

Finding their Wings: Suffering and Transcendence in Pro-Eating Disorder Websites

Paula Saunders
School of Social Work
McGill University, Montreal
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Human beings find their plans and actions resisted by forms of resistance in the life course, in social relations, in biophysical processes. Out of these forms of resistance emerge what is shared in our human condition: loss, deprivation, oppression, pain. Human conditions are shaped as well by our responses to those forms of resistance: grief, rage, fear, humiliation but also by what Max Scheler (1971:46) called transcendent responses: endurance, aspiration, humor, irony. Yet these are so greatly elaborated by systems of meaning and individual idiosyncrasy that human conditions must always contain great divergence too. Suffering is constituted out of these shared forms of resistance and by our greatly different ways of reacting to inevitable misfortune. Suffering and transcendence are among the things most at stake in the practical forms of daily experience. For that reason they deserve to be the self-conscious subject matter of ethnography and cross-cultural comparisons.

—Arthur Kleinman, *Suffering and its Professional Transformation*, 1995

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Abstract

This thesis is a narrative analysis of a select number of “pro-eating disorder” websites. Demonstrated is the need to attend to the contextualized, unfolding, and metaphorical nature of their self-expressions, appreciation and exploration of which is curtailed within mainstream readings of this community. The latter, informed by some problematic psychiatric assumptions, overlooks the complexities and heterogeneity present within these websites, thereby constraining understandings. As opposed to using a pathological framework to interpret their subjective accounts, this project pulls upon developments from within narrative approaches and includes the incorporation of ethnographic, phenomenological, hermeneutic, and literary concepts and strategies. In particular, close attention is paid to the ways in which individuals engage with, and creatively manipulate, psychiatric as well as alternative discourses and symbolic resources in the making sense of their eating disorders, recovery, and their community itself. Employing such means of inquiry yields potentially rich insights into the nature of their distress, the meanings of their actions, and the ways in which dominant and non-dominant discourses impact upon them. In addition to enriching our understanding of the experiences of those with eating disorders, the limitations and dangers of reductive and objectifying tendencies within mainstream approaches are exemplified. The ensuing possibility for enlargement upon and critical evaluation of our conceptions and associated therapeutic responses reaffirms the need for an open and interdisciplinary approach to mental illness and well-being.

Résumé

Cette thèse est une analyse narrative provenant d'un certain nombre de sites Web traitant de « troubles pro-alimentaires ». Ce qui est démontré est la nécessité de veiller à la contextualisation, au déroulement et la nature métaphorique de leurs expressions de soi, de l'appréciation et de l'exploration qui est abrégé dans les lectures courantes de cette communauté. Ce dernier, informé par certaines hypothèses problématiques psychiatriques, surplombe la complexité et l'hétérogénéité actuelle au sein de ces sites, et du même coup, freine les compréhensions. Au lieu d'utiliser un cadre pathologique pour interpréter les comptes rendus subjectifs, ce projet se prête aux développements à l'intérieur des approches narratives et comprend la constitution des concepts et stratégies ethnographiques, phénoménologiques, herméneutiques et littéraires. En particulier, une attention particulière est accordée à la façon dont les individus s'engagent en manipulant de façon créative avec des discours psychiatriques et alternatifs et ressources symboliques, afin de pouvoir comprendre leur prise de troubles alimentaires, leur guérison et leur communauté. Employant de tels moyens d'enquête donne des perspectives potentiellement riches dans la raison de leur détresse, le sens de leurs actions et la manière dont les discours dominants et non-dominants se répercutent sur eux. En plus d'enrichir notre compréhension des vécus de ceux souffrant de troubles alimentaires, les limitations et les dangers des tendances réductrices et objectivantes dans les approches courantes sont démontrés. La possibilité qui en découlent pour l'élargissement sur, et une évaluation critique, de nos conceptions et nos associés des réponses thérapeutiques réaffirme la nécessité d'une approche ouverte et interdisciplinaire envers la maladie mentale et le bien-être.

Introduction and Background

[It is a] common philosophical error of supposing that the term ‘reality’ must refer to a single super thing, instead of looking at the ways in which we endlessly renegotiate—and are *forced* to renegotiate—our notion of reality as our language and our life develops. (Putnam 1994, 452)

A view from afar gives us no purchase on human reality unless it is complemented by and compared with a view from within. Recognizing this interplay between the forces that bear upon us and the projects whereby we reimagine and rework those forces makes any description of human reality *both* a matter of science *and* of art. (Jackson 1998, 25)

On July 24, 2001, *USA Today* featured an article by Nanci Helmich entitled “Super Thin Super Troubling,” which reported on the discovery of teens on the Web who were “celebrating their eating disorders.” The article described websites in which individuals were sharing tips on how to lose weight and hide weight loss from family and friends, displaying photos of super-thin celebrities as well as photos of anorexics and bulimics, and depicting anorexia as a lifestyle or a friend. The report also cited the concerns of an eating disorder specialist that the websites were providing a “kind of a support system to stay sick,” and quoted an ex-sufferer monitoring these sites “that girls who are dieting will get tips that could propel them into an eating disorder.”

This article is one of the earliest examples of the significant amount of media attention devoted to these websites (most often referred to as “pro-anorexia,” “pro-ana,” or “pro-eating disorder”) beginning in that year. Given the often very serious nature of eating disorders and concerns that this online community might be encouraging potentially life-threatening behaviours, reaction within the media and within the official stances of mainstream eating disorder institutions has been predominately negative and alarmist. In general, the community has been portrayed as a dangerous and disturbing phenomenon, as capable of fostering the development of eating disorders in vulnerable

individuals who come to visit it, and of having little beneficial value.¹ In an effort to demonstrate why the websites are so harmful and to explain their emergence in the first place, they are often depicted as a reflection of the disease and of the population of individuals most frequently affected by it. As Dr. Ira Sacker points out, the websites create “a cultlike atmosphere that almost fits neatly into the eating disorder mentality itself” (interview by Morris 2002). Other authors commenting on the sites have referred to the perfectionist dispositions of sufferers (Reaves 2001), their competitiveness (Davies and Lipsey 2003), and their “poor body image, unrealistic goals for thinness, low self-esteem and fear of growing up” (Helmich 2001), as well as the “secretive and isolating” nature of the disease of which “the Internet’s shroud of anonymity” appeals to (Mick 2004). Most frequently noted, however, are how the contents of these websites reflect and perpetuate amongst members the well-known denial and minimization of the seriousness of their disorder and their notorious resistance to treatment, such as in the formulation of their illness as a lifestyle choice—often featured as the defining characteristic of the community itself (Anderson 2004, 116-7; Morris 2002; Shimo 2006).

While the motive for participating in these sites is most often taken to be the promoting, normalizing, and supporting of dysfunctional behaviours, there has been some (albeit much less predominant) questioning of whether the functions and effects of the community are so straightforward.² Drawing attention to how individuals within these

¹ The flurry of public outcry against these sites has involved the lobbying of Internet service providers to shut them down. One of the first notable examples (and a somewhat unprecedented move in the history of the Internet) was the mass deletion of such sites by Yahoo in 2001. More recently, they were outlawed in France in the spring of 2008. Concrete attempts to ban pro-anorexia sites, however, remain frustrated by the technical difficulties of trying to control Internet usage; by questions of free speech (and pro-ana users include [mostly young] adults as well as teens); and by the concerns voiced by some practitioners that censoring these sites will only serve to further alienate or drive users underground and further publicize their existence to susceptible others (e.g., Davis, interview by Vermunt 2003).

² Several within academia as well as within the health care profession have further called attention to the often excessively categorical or extreme reactions to these websites—of how participants are variously viewed as “pathetic,” “pitiable,” “disgusting,”

websites also discuss the difficulties and dangers eating disorders pose, exchange ideas and share experiences, some health care professionals and researchers have suggested that the community may provide a venue for greater ease of self-expression, decrease feelings of isolation, and help sufferers gain insight into their disorder (Karen Davis, interview by Vermunt 2003; Dias 2003; Fox, Ward and O'Rourke 2005; Mulveen and Hepworth 2006; Nancy Tewfik, interview by Mick 2004). In light of the possible differing effects of these sites as well as the mixed and somewhat ambiguous findings of some existing studies regarding the relationship between exposure to pro-ana websites and negative outcomes (Mulveen and Hepworth 2006; Wilson et al. 2006), a number have called for more research on this still relatively little-studied phenomenon (Davis, interview by Vermunt 2003; Wilson et al. 2006; Norris et al. 2006). In particular, it has been suggested that more qualitative research is necessary (Mulveen and Hepworth 2006, 285), techniques of which are lacking within most studies of this community and yet would be most suited to tapping that which is not well understood. The value of delving more deeply into possible effects on participants is particularly evident when one considers that these websites are significantly more popular and estimated to be five times more numerous than those "based on recovery or professional services" (Chesley et al. 2003). However, even more important is the possibility that the community may afford a unique opportunity to gain greater understanding into the experiences of those with eating disorders and help inform treatment strategies (Davies and Lipsey 2003; Davis, interview by Vermunt 2003; Dias 2003; Fox, Ward and O'Rourke 2005). The imperative of expanding upon and critically questioning the limits of our knowledge and associated interventions, as opposed to attributing low recovery rates to an inevitable feature of their pathology, is particularly salient when one considers the potential for grave harm to the health of individuals, high rates of treatment failure (especially with regards to more serious cases, and more serious cases are well represented within the websites I studied), and an apparently dramatic increase in the incidence of anorexia

"pernicious," and sometimes blamed for contributing to the spread of eating disorders more generally (Pollack 2003, 246; Ferreday 2003, 288-289; Dias 2003; Fox 2005, 966; Davis, interview by Vermunt 2003).

nervosa and bulimia nervosa over last several decades (Gremillion 2003, 1, 3; Gordon 2001).

Indeed, while not losing sight of the possibility that the community may well contribute to intensifying dangerous behaviours for some, as my study unfolded I became increasingly aware, not only of the diversity and complexity of viewpoints and concerns expressed within the websites, but as well the degree to which mainstream approaches may be overlooking a potentially rich source of insights into the experiences of those with eating disorders. Many individuals who share their experiences on these websites profess to be expressing themselves with an unusual degree of honesty and openness—likely fostered by the perceived anonymity of Internet Mediated Communication (IMC) and by the fact that members are communicating within a communal space of their own making in which they claim they feel supported and understood. As Sherry Turkle (1995) notes, IMC opens up new possibilities of self-expression, allowing for imaginative play and experimentation with multiple selves more independent of physical body and social location. Within this context, new perspectives may be revealed and new paths of understanding illuminated. Furthermore, the ability to employ “different kinds of representational strategies” within IMC (Mitra and Cohen 1999, 188)—including, as in the case here, autobiographical accounts, on-line journals, letters, the ‘written conversational’ format within forums and chat rooms, and fictive creations, including stories, poetry, religious formulations, and artwork—may allow for the interpretation and expression of aspects of experience that may be otherwise eclipsed, untellable, or unrealizable within any given mode of expression alone (E. Bruner 1986; J. Bruner 1986; Bury 2001, 278; Morris 1997). Perhaps particularly significant is how the realm of the mythic and poetic devices (all of which figure prominently within this community) may hold increased potential over that which lies within more logical or propositional statements in themselves to access, interpret, and convey experiential versus didactic knowledge, different forms of consciousness, and to illuminate meanings and connections between bodily experience, mental states, and the social and cultural realm (Eagleton 2007; Good 1994; Jackson 1996; Jackson 1998; Kirmayer 2000; Turner 1986).

It is important to underscore the extent to which the overlooking of the heterogeneity and multidimensionality of the accounts of sufferers within mainstream readings of this community is a function of the taken-for-granted psychiatric category of eating disorders,³ namely, of how material is selectively chosen and ordered in a way which tends to accord with the universal characteristics of the disorder or those with the disorder while overlooking other features of their narratives. The current preoccupation within psychiatry towards formulating and fitting people into the correct diagnostic category and the corresponding tendency to minimize the importance, credibility, and exploration of individual contexts and accounts have been noted and critiqued for leaving out, homogenizing, or reducing the complexities and diversities of our lived experiences, giving a constrained if not “denatured picture of what is to be understood”⁴ (Good 1992; Good 2000; Kleinman 1988a; Kleinman 1995; Martinez-Hernaez 2000).

It should be noted at this point that my experiences and perceptions of this community are inevitably influenced by the fact that I have gravitated towards those websites which are richest in narrative and poetic content, since they appear to hold the most potential for enriching our understandings. They are also the ones most apt to evince introspection and reflection. In contrast, popular representations and the majority of studies conducted into this community have tended to focus upon standardized, formulaic scripts found in most websites—scripts whose central theme is an intense

³ While psychiatric categories are commonly regarded and applied as if they derive from objective discoveries of naturally occurring entities in the world, many have highlighted the lack of empirical evidence of identifiable pathologies (and other ways in which empirical evidence doesn’t fit with the current classificatory system), as well as the ways in which these categories and the larger move towards a biomedical framework derive from historical and political developments, social interests, and cultural beliefs and values (Gaines 1992; Good 1992; Kirk and Kutchins 1992; Martinez-Hernaez 2000; Young 1991; Young 1995). Some of this material will be touched upon within the next chapter.

⁴ I borrow this phrase from Ellen Corin and Gilles Bibeau (2006, 119) in referring to how “simple operationalizations of social processes,” while easier to use and perhaps being of some use, risk reducing “much more complex phenomena” to “caricatures . . . [giving] merely an illusion of understanding.”

preoccupation with their eating practices, body image, and weight—and many websites do contain little other than this type of content. However, it still remains problematic to assume that such content necessarily holds a fixed and singular meaning for all (as will be suggested within this thesis), let alone that this meaning can be generalized to the whole of the “community.” (As already suggested, these websites are less homogeneous than that evoked by the word community. Nonetheless, I retain use of the word, as do individual participants, the meanings of which for them are further illuminated in my findings.)

Developments within narrative approaches have highlighted how the meaning of texts and symbols cannot be understood at a single or literal level alone, but are multiple, fluctuating, and never fully determinate. Here, meaning is taken, not as lying solely nor primarily within isolated parts, but as constructed, emergent, and compounded through the relationship of elements to each other. In the context of pro-anorexia websites, the meaning of any given element would need to be understood, not only in relation to other features within the website (including both linguistic and graphic elements),⁵ but also in relation to other websites with which they are in dialogue, and to more global factors external to the community itself, including, importantly, psychiatric discourse and practice. That is, the latter, as opposed to providing an objective viewpoint above or beyond our social and cultural world, plays an important part in constituting it. It shapes not only the perceptions of outsiders but also the experiences and self-understandings of those they target—and not merely through its ideas, as philosopher of science Ian Hacking explains, but through the interactions that occur “in the larger matrix of institutions and practices surrounding this classification” (1999, 103). More specifically, my project, in its understanding of self-expressions (as all human action) as being grounded within the dynamics of particular situations, culture, and language (rather than

⁵ The necessity of attending to these is particularly salient in the case of written language and other non-verbal or non-corporeal acts of communication where, in the absence of vocal and other bodily cues, they become a principal means through which certain effects, such as mood and tone, are constructed and conveyed (Eagleton 2007).

fixed, isolable products arising out of an isolable and essentialized self or disorder), will necessarily involve exemplifying the ways in which this community is contingent upon the creation of the category of eating disorders in the first place. To put it differently, what holds this social formation together, in addition to their shared resort to common cultural signifiers in order to mediate distress (to be discussed within the next chapter), is their shared experience of being subjected to common labels, interpretations, and diagnostic and therapeutic practices, as well as the ongoing interpretations of their community. All of these topics pervade their websites, and they variously adopt, discuss, debate, remold, and contest them on an ongoing basis for any number of reasons—some of which I will try to suggest. Most importantly, what they have to say may speak not only to the nature of their distress and the meaning of their actions, but to the various ways in which both dominant as well as non-dominant discourses⁶ may help or may compound their suffering.

This research project can be seen as a response to what Byron Good defines as the need to “bring renewed attention to human experience, to suffering, to meaning and interpretation, to the role of narratives and historicity, as well as to the role of social formations and institutions” (1994, 24). As he and other authors upon whom I draw maintain, illness, health, and healing (as with experience and suffering more generally) cannot be understood outside of the “interpretive practices and institutional frameworks” through which they “are culturally, historically, and individually constituted” or mediated in fundamental ways (Roseman 2002, 112-113). Furthermore, the need for such a critical, interpretive focus is particularly salient at a time when an understanding of the dialogical, the metaphorical, and the contextualized nature of discourse (Kirmayer 1992, 339) (and

⁶ While psychiatric and psychological models have significantly influenced the shaping and responding to distress and suffering in our society with “the lay public unproblematically using a language informed by popular psychology to communicate personal distress” (Campbell 2000, 115), the narratives here are not always dominated by psychiatric discourse but (as already intimated by virtue of the existence of multiple types of genres) draw from a wide array of symbolic resources: novels, memoirs, poetry, song lyrics, films, religious and spiritual texts and beliefs, and other elements within their cultural milieu.

of human action more generally) is being curtailed within the field of psychiatry—dominated as it currently is by biological explanations, quantitative research, and an empiricist philosophy of language.

