

'I Love You to the Bones': Constructing the Anorexic Body in 'Pro-Ana' Message Boards

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Abstract

With reference to an 'online ethnography' (Ward, 1999) carried out in the 'Anagrrl'^[1] pro-anorexic (ana) asynchronous^[2] web based community, I explore the radical, underground web-based pro-ana movement. The 'pro-ana' movement challenges established biomedical ideas surrounding the treatment of anorexia, based on the 'normalisation' of the body shape and weight. For participants of the pro-ana movement, the anorexic condition represents a form of stability and control: a state to be maintained. The group offers non-judgemental support and guidance in managing anorexia. Referring to feminist writers such as Bordo (1993), MacSween (1993) and Brain (2002), it is suggested that feminism enables a conceptualisation of anorexia that prioritises social and cultural discourses, which emphasise the bias in the West towards representations of female beauty focusing on the slim, lean body. Feminist approaches to anorexia have also highlighted the emotional and psychological factors inherent in anorexia and building on this integrated approach I use the data to illustrate the way in which the pro-ana movement enables the emergence of an embodied anorexic ontology and epistemology. It is suggested that the emergence and perpetuation of this group offers a model of 'being' and 'knowing' that facilitates the emergence of a coherent anorexic subjectivity. This is sustained by the development of an 'ana-language' and the formalisation, legitimisation and validation of ana rituals and behaviour patterns.

Keywords: *Anorexia, Eating Disorder, Embodiment, Feminism, Online Community, Pro-Ana*

Introduction: The Pro-Ana Web-Based Underground

Bittersweet Requiem

*Hope dissipates.
And a single savior,
(Poised in the midst of mortality),
dances manically whilst the darkness anticipates her fall.
(Crimson, Deadened, and a painted smile on her face)
Begging tears of intrigue from bright eyes
(Bright? How impossible... Eternally intangible...)
Deceiving smiles, lies.
Asphyxiation on imperfections, faking tranquility.
Deception habit, sincerity a rarity
"I Musn't Stop!" she cries out, twirling.
(When will this dizzy dance come to a halt?)
Turning, and whirling, then-
a stumble.
Stone face falters, a collective gasp
A single drop of pain spoils
She slows, with empty eyes views her salvation
(What a haunting infatuation)
Murmurs and laughter, she waltzes to her elegy.
(Tracey, Age 17)*

1.1 Tracey, an Anagrrl user, in her poem entitled: 'Bittersweet Requiem' articulates feelings of overwhelming self doubt. The 'twirling', 'whirling' dancer, waiting to fall to 'darkness', becomes a powerful metaphor conveying not only the extremes of emotion that accompany an eating disorder and the 'crimson' punishment from self injury (SI), but also the intense feelings of being 'out of control', coupled with the harsh judgement, the 'murmurs and laughter' from others as pain spills onto the 'stage'.

1.2 Anorexia nervosa is a Western, relatively modern condition most often manifested by young females as a desire for fasting and stringent food restriction to achieve a radically slim body shape (Brumberg, 2000; Wolf 1991). Anorectics, while pre-occupied with weight loss and the sculpting of a 'perfect body', often experience overwhelming feelings of anger, fear and isolation in attempting to gain control over a perceived unruly mind and body (Shelley, 1997).

1.3 Studies of anorexia have concluded that the condition moves far beyond an obsession with physical appearance. For many sufferers, anorexia becomes a means to retreat from a threatening world. Non-eating becomes an all-encompassing obsession, eradicating other concerns, anxieties and social life. Anorexia can represent a life style that is predictable and secure, making the processes of food restriction and abstinence difficult to abandon (Chisholm, 2002; Lindsay, 2000; Shelley, 1997).

1.4 Given its complex and contradictory nature, anorexia is notoriously difficult to treat and has one of the highest mortality rates of all the psychiatric illnesses (Gremillion, 2003). According to Gowers et. al. (2000) the mortality rate exceeds that of other adolescent psychiatric disorders, with 50% making a recovery and the remainder developing a chronic condition. The 'pro-ana' movement, albeit radical and unconventional, may provide insight into the nature of the condition, allowing an understanding of anorexic embodied subjectivity to emerge. Building on feminist approaches to the condition, I suggest that the pro-ana movement can be perceived as fuelling narratives associated with 'postfeminism,' where the focus is on the ways in which women negotiate feminine identity, subjectivity and embodiment within the context of conflicting versions of female beauty (Brooks, 1997).

