoax, her death was later confirmed as real. Her brother wrote on her final post:

Thank you everyone for your words on this page. I'm sorry to say that Kristi followed through with what she had set in motion. I wish I had better news to share, but it would seem that I missed the opportunity I had to help her.

Kristi's lil' bro
Dave
(Davemano)

Kristi mentions in posts made during the days leading up to her death she had been spending a lot of time on pro-ana sites. However, causation does not equal correlation, so it cannot be said if use of the sites caused her to take her own life. However Kristi’s suicide seems to have impacted the community, as seen in Heartpulp’s post below:

I am never committing suicide. I know that's easy for me to say when I'm leaning more towards living than dying in general, but I resolve right here and right now at one of my stronger points that I won't do it when I'm at my weaker.

I've always kept it up my sleeve--weighed my options, left that door open. No more. Even in treatment, I'd hide meds under my tongue, store them in my sock drawer. No more.
I guess this is where I just have to resign myself to living, for better and for worse. I just thought I'd let you know (Heartpulp) Kristi was one of the moderators of World's Largest ED Support Group, and from the below post from another user, emphasized recovery:
She cared enough about the rest of us to help. When she became the moderator of proanorexia she made it very clear that she was here to help us. She didn't want anyone else to deal with the painful reality of an eating disorder.

Her efforts to turn the proanorexia community into a recovery website instead of "a place for 13-year-olds to learn how to starve and puke" was an incredibly noble idea. Especially for a community full of angry, emaciated, frustrated young men and women ... many of whom have no interest in recovering at all. Myself included. She tried. And it worked for me. Today I realized.

Goodnight (Alexarcharek)

The above post was written by Alexharcharek, who admits to not wanting to recover but also not wanting to die. It’s an odd paradox, as self-starvation is really just a slow form of suicide.
It’s interesting the pro-ana so rarely discusses death as a topic, but when it happens, it has a profound impact.

I attribute the lack of discussion on this topic to community and audience values and beliefs, as community and audience members strive to lift each other up. As discussed in chapter two, people with eating disorders live with discordant awareness context, which is when a person refuses to acknowledge or accept someone else’s view of them, which is why the posters on pro-ana boards see the illness as a lifestyle choice and see themselves as fat. The girls of pro-ana are constructing an identity online; an identity that rejects typical placements and is transacted along size, desirability and control. Eating disorders, many experts will tell you, are usually about some form of control; and the girls of pro-ana situate their illness as a choice in order to cope living with it. The rhetoric of reclaiming the illness as a choice means choosing to live, and not to die. By admitting to death, members may be showing outsider audience members that the illness is not a choice, thus bursting their heterotopia. The community borders strengthen on the presence of the girls online and their resilience, and there’s no resilience in admittance to death.

This particular pro-ana forum completely encapsulates what it means to be a heterotopia. *World’s Largest ED Support Group* took the existing heterotopia of the Internet and created its own space, one that is not only an other but also aims to make a perfectly ordered world against the outside one that is messy. The borders are paradoxically closed to outsiders, but also open to show outsiders what they are going through. This community is a juxtaposition of other places— at once a place for therapeutic support but also one to motivate ill intentions. Heterotopias are linked to a slice in time; while the pressure to be thin has existed for years, only now does the posting about it online make the pro-ana community so
startling and relevant. The community is a display of our culture that’s driven by both technology and perfection.

**Saying Goodbye**

After leaving the hospitals, I never forgot the girls. At the time, you promise to be a part of each other’s lives forever. And in a way, you are. Just not in the way you thought. Some girls I talk to on Facebook. Others I never got a last name and have no chances of finding. Sometimes I’ll think of one, and wonder how they’re doing. I’ll remember the things they confided in me. Remember something about them. Hope they’re doing well. The one face that always appeared was Lauren, the first girl I met in treatment. I tried looking her up on Facebook for years and found her one day. She looked so different—her skin was tanned, obviously fake, the hair dyed a bright blonde. She appeared like the kind of girl I would have ignored. But I looked at her eyes and it was her. I sent a friend request and she accepted.

But there was no contact after that. I was too afraid to say anything and I kept going back in my head to the day I ratted her out for eating too slowly on the muffin. Did she know it was me who told? And could we be friends today, so far removed from years before? I never took that first step but I visited her profile often. She wasn’t on much. I was only friends on Facebook with her for a few months before it happened.

It was in March and I decided to look through her photos to kill time while I was supposed to be doing schoolwork. But on her page, there were messages of sadness and condolences. A lot of, “No it can’t be true” and, “Say this is not happening.” People posted memories of her. While my heart lurched into my throat, I didn’t want to believe it. I sent a private message to her boyfriend, explaining who I was and asked what happened. He sent a one-sentence reply—she hung herself.
I went to visit Lauren’s grave a few times. I placed roses on it, along with a Charleston Chew, her favorite candy. I rummaged through my closet for something more specific—a teddy bear with a badge my treatment team had given me. I had kept it all those years. The badge that said, “Courage” was still intact. That was the only thing I could offer her now that it was too late—courage. It’s the sincere yet complex bond that I formed with Lauren that prevents me from fully condemning the pro-ana community. There are two factions of this group of girls—pro-eating disorder and pro-ana/mia. “Pro-eating disorder groups encompass all eating disordered behavior however in the greater community people suffering through bulimia or identifying themselves as Mia are less represented than those who are anorexic or Ana” (Uca 48). Pro-Ana/ Mia groups are tailored for girls who identify as either Ana or Mia, while pro-e.d. groups include those that identify with other eating disorders. There is the encouragement of negative behaviors on these sites, something I would like to see if not prevented then mediated in some way. But it’s the connections formed and support through difficult times that I view as an encouraging step the girls take online. Uca wrote of the bond the pro-ana community forms:

Despite the occasional personality conflict or power struggle, the message boards and chat rooms serve as a safe haven for surfers. Hostility is difficult to sustain in this environment because it is stifled by members who favor treating each other with love and respect. In fact one of the most striking impressions gained in the analysis of the eating disorder community is the genuine state of sisterhood between propagators of sites; they love each other, cling to each other, like refugees from a broken state (Uca 21-2).

This sisterhood, this bond is the reason for my support of the pro-ana communities not being banned online. Reminiscent of my relationship with Lauren, the girls want each other to be genuinely happy, eating disorder or not. It is this bond, not the reinforcement of negative behaviors, which must be studied by scholars.
A Preview of Where Pro-Ana is Now

The traditional pro-ana community has left mainstream attention. By traditional I refer to blogs with long, alphabetic texts that share personal narratives. Instead we have the new trend of thinspo, the dangers of which many scholars have highlighted. Chapter four of my project established the rhetoricity of this community, and chapter five will answer the question, “So what?” My aim has always been to humanize the girls of pro-ana and give them the depth that many researchers I’ve studied overlooked. Chapter five will conclude this project by examining what this new trend is, while also pulling in narratives I received when interviewing girls recruited through Tumblr. We have reinscribed the culture of thinspo since transitioning to new modalities via technology; and the discourse that is out there is actually less supportive of women with eating disorders. Not only as someone who has had his own battles with the illness, but also as a feminist and a scholar, I will conclude this project by asserting why these girls deserve our support.
CHAPTER FIVE: PRO-ANA TODAY: INTERNET CONSORSHIP AND A DANGEROUS NEW TREND

“You never come back, not all the way. Always there is an odd distance between you and the people you love and the people you meet, a barrier thin as the glass of a mirror, you never come all the way out of the mirror; you stand, for the rest of your life, with one foot in this world and one in another, where everything is upside down and backward and sad.”

-Marya Hornbacher

Eating disorders—there is nothing glamorous about them. I was not released from any treatment centers on positive terms. I was either kicked out for refusing to listen to doctors or dismissed to another treatment center that was better equipped to handle me. I was angry at who I was, and treatment wasn’t changing it. But here’s the thing—my eating disorder didn’t change it as well, and that is something I need to tell myself every day: that at the end of the day, I have to be enough.

Treatment centers would have guests come in and talk about how happy they are now that they’re in recovery. My issue was always this--none of those speakers ever told or taught us how to recover. They just presented it as some one-time deal. So no matter how many times they told us, "You will have this the rest of your life," I thought, "Then why are you bringing these people in who tell us otherwise?" I myself was never inspired by these people brought in to motivate me, because no matter what the speakers would tell me, I would reason and rationalize it into a way to hate myself or make the logic of how I was different and undeserving of recovery.

But there really is no "how," and that is what can be most frustrating. I've been asked a few times to "share my story" and I always decline because.... what would I say to people currently struggling? "Every day you worry if it'll always be the same." Not very uplifting,
and recovery is hard, to say the least. The 'one day at a time' thing is incorrect because it's really one minute at a time. One moment I think, 'Ok I can do this.' Other moments I'm like, 'Wait no everything is awful.' I try my best to stay in the moment, even though I'm not always great at it. So all you can do is take each moment for what it is. It's been three weeks since I last self-harmed and I want to be proud of it, but there is a really disturbed voice in me that likes the attention my mental illnesses get. Like my scars are some sort of badge of honor. But I do anything to rationalize not engaging in it and to take care of myself.

I've recently come to a "breakthrough" although I have pretty much known it all along. I'm trying different holistic approaches to feel better--oils, crystals and stones, acupuncture--and sometimes I think they are actually working. Good news, right? Not so fast. Because when you live with depression, anxiety, OCD and an eating disorder for eighteen years, it is comfortable and extremely convenient. So when I think the stones under my mattress are working, I immediately want to throw them out. No, do not take this away from me, it's all I know! When my therapist asked me about the impulse to do away with the new approaches I said, quite confidently, "Because I do not deserve to be happy. At all." She then requested we begin seeing each other twice a week. I've held this belief for so long and it still sits in me. Recovery is difficult. But necessary.

It’s my recovery that has allowed me to examine the pro-ana boards and its rhetoric without fear of being triggered. Yes, reading over the posts did stir up certain nostalgia in me, where I thought back to the feeling of accomplishment I felt by restricting my caloric intake, and how prideful I was at being thin—even though at the time I felt anything but. Still, I wanted to use this project to provide context for the pro-ana community. Throughout this project I’ve established the eating disorder mindset and examined girl culture and the
pressures girls—especially adolescents—face growing up. I’ve discussed the proper techniques of conducting an interview along with facing the ethical dilemmas that come with doing research on the Internet.

Chapter three walked through my recruitment process and the ethics of online research, how to work with vulnerable populations, explained integrating narratives into my project, and addressed my stance in my research. Chapter four thoroughly explained how the pro-ana community constitutes a heterotopia, while also analyzing the content of *World’s Largest ED Support Group* and arguing that the community members qualify as technofeminists. This final and concluding chapter will discuss where the pro-ana movement is today, and how it’s being taken over by a new, more dangerous trend online. I will examine the negative effects a pro-ana community may have but ultimately how identities are established through them. With all this, I will integrate the personal narratives and opinions of five girls I interviewed by recruiting through Tumblr. By the end of this project, my wish is to humanize the pro-ana community.