Outline

This project is structured as follows. In this chapter, I have introduced my aims as well as the basis of my theoretical and methodological framework. Additionally, in presenting an overview of the mainstream reading of the pro-ana community and unpacking some of its theoretical, epistemological, and methodological underpinnings, I have not only drawn attention to the need for deeper or more sophisticated understandings of meaning-construction, but have also provided a necessary preliminary step to being able to analyze the self-expressions of those within this on-line community, or understand part of what they are negotiating in the first place. Similarly, in chapter one, by summarizing and critically appraising those elements of professional discourses and practices within the field of eating disorders that are most talked about by those within the pro-ana community, I delineate more of the shared context in which community members exist and by which their experiences and meaning-making processes are shaped. At the same time, the extent to which these widespread ideas and practices (necessarily widespread because they remain pertinent across the diverse contexts of individual participants) manifest objectifying and reductive tendencies, this chapter also serves towards further situating and justifying the value of careful and contextualized interpretations of first person accounts within the field of eating disorders. Chapter two provides an elaboration of the analytical tools used for interpreting their self-expressions, including consideration of the kinds of social and existential functions that narratives can serve and the ways in which creativity is exercised through the use of different genres and devices of language. Chapter three gives an overview of this community, the relevant methodological concerns involved, and the steps taken in

exploring it. The remaining portion of the thesis presents their discussions on the nature of their practices, on that of their websites, and the conclusions I draw.

From Disorder to Idiom: Towards an Interpretive Approach

The forms and functions of mental illness are not “givens” in the natural world. They emerge from a dialectic connecting—and changing—social structure and personal experience . . . the two-way interaction between social world and person is the source of thought, emotion, action. This mediating dialectic creates experience. It is as basic to the formation of personality and behaviour as it is to causation of mental disorder. Mental illnesses are real; but like other forms of the real world, they are the outcome of the creation of experience by physical stuff interacting with symbolic meanings . . . The tie between social and personal worlds is mediated by language, symbols, value hierarchies, and aesthetic forms that are the pervasive cultural apparatus which orders social life. (Kleinman 1988b, 3)

As set out in my introduction, reductive and objectifying trends within modern psychiatry can be seen to have had a decisive impact upon the dominant discourse of pro-eating disorder websites. However, such trends should not be taken as typifying the field of eating disorders as a whole. Far from monolithic, there exists a diversity of understandings and often competing explanations, and the view that eating disorders are multi-factorial and have a complex or unknown etiology is widespread, as is the recognition that the various therapeutic interventions commonly used (i.e., cognitive, behavioural, family, interpersonal, group therapy, and medical) may each have their strengths in addressing certain dimensions or aspects of the disorder but be incomplete in themselves (Gremillion 2003, xx, 3; Thompson 2004). Furthermore, the notion of a complex, difficult to discern, and likely variable etiology (particularly pronounced within the sometimes forwarded conception of eating disorders as being a final common pathway to which diverse antecedents can lead [Smolak and Streigel-Moore 2004, 742-3]) can potentially temper the imposition of generalizations and pave the way for an openness to and appreciation of the patient’s subjective experience of illness.

Needless to say, while often accepted in theory, how much a multi-dimensional approach and the recognition of the importance of understanding the problem through the subject are adopted, within any given setting, could be questioned. According to Anne Becker (2004, 435), “universalizing assumptions about the meaning and presentation of

eating disorder symptoms have dominated the field” (see also Nasser and Di Nicola 2001, 184), and, as Susan Bordo (2003, 49) specifies, a general trend towards searching for common etiologies or a “specific pathogenic situation (biological, psychological, familial)” fuels much of the research, as revealed within leading journals. This is arguably most recently notable within research attempting to link eating disorders with particular underlying combinations of genes or as part of another mental disorder (most often affective, anxiety, personality, or substance abuse disorders) and within the burgeoning of interest within the field in biological factors more generally (Bulik 2004, 3; Halmi 2003, 17-24)—all of which is in keeping with the larger move towards “formulations of human nature that rely on neurobiology and biologically based theories of psychopathology, now dominant in professional psychology and psychiatry” (Biehl, Good and Kleinman 2007, 16).

It is important to bear in mind that the mental disorders, as classified within the current family of the Diagnostic and Statistical Manual of Mental Disorders (DSM) (from DSM III to the present DSM IV-TR, and which have become the authoritative tool of psychiatry, guiding clinical practice as well as research), are identified and categorized by way of “clusters of symptoms that go together from case to case, follow a discernible course over time, and lead to a predictable outcome” (Young 1995, 96). The classificatory structure is one that is based upon a biological model of etiology and treatment, specifically that of infectious diseases (Young 2002, 223)—hence the underlying premise of the existence of processes and patterns (i.e. sets of causes, courses and outcomes) which map onto manifest symptoms and which remain relatively invariable from person to person, let alone from culture to culture, much as infectious diseases do. In other words, as Allan Young (2004b) points out, within biomedical discourse the particular configurations of symptoms are called disorders because they are “waiting to learn,” or are anticipating the discovery of, the “underlying logic” which holds the particular configuration of symptoms together. This assumption is indeed reflected within the statement of the opening paragraph of the introduction to the volume *Eating Disorders*, that “they [eating disorders] are referred to as disorders and not

diseases because at present it is unknown if they have a common cause and a common pathology” (Halimi 2003, 1). Ways in which “a symptom is meaningful because it is juxtaposed with other symptoms in stable formations (syndromes),” rather than within the relationship of it to subjective meaning and context (Young 1995, 96-97; see also Martinez Hernaez 2000, 1-16) within the field of eating disorders, should become more clear as this chapter unfolds.

Critiquing the move towards the search for universal structures of eating disorders that are, in particular, biological, is not to preclude a biological influence on states of distress. Rather, it is to critique the degree to which this is prioritized in light of the abundance of evidence pointing to the social origins of psychiatric distress (Kleinman 1988b, 53, 73), and to critique how it is viewed as prior to, or outside of, cultural factors with which it is always dialectically interacting (Kleinman 1988b). That is, even if and when biological abnormalities may be salient, or play a prominent role in causation, physiological signs and sensations are always subjected to cultural and social processes of interpretation, which shape not just possible symptoms but, to use Hacking’s term (1999), “loop” back to further shape our psycho-physiological processes themselves (see also Kirmayer and Young 1998; Good and Good 1981). In other words, if biological processes are in constant and mutually formative interactions with the social and cultural realm, then, as Laurence Kirmayer (1991, 25) points out, the same underlying physiological processes can give rise to many different sorts of symptoms and conversely different underlying physiological processes can lead to the same or similar sets of symptoms (something which is supported by the high incidence of co-morbidities, or by the fact that the biological concomitants and overt symptoms of different disorders greatly overlap [Kirmayer 1991; Groleau, Young and Kirmayer 2006]). Furthermore, the inherent indeterminacy in attempting to match syndromes of behaviour with particular underlying pathophysiological processes becomes more seriously compounded when one considers that psychiatric complaints can occur in the absence of any underlying pathophysiology. Hence “the same pattern of symptomatology can reflect [not only] different disease processes” but non-disease processes as well (Kirmayer 1991, 25-26).

Finally, as Good (1981, 173) highlights, the fact that “disorders vary profoundly in their psychodynamics, . . . their phenomenological and behavioural expression, . . . and their severity and duration” across time and place (particularly apparent in the so called “culture-bound syndromes,” of which eating disorders is often considered to be the quintessential western example) also lends support to the constitutive role that social and cultural processes play in the origins, forms, and functions of psychiatric distress (see also Kleinman 1988b; Kirmayer 1991, 26-27).

Due to their more obvious historical and cultural specificity, the role of culture continues to be more recognized for eating disorders than for most other disorders. Nevertheless, as Becker (2004, 433, 434) underscores, understanding of etiological pathways and ways in which sociocultural factors moderate risk is lacking, in no small part because of the paucity of studies (and funding for studies [Lee 2004, 617]) that use qualitative techniques within the field of eating disorders and, as Sing Lee (*ibid.*) adds, within mainstream medical research on mental disorders more generally (see also Groleau, Young, and Kirmayer 2006, 672). Of course, the existing predominance of “brief epidemiological survey instruments” based upon the DSM template, as compared to research methods that could more deeply probe culture and subjectivity (Lee 2004, 617-8) is consistent with a paradigm that views the mental disorders as listed within the current classificatory system as more biological and universal in nature and identifiable through that which is more amenable to being neatly quantified (i.e., externally observed symptoms or sets of dysfunctional behaviours). Perhaps ethnography is particularly at odds with the biomedical framework, in the extent to which it focuses “not on a disease as a pathophysiological process but illness as a cultural construction . . . [and] points out the mixed nature of psychopathological processes” (Martinez-Hernaez 2000, 109).⁷ In any case, as Becker highlights, the qualitative and ethnographic data generated by the

⁷ In keeping within this purview, ethnography stresses and values (amongst other things) a deep understanding of social and cultural contexts, “serious attempts to understand the other’s point of view . . . [and] the contextual richness and depth of resulting accounts” (Park 2001, 86n2). In this way, some of its principles have significantly informed, or are shared by, my approach.

authors of the articles within this particular journal issue for which she is editor, bring attention to both the “contextualized and locally variable meanings” of symptoms as well as the methodological limitations of current population studies, including how “scores” generated from the typically used surveys remain superficially understood or even misunderstood when used or interpreted on their own (2004, 433, 435, 436).

It is worth underscoring the extent to which the search for the genetic and biological substrata of mental disorders relies upon the identification of the particular phenotype that the manifest symptoms allegedly mirror and for which the corresponding genotype or biological defects can then be found. In other words, syndromes of behaviours (and in the case of eating disorders the list of symptoms also include an ideation, “fear of fat”) are assumed to correspond to particular psychological constructs or malfunctioning. The importance of this tenet for the category of eating disorders is visible within the significant amount of concern (as evidenced within the medically-oriented literature) that goes into the defining and refining of the various subcategories of eating disorders, or determining which configurations of symptoms corresponds to which types of underlying core psychologies (e.g., Maj 2003, chap. 1).⁸ The ongoing difficulties in trying to establish such a typology are well-recognized in light of the “considerable variation in the presence and severity of various observed behaviours and psychological states” (Halmi 2003, 25), both amongst the population of sufferers as well as within any given person over time, with the result that a majority of patients are placed into the category “Eating Disorders Not Otherwise Specified” (EDNOS) (a category for all that otherwise does not fit into any specific category) or that people move across the different diagnostic categories over time (Van Furth 2003, 352; Waller 2003, 340; Andersen et al. 2001; Clinton 2003, 62; Bellod 2003, 56). However, rather than the inability to adequately accommodate the heterogeneity serving to call into question the underlying

⁸ The current DSM IV-TR now contains three distinct classes of eating disorders: Anorexia Nervosa, Bulimia Nervosa, and Eating Disorder Not Otherwise Specified. The category of Anorexia Nervosa further contains the subcategories Restricting Type and the Binge Eating/Purging Type and the category of Bulimia Nervosa, the Purging Type and the Nonpurging Type.

premise that fixed sets of behaviours can be correlated with fixed temperaments, constitutions, or intrapsychic conflicts (as opposed to understanding behaviours, mental states, and ‘personality structures’ as more transitory and dependent upon one’s current, [as well as past] situation), ever-more efforts in using this logic to find patterns within the heterogeneity frequently persist—for example, trying to predict which direction individuals move across the categories and the psychological profiles that correspond to these varying courses (such as distinguishing between the patient who remains a restricting type of anorexic throughout her life versus one who develops binge eating behaviour, or the difference between bulimics who lose large amounts of weight and those that don’t), and such attempts, as well, have met with little success so far (Maj et al. 2003, chap. 1).

While the conceptualizing of psychological traits as immutable is arguably more pronounced within theories that view them as biologically or genetically determined (or a matter of “essence” [Gaines 1992]), versus as arising out of or constituted through biographical factors, the assumption of the existence of an underlying fixed profile can cut across different approaches, rooted as it is within our deeply ingrained folk beliefs in the individual as relatively self-contained or set apart from his or her social world (Gaines 1992) rather than “distributed’ interpersonally” (J. Brunner 1990, 138). Associatively, it is also rooted within our cultural propensity for a “basic objectivist orientation” or “reductive explanation of human action and experience [which enables us] . . . to treat man, like everything else, as an object among other objects” (Taylor 1985, 47). As Hacking explains, in attempting to “emulate the natural sciences,” the social sciences attempt to reify or “produce true natural kinds of people” about which “specialized knowledge” is possible (1999, 104, 135). It is not just the divorcing of people from the environmental contexts in which they are embedded that is highly problematic, but the creation or quantification of such “natural kinds,” whether based upon biological, social, or cultural factors, fails to appreciate the ways in which human beings *actively create* meaning and evolve *in dialogue with* their social and cultural surround. Ways in which social and cultural factors, like biological ones, do not operate in any simple, linear, or

predictable fashion will be discussed further on.

Cultural suppositions aside, the use of clusters of behaviours as objective markers of some putative physiological or psychological malfunctioning is not naively endorsed as unproblematic, neither by researchers nor practitioners. To elaborate, there is some appreciation of the relativity inherent in determining what constitutes normal and abnormal, or what is recognized as “deviant, pragmatically relevant, and worthy of medical attention” on the part of both patient and physician (Kirmayer 1991, 26). For instance, within the field of eating disorders, the arbitrariness involved in deciding upon the cut-off points, or the frequency, duration, and intensity of bingeing or purging behaviours, as well as the degree of weight loss and body image disturbance necessary for a diagnosis, have been acknowledged (Halmi 2003, 14, 16, 26). Of course, the influence of cultural norms is implicated within the recognizing, defining, and measuring of any of the cognitive, emotional, and behavioural features commonly enumerated as significant for the category; and, in addition to the above, these constructs include the following: fear of gaining weight, lack of insight into or denial of illness or its seriousness, poor self-esteem and sense of incompetence, self-esteem unduly influenced by body weight and shape, obsessive and compulsive traits, exaggerated need for control and achievement, perfectionism, high harm avoidance, impulsivity (for bulimics), inadequate identity formation, maturity fears, and interpersonal distrust and dissociation (e.g., Brewerton 2003, 42; Favaro 2003, 420; Pike, Devlin and Loeb 2004).

It is also significant to clarify that while recognized as tenuous, the universalizing of current psychiatric criteria is nonetheless pursued, admittedly in order to facilitate communication and agreement amongst practitioners and researchers (Maj 2003, 1; Young 1991, 178), at least until the more accurate and definitive underlying etiological or pathophysiological markers are discovered.⁹ That is, the professional interests served by

⁹ As previously implied, the circular nature of this line of reasoning has not gone unnoted; that is, what is yet to be proven is already assumed to exist. In other words, while models are necessary to the conducting of research and therapeutic practice, problematic is the degree to which psychiatric categories are posited as real rather than as

imposing fixed, clear-cut objective measures on that which is fundamentally mutable is not just sustained by the interests of biological research, but is also amenable to the current direction of epidemiological research more generally, as well as to the standardizing of therapeutic interventions and clinical practice overall.¹⁰ In other words, the ability to both assess as well as apply “best” treatment options for any given population of sufferers requires the elimination, minimization, or simplification of individual complexities, variation, and meaning, and the utilization of reliable, precise sets of criteria—not just for diagnosing or fitting people into the correct categories, but, as well, for defining and measuring “cure” or “recovery.” Within the biomedical model, these criteria tend to be the observable phenomena of signs or symptoms that define the presence of the disorder in the first place—for eating disorders, the normalizing of body weight and the correcting of beliefs and behaviours concerning food and body image, as opposed to emphasizing the less visible, less easily definable, and more intricate subjective experiences of distress and the contextual factors with which these are interwoven. This is not to deny the need to attend to dangerously low weights and harmful eating patterns, but rather to underscore the limits of separating them out from individual lives and conflating the elimination of them with having successfully ‘cured’ the ‘disorder’. As Lacey states, “the difference between treatment that is life-saving and

one possible representation amongst others (Martinez-Hernaez 2000). See Stuart Kirk and Herb Kutchins (1992) for an exposition on the social and political forces propelling the move towards the attaining of reliability and the relative neglect of validity within biopsychiatry; or of how more technical questions regarding decision-making give the appearance of factuality and objectivity while obscuring more “complex philosophical and theoretical questions” pertaining to the “conceptual definition and meaning of disorder” (1992, 31).