1.5 The web based pro-ana movement presents a contradictory standpoint: on the one hand, the women and girls idolise and attempt to re-present dominant phallo-centric ideals of feminine beauty as indicated by the numerous pictures of celebrities who are seen as providing *thinspiration*. This term, deriving from the online pro-ana groups, refers to the photographs of thin models and celebrities that are posted to the site. They are seen as a source of inspiration and punishment. The women and girls look at the photographs and

perceive themselves at not having achieved these high levels of female beauty. As punishment for failure they renew regimes of self starvation and harm. In a macabre way the photographs are seen as inspiring as they 'trigger' and help sustain anorexic behaviour, which offers the comfort of ritual and security, relating to eating and food, and the reward of a skinny body. For an example of the thinspiration found on a pro-ana website see: <http://lookingglasssupport.com/StarvingForPerfection/>

1.6 Yet, on the other, the pro-ana movement is also about resistance – resistance to the normalising influence of the medical profession, resistance to the overbearing threat of therapy and hospitalisation, resistance to recovery as a desired state, and, in some cases, resistance to dominant ideals of beauty, in the sense that ana demands continued control and striving for weightlessness after the ideal thinspired weight has been achieved. While the pro-ana movement can be seen as a harsh, stringent regime in the pursuit of 'beauty', it also allows the creation of a new space where pro-anorexic girls and women can begin to realise, and own, an identity and embodied subjectivity as an anorectic. The experience of 'constructing' and 'living' the ana lifestyle via forums such as Anagrrl not only provides girls and women with a non-judgemental and supportive place, where friendships are built through the sharing of experience, stories, humour, and perceived triumphs and failure, but also enables the performance of a meaningful embodied subjectivity, facilitating the construction a coherent anorexic narrative and challenging dominant, medicalised and normalising ideals of beauty and body shape.

Models of Anorexia

2.1 The complexities of *anorexia nervosa* have received considerable attention from the medical profession and other groups attempting to understand the manifestation of perceived destructive behaviour. Several competing explanations have been developed, including biomedical models, where anorexia is related to an underlying organic cause (Urwin et al 2002), psychological models, where the anorexia is perceived as a reaction against the development of adult sexuality (Bruch 1973), or as a result of complex dynamics in the mother/daughter relationship (Chernin 1993), and feminist models in which the cultural bias towards slim, lean bodies contributes to extreme eating behaviour (Bordo, 1993; Gordon 2000, Grogan 1999; Orbach, 1993; MacSween, 1993).

Medical Perspectives - Pathologising Eating Habits

3.1 The esoteric nature of medical knowledge occupies a privileged position in Western society and plays a significant role in defining understandings and constructions of the body (Lupton, 1994, 2002; Turner, 1999; Nettleton and Gustaffson, 2002). The pathologising of the anorexic body is apparent within the medical perspective on anorexia (Patton et. al. 1999; Luck et. al. 2002).

3.2 Anorexia is perceived as a state to be treated and cured; screening processes and medicalised procedure operate to restore a 'normal' and socially acceptable body shape. Abraham and Llewellyn-Jones (1997) suggest that adolescents become aware of their body shape around the age of fourteen and may start to employ ways to control weight gain. Anorexia is considered to be partially triggered by pressures from the media and weight loss industry. It is explained that women with eating disorders are influenced by the representations of beauty in the media, which centres on slim toned bodies. Indeed, the authors state 'The barrage of information extolling slim bodies among women induces women to diet, fast intermittently, or exercise' (p.11); the implication being that women who have a tendency towards disordered eating fail to separate representations of idealised beauty from their perceptions of their own bodies.

3.3 Treatments focus on the correction of disorder eating and 'abnormal' body weight. For example, it is suggested that the patient increases her weight 'so that it is within the normal range' (p. 111). Furthermore, it is suggested that, although the anorexic person has a vast knowledge of food constitution, their beliefs about food are erroneous and likely to perpetuate the eating disorder. Thus, the individual's perceptions about food must be corrected, so that she feels she has control over abnormal eating patterns and no longer relentlessly pursues thinness. Such interventions can be seen as bolstering a purely 'clinical' perspective on the condition, rather than encompassing its manifold psychological, social and cultural meanings. This could perpetuate the notion that medical knowledge and practice occupies a superior position in the management of the body.

Feminist Perspectives on Eating Behaviour

4.1 Feminist perspectives on the causes and treatments of eating disorders offer a contrasting perspective to the biomedical model. Rather than pathologising eating behaviours and focusing in the individual's 'faulty' body, the feminist perspective begins to look beyond the individual towards the subjugation of women in society and the meanings of slenderness in the West.

4.2 Anorexia has experienced a turbulent relationship with feminism: on the one hand, it has been perceived

as a condition fuelled by women's subjugation in a patriarchal society (Orbach, 1993; Chernin, 1993), where women are bombarded with and expected to present stringent and hegemonic ideals of feminine beauty (Wolf, 1991) – the anorexic body merely reflecting unequal gender relations. While on the other, anorexia has been perceived as 'protest' against female devaluation in society (Bordo, 1993; Gremillion, 2003; MacSween, 1993; Malson, 1998) – the anorexic body becoming a site of resistance to traditional power relations.

4.3 Chernin (1993) points to the meanings attached to 'women', 'food' and 'appetites' and emphasises that women feel alienated from their bodies in attempting to reach impossible ideals. In the attempt to control 'femaleness', its fleshy shape and appetites, a troubled relationship with food and its intake begins to emerge. Orbach (1993) makes a similar point relating to women's complex relationship with food and perceives women, and their eating patterns, as representing manifold meanings associated with femininity, food, embodiment and slenderness. A number of themes emerge relating to the complexities of femininity and the symbolism of food and Orbach suggests that anorexia is a 'metaphor for our times': a response to the manifold demands placed on women to conform to 'today's aesthetic demands' (p.10). The anorexic state as a response to the demands of femininity and an attempt to become desire-less, de-feminised and invisible. Yet ironically, anorexic women are far from invisible; the skeletal frame inevitably drawing attention and judgement from groups such as the medical profession.