**Just Five More Pounds: The Risks of Joining Pro-Ana**

I’ve used the previous chapters to highlight the means of support that the pro-ana community provides, and to establish the mindset of the community members in order for outside readers to understand the rhetoric of the pro-ana boards. However, to be a fair researcher, I know I must confront and grapple with the negative impacts the pro-ana community can have on people, especially those vulnerable to eating disorder development.

Part of my negotiating around the harmful aspect of pro-ana stems from my male privilege, as I haven’t faced some of the pressure the pro-ana community—which is made up of mostly women—face. I can watch things like the Victoria’s Secret Fashion Show and eat
afterward with no problem because I have nothing to compare myself to. I do, however, feel a triggering of emotions seeing a store mannequin with perfect abdominal muscles or when People magazine releases its annual ‘Sexiest Man Alive’ issue and wonder why I can’t look like the man on the cover. It’s in these moments that I look to someone to reach out to, in order to process my feelings. And for some of the girls of pro-ana, that’s what that community represents—an outlet to vent to people who understand.

Still, it’s undeniable that viewing a pro-ana community can be detrimental to readers. Interview participant Joanne said:

I think it strengthened my ED “identity” and it was one more thing to feed my obsession. I think pro-ana communities enable the ED, because they normalize it and even provide tips for members on how to hide the ED from their doctors and their families/friends (Joanne interview).

Hannah, another interviewee, agreed by saying, “When I’m sick, it makes me want to be more sick, and when I’m healthy, it makes me miss being sick” (Hannah interview). When research first began on the pro-ana community, many highlighted the negative impacts:

A 2010 study published in the European Eating Disorders Review found that after female college students with a normal body mass index were exposed to pro-ana websites for just 1.5 hours, their food intake decreased the following week by almost 2,500 calories. Perhaps most worrying is that the study exclusively recruited healthy girls. “Imagine what hours might do for a more vulnerable individual,” says David LaPorte, the Indiana University of Pennsylvania psychology professor who co-authored the study (Mariani).

Elaborating on Mariani’s article, Bardone-Cone and Cass discussed how visitors of the pro-ana community with a higher BMI feel an increase in negative affect and reduced self-esteem upon exposure to the pro-ana community (539). People who viewed a pro-ana website reported higher negative affect and a reduction in self-esteem compared to those who viewed a female fashion website, as well as a significant greater likelihood to exercise (542). Rouleau and Ranson built upon Bardone-Cone and Cass’ findings by writing how “a potential danger of these websites
includes prompting the development of disordered eating patterns in healthy individuals” (527). While I cannot ignore the negative impact these boards may have, I’m still compelled to endorse them.

Some researchers like myself notice the means of support the boards provide. All the girls I interviewed established the negativity of the community but also acknowledged its means of support. Interview subject Arabella discusses the pull between the benefits and harm of the boards: “The boards are definitely negative but some days when posting my own pictures I would receive such positive messages it felt good but was still encouraging the disorder” (Arabella interview). Joanne was in agreement with Arabella by answering, “The one positive thing about pro-ana communities is that it provides people struggling with EDs a place to feel like they’re not alone (Joanne interview).

Some researchers have gone so far as to discuss how the pro-ana community could actually help heal eating disorders:

…There are communities of people, mainly women, who understand one another’s demons. These communities provide an anonymous, judgment-free place for sufferers to talk about their struggles with a highly stigmatized disorder for which few effective treatments are available” (Szalavitz).

Szalavitz went on to argue that, despite the criticism of pro-ana communities failing to see an eating disorder as an illness, only 9% of research subjects claimed it as a choice, with the rest as an illness and coping mechanism. In fact, the pro-ana members try and prevent others from developing an eating disorder:

The people we interviewed were actively trying to reduce harm, says Yeshua-Katz. ‘When you go to pro-ana blogs, the ones we looked at all used disclaimers before allowing entry into the site, saying [things like] ‘This blog contains triggering information’” and warning off children or people recovering from eating disorders (Szalavitz).
All of my interviewees established that the pro-ana community was harmful but at the same time supportive. Riley, Rodham and Gavin authored an article highlighting how body-talk helps inform identity management: “descriptions of the body made the body ‘visible’ within an online context and allowed the poster to make an identity claim demonstrating she had a right to belong to the site” (353).

The use of body-talk as an identity marker recalls Foucault’s concept of the docile body, as outlined in chapter one, because a body could be used, formed, and manipulated, the human body was known as the docile body “that may be subjected, used, transformed and improved” (Foucault 136). Building upon Foucault’s theory, Bordo discussed the anorexic body is simply the embodiment of our culture’s thin ideal. People with eating disorders possess the docile body by trying to manipulate and control their physical selves. The discipline and normalization of the female body is about social control (Bordo 165). The anorexic body is arguably the natural body—one of exercise and authority (Foucault 155). Anorexia nervosa operates on a control axis, which is an axis providing reassurance of overcoming physical obstacles as well as the thrill of being in charge of your body. It is an aesthetic and moral rebellion (Bordo 52). Given this definition it’s easy to assert that people suffering from eating disorders possess such a body, one they try to control and manipulate at their will.

Chapter four discussed how recovery was often encouraged on a pro-ana community, and Riley, Rodham and Gavin found that on both pro-ana sites and recovery sites, “negotiating the eating disorder was constructed as difficult, challenging and hard work” (355). The authors concluded their findings by asserting, “there is a need to investigate the potentially positive impact that such sites may have on those who are deterred by the content of the site” (358).
And that is something I have aimed to do with this project—to not condone the negative impacts of the pro-ana subculture but to examine its potential benefits.

**Studying Online Rhetoric with an Insidious New Trend**

As I outlined in earlier chapters, many pro-ana websites feature thinspo galleries. Thinspo is a play on words—an inspiration to be thin. Sometimes it can be quotes, like the famous “Nothing tastes as good as skinny feels,” while it also means images and pictures of extremely thin or emaciated bodies. These images are studied by people in and outside of a pro-ana community to help them work toward what they want to look like. There are also images of reverse thinspo—pictures of extremely overweight bodies used to motivate weight loss in order for you to not look like the picture. Below is a screenshot taken after Googling the word “thinspo.”

![Thinspo Images](image)

**Fig. 9 Screenshot of “Thinspo” Google Search**

As Warnick wrote, visual images must emphasize reader response, and thinspo aims to
encourage viewers to lose weight (31). Most articles I read discussed the dangers of viewing thinspo, and its negative impact on vulnerable viewers. As Warnick went on to assert, readers make choices when reading (29). So it’s debatable whether the thinspo viewer chooses to go on and restrict their calories, or it’s a subconscious response to the image.

Still, throughout the early 2000s, this trend was relegated to pro-ana blogs, and not on the homepage of the website. Pro-ana sites usually compile all thinspo images into galleries, found through links on margins next to user entries. While I see the pro-ana boards as a means of support, I do not condone thinspo in any way. This is because communicating strictly through images without alphabetic text removes any dialogue of encouragement and support between community members, as well as ignoring recovery. Whereas the pro-ana boards can be a means of communication of surviving with the eating disorder and making life bearable, thinspo strictly encourages of eating disorder behaviors.

Part of me feels so strongly because of the role thinspo plays today versus a decade ago. Whereas thinspo used to be found hidden away on pro-ana blogs, the trend has gone mainstream with the rise of social media. I logged onto Pinterest while writing this chapter and typed “thinspo” into the search bar:
This project began during my second year of my PhD program, and when I wrote an essay on pro-ana then and logged onto Pinterest, the following disclaimer popped up before showing me the search results:

![Fig. 11 Screenshot of Pinterest Disclaimer](image)

Now, though, no such disclaimer came up when typing in thinspo. Only when I searched “anorexia” into the Pinterest search bar did it pop up. What strikes me about the pop-up is it doesn’t provide any URL links or phone numbers of places or agencies to contact to get the help the social media site is supposedly advocating. I went to Tumblr—the site where I recruited interview subjects—and was given slightly more hope with their pop-up after
searching “thinspo:”

This emphasis on visuals and pinning or saving favorite thinspo images and quotes lacks the sense of community built within the walls of the pro-ana boards. Schott and Langan wrote that more research is needed to see if these pop-up disclaimers are even effective to viewers (1161). Interviewee Tessa brought up an interesting point, though, about the trend:

Well, what exactly constitutes thinspo? Is a woman at a BMI of 18.4 thinspo, but not a BMI of a woman at a BMI of 18.5? I’ve seen the same motivational thinspo quotes on pro-anorexia website as I have on “healthy” dieting websites—so do we take the quote down from both websites or only the pro-anorexia website? (Tessa interview)

As discussed in earlier chapters, pro-ana is simply an extreme of the thin cultural ideal, and now its terminology and images are being appropriated by the mainstream culture that so readily condemns the pro-ana subculture. While the girls I interviewed acknowledged the supportive qualities the original pro-ana boards could supply to users, all but one felt the negative impact thinspo can have:
It makes me want to restrict and it makes me see myself in a very negative light (Cassidy interview).

Even though I consider myself [mostly] recovered, thinspo still makes me feel like shit about myself. I know emaciated isn’t “attractive”, but I miss my body looking/feeling like that. (Joanne interview)

It makes me miss my sick body. (Hannah interview)

I still have an account on Tumblr of my personal photos that people reblog and comment on, and I screenshot these girls and try to get my thighs or my stomach or arms to like that. I often copy the image to see if I looked the same. I’d always go through the tags and would reblog other people and comment. My eating disorder definitely fed off of my account and how many likes/comments/reblog I got. (Arabella interview)

One thinspo trend that gained online popularity was the thigh gap, which is when someone stands with their legs together and there is a space between their thighs. I use “their” thighs, but most thigh gap images are of women:

Fig. 13 Thigh Gap Image

Upon doing a Google search of “thigh gap” I saw a list of articles endorsing the trend: “Just 100 Thigh Gaps We Thought You’d Enjoy,” “How to Get a Thigh Gap,” and perhaps the most
unsettling, “3 Reasons Why a Woman’s Thigh Gap is So Attractive to Men.” The thigh gap trend is unknown in specific origin, though some trace it back to the Victoria’s Secret Fashion Show in December 2012 (although this is pulled from Wikipedia so the reader must consider the source).

While the thigh gap is troubling, the trend that would follow it is considerably worse— the bikini bridge. A bikini bridge is when a girl in a bikini lies down and her hipbones protrude, causing their bikini bottom to stretch across, and a gap is formed:

![Fig. 14 Screenshot of “Bikini Bridge” Google Search](image)

While the term was coined in 2009, it didn’t gain popularity until 2014, when the site 4Chan plotted to popularize it. The website planned to circulate images of bikini bridges on social media, along with false endorsements from celebrities and fake backlash. Then they sat back and watched the mayhem. It began as a hoax on thinspo trends, but the joke was lost on social media, as it became very popular very fast. Clinical psychologist Louise Adams commented that the bikini bridge is "just another example of the objectification of women and their bodies" (Mullins). I searched the term on Pinterest and Tumblr and up
popped pages of users devoted to the trend, along with the disclaimers urging me to seek help. There are many problematic things about the bikini bridge, arguably more problematic than the thigh gap. Fake tweets from celebrities endorsing the trend circulated the Internet, having what I can only imagine to be a harmful impact on fans:

![Fig. 15 Bikini Bridge Justin Bieber Tweet](image1)

![Fig. 16 Bikini Bridge Harry Styles Tweet](image2)

The bikini bridge has become a goal for women and young girls, even though it began as a hoax. The fact that it was appropriated so quickly by mainstream culture signals how omnipresent the thin ideal is. While Bordo wrote that culture alone is not the cause for an
eating disorder, it can certainly exacerbate the illness. As of this writing, there are a few other thinspo trends currently circulating around the Internet—the a4 paper challenge, the ab crack, and ribcage bragging. However, I limited concluding this project by only discussing two—thigh gap to illustrate what a thinspo trend is, and bikini bridge to show how users can be easily guided into wanting to change their body. The topic of image-based arguments made online about bodily rhetorics and their impact on viewers is something that needs further research and development, something too big for this project to do.