¹⁰ According to Martinez-Hernaez, the focus of current psychiatric epidemiology is on measuring the prevalence, incidence, courses, signs, and symptoms of the discrete disorders as listed within the DSM IV TR. As he explains (2000, 89-90), this orientation is “considered more useful for improving clinical practice [i.e. its reliability] than for discovering etiological processes.” It marks a departure over the last several decades from an approach that stressed the investigation of the psychosocial variables that impact upon mental health, and which was grounded in the prevailing contemporary paradigm of mental illness as existing on a continuum with “normality” or with health.

treatment aimed at getting better often merges imperceptibly into one another” (2003, 348), and, as shall be seen below, is also tied in with the current climate of “economic and administrative rationality” (Good 2000, 67). The viewing of symptoms primarily as a faults to be corrected, while minimizing the ways in which they can be deeply embedded within and have distinctive meanings and purposes vis-à-vis individuals’ “lifeworlds,”¹¹ is also intertwined with the growth in popularity of cognitive psychology and cognitive-behavioural therapy (CBT) (Boyle 2002, 291-395; J. Bruner 1990).

The critique that cognitive approaches can remain limited in their relevance to individuals in the extent to which they isolate cognitions from, and privilege them over, relationships and practices within one’s social world, does not dismiss the reality that thoughts do mediate behaviours and emotions and that focus upon them can foster talk and self-reflection (Boyle 2002, 291-395). However even here, cognitive approaches (like other psychological therapies for eating disorders) have been criticized for the assumed nature of the relationships between particular cognitions and behaviours, as in the assumption that food restriction is rooted within an overvaluation of thinness and appearance (Waller 2003, 340; Pike, Devlin and Loeb 2004, 131). (The potential limitations of assuming that an overestimation of the importance of cultural expectations for slimness is a primary cause, or even primarily causative, will be revisited within discussion of feminist approaches.)¹² Indeed, studies which point to a lack of evidence of the effectiveness of CBT for anorexia, the overrating of its apparent success for bulimia, and of the possible comparable success of other psychological therapies, also raise concerns about some of the possible shortcomings of CBT and perhaps even of its

¹¹ For the phenomenological philosopher Edmund Husserl, “the ‘lifeworld’ is the world of our common, immediate, lived experiences” (Good [1994, 122] in extracting from Joseph Cocklemans’s *The Philosophy of Edmund Husserl*, 1967).

¹² It is also significant here to note that, as critics have pointed out, the current line of DSMs, in their “cook-book approach,” or “simple summation of itemized data,” fail to differentiate between whether a symptom is a source of distress or a response to distress (Young 1991, 179).

necessity in the first place (Waller 2003, 339; Jansen 2003, 370-2; Asen 2003, 369; Botbol 2003; Tantleff-Dunn, LaRose, and Peterson 2004; van Furth 2003).

Criticisms become more pronounced when behavioural therapy is used on its own, and behaviour modification surrounding the goal of “medical stabilization and weight gain” (a reward-punishment system for compliance or non-compliance with re-feeding programs, “a rigid schedule of meal times with rules of what and how much to eat,” and nutritional education) is increasingly becoming a more central, if not the central, component for inpatient treatment centers for eating disorders due to a curtailing of (particularly longer-term) psychotherapies, at least within the United States if not within North America more generally (Gremillion 1992, 62; Gremillion 2003, xii, 10-11). While buttressed by the need to cut costs and to have rapid, efficient interventions and easily measurable results, as Gremillion points out, such expedient approaches have been opposed to by most specialists and argued to be from a financial, let alone a humanitarian point of view short-sighted, likely contributing to the “revolving door phenomenon” (2003, 10-11) or high relapse rates (Lacey 2003, 349; Asen 2003, 369). It should be added that it is not just the overemphasis upon weight and behaviours to the exclusion of other dimensions of experience that is problematic, but behaviourist methods in themselves have been criticized for their coercive measures and “for being the most vulnerable to dehumanizing applications” (Kleinman 1995, 273n4). In the case of eating disorders this includes forcible tube feeding and administering of medication as well as “isolation and bed rest” for non-compliance (Gremillion 1992, 62). Based upon the self reports of patients, Hilde Bruch (1974, 1421-1422) has claimed that such techniques, while perhaps life-saving in the short-run, can further a sense of “betrayal . . . helplessness . . . anguish . . . [and] misery.” In addition, Gremillion (2003, 10, 62) maintains that the “constant surveillance and manipulation of the body,” or external control over the anorectic’s activities and weight, amplifies her already heightened belief that the body is an object to be controlled and managed (Gremillion 2003, 10, 46-47). She furthermore notes studies which indicate that the enforced goal of rapid weight gain, with

the resulting engagement by individuals in binge eating in order “to gain weight by the morning weighing time,” can trigger the onset of bulimia (Gremillion 1992, 63).

The value of approaching illness, health, and recovery in terms of what they mean for the individual (as opposed to being objectively measurable conditions [Hyden 1995]), and of molding treatments from a wide array of therapeutic approaches in order to suit individual needs (rather than mechanically and routinely applying them [Lacey 2003; Kleinman 1988a, 73]), is corroborated by studies that suggest greater success rates with a more discriminatory use of techniques, as well as an inability to match best treatment options with any given population of sufferers or ‘type’ of eating disorder patient (Asen 2003, 369; Jansen, 2003; Botbol 2003, 364-365; van Furth 2003, 351). The latter findings have also been attributed to the limitations of attempting to define and measure therapeutic success primarily in terms of technical questions of treatment model used versus other factors (often overlooked), and which some argue play a more important role in outcome—most significantly, those pertaining to nature of the interpersonal encounter between the professional and patient, such as the attitudes held towards the patient and the structure and ethos of the therapeutic milieu (Lacey 2003, 349-50; Asen 2003, 369). Of course, while these factors may be somewhat independent of the type of model used, certain approaches, as already indicated, may hold more or less potential for fostering empathy, respect, self-reflection, and an meaningful alliance with the patient, as well as a less desocialized and pathologized picture of the individual.

Here, as already noted, and in spite of over-individualizing tendencies within psychiatry, the importance of familial and sociocultural contributors to eating disorders remains widely endorsed. However, and in addition to how they can be configured as secondary to biology, the ways in which the different aspects are sometimes conceived is problematic. To elaborate, the large body of clinical literature on traditional family psychotherapies and on “anorexic families” does bring attention to how distress arising out of interpersonal relations amongst family members can lead to psychiatric complaints within individual members; yet, at the same time, they can predetermine the nature of

family scenarios that are salient, and do so in ways which accord with predefined standards of normative family functioning. For example, anorexic families have traditionally been characterized as “enmeshed, overprotective, rigid . . . conflict avoidant . . . and overcontrolling” (Minuchin et al.,¹³ paraphrased by Lock 2004, 223, 227), and which, amongst other things, can interfere with the development of autonomy and separation.¹⁴ In contrast, “bulimic families” have been described as more likely to be “disengaged and chaotic; present with apparent hostility and conflict; and are perceived as neglectful, detached, and less competent” (Lock 2004, 227). Eating disordered families are also, as a whole, often defined as being marked by dysfunctional attitudes and habits to do with food, eating, and body weight. Such concepts concerning family environments may indeed have use in helping to understand and address sources of distress for the individual. However, the degree to which they are taken, not as possible tools or resources, but as all-encompassing timeless truths, and view families as insular and “self-regulating” (Gremillion 2003, 75), as the construction of a prototypical eating-disorder family lends to doing, it can foreclose alternative understandings and compromise an openness as to what is of significance to any given family and its members. It can curtail appreciation of the ways in which families (like individuals) are complex, diverse, and unfolding in dynamic interaction with forces, not just from inside the family unit, but from the larger sociocultural sphere.

¹³ This is in their volume *Psychosomatic families: Anorexia nervosa in context*, 1978.

¹⁴ That the healthy and psychologically mature individual is often defined as one who has “‘separated and individuated’ from their family of origin” has been noted as appealing to the hegemonic ideal of autonomous individualism (Gremillion 2003, xx). Other ways in which family theories may reflect and endorse cultural norms of personhood and gender roles include how the mother, in particular, is often seen as problematically intrusive, enmeshed with, or domineering of her children; and “mother-blaming” (and ignoring the father’s role) more generally, has been a pervasive criticism leveled against family as well as developmental theories by feminist theorists. According to Gremillion (2003), this can contribute to the sustaining of anorexia within individuals in that it contributes to the naturalizing of a devalued feminine identity, a condition which, for feminist theorists, is constitutive of eating disorders in the first place. Of course, how one defines and measures any of the constructs pertaining to family relations, like those pertaining to the individual, is ethnocentrically laden.

The need to view our theories as well as the families and individuals who are being theorized, within the political and historical contexts in which they are embedded, is stressed within the large body of feminist and sociocultural literature on eating disorders (although, as already intimated and as explicated further down, such approaches have been criticized for their tendencies towards cultural reductionism). Emphasized here are neither individual nor family faults but prevailing values and beliefs reflective of larger social forces, and which operate through one's family, social networks, the media, and so on. While there are differing analysis on the multiple channels through which the sociocultural sphere can lead to disturbed eating and body preoccupation, and differing degrees in which culture is seen as acting in a deterministic way, an over-arching theme is that of the female body being a conveyor of cultural codes as well as a site for societal control, most pronouncedly through prescriptions for ideal body size. The latter is seen as oppressive and as exerting enormous pressure on women to achieve an unrealistic standard of thinness that can result in inevitable body dissatisfaction and extremes of dieting and exercise regimes, often at the expense of pursuing more productive endeavours. Also, while those with eating disorders are seen as victims of cultural indoctrination, self-imposed starvation as well as obesity have also been interpreted as constituting forms of resistance against gender subordination (Orbach 1993). (See also Bordo 2003; Chernin 1994; Malson 1998; and Reischer and Koo 2004, 300-305 for an overview of some of this literature.)

While the relevance of the slender ideal to eating disorders has become somewhat of a platitude, what is often missing according to many feminists, is deeper appreciation for the reasons of its pervasiveness and the tenacity of its pursuit. This involves understanding how body weight and size is more than just a question of aesthetics, but rather has become a metaphorical or physical reflection of "the social position . . . [and] the spiritual, moral or emotional state of the individual" (Bordo 2003, 187).¹⁵ For

¹⁵ For many feminists, failure to understand this serves to further a conception of femininity as inferior, as having an innate propensity for superficial matters of appearance. For an exposition on how the development of the category of anorexia nervosa itself was embedded within, and furthering of, misogynist conceptions—as an

instance, in her unpacking of the ideological construct of the slender, firm body, Bordo (ibid., 67, 26) explicates the ways in which it is “*overdetermined*, freighted with multiple [and sometimes contradictory] significances” to do with gender, the body, physical fitness, health, consumerism, and autonomous individualism. Amongst the most salient themes here are how the slim, fit body has become associated with “will, autonomy, and rigor,” upward social mobility and success, and for women, the rejection of the (soft) female body and domesticity as they enter the work force (ibid., 68), as well as being “an icon of bodily health” (Gremillion 2003, 51). Conversely, fatness is associated with “poverty, ill health . . . moral degeneracy and social inadequacy” (Reischer and Koo, 300, 304), or “laziness, passivity, lack of productivity, and lower-class status” (Gremillion 2003, 2), as well as with a childbearing role (Orbach 1993, 56). Additionally, while the high value placed upon self-control and discipline is rooted within the capitalist work ethic and consumerist ideology, it also has a basis within the Cartesian mind-body dialect and the philosophy of asceticism, where the body, particularly the female body, its appetites and desires, are constructed as unruly, threatening, shameful and in need of continuous monitoring and improvement, often through radical measures of bodily transformation (including those of cosmetic surgeries) (e.g., Bordo 2003; Malson 1998). Furthermore, while such regimes are seen as a means to appease the particularly pronounced feelings of bodily deficiency and inferiority for women, they have also been interpreted as a means to placate the guilt and apprehension that women experience regarding their changing roles in society as they move from the domestic and into the public sphere, by hindering or subverting personal advancement and growth (Chernin 1994). Here, the thinner, smaller sized body is seen to be expressive of powerlessness, frailty, and the symbolic contraction of women’s place in the social world, in contrast to the notions of self-determination, self-improvement, strength, and freedom (Bordo 2003, 26) (yet continuous with that of self-regulation, denial of one’s desires, and a devalued female identity).

inherently female condition that could develop from women’s supposedly irrational nature—see Hepworth (1999).

Sociocultural and feminist approaches have been invaluable for deciphering the multiple significances within and origins of the slender ideal as well for helping to underscore the ways our bodies are socially and culturally constituted. However, the simplifying of bodily experience to the effects of broader cultural and social forces has been criticized for ignoring the complex reality of “local worlds . . . the moral entanglement of collective and individual experience” (Kleinman 2000, xv) and/or individual agency. That is, while the body is conditioned by social categories and meanings, “social actors appropriate and manipulate the body’s symbolic capacities for their own ends, though this project is not necessarily a conscious endeavor” (Reisher and Koo 2004; 308). The body is “at once tool, agent, and object” (Csordas 1994, 5), “both the creative source of experience and site of domination” (Good 1994, 5), and consequently, “people cannot be reduced to texts any more than they can be reduced to objects” (Jackson 1989, 184). Indeed, there is a large body of literature within the field of medical anthropology on how “the individual’s everyday language employs bodily organs, functions, and physiological and pathophysiological processes as a mode of self-awareness and an idiom for communicating information about her own (or someone else’s) mental or emotional state, and life-world” (Young 2000, 141).

In point of fact, and as already implied within family approaches, the recognition that disturbed thoughts, feelings, and actions regarding one’s eating and weight can articulate a range of experiences vis-à-vis one’s everyday worlds is somewhat commonplace and incorporated into mainstream approaches. For instance, food restraint and thinness are often understood as being pursued in order to attain greater self-esteem, achievement, and autonomy in the face of feelings of loss of control, insecurities, interpersonal difficulties, and threatening relationships (Halmi 2003, 13; Lock 2004; Tantleff-Dunn, Gokee-LaRose and Peterson 2004; Pike, Develin and Loeb 2004). However, as also already indicated, the extent to which the nature of the underlying psychological, familial, or interpersonal problems are presupposed, they can curtail understandings of the richness of particular meanings and uses of behaviours for any given individual. Additionally, tendencies to limit the metaphorical meanings of food and

weight that are likely being manipulated by individuals, primarily to that of the cultural value of slimness (as exemplified by the existence of the diagnostic biomedical criteria of “fear of fat”), can further truncate appreciation of the potential variability, versatility, and contextualized nature of both the emotional and social uses of food and weight as well as the cultural patterning of them in the first place (Lee 2001, 41-42; Van Esterik 2001).¹⁶ Salient here is consideration of how, as Counihan and Van Esterik (1997, 1-5) point out, food and its consumption are so much a part of our everyday lives that their potential for multiple, complex, and sometimes contradictory meanings is considerable. Indeed, as the latter authors note, the anthropological, sociological, psychological, historical, and philosophical literature on food bring attention to how it and its sharing and refusal have been known to mark a wide range of social realities, including, “generational battles, love and care . . . hospitality, sociability” (Park 2001, 88), “boundaries between social classes, geographic regions, nations, cultures, genders, life-cycle stages, religions and occupations, to distinguish rituals, traditions, festivals, seasons and times of day,” and to signify such binary oppositions as “good or bad, . . . a comfort or a punishment, sophisticated or gauche, a sin or a virtue,” (Lupton 1996, 1-3), purity and danger, and order or disorder (Douglas 1997). In addition, because it is such a basic need, its association with life and death is universal. Also intrinsic to food is its distinctiveness in traversing the boundaries between outside and inside the self. That is, unlike most other matter external to the self, it becomes utterly assimilated and absorbed within one’s body when ingested and hence can play a unique role in the symbolic marking of the one’s connectedness and separateness (or openness and closeness) with others, or of one’s relationship with one’s world (Meigs 1997, 105; Lupton 1996, 16-18). Lastly, due in no small part to the more dominant role in food preparation and serving that women have conventionally held, it has been postulated that they “so often speak through food and appetite” (Counihan and Van Esterik 1997, 1, 3)

¹⁶ While those who have done research into self-starvation and into bingeing and purging behaviours within non-Western settings have been at the forefront in challenging the notion that cultural expectations for thinness necessarily underlie these behaviours, Banks’s study (1992) for one, suggests the absence or marginality of fat phobia for some anorectic individuals in the West.