4.4 For Orbach, the anorexic woman occupies a contradictory position as on the one hand, she strives to become needless and invisible, yet on the other, becomes needy of control over appetite and food intake. In an attempt to explain this contradictory and paradoxical choice other writers such as Bordo (1993) and MacSween (1993) have also delved into the social and cultural meanings surrounding slenderness and the anorexic body. Both writers note the role of cultural ideals and the tyranny of 'body fascism' that dominates Western ideals of beauty and Bordo examines the social meanings surrounding anorexia those associated with different body shapes. She suggests that 'fatness' and being 'overweight' are associated with low morality, sloth and laziness, whereas slimness is associated with control and order.

4.5 Similarly, MacSween, in her study of the meanings associated with the gendered and anorexic body, focuses on the idea that male and female bodies are constructed through a set of oppositions. Dominant patriarchal ideology underpins the idea that (fleshy) women's bodies are seen as a threat to social order. Both Bordo and MacSween, in their exploration of anorexia, suggest that in an attempt to maintain integrity, women strive to create a firm, toned body, which poses little threat to the patriarchal social order, represented by lean muscular bodies. Furthermore, MacSween perceives the anorexic body as an attempt to transform the de-valued feminine body into a body that is *owned*: an active subject that revokes and fears female embodiment.

Towards a Post-Feminist Agenda

5.1 The biomedical and feminist approaches to eating disorders differ in their conceptualisation, causes and treatments of eating disorders. Feminist approaches stress an 'integrated' approach towards the conceptualisation and treatment of eating disorders, where sociocultural forces are prioritised over the medical pathologies. There is an attempt to reintegrate narratives of the self through autobiographical exercises in 'person centred therapy' and self help groups (Orbach, 1993). While the feminist approach conceptualises eating disorders in the context of the subordination of women, the biomedical perspective takes an approach that suggests the individual and her 'faulty' body can be treated and normalised. The two approaches, according to Brain (2002), however, both emphasise a mind-body split and an active approach towards treatment. Brain (2002) stresses with reference to the treatment of anorexia that accounts and narratives of the self are dismissed and feelings pathologised.

5.2 With reference to feminist social and cultural theorists such as Bartky, Bordo, Malson Orbach and MacSween, Brain suggests that their conceptions of anorexia as a 'metaphor of our time' (see Orbach, 1993) or the 'crystallisation of culture' (see Bordo, 1993), where the anorexic body emerges as a text, creates the impression that unequal and oppressive power relations are written onto the docile body, leaving the anorexic body as a medium to reflect 'oppressive disciplinary femininity' (Brain, 2002: 153). Thus, feminist perspectives whether viewing the anorexic body as conforming to Western versions of femininity as defined by the media (Wolf, 1990), rejecting feminine sexuality (Chernin, 1993) or as a statement about the control of need and desire (MacSween, 1993), constructs the anorectic as a corporeal text symbolising gendered relations, which reifies the Cartesian Split, rather than enabling an anorexic embodied subjectivity.

5.3 Brain suggests that feminist approaches reify the Cartesian split and although self help is an attempt to break away from traditional treatments, which can be discouraging for women who want to avoid coercive confrontation, the approach continues to perpetuate a normative discourse, where the assumption is made that recovery is desirable. Both biomedical and feminist approaches can be seen to make the assumption that the anorectic has the desire to restore 'acceptable' eating habits and body shape. In other words, both

approaches present a normative framework for the identification and treatment of anorexia.

5.4 By way of contrast, the 'pro-ana' approach moves against some of the assumptions made by both the biomedical and feminist approaches, in the sense that it addresses the embodied subjectivity of the anorexic state, rather than looking for ways to eradicate the anorexic body. However, the 'pro-ana' approach to weight loss compliments, to a greater extent, some of the feminist rather than biomedical approaches to eating disorders, in the sense that feminist approaches such as MacSween's and Bordo's recognise the psycho-social meanings associated with the construction of an anorexic body. The pro-ana movement allows the projection of embodied subjectivity that enables the emergence of inter-relations between thinking, emotions and desire. This can be observed the ways in which the participants adopt and shape an anorexic (or 'rexy') lifestyle and in relation to attitudes towards recovery.

Methods

6.1 To explore the dynamics of the pro-ana underground, I studied the pro-ana 'Anagrrl' community for seven months between May and November 2003^[3], using a mix of online participant observation and qualitative in-depth interviews^[4]. I posted a set of questions to the message board and invited responses via the message board and/or my email address. This led to twenty individual interviews using email and the message board. Further data were obtained by 'virtual' interactions and participation in the message boards and observation of the non-interactive elements of the website^[5].

'Anagrrl': The Case Study

7.1 The creator of Anagrrl, 'Rachel', has assembled a comprehensive website, which provides vast information on anorexia. Rachel recognises the destructive nature of anorexia and she stresses that anorexia is a mental state defined by obsession and self-hatred. On the website, there is a 'potted history' of the pro-ana movement, which: outlines the ethos and goals of the movement; assembles vast 'tips and tricks' (ways to maintain low body weight), 'triggering' photographs or 'thinspirational' material to help maintain the anorexic state; and facilitates a lively interactive area where the girls and women can exchange ideas, provide support and share experiences, achievements and perceived failings. The home page of the website carries a warning, which is common to most pro-ana sites, that the website is supportive of the pro-ana ethos and that those who enter do so on the understanding that the site supports the pro-ana movement.