The outrage the pro-ana boards were met with in the early 2000s is what prevents me from condemning the pro-ana subculture. We live in a society that allows thinspo trends to be normalized, but is upset when girls not only develop a coping mechanism, but then go online and talk about it. While I admit the boards can be very problematic, it is important to further study and analyze them, to see what kind of rhetorical communities girls are building online. Previously shut out from the world of technology, women and girls are now finding their voice on the World Wide Web, building communities, and taking a stance. Further research is needed on the trend on thinspo, its effects and normalization, and where it falls in line with the pro-ana boards. Is it more or less harmful than pro-ana blogs? Is there communication happening with just an image? What argument does a thinspo image make? All these questions are ones I aim to research in further study.

**Shutting Pro-Ana Down: Preventing Harm or Censorship?**

When pro-ana sites hit the mainstream media in 2001, Yahoo! set to work and began shutting many pro-ana sites down. Upon doing a Google search with the phrase “shutting pro-ana sites down,” I stumbled upon an online petition to shut down all pro-ana websites. However, the difference between the call to close down the sites in 2001 is very different than
the one to shut down pro-ana sites today—and that difference is that many pro-ana sites today rely solely on images of thinspo. Shutting down major social media sites like Pinterest and Tumblr is extremely unrealistic. Both sites recently adopted a “no self-harm” policy and began shutting down any blogs promoting self-harm behaviors such as eating disorders.

However, Instagram also had to address a loophole users found—instead of using the hashtag of “thinspo” users changed the spelling to “thynspo,” as well as slightly changing the spelling of other popular hashtags. Seeing pro-ana users maneuvering around Instagram’s attempt to stop the online subculture reminded me of interview subject Joanne’s thoughts on shutting these sites down, “I don’t necessarily think banning thinspo is the solution. Policing the Internet might help temporarily, but people will find ways around it” (Joanne interview).

If shutting down pro-ana sites were effective, it would have worked when Yahoo! did it in 2001, but all that happened was more were created. As I have ascertained, there is a support system occurring on pro-ana websites, one that is lost through the thinspo-only pages. By shutting the sites down, we only add to the stigmatization of mental illnesses. As Thomson wrote:

There is also the persistent belief that people with mental illness are unable to make good decisions about their lives, or should be prevented from making bad decisions. That view is deeply disablist, not to mention immensely infantilizing. People with mental illnesses are just like everyone else and must be free to make bad decisions, just as anyone else is (Thomson).

Discounting the voices of people with mental health issues and suffering from an addiction is problematic. Interfering in someone’s addiction can be effective, but not always successful. As every treatment team told me—I had to want it. I had to want to recover. There’s a debate within the field of addiction about the notion of “hitting rock bottom.” Some argue the person needs to hit that bottom in order to want to recover, while others argue intervening before that
happens prevents any further medical dangers. So while some advocate for shutting pro-ana sites down, Spike and Horne suggest, “It would be better for clinicians to acknowledge the needs these sites fulfill and to address them in conventional treatments for eating disorders.” Despite their issues, pro-ana boards and communities help “negotiate, manage, and develop a sense of identity because of the support and approval of the online community” (Schott and Langan 1163). Part of these communities and social media in general is creating a safe space where you do not feel judged by others. And as Schott and Langan went on to argue, “There is no ‘proof’ that censorship and PSAs prevent any of the suggested harms that are alleged to come from pro-ana/mia discussions.” The shutting down and censoring of pro-ana communities is another form of the oppression and silencing of women. In chapter two I outlined some of the societal pressures women face as they grow up and mature. They are socialized to be in an “endless pursuit of want” and getting rid of pro-ana only keeps them allegiant to the cultural ideal, and prevents the exposing of “the motives of those who profit from women’s dissatisfaction with their bodies and patriarchal ideologies” (1170). Schott and Langan conclude by arguing, “There is a need for further research that further examines whether, and in what ways, online environments develop and extend critical consciousness about eating disordered ideologies, practices, and solutions to these” (1172).

It’s with this call for further research that I am able to conclude this project by asserting that there is not only a rhetorical community built within the walls of pro-ana, but a strong and supportive one at that. Instead of silencing these girls, we must learn from them, grow from them, and hopefully be able to further help the victims living with this vicious disease.
Conclusion—So Where is Pro-Aナ Now? And Where am I?

“Pro-ana communities will far outlast thinspo. I guarantee it…there’s just no recovery in 140 characters,” Dr. Michele Polak concluded in our interview. Pro-ana communities still exist, but many have changed their privacy settings so only members can view them and post. I come across an article addressing their problematic issues every few weeks. Right now, they seem to simply exist. Thinspo dominates the Internet, as the rise of social media has lead to the image-only argument. Thinspo just does not navigate the complexities and realities of an eating disorder. It simply urges the viewer to attain a body ideal.

The Internet is breeding thousands of online communities, and pro-ana is an important one for scholars to study if they want to find a way to help people with eating disorders, as well as further understand the role of technology in a girl’s life. The girls of pro-ana qualify as technofeminists as they establish online identities, construct community borders, and intertwine the political and personal as they discuss their daily lives through a technological platform.

I wrapped up my interviews by asking my five interviewees any thoughts or advice they would give the girls of pro-ana and others living with the illness. Below are their responses:

Eating disorders are serious and require treatment. If you can’t get your behaviors under control within a month, you need a higher level of care (Hannah interview).

It’s just as important to develop an identity outside of recovery as it is to develop an identity outside of the ED (Joanne interview)

Don’t ever consider yourself too old to suffer from an eating disorder. Learn to love and accept your body. Workout and eat right to be healthy, not to be skinny (Cassidy interview)

Eating disorders made me lose friends, and lie to my family, and took up all my time. I was always in a bad mood from being malnourished and I was failing tests in school.
People should know that recovery takes a while and is an up and down ride and that even when it seems like we're not trying—we are (Arabella interview).

I think we need in-depth conversations about diet culture and the impact that the war on obesity has. Measures like banning Photoshop do little because, let’s face it—if advertisers can no longer use Photoshop, they just use thinner models with even more makeup and even better lighting. Maybe the fight against eating disorders impacts too few people for anyone to truly care and maybe the fight is already lost and I can’t even begin to explain how sad that possibility makes me, because I don’t have a single female friend who doesn’t have either an eating disorder or severely disordered eating (Tessa interview).

So I have an eating disorder or I had an eating disorder; I’m recovered or I’m in recovery. In the decade since my last treatment center I’ve fluctuated between the past and present tense. To say I have one alarms others, and they worry I'm actively restricting or binging on laxatives, throwing up lunch, or obsessing over the hunger pains and weighing myself over eleven times a day. This is no longer my life.

But to say I had an eating disorder dismisses the ongoing struggle, even if the voices are not as violent as they once were. To say I had an eating disorder makes it appear there’s a cure or, worse, it was a phase during adolescence. It’s a murky middle ground, somewhere between right and wrong, black and white, sane and crazy. Some days I eat and feel fine. Other days I keep my legs moving to burn off the calories. I’m always conscious of my stomach as it rebels against what I want it to do. I don’t linger long in front of mirrors, because I know I will see something I want to change.

I’m often asked what piece of advice I would give someone in the hell of an eating disorder. The kicker? I’ve no clue what to say to them. Because there are still days I feel pureness in hunger, that I look at my bones and see beauty, and feel worth in a lower number on the scale. I miss treatment and the comforts it provided—where the social ties came with the territory and you felt welcome. Some girls I’m still in touch with. Other girls I can’t even
remember the names of, even though we swore we would keep in touch. I think of them often. I wonder if they escaped the illness or are still in it. Are they happy?

But it’s been ten years and one thing I don’t miss is the exhaustion. Eating disorders are exhausting, both physically and mentally. You jump on the scale after you pee, after you shower, before you go to bed. You debate between baby carrots and broccoli, obsessing over which would be easier to burn off. You put weights in your pockets to fool the doctors. You run three miles to burn off the baby carrots you ate. And it’s so, so tiring that you eventually get sick of it all.

So, I stand here, between the past and the present, knowing there’s no cure, but knowing I’m better than I once was. For now, I’m hopeful.
REFERENCES

   http://proanorexia.livejournal.com/87971164.html#comments. 10 June 2017.


Arabella. Personal interview. 5 May 2017.


“Bikini Bridge.” *Google Search*, Google,

www.google.com/search?biw=1280&bih=648&tbm=isch&sa=1&q=bikini%2Bbridge&oq=bikini%2Bbridge&gs_l=psy-ab.3..0l3.100785.104463.0.104606.13.13.0.0.0.0.127.1398.0j12.12.0.dummy_map_web_fallback...0...1.1.64.psy-ab..1.12.1397...0i67k1.0.oNcPHxqZVms.


Bordo, Susan. *Unbearable Weight: Feminism, Western Culture, and the Body*. 


Cassidy. Personal interview. 5 May 2017.


Eichhorn, Kristen Campbell. “Soliciting and Providing Social Support Over the Internet: An Investigation of Online Eating Disorder Support Groups.” *Journal of Computer-*
Mediated Communication, vol. 14, no. 1, 2008, pp. 67–78. DOI:


Emily. Personal interview. 7 Dec. 2015.


Hannah. Personal interview. 5 May 2017.

Hawisher, Gail. “Exceeding the Bounds of the Interview: Feminism, Mediation, Narrative,


Accessed 17 June 2017.


Livejournal. 12 July 2006.

Joanne. Personal Interview. 5 May 2017.


Katie. Personal interview. 6 Dec. 2015.


http://www.jstor.org/stable/189710


Overbeke, Grace. “Pro-Anorexia Websites: Content, Impact, and Explanations of...”

Polak, Michele. Personal interview. 1 Nov 2015.

Polak, Michele. “‘I think We Must be too Normal…There are too Many of us for This to be Abnormal!!!’: Girls Creating Identity and Forming Communities in Pro- Ana/Mia Websites.” Growing Up Online: Young People and Digital Technologies. Sandra Weber and Shanly Dixon, editors. Palgrave Macmillan, 2007, pp. 83–96.


Register, Joshua, Alina Katrevich, Mara Aruguete, and Jeanne Edman. “Effects of Self-


Smeesters, Dirk, and Naomi Mandel. “Positive and Negative Media Image Effects on the


Tessa. Personal interview. 5 May 2017.