Appreciation of the manifold web of significances that can be condensed within one's eating behaviours problematizes tendencies to understand and fix them in abstraction from the particulars of individuals' lives, or to reify them as signs of discrete entities or disorders with their own naturally occurring dynamics and characteristics. Rather, the overlapping features or similarities of disturbances to do with one's relationship to food and body image, as documented in the current line of DSMs, would be, as Kirmayer and Young claim of culture-related syndromes and somatic forms of distress, more usefully thought of as a "languages of suffering," as "culturally mediated discursive styles" (1998, 8), or, as some have claimed of psychiatric symptoms more generally, as "idioms of distress." To quote Martinez-Hernaez: "Every culture has different patterns of expression for affliction and suffering. Furthermore, the circumstances producing distress also vary among different societies" (2000, 110). "There is not one source of symptoms; different social experiences engage the same culturally prepared bodily processes" (Kleinman 1995, 107). Being such polysemic, "communicative artifacts," symptoms and affliction should "above all be . . . [interpreted] in terms of a code which is not the receiver's but the sender's, even if this code is implicit, deep-lying, or unconscious . . . without a true hermeneutics we run the risk of silencing the voice of the sufferer" (Martinez-Hernaez 2000, 162, 157). Narratives, in that they involve more conscious awareness of or self-reflective deliberations upon experience (Bury 2001, 277), as opposed to the more tacit and less conscious language of the body, constitute an important means through which the experience of another can be accessed, although (as Bury maintains and as we shall see in the next chapter) never completely and in no direct, straight-forward way.

Narratives and the Dynamics of Meaning Making

Narrative . . . mediates a reinvention of identity . . . Stories . . . are instinctual ways in which we try to confine a catastrophe, to rescue ourselves from the unknown, to bring an overwhelming and incomprehensible experience “under control” . . . objectively, stories and ritual scenarios seldom tell the truth about what actually happened. They tell a truth that enables people to live in the here and now with what happened *to* them in the past. In this sense, the scenarios are expedient lies; they prioritize the existential urge to remaster experience rather than the epistemological need to preserve an exact record of it. (Jackson 1998, 24)

In the above excerpt Michael Jackson underscores how narratives do not provide, nor are they primarily meant to provide, an impartial recounting of *a priori* events, but rather constitute a reconfiguring of the world to meet one’s present needs and circumstances. Indeed, the need to approach and assess narratives in terms of what they aim to do or accomplish for the author rather than in terms of their empirical validity has been stressed by many (J. Bruner 1990; Bury 2001; Campbell 2000; Cohen 1994; Kleinman 1988a; Mattingly 1998). Key amongst the social and existential functions that narratives serve (as emphasized above by Jackson) are the arguably universal needs for coherence, control, and agency—all especially acute in the face of disruptive events, or when the disparities between what is culturally or personally expected or hoped for and what actually transpires is greater, such as with chronic or serious illness (Becker 1997; Garro and Mattingly 2000; Good 1994, chap. 5; Hyden 1994; Kimrayer 1992). While the need to redefine one’s world—to give it continuity, structure, and purpose—is more pressing under unforeseen or disconcerting circumstances, the extent to which reality and our experience of it more generally is manifold and marked by happenstance and flux, we are continually struggling to make sense of it, and we do so by reconciling it with culturally recognizable configurations and understandings (E. Bruner 1986; J. Bruner 1986; Garro and Mattingly 2000, 19, 23-26; Turner 1986). This not only enables us to gain a measure of distance from and control over our experiences, to be able to reflect and act upon them, but also allows us to share them, particularly those aspects which may otherwise remain invisible or inchoate, thus reducing feelings of isolation and allowing

us to reflect in rapport with others. Indeed, the very making of our experiences as intelligible to ourselves and to others is both an essential means by which “individuals transcend their aloneness in the world and come to share lived experience” (Edward Bruner (1986, 21)¹⁷ as well as desist “confusion, powerlessness, despair, victimization, and even madness” itself (Somers 1994, 630).

Turning our attention to the pro-eating disorder websites that form the subject matter of this thesis, one could postulate that the substantial use of fiction—defined by literary critic Terry Eagleton (2007) as that which is not meant to be about a real-life situation but rather make a point about life—strongly suggests that what is of import within their websites are the deeper moral¹⁸ significances rather than correspondences with some objective reality. Included here is poetry, a form of fiction identifiable by the way its words are laid out on a page, and which serves as a “cue” about how it is suppose to be read—namely, not literally (ibid., 47). Of course, the extent to which “narrative derives its power by transforming and distorting life as lived” (Mattingly 1998, 25), the distinction between fiction and non-fiction is not as clear-cut as often thought. Also, while some fiction is made to be life-like, and which can intensify its “moral impact” (Eagleton 2007, 36) (such as, within these websites, the frequently seen texts to the effect of “A Day in the Life of an Eating Disordered Person”), those forms which engage the supernatural, the magical, or the mythical may provide more leeway to imaginatively express and extend upon one’s fears, hopes, and desires than that which may be afforded within more realistic life situations (Jackson 1998; Good 2004, 156-157).

While narrative attests to our need to organize and articulate experience as well as to be in communication with others, it is also (as mentioned in the opening excerpt) an important means by which we construct and maintain a sense of identity—a need which

¹⁷ Edward Bruner is here extrapolating from Bruce Kapeferer’s and James Fernandez’s papers, found within this volume of his.

¹⁸ I use the word *moral* here, not in the sense of “good and bad, or right and wrong” or as it contrasts with *immoral*, but rather as it refers to all of human experience as considered in terms of questions of “human values, meanings and purposes” (Eagleton 2007, 28-29).

also becomes more pressing in the face of disadvantage and disruption (e.g. Becker 1997). “We come to know ourselves as we use narrative to apprehend experiences and navigate relationships with others” (Ochs and Capps 1996, 2). Rather than pre-given, constant, or “inevitable” (Hacking 1999, 16), the self becomes defined over time, in significant part, through moral evaluations attributed to our actions, emotions, and thoughts. Accordingly, the ways in which we interpret and reinterpret our lives are ones that tend to discriminate in favour of “the need to present [ourselves] . . . as ‘morally competent actors’,”¹⁹ however culturally or idiosyncratically defined. As seen within the personal accounts of illness in Laurie Price’s study²⁰ “narratives often implicitly, but almost always emphatically, conveyed ‘I did the right thing’” (Garro and Mattingly 2000, 25).

It is important to add that the forming of narratives to comprehend our selves and worlds in particular ways pertains not solely to issues of identity formation, coherence, control, and connection with others, but can be intertwined with all types of moral issues. In the case of serious illness this can include the elicitation of care and concern, the effecting of possible changes in therapeutic practices, and the negotiating of social roles and responsibilities for one’s self and others more generally (Nichter 2002; Hyden 1995; Mattingly and Garro 2000, 1-49). Furthermore, stressing how narratives rework lived experience is not to say that what they have to tell us about the past has little import or can be dismissed as untrustworthy. Rather, inasmuch as they are propelled by the need to make sense out of what is happening, a close correspondence to life as lived is sought—a correspondence which is not necessarily close to empirical facts, but which resonates with that which is more abstract or nebulous, namely, that pertaining to experiential states, feelings, and sensations that arise in and through our engagement with the world.

¹⁹ Bury (2001, 273) is here commenting upon (and using as an example) R. Pinder’s research findings on disabling illness in the workplace (from *Sociology of Health and Illness*, volume 17, number 5).

²⁰ Entitled “Ecuadorian illness stories: Cultural knowledge in natural discourse,” her study can be found in Holland and Quinn’s *Cultural Models in Language and Thought*, 1987.

As Mattingly and Garro (2000, 11) note, Susanne Langer (in her 1953 book *Feeling and form: A theory of art*) discusses the way “Stories . . . give form to feeling.” Meaning is received as well as recreated and communicated, and done so not just through thought but (as seen in the last chapter) through the body as a whole. That is, it is sensorial and emotional as well as cognitive, and in many senses precedes language (E. Bruner 1986; Csordas 1994; Jackson 1989; Kirmayer 1992). Thus individuals, in their efforts to bring experience to conscious awareness, one and the same time search for, elaborate, and create meaningful connections amongst events and circumstances. Narratives both explore and re-figure the past, illuminating both what is already meaningful as well as what can be made meaningful (e.g., Kirmayer 1993, 162).

While narratives are shaped by the intentions of authors, they are, as previously indicated, by no means reducible to them. Rather, “the way we interpret the world is a function of the languages we have at our disposal” (Eagleton 1996, 107). Hence, because our interpretations of our worlds are in many ways pre-structured or pre-defined (or our consciousness as our bodies culturally preconditioned, particularly by those discourses which dominate in any given time and place), much of the way creativity and intentionality is exercised (as pointed to within the introduction), lies within the ways they are made to deviate, however subtly, from existing normative networks of meaning. This applies to the manipulation of different discourses (what is highlighted, eclipsed, and how things are put together, or, as Hacking [1999] says, “rearranged”) as well to their selective choice (E. Bruner 1986; J. Burner 1990; Cohen 1994; Somers 2006; Turner 1986).

It is important to appreciate here the degree to which one’s interactions with discourses have to do with the fact that they are “value-laden” (Hacking 1999, 131), or carry explicit and implicit world-views pertaining to the nature of personhood and social relationships. To elaborate, it has been widely heeded that the genres of fiction and biography, perhaps particularly autobiography (all of which proliferate within these websites), provide a richer and more intimate portrayal of the subject behind the labels

and theories and a closer approximation to how reality is actually experienced, as opposed to “positivist science with its ideals of reductionism, causal explanations and prediction” (J. Bruner 1990, xiii).²¹ As Jerome Bruner explains, “a well-formed argument” and “a good story . . . are two distinctive ways of ordering experience, of constructing reality . . . The one verifies by eventual appeal to procedures for establishing formal and empirical proof. The other establishes not truth but verisimilitude . . . lifelikeness . . . [it] deals with the vicissitudes of human intentions” (1986, 11, 16). Or, as Lila Abu-Lughod argues, life stories with their depictions of the particular and of “flux and contradiction,” provide a discourse of familiarity (as opposed to positivism with its reliance on generalization, homogenization of populations, and inevitable processes of othering). They “bring out the similarities in all our lives . . . The particulars suggest that others live as we perceive ourselves living, not as robots programmed with ‘cultural’ rules, but as people going through life agonizing over decisions, making mistakes, trying to make themselves look good, enduring tragedies and personal losses, enjoying others, and finding moments of happiness” (1991, 158-9). Yet, as shall be seen, distinctions between community participants and others are hardly discarded but rather varyingly modulated, particularly those that are presupposed within psychiatric (and to some extent within feminist) explanations. That is, the seemingly neutral, objective, and authoritative weight that psychiatric discourse carries, while sometimes contested, at other times is played up to their advantage.

While fiction and autobiography bring attention to the complexities, enigmas, and ‘repleteness’ of lived experience, poetic diction, in particular, also brings attention to the complexities and richness of meaning and language itself. That is, its heavy use of metaphor, simile, metonymy, irony, and other figurative or non-literal uses of language, and the use of phonetics (the arrangement of sound to create meaning, e.g., rhythm, repetition, and alliteration), all condense and creatively play with a multiplicity of meanings or potential meanings. Poetry “allow[s] us to relish and savour [the experience

²¹ As Young (2004a, 390) points out, most “science requires radically stripped down environments in order to isolate factors and determine their contributions.”

of language] . . . anew,” or “thrust[s] us into what T.S. Eliot called ‘the intolerable wrestle with words and meanings’” as opposed to it “slipping down too easily” (Eagleton 2007, 21). As shall be seen, the vexing nature of the relationships between language, meaning, and experience itself, is a question that some website owners themselves consciously identify.

In order to better appreciate and recognize the inherent potential for freshness, force, and multiplicity of meaning that metaphors in particular hold, it is important to underscore how metaphoric correspondences—the transferring of meaning between two “domains” (Kirmayer 1992, 332-334), or the thinking of one in terms of another—is a primary way in which we make sense of and engage our worlds. It is also important to keep in mind that the meanings being transferred are not the literal or surface ones but rather secondary or deeper attributes and connotations (qualities, values, actions, emotions, patterns, ideas, etc.) that, in general, all symbolic elements hold. For example, the thinking of constellations of troubling or disturbing thoughts, feelings, and behaviours in terms of medical entities or objects, in many ways involves metaphorical processes, or the projecting of secondary characteristics and patterns from that which is more known (within the biomedical framework, from the domain of physical diseases) onto that which is less known or understood (that of mental illness). Of course, *disease* and *disorder* (as with all domains) hold multiple connotations, and the ones that are most salient in any given context, or for any given person at any given time, can vary. Which meanings are being referred to as well as why (any given set of connotations can be used in different ways or to serve different purposes) is not necessarily self-evident or singular. Rather they, as the meanings of texts more generally, only become pared down and “inferred from the context, i.e., the history and ongoing flow of a conversation and wider social knowledge” (Kirmayer 2000, 177n9). They are also further defined by narrators themselves who give indications about how components are to be read (Eagleton 2007). This involves heeding not just the presence of other linguistic and non-linguistic elements (i.e., within these websites, that of photos, drawings, and design) but of how they are arranged or positioned vis-à-vis each other. Furthermore, and as shall be explored in this

paper, the tension between form and content itself (a device of language also seen in everyday speech) can additionally generate certain effects (ibid., 88).²²

While polysemy and ambiguity arguably tend to be more pronounced within poetry, fiction, and written language (the latter because it is more distant from an immediate dialogical context than oral conversation [Eagleton 2007, 31-32]), they inhere to some degree in most, if not all, narratives. This is not just because words and symbols in themselves can carry multiple meanings, or can be made to mean (within certain bounds) different things, but because they employ side by side, combine, or interweave logically inconsistent ways of perceiving and conceiving. Rather than well ordered and well formulated, they are more tentative and open to multiple and conflicting viewpoints, explanations, and possible endings. They “succeed in *subjunctivizing reality* . . . [or in the] trafficking of human possibilities rather than in settled certainties” (J. Bruner 1986, 26). In the case of illness stories, Good argues that the maintaining of “several provisional readings of the past and the present” (1994, 144) allows them to remain open to a plurality of potential sources of hope for a “cure” or remedy—or, as shall be seen within these websites, remain open to multiple pathways through which their distress can be alleviated. In addition, the idea that “hope . . . is a narrative thing” (Mattingly 1998, 70) can arguably extend even to those narratives that are bleak and despairing, in the extent to which the very act of expressing hopelessness would not be carried out unless there was some belief that this would accomplish something for the narrator (as within the notion that the voicing and witnessing of one’s despair can have healing effects or is necessary to be able to pass through it [Kleinman 1988a]).

²² Of course, and as implicit within my first chapter, all of this highlights how the reader has an active role in the process of meaning creation. That is, because of their indeterminate, “malleable,” and “manipulable” nature, the reader necessarily uses his or her own knowledge, imagination, or “interpretive skills and inclinations” in the construing of symbols and texts (Cohen 1994, 17, 147). Needless to say, this also underscores how my own, as any interpretation, is one that is partial and situated.

Related to the notion that narrators are in “the middle of a story” or “quest” with unsure, diverse, yet hopeful endings (Good 1994, 144, 157), is Cheryl Mattingly’s claim that they are less about the creation of coherence and continuity (as seen earlier) and more about the creation and enactment of suspense and drama.²³ The latter not only arises out of the “moral suspense” that inheres within the contemplating and trying “out several paths, and all at once” in attending to the questions of “who am I” and “how should I live,” but arises out of the “drama of plight” that, for the most part, all narratives turn upon—“of the significant gap between where I am now and where I want to be” (Mattingly 1998, 128, 95). Illness narratives are filled with “the presence of powerful enemies, and of dangers and obstacles,” with the “fragility of events,” the unexpected as well as the “mystery of the unsaid” (Mattingly 1998, 8, 95, 96; Garro and Mattingly 2000, 268-9). This portrayal of “unfolding events in a suspense-laden time in which one wonders what will happen next” (Mattingly 1998, 8), along with the use of the symbolically vivid and the imaginative, give illness narratives charged intensity and emotive value. It makes them “no mere abstract matter . . . [but rather] provocative and evocative . . . compelling” (Garro and Mattingly 2000, 11), enticing the reader into the their story and making what happens (one’s plight as well as the overcoming of one’s plight) as really mattering—not just to oneself but to others as well. Importantly, this mattering is linked to the creation of relevance and desire within therapy; that is, in order for it to be effective, it needs to be meaningful to the patient (Mattingly 1998, 8, 82, 147).