The Participants

8.1 The *Anagrrl* site attracted participants predominantly from the US, UK, New Zealand and Australia, who posted on a daily basis to the asynchronous message forum (see appendix 1). The forum had a lively atmosphere, with numerous threads of conversation sharing experiences, support, misery and triumph. Most users posted daily to multiple threads, demonstrating a commitment to the site and the other users, who rapidly became 'ana-buddies'^[6]. The users were overwhelmingly females between 14 to 42 years, with the majority around the ages of 17 to 20. Most were in full time education, working part time or at weekend jobs to earn extra money.

8.2 For participants in *Anagrrl*, there were a number of ways to construct and represent an anorectic self and identity. Using a combination of text and photographs, participants framed their bodies to reflect and re-create the values of the pro-ana movement. Users also constructed their online identities and selves using other methods, such as the creation of a 'signature'. Typically the signature contained the users current and goal statistics and measurements. Participants appeared to apply a standard format, incorporating their height, current weight (cw), high weight (hw), low weight (lw) and goal weights (gw). Users often provided two or three goals to work towards. For example, Jenny provided details of her height, weight and aspirations:

H: 5'2; cw:100 down five lbs; hw:120; lw:75lbs; 1st gw:90lbs; 2nd gw:80; 3rd gw:70lbs ~ I always was told to test the limits~

8.3 In addition to these statistics and goals, the users might provide a quotation, usually from film or music, which captured their feelings towards their self and towards ana. For example, Marcy used as her signature a lyric from the Manic Street Preachers' song *4 stone, 7 pounds* :

...i wanna be so skinny that i rot from view...

With such a marker, Marcy expressed both her obsessive desire for radical slimness and her insecurity and wish to disappear.

The Pro-Ana Process

9.1 Eating disorders (EDs) are complex painful conditions, which reluctantly release their grip on sufferers. EDs, particularly anorexia, are socially unacceptable, with eating habits and body shape falling outside the Western definition of 'desirably' slim and sufferers are often dismissed as capricious girls overly influenced by media, consumer and celebrity culture. Furthermore treatment is notoriously difficult and time consuming (Davies and Lipsey, 2003).

9.2 There little research exploring the benefit of hospitalisation in the treatment of eating disorders, but in a study carried out by Gowers et. al (2000) it was revealed that hospitalisation can have a negative outcome. Anorectics are often hospitalised, against their will, and are forced to normalise their body shape and food intake through nasogastric interventions (Shelly, 1997).

9.3 The pro-ana movement is a radical and largely socially-unacceptable approach to the management of anorexia, and has suffered a powerful media backlash, being characterised as encouraging 'normal' and 'healthy' girls and women to adopt anorexia as a glorified diet (Dias 2003; Doward and Reilly 2003; Jackson and Elliott, 2004). Established by those living in this 'state of dis-ease', the pro-ana movement challenges and rejects the medical model of anorexia, and normalising concepts of a healthy body size and conventional treatments (Fox et. al. 2005a).

9.4 For many of the participants in this study, anorexia may begin as an attempt to achieve pre-defined ideals of beauty by gaining a thin, lean body, but this desire often becomes entwined with the need for stringent levels of self-control and self punishment for failing to meet high standards. Control and the need to punish failure is often associated with earlier traumatic events, from criticism by parents or boyfriends to physical and sexual abuse or rape. For example, Marcy places her past experience in the context of her on-going eating disorder:

I think a lot triggered me to anorexia/bulimia...at that time I was sexually and emotionally abused...plus taking care of an ill parent at home...stress at school and with friends etc...it got to be too much so i thought things would be better if i just lost weight and looked better...things would get better...but that didn't happen and I have yet to shake this thing.

9.5 Jessie talks about the criticism from her family and the decision to react against the bullying:

Well, my family was always criticizing me for my weight. I have been the same height since like sixth grade. Back then, I was like 5'3", 145 lbs. I was pretty chubby...My dad was always telling me I was fat. My aunt even asked me one time "how many meals do you eat in a day, 6?" All my cousins were playing tennis...so they were all thin. I was like the only fat one ...Then in 8th grade, I was like fuck this, I'm gonna be better than them- I am going to be smarter, prettier, skinnier, everything better than them. I wanted all my aunts to be jealous of me and wish their kids were like me.

9.6 Acknowledging anorexia as offering a sense of security in a flailing and fragmenting life, the pro-ana movement offers its participants a non-judgemental place to share experience and gain further insight into their condition, away from the judgement, gaze and scrutiny of parents, boyfriends, husbands and the medical profession. The pro-ana movement embraces this paradoxical position and is articulated in the following extract from 'MyMagicPiano', who expresses the way in which anorexia (referred to as 'ana') can be both painful and inspirational: an enemy, a friend: a life source:

....life goes on, there's always a new day. I don't want to be the skinniest girl in the morgue, I want to be the skinniest girl who can still dance in the streets and go to the theatre and swim in the ocean and kiss under the stars. Ana will always be my friend, not my enemy, no matter how much pain she may cause me.