“Thigh Gap.” *Google Search*, Google,


http://proanorexia.livejournal.com/64520955.html?mode=reply#add_comment


*World’s Largest ED Support Group*. Livejournal. 21 September 2009, 8:03 pm.

Hello, my name is Stephen Raulli. I am a doctoral student for the English department at Bowling Green State University. I am currently working on my dissertation entitled, “From Pro-Ana to Bikini Bridge: Online Discourse of Eating Disorders.”

You are being asked to take part in my dissertation research that explores girl culture, eating disorders, and online rhetoric by answering a question set for myself, the interviewer. You are being interviewed after volunteering to take part in an interview. I ask that you read this form carefully and ask any questions you may have before agreeing to take part in the interview.

Eligible candidates must be women age 18 or over, have been diagnosed with an eating disorder in the past, and have sought some form of treatment.

**What the study is about:** The purpose of the study is to gain personal narratives regarding eating disorders and mental health issues such as anxiety or depression, media pressures, and the sexualization of adolescent years, as well as input from therapists who have worked with people with eating disorders. Drug and alcohol use will not be discussed in the question set.

**What you will be asked to do:** If you agree to take part in this study, you will be sent a list of questions to answer via email. The answering of the questions will act as signature of consent. You will have four weeks to answer them.

**Risks and benefits:** Some of the questions are personal and may be considered triggering. Participants will be supplied with contact information for the National Eating Disorder Association as a debriefing form in the last page of the survey when the interviews are completed.

**Compensation:** $10 gift cards for Amazon.com will be emailed to you upon submission of the completed answers to the question set.

**Your answers will be confidential if you choose.** The interview answers of this study will be kept private. In any sort of report I make public I will not include any information that will make it possible to identify you unless you wish to have your real name used. Only I will have access to the interview answers, which will be kept on a USB file and stored in a locked file cabinet in my office. Data transfer will be though email which is not a completely secure form of transmission. However the question set will be saved on the interviewer’s laptop and will remain in his property at all times. If the participant wants their real name used the researcher will oblige.
Taking part is voluntary: Taking part in this study is completely voluntary. You may skip any questions that you do not want to answer. If you decide to take part, you are free to withdraw at any time; if you withdraw, you will not be compensated. By answering the question set the participant is committed to providing full, truthful answers. When the question set is turned back into the principal investigator, participants will be supplied with contact information for further support if needed. The question set takes an estimate time of between one and two hours to complete.

If you have questions: Please ask me any questions you have now. If you have questions later, you may contact me at sraulli@bgsu.edu or at 315-439-2962 via call or text message. The advisors of this project are Kris Blair of Youngstown State University (330-941-3409) at kblair@ysu.edu and Lee Nickoson of Bowling Green State University at leenick@bgsu.edu (419-372-7885). You may also contact the Institutional Review Board at 419-372-7716 or at orc@bgsu.edu regarding questions about participant rights.

You will be given a copy of this form via email to keep for your records.

Statement of Consent: By completing and answering the question set below, I consent to having read the above information and received answers to my questions asked. I consent to take part in this study.
1. Give a little background about your eating disorder—age it began, when were you in treatment, what kind of treatment did you receive. Also what TYPE of eating disorder—anorexia, bulimia, EDNOS etc. Anything you think is relevant. Don’t worry about “what caused it.”

2. If you answered yes to question two, can you describe your interactions with other patients? Did you have friends? What were some topics of conversation?

3. Can you try and articulate what some of your thought processes were when you were ill? What were your rationales?

4. Do you think the media emphasizes thinness? How is it reinforced? What age did you first notice? Did it make an impression?

5. At a point, did the illness become more than food and losing weight? When did you notice the transition?

6. What was your reaction to people commenting on your weight or if they said you were too thin?

7. Did the eating disorder ever feel empowering? Why or why not?

8. With ill patients there are different types of awareness contexts. People with anorexia have discordant awareness-- which is when a person refuses to acknowledge or accept someone else’s view of them. Does this describe you? Did you defend your eating disorder? How so?

9. Did you have knowledge about what an eating disorder was, or how it worked or its effects on the body? How did this impact your choices?

10. What age approximately did you become more aware of your physical body—its size, shape etc.

11. What do you know about pro-anorexia message boards?

12. When did you hear about them?

13. What is your relationship with them—have you ignored them, just looked, or posted?


15. What are some of the things you would post on the proana boards?

16. What’s your opinion about pro-anorexia communities online? Are they supportive or make an eating disorder worse?

17. What do you know about “thinspo”? What is it?

18. Did you ever use or post about thinspo? What kinds (images/quotes/etc)?

19. What effect does seeing thinspo have on you?

20. Should thinspo be banned from websites?

21. With where you are now, what are some of your insights or thoughts about an eating disorder? What should other people know?

22. If you have or had an experience with the pro-anorexia community when you were ill, how do you think things may have been different if you were aware of them?
“From Pro-Ana to Bikini Bridge: Online Discourse of Eating Disorders.”

My name is Stephen Raulli and I am conducting interviews with as part of a study that examines the link between girl culture, media pressures, online discourse, and eating disorders. Interviewees will be asked to share their personal experiences with the topics mentioned above. I ask that interview subjects:

- Have sought treatment whether it is seeing a therapist, inpatient or outpatient help
- Girls who are 18 years or older
- Be willing to answer a question set within a six week time period

Interested in participating? If so eligible interviewees will be sent a list of questions to be answered truthfully. You will have six weeks to complete the questions, with the interviewer able to be contacted at any time for questions or concerns. You will answer the questions on your own time within those six weeks. Participants will be assigned pseudonyms and their identities will be kept confidential.

I do not ask for physical proof or documentation to prove a professional diagnosis for an eating disorder for a professional. I ask that you have sought some sort of treatment. To compensate you for your time, you will receive a $10 gift card to Amazon.com upon receipt of your interview responses.

Principal Investigator: Stephen Raulli, English Department

For more information, contact Stephen Raulli at sraulli@bgsu.edu or 315-439-2962
Hello

You are being emailed after expressing interest in being interviewed to take part in a research study titled, “From Pro-Ana to Bikini Bridge: Online Discourse of Eating Disorders,” a study that explores girl culture, eating disorders, and online rhetoric by answering a question set for myself, the interviewer.

The purpose of the study is to gain personal narratives regarding eating disorders and mental health issues such as anxiety or depression, media pressures, and the sexualization of adolescent years.

Participant information will be kept private. In any sort of report I make public I will not include any information that will make it possible to identify you. If you want real name used then I will oblige.

Please respond to this email if you wish to be interviewed for this study

Best
Stephen Raulli
English Department
Bowling Green State University
Hello

Thank you for your participation in my project, “From Pro-Ana to Bikini Bridge: Online Discourse of Eating Disorders.” Please find below an outline of the purposes, consequences, and benefits to this project, as well as contact for further support.

Purposes: The purpose of this project is to examine the pro-ana community as a means of support for its users. Is the support conditional? Is it a positive means of support?

Consequences: Consequences of this project are being able to examine pro-ana and its effects on users. Do users feel supported? Do they feel a decrease in social anxiety?

Benefits: Benefits to this project are allowing experts to see the type of support on pro-ana boards, and learn what type of support its users require.

Further contact: For further support and information, contact the National Eating Disorder Awareness Association at 1-800-931-2237.

Thank you for your time.

Best
Stephen Raulli
APPENDIX E: ARABELLA INTERVIEW ANSWERS

Please answer as much or as little to these questions as you would like. You do not have to answer every one, and if you are uncomfortable discussing one of the topics then you are under no obligation to answer. Please know your names will be changed and your identities confidential.

1) My ED started around 8 grade when I was 13 (year 2012-2013). I was in treatment in the summer of 2016 for 3 months for anorexia and bulimia.

2) Everyone on the unit was very kind and you're at such a vulnerable state it's easy to become close to people. Some patients were very triggering but we tended to stay away from ED talk unless you were very close. Conversations usually consisted of school, work, dream jobs, home life, friends, plans, and what you do for fun. They don't like you talking to people after treatment because if one person goes downhill the other tends to as well.

3) My thought process when I was sick was what can I do to get another hour without eating, what can I do to exercise quietly, how can I cheat the system while in impatient, what people thought of me, I looked fat, next time I can weigh myself, and what I look like when eating. Some things that rationalized it was if other people can eat why can't I, and that when being weighed water weight is shown as well.

4) Media definitely had and still has a huge emphasis on being thin. I'd always see weight loss opportunities and skinny models and "how they lost weight." I really noticed when I turned 14 and entered high school. It made me feel that I was too heavy and if I didn't look like the models I didn't look good.

5) My eating disorder became more than eating and weight when I entered high school. I lost old friends and I had a huge amount of homework and I felt I lost control so I fell back on it as a safety net, it was like I knew everything was changing but I still had that which was constant.

6) Whenever people commented on my weight I hated it. I have been underweight my whole life so people would always say "I wish I was as thin as you" and it made me feel so bad and pressured that I always had to be this thin. After my unit everyone said "I looked so healthy" which is a nice way of saying I've noticed you gained weight, which definitely got to me. Whenever people would tell me they were worried and I looked super sick it made me insanely happy and anything other then that would make me feel worse. One thing I found myself doing a lot along with a lot of other patients in impatient was we would feel so bad about ourselves we would constantly be doing sexual things to feel valued.

7) I definitely felt empowered with my ED, if anyone mentioned their diet or fasting, I was always sicker so I felt stronger. When people eat near me when I
don't eat I feel like I'm winning.

8) I refuse and refused to acknowledge someone else's views of me. I don't see myself as thin or sick and probably never will. I always defended my eating disorder "I'm not sick" "I'm just not hungry" "I'm losing weight naturally." I'd get mad if people would say I had an eating disorder.

9) I had knowledge of ED, my sister had one, and it didn't impact my choices in a good way, it more helped because I knew what to not do because it would be bad but I wanted to lose weight so I did it.

10) I became aware of my body and shape freshmen year when I was 14.

11) I am very familiar with pro anorexia and bulimia boards, it's when people encourage or help you get to your goal weights.

12) I heard of them during freshmen year by stumbling across the weight loss tab on Tumblr and twitter.

13) I actually ran a board on Tumblr for awhile and it got a significant following. A friend told me that I'm just hurting people so I deactivated it, and now I run a board of my personal progress on both Tumblr and twitter that "doesn't" encourage it but it certainly says things that do. I actually have Ana buddies-anorexic people online that will keep me from eating and stick to fasting or purging.

14) The boards are definitely negative but some days when posting my own pictures I would receive such positive messages it felt good but was still encouraging the disorder.

15) I would post "thin feels better then food tastes" and "stop eating" and what I thought was overweight and what I considered skinny and just really terrible things insulting people (but not directly more of a flaking to myself but so it applies to others).

16) I still have a board I think they're incredibly toxic but it was and is a good place to rant to people who understand so I'm not sure what would happen if they were taken down. People would still find ways, they always do.