While the contradictory, open-ended, and provisional nature of illness narratives may provide for expanded possibilities of hope and the heightening of narrative drama, to the degree to which it reflects the unruly and uncertain nature of experience, the lack of

²³ For Mattingly, the contrast between life being disordered and narratives being ordered is often overstated, not only because narratives are inconsistent and incomplete, but also because life as lived (as opposed to being shapeless) shares with narratives the structure of suspense (marked by contingency, uncertainty, possibility, and the unexpected). Formlessness or meaninglessness becomes then, not so much a description of pre-narrativized experience per se, but of powerlessness and despair—of “when lived experience seems to be driven by no form other than brute sequence” (1998, 47).

unity and tentativeness within narratives is also taken to be a function of their closeness to the experience of illness itself. “Where narratives are most coherent, they also may be formulaic and distant from sufferers’ experience” (Kirmayer 2000, 153), “a product of narrative itself, not of life as it is felt and experienced” (Garro and Mattingly 2000, 267). Hence, rather than extended narratives, it is “islands of reason, fragmentary stories, narrative strands, and, above all, poetic evocation through bursts of figural language” which play a more significant role in the shaping of episodes of acute illness (Kirmayer 2000, 171).²⁴ Metaphor, in that it “occupies an intermediate ground between embodied experience and the overarching narrative structures of plots, myths, and ideologies” (ibid., 155) may be more revealing of embodied meaning.

The notion that metaphoric elements occupy this in-between ground can be seen as bearing some resemblance to Eagleton’s analysis of poetry as being a bridge between (what “modern age divides into”) “rationalism” and “irrationalism.” That is poetry, whether “at its best” or not, “more than almost any other discourse . . . deals in the finer nuances of meaning, and thus pays it dues to the value of reasoning and vigilant awareness . . . But it pursues this devotion to meaning in the context of the less rational or articulable dimensions of our existence, allowing the rhythms, images and impulses of our subterranean life to speak through its crisp exactitudes” (2007, 21-22). Through its play with subtleties, shades of meaning, phonetics, and the use of “fresh” metaphors and symbols, poetry can bring to light what is less conscious, less logical, or less determinate, and tends to do so without smoothing it over or explaining it away. Perhaps on some level, it can be seen as “writing [which is more] faithful to immediate experience: direct, presuppositionless, open-ended,” as Jackson says of the aims of the poet William Carlos Williams (1996, 41). Jackson is here trying to illustrate the importance of poetry to phenomenology, and it is probably worth identifying some of the influences of this

²⁴ That these websites owners are in the midst of their eating disorder and their self-expressions are dense with a patchwork of richly descriptive and connotative bits and pieces would seem to support this, in addition to, as shall be seen, also speaking to the directions of Good and Mattingly. Of course, the diverse assortment of types of data, as previously noted, is also a function of the technical attributes of IMC.

philosophy within some of the theory I am drawing upon. For one, emphasizing that there are “significant differences between the way the world appears to our consciousness when we are fully engaged in activity and the way it appears to us when we subject it to reflection and retrospective analysis” (ibid., 42) is central within phenomenology. It underlies what could probably be defined as its primary objective: “the direct investigation and description of phenomena as consciously experienced, without theories about their causal explanation and as free as possible from unexamined preconceptions and presuppositions” (Encyclopaedia Britannica online, s.v. “phenomenology,” <http://www.search.eb.com/eb/article-9108681> [accessed August, 2010]). Furthermore, efforts to obtain comprehensive, in-depth, “detailed descriptions of how people immediately experience space, time, and the world in which they live” (Jackson 1996, 12) entail attending to experience in all of its “modalities” (ibid., 2): conceptual reasoning, imagination, fantasy, memory, intuition, feelings, sensory perceptions, impressions, and so on. Associatively, methods often involve studying not only everyday language but what Elinor Ochs and Lisa Capps (1996, 1) identify as “a range of genres” which personal narratives comprise, including “verbalized, visualized, and/or embodied.” Significant here for my study are also pictorial depictions, including that which can be “minimalistically evoke[d] . . . through . . . the juxtaposition of shape, texture and colour” (ibid., 2).

As implied above, phenomenological schools of thought view reasoning as inseparable from experience (or embodied experience in that the body mediates between consciousness and the world). This comprehends skepticism of the capacity of rational thought (and the promise of science) to be able to transcend the fact of our embodied existence and objectively describe reality out there. “Philosophies and theories . . . [become regarded] as a part and parcel of the world in which we live rather than transcendent views that somehow escape the impress of our social interests, cultural habits, and personal persuasions” (Jackson 1996, 1). As with objects, ideas and narratives tend to be approached not (or not primarily) in terms of their truth-value but in terms of their instrumental use; the “concern [is] . . . with ‘what works,’” with the place and utility

of things within our lifeworlds, or within “the world of our everyday goals, social existence, and practical activity” (ibid., 41, 8).

One notable application of philosophical phenomenology has been within the field of psychiatry. However, according to Martinez-Hernaez (2000, 17n3), while such approaches have been largely abandoned within psychiatry, they have been adopted within the field of medical or psychiatric anthropology “as a new option to counter the weakening of the interpretive position.” Included here is the work of Corin and that of Kleinman, for whom illness and mental disorders are construed, or re-construed, as forms of experience or of suffering. As Corin (1990, 155) says, the use of psychiatric phenomenology, despite some inherent problems, nevertheless “suggests a reverse or complement to, the present trend toward an increasingly ‘externalized’ approach of psychiatric disorders.” Or, as advocated by Good (1992, 196-197), “work which focuses on . . . the disturbances of experience of time, space, person, affect, thought, and embodiment, associated with psychopathology,” can provide rich data “for renewed discussion on the role of culture in shaping psychopathology.” At the same time it can serve to critique “the so-called ‘phenomenologies’ of contemporary psychiatry.” That is, the “rich phenomenological accounts” of the former can illuminate the extent to which the latter’s descriptive approach, namely descriptions of outward, observed dysfunctional behaviours, remains centered upon “symptom criteria known or presumed to reflect biological categories” and precludes lived experience.

A point made earlier about story lines being tentative and fragmented should be further clarified here. Namely, saying that plots are multiple, provisional, and broken, and emphasizing the importance of attending to poetic images, or “figures and fragments” (Kirmayer 2000, 171), is not to say that the temporal dimension is less important than nor separate from these figures and fragments. Making sense of experience necessarily involves the locating of events (however tentatively or fleetingly) within a meaningful relationship to other events in time (Somers 1994, 616; Ochs and Capps 1996); and metaphors do initiate and evoke temporal possibilities (Jackson 1989, 142) or “potential

stories” (Kirmayer 2000, 174). As seen within the ideas of Good and Mattingly, the notion of change lies at the core of narrative. This idea speaks not only to the inescapable temporal nature of our existence (as stressed within phenomenology) but, as Jackson points out, has been widely recognized as reflecting “one fundamental modality of lived experience: the journey” (1989, 18). It is expressive of our “on-going struggles to become something other than (or more than) who we currently are. Heidegger is profoundly right to notice that the fundamental issue (for a human life) is not being but becoming” (Mattingly 1998, 69). As shall be seen, some of the metaphors used by the creators of these websites, alongside their more explicit statements, do speak to the ways in which their bodily practices are shaped by the effects of the past *and* by anticipation of the future. They also, importantly, suggest links between the time of the events being told and the time of narration. In other words, they convey not only how their bodily practices but their websites themselves are (as Eagleton says of texts) not to be “seized . . . synchronically, as an object in space,” but rather (and as this chapter and thesis maintains) understood as “a complex movement and unfolding through time” (1996, 101, 67).

Research Site and Methods

This chapter provides a broad overview of the pro-eating disorder community²⁵ and how I attempt to implement an approach to it that is sensitive to the exploration of their particular world of meanings and the different interrelations and influences with which these meanings are imbued. This required that my study be flexible, or able to continually adapt to the conditions and questions unfolding during the course of research rather than being thoroughly determined in advance. That is, while I had an initial set of ideas, the directions pursued and the methods used evolved alongside the observation of the data. As Rubin and Babbie (2001, 415) point out, these processes cannot be neatly separated from each other within exploratory studies. For example, theoretical understandings pertaining to the nature of narratives and how to go about interpreting them (as set out in preceding chapter) had not been fully researched and worked out at the beginning of my study; instead, they developed over time as I sought out and sifted through relevant theoretical material in an attempt to make sense of what I was encountering in the websites. In other words, the data informed the development of my theoretical and methodological propositions, which in turn guided me in a deeper exploration of the data and a further enrichment of my theoretical framework, in a dialectical and progressive fashion. Overall, my study is rooted in an ongoing negotiation of understandings, or hermeneutical dialogue, between myself and the data (Michrina and Richards 1996). It should be noted that the interpretation process, while assisted by theory and necessitating the use reasoning and intellect, additionally requires a stance of

²⁵ Due to the sheer number of websites that could (however loosely) be affiliated with pro-ana, along with a lack of literature regarding its structure and history, my account of the even more statistical-type of information is not one that is absolute or conclusive. Rather, it is an approximation influenced by constraints of time and language (e.g. I came across a small number in Spanish and Northern and Eastern European languages), as well as influenced by the steps taken along the way for navigating these sites (such as deciding which websites should be included). Also, and as consistent with my findings, on-line communities are particularly known for their transient, mutable nature and permeable boundaries, with websites continually being modified and coming and going, making the defining of their contours and characteristics all the more challenging (Mitra and Cohen, 1999).

openness, respect, curiosity, and humility in order to minimize the imposition of pre-existing assumptions and to be prepared to critically examine such assumptions on an ongoing basis.²⁶ Interpretation also requires the use of empathy and introspection as well as a readiness to draw upon one's own life experiences. As Kirsten Hastrup (1995, 50) notes of Zeno Vendler's argument,²⁷ "there is no way of understanding people independent of a more or less shared human experience"—a philosophical orientation which remains at the heart of my study, as in the making sense of narratives in terms of what Jackson calls the shared "existential quandaries" of our lived experiences (1998, 206-8).

The dialogical or cyclical approach pertained not just to that between my data, methods, theory, and own horizon of understanding more generally, but in keeping with a hermeneutic approach, simultaneously pertained to that between different websites and parts of websites as well as between websites and the larger cultural elements they engage with. That is, in that continuities and discontinuities are better perceived recursively and retrospectively, such a dialectical, back and forth movement between these different parts and successive layers allowed for deeper and fuller understandings of their networks of meaning and how and why they are formed (e.g., Good and Good 1981, 180, 192-193n2).

While my study was non-linear and a function of the nature of the data, my project did involve preplanning an initial phase. This entailed visiting multiple websites in order to gain familiarity with their themes, their symbolic and linguistic repertoire, and their activities and interactions, as well as to help identify potential websites for further investigation. Sites were initially found through a Google search using the terms "pro-anorexia," "pro-ana," and "pro-eating disorder," with further sites being located by

²⁶ As previously seen, some of this approach is indicated within phenomenology and vice versa (see Martinez-Hernaez 2000, 164).

²⁷ This is in her essay "Understanding People," in Shweder and Levine's collection *Culture Theory: Essays on Mind, Self, and Emotion*, 1984.

following the links (which could range from a few to a few dozen) to more pro-ana sites provided by virtually all of the websites themselves. Also worthy of note is that one website that I came across, “The Thin Files,” had as its mission to provide an annotated directory of pro-eating disorder sites and listed over seventy of them. I likewise came across a handful of pro-ana webrings that also provided (albeit smaller and more abbreviated) annotated listings, although they serve to interconnect rather small groups of sites as the majority of sites do not belong to any particular webring at all. As I became familiar with additional terms by which some identify themselves, they were also entered into a Google search, namely, “pro-ed,” “pro-bulimia,” and “pro-mia.” (While often appearing as synonymous with or short-hand for the words *anorexia*, *bulimia*, and *eating disorder*, the meanings of “ana,” “mia,” “ed” or “ED” [as with the former set of words] can be multiple and mixed. Some of their various nuances should come into focus as this study unfolds.)

There were other ways in which participants commonly categorized themselves and their websites, but these were of too general a nature to make for a fruitful search (i.e., “pro-reality,” “pro-choice,” “pro-support,” “pro-acceptance,” and “pro-understanding,” and the meanings of these will be discussed in chapter five). It is of note that the use of different descriptors, along with the constant defining and redefining of “pro-ana” itself, is reflective of some of the changing interests, oppositions, and negotiations between each other as well as between themselves and outside discourses—bringing attention to the ways in which this community, rather than a well-bounded cohesive whole, is much more differentiated and in flux. In light of the multiple subgroupings, offshoots, divisions, and descriptors used, the basis on which I drew my boundaries rested not only on how much they identify with or use the term “pro-ana” itself, but also rested upon the presence of particular categories and symbols that appear to be distinctive to or popular amongst these sites, as well as resting upon the degree to which the site was interconnected with other pro-ana sites.

While the exploration of new websites remained ongoing throughout much of my project, it was more heavily concentrated in the earlier phases, tapering off as I started to recognize the reappearance of a significant number of the same links, gained understanding of key themes, and had accumulated enough material to choose from for further analysis. Between the summer of 2005 and the fall of 2007, I visited over fifty websites while glossing over dozens of others, either because they consisted virtually of uniform, redundant scripts that circulate amongst these websites or because they were message boards or weblog community pages as opposed to what I call personal websites, the type of websites that I chose to focus upon. A brief description of these types of sites will help clarify the ethical, pragmatic, and theoretical reasons for choosing them as well as provide a background picture of the material I was working with.

Personal sites are usually set up and run by one individual.²⁸ Amongst the information they contain are any of the more formulaic writings particular to this community, including the more tendentious types of material focused upon within popular representations and often referred to as pro-ana content by members themselves. The latter includes dieting and exercise tips, lists of “safe” and “unsafe” foods to eat, recipes, information on fasting, lists of reasons of why to lose weight or be beautiful (RTBB), “thinspiration” (photos of thin models and celebrities and quotes to motivate one to lose weight), and calorie and body mass index calculators. Also commonly seen are documents pertaining to “Ana Religion”: “Letter to Ana,” “Letter from Ana,” “Ana Psalm,” “Ana Creed,” “Ana Beliefs,” and “The Thin Commandments,” where “Ana” is the personification of anorexia into a goddess, angel, spirit, friend, or enemy. Other standardized types of contents appearing in most sites include safety tips and warnings regarding the dangers of their eating practices, diagnostic criteria and risk factors for the various eating disorders, and information or tips on recovery. The more personalized or intimate types of information—the material that I was principally interested in, and which, from amongst the fifty plus websites that I investigated, could range anywhere

²⁸ One significant exception is the website appearing in my study “Feast or Famine,” which claims to have a “board” of fifty members.

from (as in a couple of cases) a phrase or two to multiple pages in length—including the following: accounts of personal experiences; biographical information of family members, friends, and celebrities; fictional third person accounts; their own poetry, song lyrics, photos, and drawings; and more recently, in a few cases, the use of audio material or music. Regularly appearing are also popular song lyrics and excerpts from published works of poetry, memoirs, and novels (sometimes but not always on the topic of eating disorders). Less regularly appearing are reviews of films and books on eating disorders, postings of their own surveys on their community or on eating disorders, as well as (in a few cases) their responses to surveys by outside researchers.

Many of these websites also post poetry, narratives, letters, or comments sent in by visitors, and may have an on-line journal as part of their website or have a link to their journal posted within a weblog community of which they are a member. It should be noted that while websites within this community have been estimated to number approximately 500 (Chesley et al. 2003), the number of weblog communities which could be considered pro-ana appear to number over 1,000, with the members of any given community numbering from one to into the thousands, although individuals may belong to several weblog communities at any given time. Also, a small number of the larger, more elaborated, and in general longer-standing personal websites additionally contain a message board or chat room, although these types of venues often constitute their own separate website run by one or more monitors. These latter type of sites appear to be significantly fewer in number than the personalized ones, and the type of communication found within them is, of course, more informal and spontaneous in nature, and, like weblog communities, they are geared more exclusively for each other, often being password protected. Infrequently, a personal website will also require permission from the website owner in order to access it or parts of it (mostly their chat rooms or message boards). In general though, personal websites are more open towards public display and my choice to focus upon them stems from an effort to minimize impingement on their desire for privacy as well as from the fact that the data within them is sufficiently ample and well suited for the purposes of my study. That is, it holds the advantage of providing

a wide array of different types of contents and modes of expression. The use of personal websites also held the benefit of being able to have my presence remain unknown and hence not influence their self-expressions. In other words, one would have to identify oneself upon entering into and using material from forums and chat rooms (albeit, this could be partly mitigated with the use of an on-line pseudonym; however, this would entail its own quandary of ethical issues particularly for a project involving a vulnerable population such as mine). My decision to not request information from members in the form of on-line interviews or surveys, while significantly motivated by time constraints and logistical difficulties involved with contacting website owners, also held the advantage of not having my presence impact upon the data.