Ana's Grip...

10.1 Becoming pro-ana is a complex and risky process. The participants construct ana as female and she is seen to provide the 'wisdom of the truly beautiful,' providing power and control. However, it is warned that she is all consuming, taking control of the eating, fasting, purging and exercising. The significance and contradictory nature Ana is symbolised by the letters to and from Ana that are posted on pro-ana websites; personifying Ana, giving her an identity and subjectivity. The letters from Ana promise beauty, perfection and control, whereas the letters to Ana speak of all consuming failure in living up to Ana's (impossibly) high standards.

10.2 However, despite her suffocating clutches ana remains loved and worshipped; she elicits promises of continued dedication. Alongside the adoration of celebrated 'thinspiration' and the related self punishment

for not measuring up to such high standards of feminine beauty, the pro-ana anorexic must adopt a dangerous and stringent eating and calorie plan, which restricts calorie intake to enough to 'survive'.

10.3 Ana maintains her grip with promises of beauty and worthiness, and overwhelming feelings of insecurity, dissatisfaction and failure often keep the women and girls entrenched in the drudge of anorexic dis-ease. Angela articulates the way in which the desire to 'look good' is surpassed by the insidious and horrific nature of the condition:

"True anas" have much underlying pain or desperation for power, besides their desire to look "good." After awhile, the desire to look good goes away... an emaciated anorexic is not a pretty sight, and for the most part we believe it deep down.

...An Exercise in Damage Limitation?

11.1 The pro-ana movement is about the achievement of stability in a flailing, miserable life. Many of the girls and women participating in the Anagrrl forum cling to anorexia as a 'macabre comfort' rather than as a means to meet ideals of Western Beauty; many do not want to eradicate the illness, but want to find safe ways to live with it. Pro-ana allows the playing out of anorexic routine and ritual in a way that is free from judgement and the threat of treatment. For example, Sarah describes why she finds the online pro-anorexic community supportive in terms of to manage her ED and depressed state:

I find the pro-ana movement is a place where I can learn. Not only do I learn more about myself and my ed, but I learn how do be safer. Before visiting these sights I felt like I didn't even deserve water in my system. I wouldn't eat or drink and would get extremely ill. Now there are girls and guys who can help and stress not to go to extreme. These people also share their experiences with things from what diet pills are bad to how they feel lonely. Another reason why I support the pro ana movement, is that most people who have an ed feel like they are alone. Feeling alone is part of the disorder and when you have so many others that you can relate to it makes your mental state much less depressed.

Embodying 'Ana'

12.1 Western thought has been dominated by the Cartesian model, where mind is divorced from body; emotions are perceived as detached from the rational and objective scientific mind (Bordo, 1993; Williams and Bendelow, 1998). Enquiry into the social; significance of the body, however, begins to unpack the foundations of social relations and the construction of reality (Shilling, 1993; Mellor and Shilling, 1997). In examining the relationship between the body, the personal and the social, Williams and Bendelow (1998), bring to the fore the way in which emotions both embody modes of being and provide a link between the body, self and wider social issues. Indeed, the authors call for a fluid approach towards emotion, the body and self:

'...it is necessary to fundamentally re-think Western (rationalist) epistemology, and to construct alternative models of being and knowing which demonstrate the 'mutually constitutive, rather than oppositional, relations between reason and emotion' (p.132).

12.2 Furthermore, in their exploration of pain and the body, Williams and Bendelow (1998) highlight the social and symbolic aspects of pain and suggest that the physical experience is inextricably bound with the cognitive, emotional and social contexts. The authors recognise that those in pain are often anxious to find meaning in their suffering. It is acknowledged that there is a lack of cultural resources to organise and define experience of pain and, in this absence, fellow sufferers are often perceived as fully understanding the experience. Through a process of mutual recognition and sharing understandings sufferers are able to transform pain into meaningful, embodied pro-active expressions allowing the emergence of a creative, expressive and socially symbolic embodied subject position.

12.3 Williams and Bendelow (1998) make reference to an 'anti-language' which is established and used by sufferers in making embodied expressions. Similarly, I suggest that that the pro-ana group define a set of ritualised forms of interaction and exchange, which emerges both an 'anti-language' and 'anorexic ontology and epistemology', allowing the emergence of knowing expertise and meaningful embodied subjectivity. In both constructing, and emerging from, social relations within the Anagrrl forum the anorexic body emerges as, what Turner (1995) terms, a 'communicative body'. Unlike a 'mirroring' or 'disciplined' body, the communicative body is expressive and pro-active. This enabled and enabling body is always in process; actively reconstructing itself, impacting on environment, self and other.

12.4 The emergence of an anorexic embodied self has a mutually constitutive relationship with the adoption of the anorexic lifestyle and enables the construction and playing out of a subjectivity that encompasses emotions, desires and rituals and the fashioning of a body that both reflects and constructs a meaningful,

pro-active anorexic self narrative. The inter-weaving of body fashioning, life-style, emotion and desire allow the emergence of an embodied anorexic subjectivity that acknowledges the anorexic body, psyche and lifestyle.