17) Thinspo was something I was hooked on. It is a "thin inspiration" basically pictures of sick girls that are idolized and glorified.

18) I still have an account on Tumblr of my personal photos that people reblog and comment on, and I screenshot these girls and try to get my thighs or my stomach or arms to like that. I often copy the image to see if I looked the same. I'd always go through the tags and would reblog other people and comment. My
eating disorder definitely fed off of my account and how many likes/comments/reblog I got.

19) Seeing them made me always be in competition "my arms look better than hers" or "she's way thinner" or "I will never be that pretty (sick)." It definitely impacted me a lot in a negative way.

20) I rationally know thinspo should be banned, but I feel like I would be giving up a big part of my life so I would probably petition it because it is expressing yourself.

21) Eating disorders made me lose friends, and lie to my family, and took up all my time. I was always in a bad mood from being malnourished and I was failing tests in school. People should know that recovery takes awhile and is an up and down ride and that even when it seems like we're not trying we are.

22) When using the proana sites when I was sick definitely made me worse. If I was aware of them being bad I think I would've still used them because I wasn't myself I was my disorder.
APPENDIX F: CASSIDY INTERVIEW ANSWERS

Please answer as much or as little to these questions as you would like. You do not have to answer every one, and if you are uncomfortable discussing one of the topics then you are under no obligation to answer. Please know your names will be changed and your identities confidential.

1. Give a little background about your eating disorder—age it began, when were you in treatment, what kind of treatment did you receive. Also what TYPE of eating disorder—anorexia, bulimia, EDNOS etc. Anything you think is relevant. Don’t worry about “what caused it.”

I’m 32 and my eating disorder began around age 29. I didn’t receive any formal treatment but I did speak with my doctor about it and that was when it was determined that I had an eating disorder. I was diagnosed with anorexia. All of my treatment was self treatment. I did a lot of research on it and found some online support systems for help.

2. If you answered yes to question two, can you describe your interactions with other patients? Did you have friends? What were some topics of conversation?

My friends weren’t very understanding of me. They didn’t understand why I couldn’t “just eat.” My best friend from high school had the same sort of eating disorder (which I found out after about a year) and we talked a lot about how we dealt with it and ways to combat the feelings we had. Otherwise, it was just a lot of people who didn’t seem able to understand what I was going through.

3. Can you try and articulate what some of your thought processes were when you were ill? What were your rationales?

When I lost weight I suddenly started getting attention from people and it felt good and I didn’t want it to disappear again. Plus, I’d been just slightly overweight for several years, so I told myself it was healthy to lose weight and get thinner. I didn’t like starving myself, I didn’t like the way it made me feel physically, but I liked the control it gave me and I liked the attention I gained from being thin.

4. Do you think the media emphasizes thinness? How is it reinforced? What age did you first notice? Did it make an impression?

Yes, the media absolutely emphasizes thinness. It’s in every magazine, on every billboard, in every movie and TV show. Diet plans, diet medicines, medical treatments, even just normal clothing ads. It is heartbreaking to look through a magazine or to watch a TV show and not feel represented by the models or actors portraying “beauty.” I remember noticing as far back as 10 years old. That was the first time someone brought attention to my “flaws” and then I
started noticing that maybe my body wasn’t the same as they were in magazines and it hung onto me since then.

5. At a point, did the illness become more than food and losing weight? When did you notice the transition?

My eating disorder stemmed from my anxiety disorder so the two go hand in hand. When I would feel anxious, it would make me nauseous which would make me not eat and then I’d lose weight and I’d feel better because people complimented me and paid me more attention and then if I fluctuated or thought about gaining weight, I’d get anxious and it would start the cycle all over again. Plus, it was a form of control. When my life felt out of my control, I could control my intake. It was a constant way to have control over something.

6. What was your reaction to people commenting on your weight or if they said you were too thin?

I reveled in the comments and compliments. No one said I was too thin but everyone said I looked good or hot or beautiful and I wanted more of that. I didn’t want it to end.

7. Did the eating disorder ever feel empowering? Why or why not?

Yes. As I said before, it was a way to control something in my life when everything else felt uncontrollable. In addition, the attention it gained me was empowering.

8. With ill patients there are different types of awareness contexts. People with anorexia have discordant awareness-- which is when a person refuses to acknowledge or accept someone else’s view of them. Does this describe you? Did you defend your eating disorder? How so?

For a long time I was in denial about having an eating disorder. No one seemed that concerned at first but when they would bring it up, I did find myself defensive. I didn’t want to believe anything was wrong with me. And there are still times when I don’t think there is.

9. Did you have knowledge about what an eating disorder was, or how it worked or its effects on the body? How did this impact your choices?

I knew what eating disorders were from school and from my doctors growing up. I wasn’t aware of how much it affected a body until I had one and started having some serious physical repercussions.

10. What age approximately did you become more aware of your physical body—
its size, shape etc.
I was 10 years old.

11. What do you know about pro-anorexia message boards?
I know they exist and that they spread harmful information on anorexia and “thinspiration”

12. When did you hear about them?
I don’t recall

13. What is your relationship with them—have you ignored them, just looked, or posted?
I have ignored them

I didn’t go onto them.

15. What are some of the things you would post on the proana boards?
I’ve never posted

16. What’s your opinion about pro-anorexia communities online? Are they supportive or make an eating disorder worse?
They are negative and encourage dangerous behavior.

17. What do you know about “thinspo”? What is it?
I’m not sure exactly what it is or how it started but I think it’s something like obsessing or glorifying thinness.

18. Did you ever use or post about thinspo? What kinds (images/quotes/etc)?
I followed a lot of “fitness” blogs and I used to reblog their images and quotes with a tag of “goals”

19. What effect does seeing thinspo have on you?
It makes me want to restrict and it makes me see myself in a very negative light.

20. Should thinspo be banned from websites?
YES!

21. With where you are now, what are some of your insights or thoughts about an eating disorder? What should other people know?

Don’t ever consider yourself too old to suffer from an eating disorder. Learn to love and accept your body. Workout and eat right to be healthy, not to be skinny.

22. If you have or had an experience with the pro-anorexia community when you were ill, how do you think things may have been different if you were aware of them?
APPENDIX G: EMILY INTERVIEW ANSWERS

Please answer as much or as little to these questions as you would like. You do not have to answer every one, and if you are uncomfortable discussing one of the topics then you are under no obligation to answer. Please know your names will be changed and your identities confidential.

1. Give a little background about your eating disorder—age it began, when were you in treatment, what kind of treatment did you receive. Also what TYPE of eating disorder—anorexia, bulimia, EDNOS etc. Anything you think is relevant. Don’t worry about “what caused it.”

Age 13 - began treatment at 16- EDNOS- anorexic tendencies.

2. Can you try and articulate what some of your thought processes were when you were ill? What were your rationales?

I thought I was fat. I pictured every calorie I are going right to my chin. I was obsessed I had a double chin and focused constantly on making sure I didn't. It felt good to starve myself. I enjoyed the control I had.

3. Do you think the media emphasizes thinness? How is it reinforced? What age did you first notice? Did it make an impression?

I was probably 5 and my mom would do all the Jane Fonda workout videos and fad diets . I would want to do that too. I wanted slim fast like she had. I would get up extra early with her to do the work out videos .

4. How would you compare the mindset of someone with an eating disorder when placed in the culture of thinness? Is the comparison fair?

It's an addiction. Seeing the constant praise for thin people in the media just made me feel like what I was doing was acceptable and "normal "

5. At a point, did the illness become more than food and losing weight? When did you notice the transition? What were some thoughts when you thought of recovery before entering treatment?

I became miserable. I was sad all the time. I couldn't concentrate at school. I began to chew and spit out food just to get the flavor. I would work out in my bedroom tirelessly. My dad said no more and I had no choice to go to partial.

6. What was your reaction to people commenting on your weight or if they said you were too thin?

I would feel bad. I didn't see myself as thin even though I was skin and bones.
7. Did the eating disorder ever feel empowering? Why or why not?

Of course! I was in control. It felt good. It still feels good sometimes even after almost 10 years of recovery. I have to be careful of triggers. Even the memories, horrible, still feel good, if that make sense.

8. With ill patients there are different types of awareness contexts. People with anorexia have discordant awareness-- which is when a person refuses to acknowledge or accept someone else’s view of them. Does this describe you? Did you defend your eating disorder? How so?

Def applies to me. I felt I had to because it was me. My eating disorder was my identity.

9. Did you have knowledge about what an eating disorder was, or how it worked or its effects on the body? How did this impact your choices?

Yes. It scared me but I quickly forgot and continued the behavior.

10. What age approximately did you become more aware of your physical body—its size, shape etc.

11. What was your reaction or feelings when menstruation began? What were your feelings toward your body at this point? (Ex: Did you wear baggy clothing etc)

Getting my period for the first time was so traumatic for me I have blocked the memory out. I don't remember when it happened but it did.

12. During your adolescence, did you feel comfortable talking with others about your body and what was happening to it?

No. I was ashamed // embarrassed.

13. Did you notice a difference in how boys were receiving treatment? Not just in terms of adolescence, but in our culture? (Ex. Were boys or girls more encouraged to have sex? What were the repercussions for them if they did?)

No.

14. When did you begin to think of your body as an object of desire? What was your reaction to it?

15. What do you know about pro-anorexia message boards? When did you hear about them? What is your relationship with them—have you ignored them, just
looked, or posted?

16. What’s your opinion about pro-anorexia communities online?

17. Describe your experience with the others you were in treatment with. Good, bad, what were your thoughts when you first met them?

Good. It was good to be around people who thought just like I did.

18. What do you know about “thinspo”? Thigh gap? Bikini bridge? Thoughts?

19. With where you are now, what are some of your insights or thoughts about an eating disorder? What should other people know?

Get help early. Avoid triggers. Find happiness in other things. You can and will overcome this.

20. If you have or had an experience with the pro-anorexia community when you were ill, how do you think things may have been different if you were aware of them?
1. Give a little background about your eating disorder—age it began, when were you in treatment, what kind of treatment did you receive. Also what TYPE of eating disorder— anorexia, bulimia, EDNOS etc. Anything you think is relevant. Don’t worry about “what caused it.”

My eating disorder (anorexia) began when I was 13. I was overweight when I started restricting, so it took several months for my parents to catch on. Once they did, they started monitoring what I ate, but they didn’t get me any treatment. So my eating was fine, but I never dealt with the underlying issues. When I went to college, my eating got bad again, and I ended up going to residential treatment when I was 19. I did well for about a year, but then I ended up relapsing and going back to residential treatment when I was 21.

2. If you answered yes to question two, can you describe your interactions with other patients? Did you have friends? What were some topics of conversation?

I made really great friends in treatment who are still my best friends today. We talked about a wide variety of subjects—our eating disorders, what we want to do in life, politics, animals, our lives.

3. Can you try and articulate what some of your thought processes were when you were ill? What were your rationales?

All I ever thought about was losing weight. If I was losing weight, I was “winning.” I always rationalized it by telling people that I wasn’t “that sick.”

4. Do you think the media emphasizes thinness? How is it reinforced? What age did you first notice? Did it make an impression?