Website owners also share more statistical types of information about themselves, and which reveals the following: most appear to be in their late teens and twenties, are from North America, Europe, Australia, and New Zealand, and are of diverse ethnic, racial, and socioeconomic backgrounds. Only three that I came across identified themselves as male, with the rest identifying or insinuating that they are female. Also, the majority claim to have been officially diagnosed with an eating disorder, while a minority maintain they are unsure if they have an eating disorder or not or are self-diagnosed. Sometimes, more specific information pertaining to their place of residence, living arrangements, family, and mental health issues are given. Most also list their height and current weight (and often their highest, lowest, and goal weights), and infrequently they post a photo of a part of their body and rarely a photo containing their face or their off-line name. In light of some of the risks involved in either exposing their real-life identity or having it discerned, the anonymity of those strongly suspected of being under the age of eighteen was safeguarded (as advised by the Research Ethics Committee). Hence these websites are coded alphabetically and any identifying information is omitted or concealed. Otherwise (and unless other potential harm or risk seemed of consequence or the individual expressed a desire not to be identified), actual website names are used—

partly because some explicitly state that they want their material to be clearly cited,²⁹ as well as because some of the titles they have given to their websites are often quite expressive and a significant source of data in themselves.

As made clear above, measures taken with regards to ethical concerns included selecting data that posed the least risk of violation of privacy as well as concealing the on-line identity of certain authors. In addition, I have chosen not to publish the addresses of the websites used in my study in order to not direct outsiders to their sites, or further increase their exposure and the possibility of unwanted traffic.³⁰ Also, in every case where the website owner posted a copyright insignia or requested that the reader ask their permission if they wish to use any of their contents, a letter of consent was sent to the owner of the site.

In addition to pro-ana websites, attention was paid to their links outside of this community. As Mitra and Cohen (1999) explicate, the hypertext of Internet websites makes more “overt” than within traditional texts, their intertextuality.³¹ It reflects the ways they borrow from or are shaped by multiple sources—and the types of material and themes within these outside sites were often seen within their texts themselves. For instance, virtually all had links to recovery sites (both personal and institutionally run) and frequently to sites containing an array of medical, psychological, or professional information on eating disorders as well as to sites containing information on fasting or dieting. Occasionally there were links to sites pertaining to other issues of import to them,

²⁹ This most often appears to be because other community members have allegedly stolen their material and posted it as their own.

³⁰ In any case (and also telling of the perpetually changing nature of this community), over two-thirds of the sites used in my study are no longer in existence at the time of the revising of this chapter.

³¹ It also heightens their polysemic potential. That is, the branching off into multiple, non-linear directions makes for both a more active and “liberated” role for the reader to produce their own meaning, depending on the links they choose to follow (Mitra and Cohen 1999).

including other mental disorders and self-injury, often referred to as SI. The latter appears to be especially common within this community (ranging in severity from the more commonly reported minor scratching of oneself with a sharp object to actions which are life threatening); and one member's companion self-injury website is used in my study because of its references to the meanings of her eating disorder. Another website on the peripheries of this community that I pull upon is the recovery site (often listed amongst their links) "Makayla's Healing Place," owing to its elaborate accounts of the author's past involvement with and perceptions of pro-ana. Links to other sorts of websites dealing with any of their own particular concerns or interests also include those pertaining to cultural icons popular amongst these sites. This includes the fan club for Marya Hornbacher (and her book, *Wasted: A Memoir of Anorexia and Bulimia*, is commonly referred to; hence, this is one book which I did read). Also included here is "Sandpaper Tears," the fan club for the song by the rock band Silverchair, "Ana's Song (Open Fire)," excerpts of which also frequently adorn their pages. (Although I could not find it explicitly stated within their sites, it is quite likely that the term "ana" was originally appropriated from this song, written by the lead singer who claims he himself suffered from anorexia nervosa, and which he personifies as "Ana." The use of "ana" does not appear within websites [found on the Internet Archives, as discussed below] that predate the launching of this song in 2001.)

Some attention was also given to past websites available on the Internet Archives in an attempt to better situate their network of meanings in time and glean further insights into, and verification of, claims being made regarding the history and evolution of this subculture, by both insiders and outsiders.³² While a thorough investigation into the development of this community (which appears to date back to at least 1999) is well beyond the capacity of this thesis, I did manage to surf forty or so archived personal sites

³² To sum up, within outside discourses the origins of the community are frequently taken to be an inevitable outcome of the convergence of the disturbed anorexic mindset with the advent of IMC (often seen as being instigated by the implementation of pro-recovery sites which preceded them and from which the initial pro-ana members broke away from). The inside story shall be seen in chapter five.

or available parts of sites.³³ Of these, I paid particular attention to eight that were richer in meaning or had been highly profiled within media accounts as well as within the stories current members tell of their history, and a couple of my impressions seem worthy of note. One is that the complexity and creativity of much of this material appears to rival that of some of the contemporary sites (and this does not negate that some sites, as with current ones, are sparse in original content or depth). For example, I was struck by the use of hyperbole and the degree of self-awareness within the highly profiled site “Anorexic Nation,” and of that of paradox and incongruity more generally within “Anorexic with Pride,” as well as how this is mostly overlooked within outside discourses. (Perhaps it is especially ironic that the title “Anorexic with Pride,” taken literally or at face value, has been held up as an example of the denial of illness and harm that goes on within this community when in fact it is, more than anything else, a heartfelt tale of acute suffering and struggle.) Secondly, perhaps one of the most apparent differences between these past sites and current ones concerns the demographics of participants, specifically that pertaining to their socioeconomic background and age range. Both of these appear to be more restricted within earlier websites, where college and university students are more highly represented (and which, of course, would correspond to changes in the socio-demographics of Internet users as a whole as access to the Internet has expanded).

With respect to the presentation of the data, it should be noted that I cannot anywhere near report on all that I found, but try to give a sampling of some of the more predominant meanings and imagery used—of the ways they are collectively shared as well as idiosyncratically nuanced or elaborated when they appear within the context of individual narratives. To this end, I have selected, from amongst the fifty plus pro-ana sites visited, thirty-two for use in my study, in addition to the self-injury and pro-recovery site mentioned earlier. I also make heavy use of direct quotes, not only because they

³³ A number of factors, including technical difficulties involved in archiving websites as well as requests by website owners to block all or parts of their websites from being archived, results in the fact that many sites or parts of sites that were in existence at one time cannot be found on the Internet Archives.

provide evidence for my arguments, but because they also serve to preserve, or more authentically convey, some of the distinct richness and nuances present within their own words. Of note here is that the atypical use of, as well as errors of, spelling, grammar, and punctuation seen in some quotes are their own, and not indicated with the word *sic* in order to be less disruptive to the flow of the text. They were preserved because it was deemed that they may be revealing of their background or jargon used.

Finally, it should be noted that a separate section on “recovery” (a very salient category within these websites) has not been included due to lack of space. Rather, I attempt to elucidate and summarize key meanings for them throughout the discussion of my findings. This task was not unaccommodating to the arranging and presenting of the data as the meanings of recovery are implicated within, and logically unfold from, their discussions on the meaning of their practices and of their websites. In point of fact, it was the relegating of data into distinct categories in the first place that I found difficult, partly because of its volume, but more so because of the way that all the components of their narratives (not just recovery) are so intertwined with each other and dense with multiple meanings, contingencies, and ambiguities. As Eagleton puts it, I found within these websites a “constant interchange and circulation of elements where none of the elements is absolutely definable and where everything is caught up and traced through by everything else” (1994, 129). Certainly the decision to introduce the next section with a look at the deliberations of community members on the difficulties they themselves face in attempting to classify and convey their embodied experiences is, in no doubt, partly because it resonates with my own struggle to do justice to their representations. Or more generally, it can be taken as a reflection of what Good refers to as the “problematics of illness representations” and the ways in which “sufferers often face difficulties similar to the ethnographer in representing its experience” (1994, 55).

The Meaning of their Bodily Practices

I. What Is an “Eating Disorder”?

There is no way to really describe being Anorexic,³⁴ I do apologize. It’s about the media, about relationships with family and friends, about control, about self-confidence, about attention, about all of that and yet none of that. (Starving for Perfection)

Perhaps it is significant that this statement appears towards the end of her attempt to sum up why she is anorexic; that is, in the end, no final analysis is possible. What it is all about ultimately defies attempts to be captured within professional and popular explanations, even within language itself. Concepts can inform, but they also leave much unsaid, even mislead. They can be used but cannot be taken too far. Rather than being taken-for-granted, it is her experience, the “being Anorexic,” that is the real thing, the place from which to start to understand, and her expression of regret to the reader for failing to adequately convey her experience assumes this positioning of herself as holding the true version. Yet, the apology is also somewhat ironic, making it more moving or bringing home all the more (as both she and the reader know) it is not for her to apologize. The available concepts upon which the description of her experience relies are not of her making, and it is not our experiences that are at risk of being appropriated or remaining unarticulated but her own. (Of course, she does exercise some agency in what she chooses to nominate. That is, what eating disorders entail also involves what they do not entail; in this case, they are not primarily about weight and behaviours per se nor about biology and genetics but are more metaphorical and social in nature.)

The destabilizing of concepts and explanations and the questioning of the very ability to theorize or define their experiences at all, along with the centering of the perspective of the suffering subject, are sentiments widely shared by others. Rather than

³⁴ While the words *anorexia* and *eating disorder* often appear to be used interchangeably (as is the case with this website owner herself), reasons for the particular choice of one or the other are often discernable. For instance (and likely salient here), *anorexia* at times appears to be selectively used because (aside from denoting particular sets of symptoms) it is often seen as the most serious or the exemplar of eating disorders.

being easily comprehended or subsumed within existing categories, their experiences remain elusive, complex, and of a plural and often idiosyncratic nature. Attempting to explain it is like “attempting to explain the inexplicable” (Finding my Wings); there is “no logic behind this thing called ana/mia” (Cerulean Butterfly); “Eating disorders are not as simple as they seem . . . confusion is an inherent part of the disorder . . . there really isn’t one ‘correct’ answer. It stems from so many things” (Hungry Girl); and, “I consider eating disorders deeply personal matters and I know everyone’s experience with them is different” (Pure Perfection). Or within the website “not otherwise specified,” where the title refers to the eating disorder category in which the website owner has been placed, and which she, somewhat biting, defines as “basically the catch-all for eating disorders that don’t fit into any other category . . . [and] where none of the five words are specific or definitively descriptive, except to describe something that’s unspecific,” as well as perhaps speaking to the ways in which she says that she and her readership “don’t fit into . . . other categories of life” more generally, she also states,

An eating disorder is like nothing I’ve ever experienced before . . . It’s made up such a huge part of my life yet I still have incredible difficulty explaining and speaking about it without diminishing it’s profundity or becoming overwhelmed with confusion. Of course I can’t try to explain something I don’t yet understand . . . How can I make it understandable, even in the slightest way?

While these sentiments may well speak to the difficulty of giving expression to their embodied experiences, to the “unclosable distance between the immediacy of experience and the shaping of experience into transmittable forms” (Gorfain 1986, 207), they also likely speak to their feelings and apprehensions of being or having been subjected to all encompassing, conclusive characterizations. That these characterizations can misconstrue, constrain, or silence is implied within the opening quote to this chapter as well as within comments such as the following: “Counsellors label you as if they always knew you. They can label me but they’ll never understand me” (Website A); “[those with eating disorders are] isolated and surrounded by people who don’t understand what we think or feel” (Fat Like Me) and “have no clue what it is all about” (Desperate for Control); or, “the textbook definition of anorexia nervosa . . . to assist

doctors in making a clinical diagnosis . . . is in no way representative of what a sufferer feels or experiences in living with the illness” (Website A).³⁵ Yet, while generalizations and classifications, in particular medicalized or clinical ones to which they are predominantly subjected, can mask the diversities, complexities, and intimate nature of their experiences to do with food and weight, they are not completely repudiated. The author of Website A, as most others, still posts these “textbook” like definitions, let alone retains the use of the category of eating disorders, however modified or qualified. The following section looks at how the metaphors of “disorder,” “disease,” and that of “lifestyle” (which cannot be understood outside of the use of “disorder” and “disease” to which it is continually juxtaposed) are used to debate and elaborate upon fundamental questions relating to intentionality, suffering, responsibility, hope, and control.

Lifestyle, Disorder, or Disease

This is a pro-ana website. That means this is a place where anorexia is regarded as a lifestyle and a choice, not an illness or disorder . . . A disease or disorder is something that happens to you --- you don’t get a choice about it. When you get the measles, you didn’t decide to be sick . . . Anorexia doesn’t just happen. It is the produce of decisions made in the mind . . . whether you call your ana a lifestyle choice or a disorder, you are still making the DECISION to live that way . . . to what degree can something be labeled a "disease" -- by definition something over which an individual has no choice, such as cancer or the measles - - if, in fact, it not only involves making choices but outright requires their making? (Ana’s Underground Grotto)

While, as we shall see further along, this website owner professes a rather exaggerated notion of autonomy and choice (most often not endorsed within the other websites I studied), this quote does speak to how, when the metaphor of lifestyle is used, it is often because it appears to better corroborate or account for the intentionality and purposefulness of their actions than the metaphor of disorder and particularly that of

³⁵ Good (1994, 199) notes how “patients . . . [resist] the caricature of their experience by clinicians, healers, or families members, or the appropriation of their suffering as ‘discourse’, reasserting the mystery of their experience.”

disease. As she and others indicate, unlike most other medical conditions, theirs entail behaviours that are actively generated by a conscious, thinking agent: “You don’t just get it, the way you just get a cold: you take it into your head, consider it as an idea first, play with the behaviours awhile, see if they take root” (Marya Hornbacher cited in *Finding My Wings*), and do so because they bring real and wanted benefits: “The fact is that eating disorders serve a purpose. They must, or nobody would have them” (Fat Like Me). But, as this latter website owner goes on, the choice exercised is hardly a completely free one but rather one made within the unwanted or constrained realities of their lives, which for her entail having or is connoted by “disorder” or “disease”:

Eating disorders aren't a choice . . . or, rather, they're a choice that a healthy well-adjusted person would never make. I believe it's a disease, since it falls under the general heading “mood disorder” and is usually accompanied by other mood disorders and a fairly common set of circumstances. I also believe that it's a perfectly valid way of reacting to our circumstances, and that for some of us it is the best way we know how to live. Which may be what we mean by 'lifestyle'.

While mood disorders cause hardship, the actions entailed in eating disorders themselves are not due to nor are they caused by faulty judgment, but make sense and perhaps only make sense within the given circumstances of their lives. As implied within chapter two, the therapeutic benefits of showing that afflictions make sense has been noted (e.g., by Hsu et al. 1992] for eating disorders, and by Kirmayer [1993, 163] for mental illness more generally), and the “medical reduction” of their actions and any positive changes they may bring to “a distorted perception” (Littlewood 2001, 58) can potentially curtail exploration of their actions as a meaningful response to their lived experience. Associatively, it can also undermine their capacity for rational and moral thought, which for this latter website owner is perhaps furthered by asserting that her actions are intelligible within the context of her life as well as recognizing that they are otherwise highly problematic.

The use of lifestyle to highlight the conscious, voluntary dimension and meaningfulness of their actions, versus using it to normalize their behaviours or deny adverse consequences, is one which is frequently seen and is more consistent with the

fact that large numbers within these websites tend to stress the alterity of their eating practices (including bringing attention to their deleterious effects) rather than normalize them. The following individual is rather explicit that her 'choice' is unhealthy and harmful:

Ok, so here's the deal with the choice thing. Doctor Phil would have you believe that everything is a choice, and therefore he chose to be a bald, arrogant prick. But I do believe that there is choice is a great deal of life. For genetics or not, we do choose whether we want to pursue an active lifestyle and eat healthy, or go in an opposite and less healthy direction. Just as I believe that taking drugs is a choice, and that you can be put into rehab and have your drugs taken away from you countless times, but until you are ready to give up the habit, you won't. Some people say that anorexia is not a choice, it is a disease. Cancer is a disease, and if you don't take care of it, you will die. Anorexia is a lifestyle, which you can choose whether or not to recover from, and how far to take. That is why I refer to Ana as a lifestyle choice on this site . . . I started ana when I was 9. I didn't really go into it thinking, now I will become anorexic. It started with a diet, that became an obsession, which became a lifestyle. I am not sorry I hurt myself, or that I starve myself, they are just another part of my life now. I started purging when I was 14. I've been in the hospital four times now, one just recently. (Fireflight)

Regardless of genetics and of any addictive dimension (like drug use) that may be involved, and which may not be easy to overcome but require rehab, she continues with this way of life (which evolved in and through her experiences with dieting rather than something she decided to adopt one day, bringing attention to its unfolding nature) because it has utility for her. As she puts it, "In a world of weightloss gurus and dieting techniques, we have found a way that works, on a physical and psychological level." The framing of her desires as finding expression and relief through, rather than being caused by, our cultural obsession with dieting furthers the depiction of herself as a discriminating agent behind the actions, critically aware of this ideology and steering it for her own benefit rather than being controlled by it or having the meanings of her actions reduced to it. Indeed, the element of self-harm implicated in her actions, as well as her preference for the "super thin, sickly look," are indicative of how her acts are filled with meaning that

go beyond aspiration towards the slender body.³⁶ Rather for her this ‘lifestyle’ is a way of living or being in the world that fulfills the need, as she implies, to render it more bearable. It is a need that outweighs any harm incurred, perhaps even death itself, and thus also serves as a profound commentary upon the quality of her lifeworld—a commentary which would be lost if her practices and their harmful effects were seen as the outcome of an exaggerated desire for slimness or the result of her genetic makeup. As she states, “It’s a lifestyle I am willing to die for and in today’s world of fad diets and the inability to commit, it is nice to know that I have something to inspire me and give me hope that if I just go one more day without eating, tomorrow will be better.”