The 'Rexy' Mode of Living: Embodied Subjectivity and Emotion

13.1 Within the Anagrrl forum, many of the participants' conversations focus solely on the presentation of a body and self. The building of an anorexic subjectivity is inextricably tied to the construction of the anorexic body and the adoption and perpetuation of an anorexic lifestyle, which involves experiencing desires, emotions, feelings and sensations associated with anorexic ritual. Thus, it becomes difficult to separate body and identity building practices from approaches to lifestyle. Indeed, lifestyle choices become tied with the building of ontological security (Giddens, 1991) The maintenance of the anorexic body is bound with feelings and emotions surrounding food consumption, weight gain and loss and the establishment of food related routine and lifestyle. For example, the Anagrrl site not only provides hints on 'safe' foods, which are considered to maintain low body weight, but also guidance maintaining the anorexic lifestyle. For example, the Anagrrl site (2003) includes, among others, the following 'tips', which feed the anorexic mind-set and detract away from thoughts about food and eating:

Feel your hunger...don't try to suppress it. If you're hungry that means your loosing weight. You WANT to be hungry. If you're not, you're not doing it right. In time you will get a wonderful high off of being hungry and thoroughly enjoy the sensation. Hunger is not your enemy! The sooner that is realised the sooner you will reach your goals :)

13.2 The lifestyle tips on food avoidance and the development of an anorexic mind-set re-capitulate the notion that the careful fashioning of a body shape is integral to the development of coherent subjectivity. Indeed, the lived experience of the anorectic is bound with intense emotions and aspiration towards the achievement and maintenance of, the anorexic body shape. The statement quoted above from the website, seems to articulate the lived experience, feelings and emotions, that are intrinsic to the construction of an anorexic body, contribute to the emergence of an 'embodied anorexic subjectivity'

13.3 Furthermore, the active construction of an embodied anorexic subjectivity can be seen when the women and girls talk about their feelings and emotions that are closely bound with anorexia. For example, Nicola describes her perception of her feelings:

My main reason [for being anorexic] goes something like this: if I can be in control (not only of my body but other areas in my life) then I have the right to be my normal, sulky self and nobody can say anything about it. Weird, I remember when I was in high-school, the only time I'd ever listen to sad/moving music was when I was underweight- like I wasn't aloud to have strong emotions when I was at a "normal" weight.

13.4 In suggesting, 'I wasn't allowed to have strong emotions...' Nicola implies that experience of 'genuine feelings' is associated with low body weight. She feels allowed to be her 'normal sulky self' when she is underweight and in control. A complex situation is conveyed as emotions are seen as a luxury to be indulged only when low body weight is achieved. She implies that the achievement of a desired weight and feelings of satisfaction feed off each other. This suggests that feelings, emotions and the fashioning of a body become difficult to separate from each other.

13.5 Similarly, Elizabeth articulated feelings about the relationship between eating patterns and mood. She talks about the way in which eating is associated with feelings of self worth, but also implies that remaining in a depressed state – holding on to the 'feelings of self destruction - almost feeds the anorexic identity:

I used to think it's coz I wanna be [I have anorexia because I want to be] perfect. Through many experiences I've felt that I could be more successful and happier if I'm thin...But now that I've fully come to know what an ed is, it goes beyond superficiality, because you can be beautiful in a healthy way. I realized that what triggers me is how I feel about myself. I actually allow myself to eat when I feel good about myself...But at my darkest moments, that's when I don't touch food. When I'm depressed and really felling low... that's when I don't eat. The funny thing is I know I can make myself feel better but I don't. I'm addicted to my feelings of self-destruction.

13.6 Elizabeth states 'you can be beautiful in a healthy way,' and she is aligning beauty with thinness. She indicates that she can eat when she feels better about herself, but chooses to perpetuate feelings of self destruction. Elizabeth articulates the way in which anorexic behaviour is highly destructive. However, she acknowledges the way in which these psychological processes are integral to the condition and her honesty shows in the way in which the feelings associated with self destruction and punishment are tied

closely to eating behaviours. She states: 'I'm addicted to my feelings of self destruction,' and this acknowledges the centrality of feelings and emotion in the playing out of anorexic ritual. Grasping the importance of the emotional state allows insight into the way in which clinging to the anorexic lifestyle offers security and comfort: some ontological security.

13.7 Furthermore, Anne points to the limitations of 'Anti-anorexia' websites. Her comments imply that this conventional approach fragments and undermines the building of a stable anorexic narrative, whereas pro-ana sites support the construction of the anorexic embodied subjectivity in the sense that feelings about self are tied to those relating to food restriction:

I think that pro ana sites are way better than "oh...let's get cured sites" First of all...the anti ana sites don't help at all...they only give definition, causes, the theory on how to get better... On pro ana sites you get to talk to people who understand, who know how you feel. Here I found people that tell me "it's ok, you can make it, everything is going to be ok", while in real life people pass by me as if I don't exist. These sites do not promote ana...here I feel accepted, for the first time I am part of something. There are people that say that we are stupid that we should just "quit " ana...but they don't get it. I didn't get an ed [eating disorder] because I was happy...I have one because I am miserable and I always was miserable. And I don't go telling people that ana is good but I know that for me it is the only thing. I mean...it's either this or I kill myself. I can't deal with anything in my life...I just can't, everyday it gets harder. And maybe you will hate me for saying this but I like it sometimes, I feel proud that I am anorexic, that I can restrict, that I have so much willpower.