The media definitely emphasizes thinness. It’s really fucking annoying. It’s reinforced in advertisements—whether they’re specifically weight loss ads, or other ads that just glorify thin people. I first noticed when I was about 9, and it made me feel like my body was wrong.

5. At a point, did the illness become more than food and losing weight? When did you notice the transition?

For me, the illness always begins as something other than food and weight, but then in my head, over time, it becomes about food and weight, even though in reality, it’s always about something other than food and weight. That sounds really confusing, I know. When it starts, I can recognize that starving myself is bad and that I’m doing it to numb my
feelings, but as time goes on, I can’t see the bigger picture anymore; all that matters is food and weight. I think the transition happens once my weight falls below my set point. That’s always the point of no return, and I end up having to go back to treatment.

6. What was your reaction to people commenting on your weight or if they said you were too thin?

I LOVED it when people commented on my weight loss. I felt like I was winning. I wanted people to notice it, because I wanted them to be able to see my pain.

7. Did the eating disorder ever feel empowering? Why or why not?

It did feel empowering. It made me feel like I was better than other people. Other people needed food to survive, but I didn’t. I thought restricting made me strong.

8. With ill patients there are different types of awareness contexts. People with anorexia have discordant awareness-- which is when a person refuses to acknowledge or accept someone else’s view of them. Does this describe you? Did you defend your eating disorder? How so?

Yes, that describes me. I truly saw myself as a huge person, even though others saw me as too thin. I couldn’t see it. I defended my eating disorder by telling people that I was just eating healthy and being active.

9. Did you have knowledge about what an eating disorder was, or how it worked or its effects on the body? How did this impact your choices?

I knew what eating disorders were and that they had negative effects on my body, but I didn’t care. At times, I even liked the idea that I was harming myself.

10. What age approximately did you become more aware of your physical body—its size, shape etc.

I became aware of my body around age 7, but that was mostly because of some very bad things that happened to me at that age.

11. What do you know about pro-anorexia message boards?

I know that people post about how little they eat and pictures of their emaciated bodies, and others encourage them to continue losing weight.

12. When did you hear about them?

I heard about them when I was a freshman in college, so 18.

13. What is your relationship with them—have you ignored them, just looked, or posted?

I’ve just looked at them.

It has negative effects on me. When I’m sick, it makes me want to be more sick, and when I’m healthy, it makes me miss being sick.

15. What are some of the things you would post on the proana boards?

I never posted on them.

16. What’s your opinion about pro-anorexia communities online? Are they supportive or make an eating disorder worse?

I think they’re horrible, because they encourage eating disorders. The only “support” they provide is to support the eating disorder, which is bad.

17. What do you know about “thinspo”? What is it?

I know that thinspo is when people post or look at pictures of emaciated bodies to inspire themselves to lose weight.

18. Did you ever use or post about thinspo? What kinds (images/quotes/etc)?

I never posted anything, but I looked at it. It served the same purpose that the pro-ana communities did.

19. What effect does seeing thinspo have on you?

It makes me miss my sick body.

20. Should thinspo be banned from websites?

No, because it would be really hard to draw the line between what counts as thinspo and what is just pictures of skinny people. It could lead to discrimination.

21. With where you are now, what are some of your insights or thoughts about an eating disorder? What should other people know?

- Eating disorders aren’t just about food and weight. They seem like they’re just about food and weight, but they’re about something deeper.
- Anyone can have an eating disorder, regardless of their weight, gender, race, sexual orientation, gender identity, etc.
- Eating disorders are serious and require treatment. If you can’t get your behaviors under control within a month, you need a higher level of care.

22. If you have or had an experience with the pro-anorexia community when you were ill, how do you think things may have been different if you were aware of them?

I never really participated in these; I just looked at them.
APPENDIX I: JOANNE INTERVIEW ANSWERS

Please answer as much or as little to these questions as you would like. You do not have to answer every one, and if you are uncomfortable discussing one of the topics then you are under no obligation to answer. Please know your names will be changed and your identities confidential.

1. Give a little background about your eating disorder—age it began, when were you in treatment, what kind of treatment did you receive. Also what TYPE of eating disorder—anorexia, bulimia, EDNOS etc. Anything you think is relevant. Don’t worry about “what caused it.”
   
   a. I was always underweight as a child and it was part of my identity. When I was in 7th grade and starting to go through puberty, I panicked because I didn’t want my body to change. I actually started restricting so I wouldn’t gain weight (I didn’t even want to lose weight). But by restricting, I ended up losing a lot of weight. Since I was already underweight to begin with, I reached a dangerously low weight within a few months. When my mom brought me to my PCP, I was diagnosed with anorexia and she told my mom that I needed to be in the hospital. My parents have never heard of EDs before and were really scared, so when I told them I would kill myself if they put me in the hospital, they let me manipulate them into not seeing the doctor any more. I started therapy and started seeing a psychiatrist though, and the psychiatrist put me on Zyprexa, an atypical antipsychotic that is notorious for the side effect of weight gain. Even though I was still severely restricting, I gained a lot of weight from the medication. I was miserable – I still had the mindset/behaviors of anorexia, but my body no longer reflected that. In 8th and 9th grade, I started being involved in online ED/recovery support forums. I read so many stories about people going into the hospital and began to associate being hospitalized with being “sick enough.” So I vowed to myself that I would relapse so I would be hospitalized, deemed “sick enough”, so I could move on. I stopped taking the Zyprexa in 9th grade, and I quickly lost the weight. I remember calling different hospitals to inquire about their ED treatment programs but at that point, I was too underweight and no psychiatric facilities would accept me. I ended up being hospitalized on a medical unit of a children’s hospital that had an ED treatment protocol (WHERE I MET ONE OF MY BFFs! <3 <3 <3!!!). I remember the night before going for my intake appointment, being so nervous that they would take one look at me and laugh at me because I was “too fat” and “not sick enough” for treatment.

   My first hospitalization was kind of a gateway to multiple hospitalizations. I became too comfortable in tx settings. After being discharged from my first inpatient stint, I started bingeing and purging, which took a big hit on my mood/anxiety. While restricting made me feel accomplished and productive, bingeing and purging was very shameful and made me feel out of control. I had depression and anxiety when I was restricting, but it was
nothing like the devastating hopelessness/emptiness that came with bingeing and purging. It also felt horrible because when I was bingeing and purging, I maintained a healthy-ish weight. I also started coping with those feelings in other maladaptive ways, like through self-harm. I made several suicide attempts in high school (because of the depression/anxiety/self-harm/bingeing and purging). I’ve been hospitalized 13 times for my mental health issues – most of them were for a mix of ED/depression but some of them were just for self-harm/suicidal ideation. When I wasn’t in treatment, I still went to therapy every week, tried many medications, and sometimes saw a nutritionist. I’ve also done IOP/partial programs.

2. Can you try and articulate what some of your thought processes were when you were ill? What were your rationales?
   a. I had a lot of obsessive thinking and rituals around food when I was sick. For example, I thought that I could inhale calories, so I avoided smells of foods. I think at some level I knew this was irrational, but I would rather be “safe” than take the risk. Also, most of my thought processes (and life in general) revolved around the ED. I was too preoccupied with food and calories to be present in my life.

3. Do you think the media emphasizes thinness? How is it reinforced? What age did you first notice? Did it make an impression?
   a. Yes, but personally I think that played a very minimal role in the development of my ED. I don’t know when I first noticed it (maybe middle school?). It didn’t really affect me though – I remember reading tabloid stories about celebrities with eating disorders and reading their “shockingly low” weights and feeling good about myself because my weight was much lower.

4. How would you compare the mindset of someone with an eating disorder when placed in the culture of thinness? Is the comparison fair?
   a. I think the ED mindset is more about safety, security versus looks. When I was really underweight, I was aware that I didn’t look good, but that wasn’t the point for me. The thinner I was, the more safe I felt.

5. At a point, did the illness become more than food and losing weight? When did you notice the transition? What were some thoughts when you thought of recovery before entering treatment?
   a. For me, the ED became more than about food and losing weight quite early on. I know it sounds like cliché, but for me, it was more about safety and control. Seeking treatment actually distorted/complicated the role the ED played in my life. I became a “professional patient” and the ED became part of my identity and became about being “sick enough.” I remember deliberately making the decision to relapse just so I could be hospitalized (and therefore “sick enough”, and allowed to recover).
6. What was your reaction to people commenting on your weight or if they said you were too thin?
   a. I was thrilled inside when people told me I looked sickly/too thin, but I was very defensive because I didn’t want other people to be jealous of how thin I was (not that anyone would be because I definitely wasn’t attractive my our culture’s standards).

7. Did the eating disorder ever feel empowering? Why or why not?
   a. Restricting felt very empowering. It was a false sense of security- I would tell myself, “No matter what happens, it doesn’t matter if everyone hates you, as long as you’re thin, everything will be okay.” Bingeing and purging felt more out of control.

8. With ill patients there are different types of awareness contexts. People with anorexia have discordant awareness-- which is when a person refuses to acknowledge or accept someone else’s view of them. Does this describe you? Did you defend your eating disorder? How so?
   a. I think I knew that I had an ED, but for a while I hoped that by denying it, I would trick other people (e.g. my parents or treatment professionals) into thinking I had depression or some other condition so they would not be on my back about eating.

9. Did you have knowledge about what an eating disorder was, or how it worked or its effects on the body? How did this impact your choices?
   a. Yes, but it didn’t impact my choices because at that point, my behaviors didn’t feel like “choices” anymore. Also, it felt like these horrible consequences wouldn’t happen to me. Actually, toward the end, I almost wanted to have these negative consequences, because it would be another sign that I’m “sick enough”

10. What age approximately did you become more aware of your physical body—its size, shape etc.
    a. Very young. Maybe around 3 years old? I was always small for my age and people always pointed out how “small” and “cute” I was. I didn’t want to lose that aspect of me.

11. What was your reaction or feelings when menstruation began? What were your feelings toward your body at this point? (Ex: Did you wear baggy clothing etc)
    a. Getting my period for the first time was so distressing that I ended up being hospitalized for feeling suicidal. I felt disgusted by my body. I also spent a lot of time/energy toward being a “good anorexic” at that point, so getting my period also felt like my body was betraying me.

12. During your adolescence, did you feel comfortable talking with others about your body and what was happening to it?
13. Did you notice a difference in how boys were receiving treatment? Not just in terms of adolescence, but in our culture? (Ex. Were boys or girls more encouraged to have sex? What were the repercussions for them if they did?)
   a. Even though there’s a lot of talk around male privilege, I actually feel glad to be a girl because there’s less pressure re: certain things, e.g. having sex, making money.

14. When did you begin to think of your body as an object of desire? What was your reaction to it?
   a. Maybe I was really naïve, but it didn’t occur to me until I started college. I don’t think it affected me much though – my ED behaviors were still about how it made me feel (not about wanting to look good for someone else). But I did become more self-conscious and ashamed of my self-harm scars though.