Refrains to the effect that they are willing to die for their practices (or lifestyle choice), and which speak to an indifference to the harm or death that they know their practices will inevitably lead, are not infrequently seen within pro-ana websites; and ambivalent feelings towards harm and death are sometimes more openly pondered by individuals. The following individual has the refrain (also not uncommon within these websites and which is even less ambiguous in its stance towards death) “*rexie till death*” at the top of each of her website pages. And while she does not employ the word *lifestyle* itself (and most, during the time of my study, do not), her proclamation of the irreconcilability of her type of “sickness” with the metaphor of disease lends to bringing attention to the volition of her actions—actions which, at the same time (and similar to the above two websites), she does not endorse, as made clear within her definition of “pro-ana”: “I do not believe that the ‘pro’ in ‘Pro-Ana’ stand for Pro, as in for, but *moreso*, Pro-Active. Actively living and practicing anorexia. Pro-recovery, is exactly the same, Actively pursuing recovery. I think that no one can really truly be For other’s maintaining and continueing anorexia” (Website B). Rather than promoting or lauding her actions, “pro-ana,” as “dieting” and “disease,” all become elements around which questions regarding the definition or crux of the problem itself are raised:

³⁶ The meanings of self-harm and of the emaciated body, photos of which are often referred to as “hard core bones,” in contrast to the more “waif-like” look, are further explored within the next chapter.

I am sick. I know that. But this sickness is different from any other illness. No one with cancer of the flu says, “Hmm, I COULD get better, but, nah, I like cancer/flu too much”. I wish I was normal. I wish I could eat like other people. But surrounded by chaos, all I have is this. I can't rely on people, people change, people move, people lie. I can't rely on family, or friends, they're people. I can't rely on my self either, damnit. But I always know that I can rely on my Eddie. I know that she's always there. I can rely on that. Even if they force feed me, I know that inside I could, by myself, not eat. I don't know. It's fucked up. I'm fucked . . . Everyone blames everyone else, but not me. I'm not blamed. I'm just to “fragile” to have guilt. But I know it's my fault. Others survive all sorts of things and don't want to weight 87 lbs. Other people can eat a sandwich and not get sick. But I'm fucked up . . . I got down to 87 lbs. in 8th grade, I stopped doing my homework. Just Sat in class and drew stick figures -- what I wanted to be . . . I want to be little and tiny. I jsut want to disappear . . . I write this, because I know someone will stumble onto this site and start to think of Ana and Mia and Eddies, as ‘diets’. No, go to Weight Watchers. This isn't a diet. This is life. This is being sick intill you die. Slow suicide.

While it remains uncertain as to how much the fault resides within the “chaos” of her environment, as opposed to within her own inherent inability to withstand with the trials and tribulations of life (serving perhaps towards establishing herself as capable of critical self-evaluation), what is certain is her suffering, the intensity of which is conveyed through her proclaimed desperate and drastic move towards self-obliteration. Furthermore, her refusal to eat is framed, not only as being an act of agency in the face of suffering, but as being the only act of agency available to her. Her “Eddie” or ability to self-starve is the one thing that she “can rely on,” which is “always there,” and which she can always do by herself. Perhaps on some level it speaks to what Jackson (1998, 29) maintains is our strong existential need to believe in, or to be able to exercise some degree of, agency and autonomy, even if, as one quote seen within these websites states, “Like prisoners everywhere all that is left is . . . the power to refuse” (taken from Ana’s Underground Grotto).

It is worth noting here that the communication of her intent to self-annihilate is given further force in the preceding section entitled “Progress,” where she posts a photo of an extremely emaciated backside (presumably her own) with the caption below, “watch me Disappear again.” It is not just the disturbing visual image itself, as well as its

contrast with (or irony implicit within the use of) a subtitle that connotes flourishing and growth that heightens the emotional intensity of her message, but it is also the dramatic tension set up between the perturbing events being recounted and the playful tone detectable within her invitation to the reader to watch her disappear. This enlivened spirit is also detectable within the keenness and optimism with which she presents her new “Green Diet” (set right underneath the caption and photo) as well as within her nonchalant proclamation on her opening page: “this website is primarily here for my own use and support, to give me something to do and to keep my busy hands from eating.” All of this makes more unexpected and chilling the events subsequently recounted. That this tension between the form and content can serve to augment the eeriness and alarm of what is happening, is the case, even though the light-hearted tone most probably also speaks to exalted feelings that her practices bring. The juxtaposition of grim, real-life events (here her desire for and impending possible death) with the elated, yet supposititious quality of their practices will be revisited further on.

While the use of lifestyle and the rejection of disease can serve towards bringing attention to the fact that their actions are a meaningful and intentional response to their lived experiences, or a meaningful measure of the intensity of their suffering as well as indicating something about its nature (here lack of agency), in “Ana’s Underground Grotto,” the website owner appears to distance herself, emphatically, from both the notion that her behaviours are harmful or that they arise from a place of pain. She emphasizes repeatedly that she is neither a victim of faulty mental processes nor of environmental factors beyond her control:

This is a pro-ana website. That means this is a place where anorexia is regarded as a lifestyle and a choice, not an illness or disorder. There are no victims here . . . By the term “pro-ana,” I do not merely indicate being an advocate of anorectic *praxis* (practice), though certainly that is part of it. “Pro” can also be short for **proactive**, which indicates taking the initiative of action from within oneself, by choice, as opposed to **reactive** which indicates acting only when pushed to do so in response to some external event or stimulus . . . a true “pro-ana” is not a victim in any sense . . . By the word “choice” we indicate the active agency of volition, the seat of government in the human mind, the power of decision-making or of will. We are not “ED sufferers” . . . but persons who have chosen anorectic praxis

(practice) as a lifestyle of our own free wills . . . I don't like the terms “disease” or “disorder” to be applied to things that are the product of free-willed choice.

Not only is she not a victim in any sense, her actions freely chosen and justifiable for what she explains are the considerable moral, social, and spiritual benefits that food restraint and slimness bring, but they are also strong acts of will—evidence of extraordinary resolve and determination, “A Power to be Reckoned With,” and an attestation of her ability to surmount any obstacles that may come her way: “There is nothing you cannot accomplish applying these same core skills creatively to other areas of your life.” Furthermore, while these qualities inhere in their eating practices, they have been misrepresented or muted by the naming of it as “disorder,” which has, in turn, altered the experience of it, but which can be undone through the power of renaming. The difference between “lifestyle,” of being “ana,” “rexie,” and in control of one’s practices and of one’s life, as opposed to “disorder,” of being “anorexic,” and out of control, is principally a matter of, or arises out of, one’s perception. The same phenomenon differently conceptualized brings about different outcomes; the belief in one’s control (of being a “thriver”) or the lack of control (being a “victim”) becomes self-fulfilling: “Anorexics die, Rexies don’t,” and the power to “Make the Transformation” is in one’s hands.³⁷

The pro-ana has made a choice, and retains control of her life and choices. The ED-anorectic perceives her life to be spinning out of control, as her “choices” have little to do with volition and mainly to do with bowing to internal oppressions. Note carefully my use of the word “perceive” . . . This flaw in our perception can be trained out, however. The first step towards doing so involves a

³⁷ It is interesting to note that this website owner herself recognizes how the “definition of a condition” can help to bring certain realities into being (Nancy Waxler in Good 1992, 200), although she obviously gives it inflated power to override particular material realities (e.g., that the extreme food restriction that she is promoting would not inevitably lead to physiological damage or even death, or that it could elicit the kind of social responses she wants when the defining is done in isolation from the rest of society). Also interesting to consider is her assertion that recovery treatments need to get a hold of one’s “own power of volition and use it” in order not to lead to relapse, in light of long-standing critiques that professional interventions that are more objectifying can inadvertently foster passivity in the patient.

corrective shift in perspective or point of view on the subject, so that we know and we state that we have acted upon our own decisions.

Nevertheless, while she appears to categorically defend the position that her practices are the result of exceptional strength and control—qualities which becomes actualized when rightfully recognized—other parts of website appear to contain contradictions. She also posts what she prefaces as an “interesting article” on eating disorders from a psychoanalytic journal; her thinspiration photos include those of dangerously emaciated bodies; she provides a link to a recovery site for those who bitten “off a little more than . . . [they] can chew”; and amongst her list of “quotes to ‘thinspire’ you toward reaching your goals” and the poems she posts are those that speak to self-hatred, lack of choice, and the act of starvation as the act of slowly killing oneself or disappearing. Although one cannot fully determine what these contradictory contents mean, they do raise the question of how much she genuinely perceives herself as enacting a full-fledged choice, versus how much her self-expressions reflect a wish for, or a need to guard and embellish, sensations of power, control, and enhanced self-valuation that her practices may be providing, most likely in response to a felt absence of these subjective states in her life. Correspondingly to consider is how much the emphatic repositioning away from the psychiatric label is a repositioning away from the connotations of weakness, inferiority, and incapacity latent within it, not only because these connotations are stigmatizing, but because they may be amplifying feelings of hopelessness, powerlessness, and poor self-esteem that she (and others) may already be experiencing in their lives more generally. Furthermore, to the extent that the use of lifestyle as well as of “religion” (and less frequently that of “discipline” or “law”) to describe their practices, highlights their interactive engagement with the world of cultural representations, recognizing some agency and locating the phenomenon within an intersubjective realm as opposed to being fixed within intrapsychic or biological processes, it may afford not only a greater sense of self-integrity but of hope—the hope to be able to direct or have some measure of control, not just over their practices, but over their lives more generally.

It is of note that genetic explanations have a rather marginal place in these websites. In a few cases they are rejected outright as erroneous: “Eating disorders are diseases of the mind, not the body” (Feast or Famine), or rejected because they dampen the spirit, perhaps because of their deterministic nature or implications of defectiveness. As the creator of “Red Rain” says, “Reading about how badly my brain functions would just depress me.” More often, however, they are not mentioned at all, or when they are, they are accompanied by more elaborate accounts of external events and causes. In a similar vein (and as shall be seen further on), when the metaphor of disease *is* promoted, it is not principally to forward its etiological merits. Personality traits are also sometimes discussed, although their ‘innateness’ is often mitigated by being associated with, or presented as an outcome of, their upbringing or social environment. Types of traits forwarded also tend to be those that hold more positive valuations. As the author of “Fat Like Me” writes,

Most EDs are intelligent, sensitive, perfectionistic and competitive. Most of us have extreme all-or-nothing views of the world. Most of us are terrified of failure, feel that we have little control over our lives, and take responsibility for far more than we really should. Many of us come from demanding, restrictive, or high-pressured families and many of us feel that we had to grow up far too soon.

Pertinent to the notion previously seen within “Ana’s Underground Grotto,” that the re-conceptualizing of their practices may somehow hold the promise of shifting their experiences, is consideration of how this notion is suggested within phrases to the effect that they are ‘turning their disorder into a lifestyle’, ‘learning to live with it’, ‘make the best of it’, or ‘embrace it’. One particularly prevalent and explicitly stated way in which lifestyle and pro-ana speak to the act of trying to change their experiences, is in the hope or attempt to be able to make their practices livable or sustainable by minimizing the physical harm they cause (and here physical harm is unwanted rather than being depicted as something to which they are indifferent to or deliberately seek). The following website owner quotes from “Ana’s Underground Grotto” in her explication of lifestyle and pro-

ana as expressive of the desire to gain control over the practices, to not let them go too far nor cause too much damage:³⁸

Pro Ana is a supportive site on the disease anorexia. These sites use personal gained knowledge about how to maintain their weight and their lifestyle without dying for it. In a quote from Ana's Underground Grotto, "You may not already know the difference between us rexies and anorexics! If you want sympathy for your "disease" you are anorexic. If you want respect and admiration for your lifestyle of choice, you are a rexis. . . Anorexics die, Rexas don't." This is a very common feeling amongst the Pro Ana sites. Their choice is to maintain the lifestyle of starvation, but to use their own self control to maintain their life and health. There are numerous lists of vitamins and the amount of calories you have to eat in a day in order to maintain life and health, what to do if your period stops or if your hair begins to fall out. (Starving for Perfection)

While the theme of harm reduction and the sharing of safety tips are indeed pervasive, belief in the possibility of being able to manage their practices is far from unanimous or without its ambivalences. The following quotes typify the pervasive sentiment that the prospect of control over their practices, as well as the feeling of control that they bring more generally, is but an insidious deception (even while they, as most others, still post safety tips):

Anorexia is not something that you control, no matter how much you may delude yourself into thinking that you do. It may give you a sense of control over your life, but try to eat a full-fat yogurt and you'll see who's really in control. This is why recovery is so hard. The disorder makes you feel as though you're taking charge of your body and your weight, but it is the disorder which has taken control of you. (Cerulean Butterfly)

³⁸ Some forward harm reduction or management as their only or best alternative having resigned themselves to the belief that they cannot recover, often following repeated attempts to do so, failures which can compound their feelings of hopelessness and depression (and the author of "Fat Like Me" appears to be the most vocal proponent of this position). Others imply that it is an interim measure until the time that they are able or ready to recover. Of course, the distinction between recovery and harm reduction is not so absolute to the degree to which the latter can be seen as small steps towards the mediation or amelioration of dangerous behaviours or the taking care of one's health.

Eating disorders take control over our life, a rather ironic situation since often we develop eating disorders in attempts to regain control over something, but we end up losing even more control in the end. (Hungry-Girl)

Unlike the forwarding of the metaphor of lifestyle and of choice, the depiction of their actions as involuntary, as being determined by the disorder rather than by themselves, may help give voice to the feeling that their actions are, on some level, impelled by that which is unconscious or by factors other than their will: that they are viciously addictive, self-perpetuating, or “compulsive in nature” (Hungry-Girl). It can also afford (as well noted within the literature on illness narratives) for the absolving of moral responsibility or blame. The assuaging of feelings of personal failure or fault through the reifying of disorder as an unwanted inner presence causing them to behave in ways not of their choosing is exemplified within the following statement (taken from one of the few male website owners that I came across):

We dont chose this path of live it chooses us.I have no logic behind this thing called ana/mia.I dont wish to harm anyone with it, but i do.I never ment for my parents to worry to see their son “waste away” . . . Believe me i didnt want this sometimes people just get e.d's i dont know why.Maybe their is some logic behind this i dont know.I dont want anyone to suffer, i dont want to hurt anyone, Im not that kind of person . . . (and from the lyrics of a song he composed) Your not masochist you just have a disease. (Website C)

Yet there is some logic behind this thing called ana/mia as evinced within his rather long and detailed account of difficult interpersonal events leading up to the development of his anorectic behaviours as well as within his statement, “People wonder whats more serious physical, or emotional, id go with emotional.Physical pain gets better after a while emotional pain hurts on a more personal leval it hurts you deep inside, it can make people do things like begin the path of a e.d.”