13.8 Anne's statement indicates the way in which participation on the site allows the merging of embodied experience and emotion, which seems to be valued as a way of creating and experiencing a positive fulfilling subjectivity. Sarah talks about the link between the physical and the psychological and the way in which the site makes space for this socially unacceptable identity:

I don't agree with promoting or encouraging anorexic tendencies at all. However, I do agree with giving anorexics a place to go, a place to find support and learn about the disorder. This way hopefully everyone will know how to do this as healthy as possible. The reason why anorexia is so hard to recover from is because it is just as much psychological and it is physical if not more actually. In the psychological sense ana makes you feel so alone, so depressed, completely isolated and unloved. Pro-ana websites create a place for us to go, and talk with others and try and not feel quite so alone, however, sometimes even that isn't enough.

Anti-Recovery - Anorexia as Stability

14.1 Dominant biomedical approaches towards anorexia recommend the eradication of the state and the normalisation of body weight (Abraham and Llewellyn-Jones, 1997, Luck et. al. 2002). For many of the women and girls, the anorexia has greater significance than recovery and sustaining a 'normal' life and this is recognised by the pro-ana movement. Central to the pro-ana movement is the notion of choice. Amy states that pro-ana websites offer support 'in a non-judgemental way' that avoids taking the 'politically correct' approach of 'proper support in a recovery type position'. The pro-ana group acknowledge the centrality of anorexia for the participants and begins to enable the transformation of a socially unacceptable identity into a meaningful subjectivity.

14.2 Feelings of acceptance become important; when articulated why they believed in the pro-ana movement, participants such as Angela expressed the desire to find a place where their eating disorder would be accepted without judgement:

I believe in the pro-ana movement because it's support for women, girls, men and boys with an ED. It's help understand your ED and learning about it and yourself. It's a place where you can be understood since anorexia isn't really sociably acceptable.

14.3 Recovery is something that most of the participants feel extremely ambivalent about. As suggested in the following extract, from Tracey, pro-ana sites are not concerned to encourage the 'spread' of anorexia, but rather to provide support for those who feel they cannot survive without the condition, until they are ready or decide to choose a recovery option:

ENCOURAGING ANOREXIA/BULIMIA IS LIKE ENCOURAGING CANCER.

Now you're probably asking, "Well what the hell is she doing on a pro-ana board?" Simply, I do not view these boards as "pro-anorexia." I view them as pro-anorectics. In other words, boards like these, in my opinion, should intend to help out anorectics. Not necessarily to help

them recover, just to do whatever possible to put the anorectic in a better state of mind. Some of us are not ready to recover, and if we need food advice, that's what's best for us. Geez... it's not like we're a team of Anorectics and we should be recruiting people...

14.4 Amy also indicates she feels strongly about discouraging anorexia as a 'diet':

If someone comes on saying I want tips I'm new to this - that person won't tend to get any and will be told that it isn't just a diet..it is a disease that we are afflicted with...

14.5 Most participants do agree, however, that traditional biomedical recovery approaches are inappropriate, providing a one dimensional perspective on the condition. Marie suggests that current therapies lack insight into the condition:

There aren't many therapists who really understand ED, it's not fully explained in any textbook, so to get support from those who understand them fully, have lived them, lost loved ones to them, hated them, loved them, and felt trapped by them offers an insight that is unparalleled by any therapy or hospitalization out there.

14.6 Amy and Tracey indicate that they perceive their anorexia as a disease, rather than a diet that can be used and discarded at will. Importantly, though participants such as Amy and Angela emphasise that they are not 'ready for recovery' and want to continue with the routines that anorexia entails. For example, Amy indicates that she may want to recover in the future, but presently prefers connecting with other pro-ana supporters:

Maybe one day I will be "ready" for recovery but I certainly am not yet - and I am sick and I like to know there are people out there who feel the same way as me.

14.7 Like Amy, Angela also articulates her feelings on recovery and indicates that recovery would involve a loss of a routine that would be missed:

I am torn between wanting to recover and having something holding me back from recovery... What holds me back from recovery - the fear of losing control of my body, of my life. I'm so used to my "lifestyle" that I don't want to even imagine going on without the structured schedule of knowing that I WILL work-out everyday and not eat....

14.8 For Angela, ana represents a way of life that provides a structure and security. Rather than attempting eradicate and dismiss anorexia as a valid part of identity and embodied subjectivity, these participants seem to use the pro-ana websites for mutual support in the perpetuation of a lifestyle. In the absence of adequate therapeutic support and intervention and a comprehensive understanding by health professionals, the pro-ana sites become a source of ontological security. They are a source of affirmation: validation of a way of life and its associated routines.

Conclusion: Knowing Ana

15.1 This ethnography of the Anagrrl pro-anorexia community provides an insight into an 'underground' group that challenges both medical and feminist models concerning body shape and size and approaches to the management and treatment of anorexia. The medical model has established anorexia as pathology, to be treated by various techniques including re-feeding, with recovery of 'normal' body weight as the final objective. Social and feminist analyses have critiqued the medical model, identifying the psychological and social aetiology of eating disorders and implicating a cultural bias towards slimness and the subjugation of women as factors in the creation of disordered perceptions of body shape (Bordo, 1993; Wolf 1991).