15. What do you know about pro-anorexia message boards? When did you hear about them? What is your relationship with them—have you ignored them, just looked, or posted?
   a. I’m not sure when I found out about pro-ana message boards/communities. I was very involved in some of the livejournal ones and some “University of Ed” ones. I’m ashamed to admit that I’ve both looked and posted.

16. What’s your opinion about pro-anorexia communities online?
   a. I didn’t get into pro-ana/thinspo until pretty far into my illness. Junior and senior years of high school (4-5 years after I was first diagnosed) was when I got really involved. Sometimes I wonder how my illness trajectory would be different if I had gotten involved in pro-ana communities when I was younger and more impressionable. I was much more secretive and isolative about my ED when I was first struggling. I was also part of recovery-oriented discussion boards. I was very aware of my hypocrisy. (I guess the recovery-oriented communities weren’t healthy for me either; they reinforced my sick identity. I would read other peoples’ stories and always think that I was never “sick enough.”) Morally I was against pro-ana, but reconciled my morals with my disease by telling myself that since it was used as self-destruction (vs me posting thinspo), I wasn’t hurting anyone else.

17. Describe your experience with the others you were in treatment with. Good, bad, what were your thoughts when you first met them?
   a. I met some of my best friends in tx. There’s something special about spending an intense/painful period of your life with someone who truly understands. There was a competitive aspect though – I remember
comparing my body to those of new patients. I wanted to be thinner than them and felt like a fraud when I didn’t feel “sick enough.”

18. What do you know about “thinspo”? Thigh gap? Bikini bridge? Thoughts?
   a. I’m very familiar with “thinspo” and thigh gap, but bikini bridge is new to me. I used to have a folder on my computer of thinspo and printed thinspo out and put glued it on the inside of my food journal (where I tracked everything I ate).

19. With where you are now, what are some of your insights or thoughts about an eating disorder? What should other people know?
   a. I think there’s more awareness that EDs are not about weight, but the medical system actually reinforces the idea that you have to be thin to be sick. Even though our doctors said that it was more about behaviors and our mindset, the first thing they would do is weigh us. And our weight/labs/vitals also to a certain extent determined whether our insurance companies would pay for treatment. It’s unfortunate that our health insurance system doesn’t understand and is so money-driven, but it hurt more when doctors (including ED specialists) invalidated me based on my weight. I strongly believe I was in the roughest shape when I was stuck in the bingeing and purging cycle, but I had a doctor tell me that I was exaggerating how bad it was because my weight and labs were fine, so clearly I was okay.
   b. I judged myself for a long time that my recovery journey was different from most people’s: I gained my life back by focusing on life rather than blogging my intake, doing yoga, and becoming obsessed with recovery (I did go through a period of that time though). I felt like a fraud because if my ED was truly bad, then recovery wouldn’t have happened so passively. I know it’s not completely passive, but it felt like LIFE things got in the way of focusing on the ED, and that’s when I started living.

20. If you have or had an experience with the pro-anorexia community when you were ill, how do you think things may have been different if you were aware of them?
APPENDIX J: KATIE INTERVIEW ANSWERS

Please answer as much or as little to these questions as you would like. You do not have to answer every one, and if you are uncomfortable discussing one of the topics then you are under no obligation to answer. Please know your names will be changed and your identities confidential.

1. Began sophomore year of high school (2001), 16 years old. Diagnosed at age 20 with Anorexia and over-exercising, OCD, depression, and anxiety. Began treatment in March 2005 and completed June 2005. As an awkward adolescent I was on the chubbier side (5th grade through sophomore year) and I started limiting my food intake somewhat and saw big results. Girls at school noticed and guys began asking about me, I got obsessed with the pure weight loss at first, but then as it went on it was obviously more than that. At first I was seen at St. Mary’s at the end of February 2005, matched with an outpatient counselor, but it soon became evident that it was a bigger problem and I was admitted to the day program.

2. As I mentioned earlier, it began with limiting foods in high school and going from a size 12 to an 8 and then to a 6, and finally in college getting down to a 2. Each number change in pant size and on the scale was a triumph. I went to an all-girls high school and sought acceptance, I guess. After a while, girls began noticing me, mostly because the guys at the all-boys school began asking about me and that felt good. Junior year, I began dating a guy, a year older than me, from a very different background than I grew up in. He belonged to the country club, the whole family drove nice cars, they wore Polo clothes and lived in a million dollar house. I watched his dad work all the time and “apologize” to his mom by buying her amazingly expensive things. My bf, Ryan, and his dad and brother would poke fun at his mom for how much she ate or a little weight gained here and there. Looking back on it, I guess it affected me more than I realized. I just came at it thinking, okay I don’t come from the same place as these people, so when someone asks me what my parents do and what affluent neighborhood I grew up in – I don’t have an answer for them, but I can be skinny, pretty, sweet, friendly arm candy. Ryan began playing into it and as our time together went on, he commented on my eating habits, even though at the time I would eat only egg whites and grapefruit. I remember vividly, sitting at a Denny’s while he ate a Grand Slam and I ate a grapefruit, and he told me that he could see it in my fingers. At this point I weighed 125 pounds at 5 foot 9. We dated on and off for 2 ½ years. He was in Boston while I was in Columbus and the “missing my bf” depression did wonders for my weight loss.

I remember my parents coming to see me as a freshman in college (2003) and they stopped dead in their tracks and told me I wasn’t okay and that something was wrong. At that point I was 116 pounds. I went to the gym twice a day for an hour and a half each time. I drank prune juice, ate lettuce, and refused to eat in the dining halls. I cancelled my meal plan. In the fall of 2004, I broke up with Ryan. In January 2005, I went into a deep depression, didn’t leave my apartment.
bedroom, stopped going to classes, and newspapered my mirror so that I didn’t have to look at the disgustingly fat human that I was. I had gained back about 15 pounds from trying to eat normally, so to offset that I was using a box of laxatives every two days. My roommates called my parents and they came to get me. I took a medical leave from February 2005 – June 2005.

Sorry, maybe that is too much information, haha, but I guess my rationale was that it was one thing that I could control in situations where I felt so desperately out of control (i.e. not being wealthy enough to date my bf at the time, being at a new, big school)

3. I do think the media emphasizes thinness. I would say that I noticed it more before I was anorexic, though. I noticed it most when I was chubby – watching Full House and noticing that none of the girls were big, or Saved By The Bell and seeing that they all looked great in leotards. I definitely think that today there is much more awareness surrounding our obsession with weight and thinness, but it is still an issue. There are hardly any actresses in Hollywood that have what would be considered a “normal” body and for kids to see that constantly paints this very one dimensional picture of what is acceptable.

4. Sorry I don’t totally understand this questions 😊

5. Oh yeah, the illness definitely took over my life. It almost ruined my life. I would say in fall 2003 is when there was a “switch” – it wasn’t just about losing weight anymore, it was to control things I couldn’t control, being so sad, feeling scared and isolated. I was ready to get help, I was so exhausted mentally from constantly calculating numbers – calories in, exercise calories out. I think back on it now and I just imagine myself as this withered up, scared little flower. Some of it seems like a blur now, as if I was just a shell. I was nervous to start treatment, but ready to get better, I wanted to be healthy and move on.

6. I loved when strangers commented on my weight or acquaintances, but I would get really upset and irritated when my good friends or family mentioned it. In high school, my girlfriends, all of whom I am still best friends with today, tried to have an intervention and tell me they were worried about me and that really pissed me off because I didn’t want them getting in the way of my “goals”. And as far as my family, that also made me mad. When my parents would come visit freshman year (2003) and say things about how awful I looked, I would get so upset.

Side story: I remember my freshman year roommate coming back to our room after an event at her sorority. She had stopped for drinks at a party after, but she stumbled in our room, drunk, and told me that she attended a seminar on eating disorders and she thought I had one. I was so angry and panicked, like “Oh shit, she knows my secret”. I blew it off and we never spoke of it again.

7. Yes, it felt incredibly empowering. I had the will power and the drive to starve myself! Who else can do that? Not many people in my mind. I also loved to bake, so I felt really great that I could bake all afternoon and not eat a morsel of it. I would give it all away and I got such satisfaction from watching other people eat things I made. Things that I wouldn’t eat because I had way more self-control
than they did. That feeling of empty – being the hungriest I could possibly be, the skinniest I could possibly be, was like a good high. It was amazing.

8. Yeah I defended it. Anorexia was my friend and in my mind I was so good at it. It helped me get noticed, it got me boyfriends and crushes. I was extremely defensive of my habits, I would get angry with my family and friends when they mentioned it, but with strangers I played it up as if I was just naturally like that.

9. I had heard about eating disorders and I knew about them, but I guess I never thought of myself as someone with one. It wasn’t until I had an official diagnosis that I was able to comprehend it.

10. Probably 6th grade – I wasn’t obese, but I was chubby, glasses, braces, and awkward. Hell of a combination 😄

11. I didn’t get my period until late – I was a freshman in high school (1999), so that made me self-conscious. I felt like everyone was part of a club that I didn’t have a part in. I don’t think my feelings towards my body changed right when I started menstruating; I think it was probably a year or so later when I began actively trying to lose weight.

12. No 😄

13. I was pretty oblivious to all things gender/sex related and honestly, when guys became interested in me, I was excited just to be desired and didn’t care if it was slutty or not.

14. Probably when I was a junior in high school (2002). I was excited! Guys had never liked me before – I lost a bunch of weight and suddenly these cool, attractive guys were interested in me and I was psyched.

15. I’ve actually never looked at them, wrote on them, or even seen them.

16. It certainly isn’t a positive opinion, anything that fuels a sickness isn’t good.

17. I loved the people I was in treatment with. They became my family for that period of time. They were the only ones who could understand how having to eat a piece of pizza would make me breakdown in tears. It’s funny that a disease that started out as a way for me to feel included (skinny and pretty with the cool girls) ended up making me feel so isolated, alone in my college apartment with a newspaper covered mirror. Treatment was the best thing that ever happened and it saved my life. I will always hold a special place in my heart for all of the people in my program. I wish I knew what happened to everyone else and how everyone is doing. I can only hope that they are living happy, healthy lives.

18. I’m such a 31 year old – I don’t even know what those things mean haha, I’ve been living in a hole since I had a baby 😊

19. It’s a serious illness and it needs to be treated that way. I consider myself so lucky that I got help and have never relapsed. Eating Disorders can ruin your life and they sneak up on you, before you know it you are being swallowed by a demon and you don’t know how to get out. Looking back on it is pretty crazy, especially coming from where I am now – I have an incredibly loving, understanding husband, a beautiful daughter who I want to grow up knowing she is not just a size or a number, and I have flab. And that’s okay because I am so much more that the number on the scale. I like to think I am an advocate to some extent for Eating Disorder awareness – anytime I can share my experience and my input, I do 😊
APPENDIX K: TESSA INTERVIEW ANSWERS

Please answer as much or as little to these questions as you would like. You do not have to answer every one, and if you are uncomfortable discussing one of the topics then you are under no obligation to answer. Please know your names will be changed and your identities confidential.

1. Give a little background about your eating disorder—age it began, when were you in treatment, what kind of treatment did you receive. Also what TYPE of eating disorder—anorexia, bulimia, EDNOS etc. Anything you think is relevant. Don’t worry about “what caused it.”