15.2 The feminist approach has made an enormous and valuable contribution to the understanding of anorexia (MacSween, 1993; Malson, 1998; Orbach, 1993), but as Brain (2002) implies some feminist and socio-cultural models tacitly support the normative perspective that anorexia is most appropriately treated as a state to be eradicated, with little concern for the reasons why anorectics cling to this self-destructive behaviour and perceive the stringent eating routines as a comfort or 'sanctuary'.

15.3 The pro-ana movement, by contrast, rejects the view that anorexic eating patterns and rituals can be replaced with 'normal eating patterns' and anorexic behaviour should be eradicated. The movement recognises anorexia as a dangerous condition, but at the same time, acknowledges that anorectic behaviour and feelings provide a sense of security in disturbed lives. Anagrrl provides valuable space for the playing out of anorexic behaviour in a non-judgemental way, which provides comfort for the sufferer. This is socially unacceptable from the perspective of both medical and socio-cultural models, but the pro-ana movement attempts to strike a balance: promoting safety in the pursuit of anorexic routines.

15.4 The data raises issues relating to the use of an online community to create support groups. The key role played by the internet in providing a forum for discussion and the sharing of experience has been well documented (Mendelson, 2003, Mitchell, 2003, Turner et. al. 2001). This study of the pro-ana group highlights the way in which this online group have created and perpetuated a body of knowledge and expertise, which seems to challenge established bodies of knowledge and expertise in the area (Fox et. al. 2005a; Fox et. al. 2005b). The community is actively created by participants in a state of anorexic dis-ease and the space enables the emergence of a united and coherent group who produce and enable an 'anorexic ontology and epistemology'. The maintenance and perpetuation of this 'knowing community' is sustained through the development of an anorexic language and ethos. For example, the use of the term 'Ana'; the formalisation and validation of anorexic routine and behaviour; and mutual recognition of pain, emotional distress, suffering, struggle and triumph all contribute to a valid approach towards the management of the condition. The formation of this radical online community not only runs counter to dominant medical and social models of anorexia, but also provides the basis for, and enables, the sustaining of meaningful embodied subjectivity for a group suffering considerable emotional and physical pain.

15.5 Pro-ana is a 'sanctuary', a means to find refuge from disapproving medical and social discourses and a safe way to manage an all-consuming condition. Here, expertise is not grounded in medical definitions, but opposes these, setting out an alternative, underground perspective that enables and enhances a life choice. It offers an alternative sense of 'health,' where a body size that the mainstream would consider unhealthy and morbid is managed in an attempt to sustain life. It is a reality that can be sustained through the development of a certain type expertise and mutual support.

15.6 In the Anagrll community we see a profound rejection of established approaches to eating disorders that view anorexia as a condition to be treated and cured. By becoming experts in their 'dis-ease' and creating a community of expertise, the pro-ana group have established an alternative model of anorexia, which provides deep and textured insight into the psychology of the state of dis-ease and could offer a new and radical method to manage the disease in wider society in a way that incorporates embodied pain and identity into lived experience and integrates cultural and medical discourses (see also Davies and Lipsey, 2003).

Appendix 1 – The Participants

Pseudonym	Age	Place of Residence	Occupation
Alison	22	US	Student
Amy	19	NZ	Student
Angela	17	US	High school, applying to university
Anne	15	US	Full time education
Elizabeth	19	UK, parents and university	Student
Jenny	17	NZ, with parents	Full time education
Jessie	21	US, living with parents	Single mother/waitress/night classes (creative writing)
Rachel	21	US	Site owner
Marcy	15	US, with parents	Full time education
Marie	27	AUS, living with friends	Full time mother

Mymagicpiano	18	US, living with parents and away at university	University Student
Nicola	21	AUS, living with boyfriend	Student/Part time waitress
Sarah	19	UK, living with mother and university	University Student
Tracey	17	US, N. Carolina, with parents	High school, applying to university

Notes

¹The names of the websites and users have been changed to protect the identity of the girls and women using these sites as a support mechanism.

²In asynchronous fora, messages are not read in 'real-time' but are archived for access at readers' convenience.

³This was part of a larger study into Internet pharmacy, which was funded by the Economic and Social Research Council Innovative Health Technologies programme (grant L218252057). Details may be found at <http://www.pharmakon.org.uk>.

⁴The use of interactive web based message fora for research purposes has sparked debate in the sociological community, with some arguing that posts to message fora should not be collected without the author's permission (Marx 1998; Reid 1996, BSA) and others suggesting that the posts made in public spaces may be considered open to public observation and scrutiny (King 1996). Since the pro-ana movement is provocative and sensitive, I disclosed my identity as a researcher to the users. I posted questions using my real name as opposed to a pseudonym, from the official university e-mail address.

⁵In the instances where I was not been involved in discussions, I have gained permission from the authors to reproduce their posts.

⁶A 'co-mentoring' system providing mutual support in maintaining the 'ana lifestyle'

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