I don’t remember ever having normal eating. As long as I could remember, I always ate until I was a little too full. My restrictive behaviors began when I was maybe 11 or so; I had no idea about what would result in actual weight loss so I would do silly, little things like only eat a mini apple for breakfast or skip lunch. None of those things resulted in any real weight loss and I still overate a lot of the time. I was always on the verge of being overweight. Around 15 or 16, I became a lot smarter about calories and started restricting and began to lose weight. I’ve lost and gained weight ever since. At 21, I was diagnosed with anorexia at my college counseling center. I received maybe ten sessions with my first therapist and two sessions with the next therapist. Both were individual talk therapy. The therapists had the best of intentions, but none of the treatment helped. I also saw a physician and dietician as part of the program for college students with eating disorders. (I was offered a psychiatrist, but I declined because I didn’t want medication.) The dietician further fueled my eating disorder.

2. If you answered yes to question two, can you describe your interactions with other patients? Did you have friends? What were some topics of conversation?

I only received individual therapy so this question doesn’t apply.

3. Can you try and articulate what some of your thought processes were when you were ill? What were your rationales?

Well, there are thoughts before you start using behaviors and thoughts after you start using behaviors. Before I began using behaviors, I just thought my weight was so unhealthy that any weight loss—even through unhealthy means—would be justified. Once you begin restricting, nothing else really matters as much. You have to give up a lot. That’s not to say that restricting is entirely unenjoyable—there is a high that comes with restricting. It’s overwhelming how joyful restricting makes me. That euphoria and the number on the scale dropping kept me satisfied with what I was doing. But I always thought that there would be an endpoint where I would be thin, healthy, and not have to restrict.
4. Do you think the media emphasizes thinness? How is it reinforced? What age did you first notice? Did it make an impression?

I don’t know that there’s an age where I “noticed” the media’s emphasis on thinness because I think I always knew that I didn’t look like any girl or woman in the media. Of course the media emphasizes thinness, but I think that the medical community and commercial weight loss industry reinforces it. Basically, it’s a double-whammy. Thinness is associated with health, control and status. I know there have always been norms of beauty and characteristics that are associated with health. But I honestly believe that the “war on obesity” had a significant impact on my eating disorder. For me personally, my eating disorder didn’t feel so much like I idolized thinness so much as I was terrified of fatness.

5. At a point, did the illness become more than food and losing weight? When did you notice the transition?

This question assumes that eating disorders start as dieting attempts and progress into coping mechanisms and I’m not sure that’s true all the time. For me, my eating disorder serves different purposes at different times and it always has. Sometimes, it’s purely emotional—I feel like I need that sense of euphoria. Sometimes, I restrict to punish myself when I don’t think I deserve to eat. (I’ve also self-harmed since I was 11, but I haven’t done so in almost 2 years!) Sometimes, I restrict when my weight creeps too high and terrifies me. And sometimes it’s so addicting to see the number on the scale go down that I just keep restricting. For me, there was not one transition, but instead I think my eating disorder is ever-changing.

6. What was your reaction to people commenting on your weight or if they said you were too thin?

At 16, I was thrilled. As I began to mature and got into different theories and perspectives on thinness, culture, and eating disorders, these comments made me feel conflicted. On one hand, I’ve been socialized to think of a comment on thinness as the ultimate compliment. On the other hand, I know the disgusting means I’ve used to “achieve” that thinness. I know that thinness means nothing—not health, not wealth, not intelligence, not a kind heart, nothing. But knowing that doesn’t stop me from feeling good when someone confirms that I’m not fat with a comment about being thin.

7. Did the eating disorder ever feel empowering? Why or why not?

I’ve never found it to be empowering, but I think in my thoughts before beginning restrictive behaviors, I thought it would be. It seems so logical—if you’re in control of your diet (with every media outlet emphasizing how all Americans are out of control with their diet) then how isn’t that empowering?! But it’s not. I feel out of control. I think the vision of eating disorders that most people have, especially anorexia, is that you’re oh so in control. But you’re not. The perception of anorexia is a total disinterest in food and a misconception of one’s own thinness. The way I experience anorexia was not that at all
though. I love food and I’m completely obsessed with it and I truly am still fat. There’s nothing empowering about literally dreaming about food or waking up because you’re so hungry that it’s impossible to sleep.

8. With ill patients there are different types of awareness contexts. People with anorexia have discordant awareness— which is when a person refuses to acknowledge or accept someone else’s view of them. Does this describe you? Did you defend your eating disorder? How so?

No. Objectively, I was never thin. And barring a terminal illness, I probably never will be.

9. Did you have knowledge about what an eating disorder was, or how it worked or its effects on the body? How did this impact your choices?

I actually did know how dangerous eating disorders were, but I honestly thought that the ends justified the means and that being fat was even more unhealthy than having an eating disorder.

10. What age approximately did you become more aware of your physical body—its size, shape etc.

I remember asking my dad if I was fat when I was 8 years old. I knew I was fat, but it probably got even worse when puberty began and I developed far before my peers. (Later I found out that early puberty is a risk factor for eating disorders—hmmm.)

11. What do you know about pro-anorexia message boards?

I knew they existed and I started visiting pro-anorexia websites at some point in my early teens—but exactly when, I’m not sure.

12. When did you hear about them?

I’m not sure when exactly, but I think I heard about them through a magazine article which mentioned them while talking about pro-suicide message boards.

13. What is your relationship with them—have you ignored them, just looked, or posted?

I’ve posted and looked at them.


Honestly, my experience has never been negative on them, but that may be because the one that I go on isn’t “pro-anorexia” in the way that we tend to think of the word “pro”. The one that I go on provides support and information on safety. I guess mostly it makes me feel less alone.
15. What are some of the things you would post on the proana boards?

A lot of what I post are fears of mine—I would post about my fear with my heart arrhythmia, my fear of passing out while driving or running, that kind of thing. And I would mostly receive advice and support in response such as eating a banana before running or stay hydrated at all times. I guess the attitude of these forums tends to be, “You’re going to do what you’re going to do regardless so here’s the safest way to do it.” I would also post opinions and such about eating disorders, wondering if others with eating disorders had a similar perspective.

16. What’s your opinion about pro-anorexia communities online? Are they supportive or make an eating disorder worse?

I can only speak to my own experience, but I don’t think they made my eating disorder worse. They just make me feel less alone.

17. What do you know about “thinspo”? What is it?

Thinspo is the shortened version of the word thinspiration which is the mash-up of the words “thin” and “inspiration”. This can be motivational quotes or images of thin people, mostly women.

18. Did you ever use or post about thinspo? What kinds (images/quotes/etc)?

No, thinspo has never appealed to me very much. I’m not sure why.

19. What effect does seeing thinspo have on you?

It doesn’t have much of an effect. I always feel fat and ugly, I don’t think thinspo makes me feel any more so, possibly because images of thin women are so prevalent in literally ever form of media we see. In other words, you don’t have to seek out thinspo to see images of underweight women.

20. Should thinspo be banned from websites?

Well, what exactly constitutes thinspo? Is a woman at a BMI of 18.4 thinspo, but not a BMI of a woman at a BMI of 18.5? Is it a woman with a thigh gap? Is it a woman with her ribs or hipbones showing? Do we shame the small percentage of women who are naturally underweight? Do women with bodies that reflect their restrictive eating disorders deserve to have their bodies shamed? Where do we draw the line on quotes? For example, I’ve seen the same motivational thinspo quotes on pro-anorexia website as I have on “healthy” dieting websites—so do we take the quote down from both websites or only the pro-anorexia website? (I put healthy in quotation because the prevalence of—or even existence of—truly healthy dieting is debatable.) I don’t have the answers to these questions, but I do think that it would be totally impossible to regulate thinspo on the internet.
21. With where you are now, what are some of your insights or thoughts about an eating disorder? What should other people know?

When we combine the idolization of thinness, the disgust of fatness, and the war on obesity, I don’t think the resulting eating disorders are surprising. I think the women that don’t develop eating disorders are the surprising ones. I think that if we’re really invested in preventing eating disorders, we need to talk about the impact of culture beyond the “Barbie has unrealistic proportions!” or “Runway models are too thin!” type conversations. I think we need in-depth conversations about diet culture and the impact that the war on obesity has. I think measures like banning Photoshop do little because let’s face it—if advertisers can no longer use Photoshop, they just use thinner models with even more makeup and even better lighting. Maybe the fight against eating disorders impacts too few people for anyone to truly care and maybe the fight is already lost and I can’t even begin to explain how sad that possibility makes me because I don’t have a single female friend who doesn’t have either an eating disorder or severely disordered eating.

22. If you have or had an experience with the pro-anorexia community when you were ill, how do you think things may have been different if you were aware of them?

I did have experience with the pro-anorexia community while I was ill and I don’t think it made me sicker. It just made me feel less alone.
FIGURE 2. Forum Analysis Heuristic

Forum Analysis

--- Background ---

- Identify the forum by name and organizational affiliation.
- Is there an expressed belief, editorial policy, philosophy? What purpose does the forum serve? Why does it exist?
- What is the disciplinary orientation?
- How large is the forum? Who are its members? Its leaders? Its readership?
- In what manner does the forum assemble (e.g., newsletter, journal, conference, weekly meeting)? How frequently?
- What is the origin of the forum? Why did it come into existence? What is its history? Is its political background? Its traditions?
- What reputation does the forum have among its own members? How is it regarded by others?

--- Discourse Conventions ---

Who Speaks/Writes?
- Who is granted status as speaker/writer? Who decides who speaks/writes in the forum? By what criteria are speakers/writers selected?
- What kind of people speak/write in this forum? Credentials? Disciplinary orientation? Academic or professional background?
- Who are the important figures in this forum? Whose work or experience is most frequently cited?
- What are the important sources cited in the forum? What key works, events, experiences is it assumed members of the forum know?

To Whom Do They Speak/Write?
- Who is addressed in the forum? What are the characteristics of the assumed audience?
- What are the audience’s needs assumed to be? To what use(s) is the audience expected to put the information?
- What is the audience’s background assumed to be? Level of proficiency, experience, and knowledge of subject matter? Credentials?
- What are the beliefs, attitudes, values, prejudices of the addressed audience?

What Do They Speak/Write About?
- What topics or issues does the forum consider? What are allowable subjects? What topics are valued?
- What methodology or methodologies are accepted? Which theoretical approaches are preferred: deduction (theoretical argumentation) or induction (evidence)?
- What constitutes “validity,” “evidence,” and “proof” in the forum (e.g., personal experience/observation, testing and measurement, theoretical or statistical analysis)?
How Do They Say/Write It?

Form
— What types of discourse does the forum admit (e.g., articles, reviews, speeches, poems)? How long are the discourses?
— What are the dominant modes of organization?
— What formatting conventions are present: headings, tables and graphs, illustrations, abstracts?

Style
— What documentation form(s) is used?
— Syntaxic characteristics?
— Technical or specialized jargon? Abbreviations?
— Tone? What stance do writers/speakers take relative to audience?
— Manuscript mechanics?

Other Considerations?