As should be apparent by now, the notion that emotional pain underlies their actions is ubiquitous within these websites, and the extent to which lifestyle, at least within its more conventional meanings, is associated with (rather benign or untroubled) choice and control and distanced from pain and suffering, it is strongly objected to by

many who advance the concept of disorder and sometimes of disease, which, however problematic, are nonetheless culturally recognized markers of distress. That the emphasis upon their pain is also in response to a felt trivialization of it by outsiders is evident within the accompanying protestations to the notion that eating disorders can be ‘chosen’, ‘learned’, or ‘taught’ (implicit within the metaphor of lifestyle as well as within the mainstream discourse of this community that members are ‘spreading’ the disorders), as opposed to them being propelled by or founded upon something that is “wrong in a person’s life,” and which may take “years of psychological stressors -- abuse, perfectionism, loneliness -- to develop” (Starving for Perfection). The following are but a few examples of similar statements that appear on the majority of websites:

Anorexia is an eating disorder. Though it fits the definition of “lifestyle” (n. a way of life or style of living that reflects the attitudes and values of a person or group) it is not something you choose to have. The only reason I don't call it a disease is because it's not something you can catch from anyone else . . . Anorexia is not an ideal. It is not a religion or a cult . . . Anorexia is pain. It is torture. It is not glamorous or fun or something for which to strive . . . Anorexia is not something you can “learn.” It comes from a deep-seated resentment of oneself and/or one's body . . . Pro-ana is not trying to recruit or teach anyone how to be anorexic or bulimic. We can't teach someone how to hate herself. (Cerulean Butterfly)

This is not a glamorous lifestyle.
Hell, it's not even a lifestyle. Despite what some people may say about this being chosen, it isn't. You don't wake up one day and say to yourself “Gee, I think I'm fat. I'll just become anorexic!” because that isn't possible. It's a disease, not a joke. It happens, it isn't chosen. If you ask most eating disordered persons, they will probably tell you they wish they'd never gotten like this, and many of us would give anything just to be comfortable in our own skin. (Mirror, Mirror)

Eating Disorders are NOT a diet., they are not a lifestyle, they are a mental disorder that will probly kill you. (Floating Leaves in the Wind)

There is a differnece between Ana and Anorexia. . . . YOU DO NOT CHOOSE ANOREXIA, OR ANY OTHER EATING DISORDER. IT CHOOSES YOU . . . Weight-obsessions, which are certainly no picnic, come in all shapes and sizes, and that has become all tangled up in this Online-Pop-Culture version of it known as Ana. That is not Anorexia. Anorexia is a DISEASE. You can choose to recover from it or you can choose not to, but you can't choose to suffer from it. Anorexia is not a club, or a social affiliation. Anorexia isn't just going hungry or deciding not to eat, and Anorexia is not the act of going to unreasonable or even unsafe

measures to loose weight. It's a set of psychological factors that results in unnecessary, dangerous weight loss and the inability to hold an accurate body image. Almost all women are unhappy with their bodies to some degree, but when an 85 Lb woman looks in the mirror and genuinely sees fat, it is a bit different than when a 130 Lb woman does. I'm not saying that a 130 Lb woman is fat, but I'm saying that it is unfortunately normal for her to feel that she is. (Anorexia: My Vanishing Act)

As with lifestyle with which it shares similar conventional meanings, the equating of their experiences with dieting or weight obsessions, which women in society experience or participate in more generally, can be dismissive of their pain (as previously seen within "Fireflight" and Website B). It also carries potentially unfavourable and indeed pejorative connotations, especially when applied to cases of extremely dysfunctional eating behaviours where the very putting of one's health in danger in the name of the slender ideal puts into dispute, not only one's capacity for agency, but also the quality and depth of one's moral character. As Lee (2001, 28) states, feminist scholars have noted how "the portrait of the anorexic syndrome as an 'appearance disorder' incurred by young women lost in their world of fashion and calorie restricting is a belittling stereotype. This not only camouflages women's real worries but also misses the universal power of food refusal . . . as in proclaiming needs for self-control in social positions of relative powerlessness." Indeed, many make assertions to the effect that "anorexia is not about looking good for boys. Don't patronize us by saying that guys don't like girls who are stick thin. It's not about that at all" (Cerulean Butterfly); that "Ana or Mia . . . [are not about] being popular, thin and living happy ever after . . . Its day after day of chaos when you feel never no good" (Don't Feed the Fat Piggy); and that they "are not about vanity, but about self-loathing" (Feast or Famine). This, in addition to the identification (forwarded by several) with the 'eating disordered across time and place', with 'thin people throughout history', and with the 'starving saints of the middle ages', speaks to the need to re-constitute their pain, their actions, and themselves as having greater importance, gravity, and standing, as opposed to being rendered insignificant, superficial, weak, or pathetic, as within popular conceptions of eating disorders being "a harmless quirk, a funny habit, or as being vain, shallow creatures who only care about our appearance" (Finding My Wings). Similarly, distancing from the notion that their

experiences (as well as the purposes of their community) are primarily about weight loss per se is evinced within rather emphatic dissociations from “wannabes” and “posers” (those who allegedly do not have an eating disorder but attempt to adopt eating disorder behaviours or come to their websites and forums seeking tips on how to lose weight quickly. However, there are also warnings that this can nevertheless become addictive, cause serious harm, and “screw up one’s metabolism” [not otherwise specified]). There is also condemnation of “glamour sites,” those sites that merely celebrate eating disorders rather than showing the painful side as well: “An honest pro-ana site is nakedly truthful about the conflicting emotions, the apathy, the ambiguity of having an eating disorder” (Cerulean Butterfly); and there is some questioning of whether the individuals behind these glamour sites truly have an eating disorder or not: “If you love your ana then it is not really ana, Ana is love/hate wrapped into a burning ball of semi-fulfilling starvation” (Cerulean Butterfly).

Contestation of the idea that their actions are being determined by the ideology of the slender body does not negate that causal links are nonetheless sometimes made between what one website owner calls our “thin-obsessed society” and their actions. This includes the citing of statistics pertaining to the prevalence of body dissatisfaction amongst females and unrealistic ideals for body size; accounts of pressures to lose weight by family members, peers, and (in a few cases) from within the occupations of modeling, gymnastics, and ballet; and expressing desire for the esteem and popularity associated with slenderness (also commonly listed within their “thinspiration” material). In addition to helping make sense of their practices (or of the way in which these meanings can be incorporated into their actions even if they are not reducible to them), these types of explanations can serve towards stressing their commonality with others and can shift the blame away from themselves and onto society. For instance, the creator of “not otherwise specified” states, “Feeling inadequate because of media . . . comparison to others . . . In our world, women are bombarded with unrealistic expectations and ideals at a time when they’re vulnerable,” and which she attempts to counteract by changing her inspiration photos to only those that profile celebrities with healthier weights.

With respects to how disorder, disease, and the distancing from lifestyle and dieting can be used to call attention to their emotional distress, the ways in which medical renderings can, at the same time, minimize it are challenged. That is, further to the ways in which their suffering can be obscured by abstracting their behaviours from their lived experiences and the writing them off as pathologically or mechanically driven (as seen within the advancing of lifestyle and the refuting of disease) are tendencies to reduce their suffering to matters of behaviour and weight. Slogans that sometimes appear on homepages are, “you can’t measure pain on a scale,” “anorexia comes in all shapes and sizes,” and “you don’t have to look like an eating disorder to have one” (often advanced by those who are not [currently] emaciated). Such statements, along with the many descriptions of the presence of obsessive thoughts, of the details of the significant damage done to their bodies by extreme food practices in the absence of emaciation, and of their distressingly repugnant physical aspects, speak to their contention that ‘disorder’, ‘anorexia’, and the pain that they signify can be just as present in the absence of the externally defined criteria of weight loss. Similarly, the notion that the problem lies within their subjective experiences and not within their behaviours per se is also brought home within their comments regarding the ineffectiveness of therapeutic interventions that principally target outward symptoms:

Getting someone to put on weight is not the cure for an eating disorder. That only treats the symptom. (Boot Camp)

N says I have to force myself to eat, and force myself to eat healthily. She makes it sound simple, as if somehow that will fix things . . . It's easy, right now, for me to slip back into eating *somewhat* normally. But the mentality remains. (Barely Beauty)

Even when I eat more normally I don't feel normal and I don't stop obsessing over food and body and hurt . . . the thinking doesn't change when the eating does. (Fat Like Me)

I once was 87 lbs. But due to the hospital and therapist (blech to both) I was force feed and gained . . . Supposedly I got better [when clearly, and as previously seen, she didn't]. (Website B)

The invalidation or underestimation of their pain by focusing upon symptoms within treatment approaches also inheres within the complaints by several of not being eligible for care in the first place (other than that which is private and costly) because they are not emaciated enough; hence, “doctors not believing they have a problem” (Feast or Famine). Indeed, the need to shift the concern to one’s internal distress is further emphasized within this latter website: “Anorexia is indeed the most deadly mental illness, but what everyone neglects to mention is why. The high death toll is actually a result of suicide due to the intense feelings of loneliness, isolation and desperation.”

The fact that large numbers within this community are not currently emaciated or fluctuate (sometimes drastically) in body weight as well as in fasting, bingeing, and purging behaviours, and have reportedly received various eating disorder labels over time, calls into question the subdivision of eating disorders into separate sub-categories or populations of people based upon outward behaviours and weight, a point explicitly raised by the author of “Fat Like Me”:

It's impossible to really separate eating disorders. Very, very few people are only anorexic, or only bulimic, or only one of anything else. Since eating disorders are more about the feelings that manifest themselves through the medium of food, and less actually about how the food-issues choose to show themselves, eating disorders are simply divisions of one whole . . . Many of us slide through the entire range of eating disorders. In my life I've been a compulsive eater, an anorexic, a bulimic, and I've had periods of binge-eating and the newly-described orthorexia. No matter what my particular behaviors are at any given stage, the underlying emotions remain the same. Granted, most of us won't go through every single possible ED. But we all have the potential of being sucked into any of them if our circumstances change to suggest one over the other . . . ed people do come in every size, the disorder is not in how you look but in how you feel underneath. (Fat like me)

It is worth taking heed of the keen awareness evinced by most, not only of the metaphorical nature of their practices—of how they are a way to “starve away . . . or purge out bad feelings” (Starving for Perfection); that “though they may seem to be nothing more than a dangerously obsessive weight concern on the surface, for most men and women suffering with an eating disorder there are deeper emotional conflicts to be

resolved” (Website A)—but also of their keen awareness of the paradoxical and delusory nature of their practices. Eating disorders are, “at the most basic level, a bundle of deadly contradictions, a desire for power that strips you of all power. A gesture of strength that divests you of all strength” (Marya Hornbacher cited in *Finding My Wings*); they provide “the illusion of strength and confidence, while inside I am alone frightened and abused” (Porcelain and Yellow Jackets); their vision of themselves “as not skinny is warped” (Cerulean Butterfly); and “those promises never came true. I was not happy and my life was not perfect. No matter what the scale said, it was never low enough” (Hungry-Girl). Furthermore, and as perhaps already discernible, these dimensions are not just stated but are often played up or accentuated, such as within the proliferation of the above types of ironic statements; within pages explicitly devoted to the making fun of their distorted perceptions (e.g.: “You Know its Ana When . . . Your belly is so fat, even though your hips protrude from the sides of it . . . [or] when you consider gum desert after a meal of coffee” [Anorexia: My Vanishing Act]); and sometimes within the titles of their websites themselves, for example, “Starving for Perfection,” “Desperate for Control,” “Anorexia: My Vanishing Act,” “Mirror, Mirror” and “Distorted Dreams.”³⁹

While drawing attention to the symbolic, the illogical, and the illusory character of their practices can make visible their capacity for critical self-awareness, as well as engendering a sense of the enigmatic nature of their disorders and of apprehension and suspense (to what end their engagement with actions that they know are ill-fated will

³⁹ The words of this latter title are given further prominence by reappearing within the opening and only statement on a website otherwise consisting exclusively of standardized pro-ana content: “This isn’t the way you have to live your life. Maybe one day we can all quit dreaming our distorted dreams.” The statement itself uses the device of repetition and, like the title, alliteration to give added emphasis to the words—words that convey her ability to discern, thus altering or adding meaning to the rest of her website. Yet another title that also involves consideration of how sound contributes to the conjuring up of (amongst other things) an atmosphere of the unreal or dreamlike is “Cerulean Butterfly.” That is, *cerulean* is not just any blue, but shares a phonetic likeness with the word *surreal* as well as a semantic association with the supernal (being the deep blue colour of a clear sky (Oxford English Dictionary, 2nd ed., s.v. “cerulean”). Some of the varying associations and resonances of the supernal or celestial shall be seen in the next chapter.

lead), it can also be seen as a statement upon the nature of their real worlds. The imaginary, in that it rests upon the existence of an opposing material reality, “seems to provide a standard for judging the acceptability of . . . the naturally given” (Scarry 1985, 168). That is, the accentuating of the supposititious (yet often positive) character of their practices can serve as a foil to, or a reminder of, the inalterability and undesirability of their given worlds. Unlike their ‘lifestyle’, or their somewhat deliberate daily routines—the diets they adopt, the weight they monitor, their acts of binging and purging, and the perceived positive alterations in subjective experiences that they can bring—the external world is one which remains untouched by their desires, indifferent to their pain, and oblivious to their attempts at control.

A further illustration (in addition to that seen earlier within Website B) of how the linguistic as well as the visual are utilized to accentuate, through the contrast of one with the other, the unwanted nature of material life circumstances with the uplifting, yet not real-life attainable aspects of their practices, can be seen within Website A. Across the top of her homepage, in an array of colourful typeface, are listed the headings of subsections which link to all sorts of relatively impersonal material regarding her eating practices: standardized pro-ana content as well as medical and professional information on eating disorders. Scrolling down, one finds at the bottom centre of the page a black and white photograph of an empty road lined with barren trees, with the link provided below “about me.” It leads into a series of more somber-looking black and white photos accompanied by text that tells of the physical and sexual abuse at the hands of her father who was “never sober, never kind,” as well as of the disturbing ongoing sexual liaison with her uncle, which she claims powerless to stop and for which impending family visits to his home trigger vicious cycles of binging and purging and the cutting of her wrists. The very juxtaposition of the animated, cheerful artifice on the upper part of the page with the melancholic, real-life photographs and sobering texts embedded below, arguably gives amplification and vividness to both the superficial, vicarious quality of her practices as well as to the actuality of the unfolding horror of real life events over which she has no control, more than any formally reasoned explanation would. Indeed, with the

exception of her statement, “nothing is ever as it seems,” such explanations are, here, effectively or compellingly absent. As Mattingly (2000, 188) puts it, “Silence, when artfully deployed, may speak much more loudly than any words.”

In light of the contention by most of the ‘fabricated’ dimension of their actions, of how they defy reason yet still appear to hold power over them (some talk of their “logical” and “anorexic” voices battling each other), or of how they work anyways—that “they are life threatening addictions, creative coping mechanisms that, ironically, serve the purpose of helping some TO LIVE” (Filling up on Emptiness)—underscores the ways in which “ideas can be meaningful and have useful consequences even when they are epistemologically unwarranted” (Jackson 1996, 13). It points to the value of assessing their beliefs and behaviours, not in terms of their “rationality or irrationality,” but, as Jackson adds, in terms of “their existential uses and consequences . . . from what beliefs ‘mean’ intrinsically to what they are made to mean and what they accomplish for those who invoke and use them” (1996, 11). Perhaps thus far, what is the most discernable is that their practices express and attempt to mediate feelings of self-hatred and powerlessness. A closer look at the ways in which they embellish, invigorate, and imaginatively transform the symbolic (and perhaps less symbolic) meanings of food, eating, body weight and size, may allow for further insights into the nature of their suffering, its origins, and the mechanisms by which their practices bring some measure of relief.

II. The Temporal Dimension

Ghosts and Goddesses: Journey through a Mythic Landscape

I Want To Be Tiny

*I want to be the skinniest fucking thing
On the face of the earth
I want to look like I could be carried
Away by the lightest breeze
I want people to have the intense urge to
Grab me and touch me
But resist it for fear they'll break
My fragile body in their passion
I want to be on the brink of floating
Off into space
I want to look so fragile it hurts others
To look at me
I want to be the most desirable untouchable
Angel that ever existed
I want people to wish they could possess me but
Know they never will
For I am like a ghost--no one can ever get
A hold of me
I slip through their fingers
I want to be tiny
So tiny
So heartbreakingly tiny*

*(Copied from "ana-by-choice"
"A poem I can relate to" Firegal)*

I start this chapter off with this poem because it contains some of the more predominant metaphors and meanings that circulate amongst these websites, and which, in turn, speak to the ways in which body weight measured on a scale becomes for many, not only a marker of movement towards culturally desirable values embodied within the slender ideal (i.e., autonomy, the ability to direct and fashion one's life, respect and esteem), but aspiration towards a state or domain where there is no pain, where they are immune to harm, and where they partake in some measure of the divine, the sacred, or superhuman forces.

It has been noted within the anthropological literature that the seeking of supernatural, sacred, and mystical powers, or the use of magical and fictive resources, affords for those “living in poverty, marginality and contempt . . . or of demeaned status” (Cohen 1994, 40, 41) as well as for those facing personal crisis,⁴⁰ the capacity, however imaginatively or temporarily, to “mediate changes in their embodied experiences and alter their relationships with one another and the world” (Jackson 1989, 144). This can entail, as Jackson (1998, 6-7) explains,

[the] realization in quite extraordinary ways . . . [of] metaphors which are ordinarily quiescent yet the verbal correlates of actual bodily dispositions . . . [and the use of] anthropomorphic correspondences that enable people, in moments of crisis, to cross between human and extrahuman worlds, and thereby feel that they can imaginatively if not actually control the universe as a particular extension of their subjectivity, much as tools allow one to manipulate matter as an extension of one’s own body.

For example, in the above poem, her wanting to transform herself into, or the likening of a skinny body to, an angel—to a state of being irresistibly and potentially captivating and coveted (others will passionately want to “possess” her or have the “intense urge” to “grab” and “touch” her)—can be seen to involve the heightened activation and alteration of the admiration and virtue conferred to the slender body as well as its investment with exceptional powers. (This is rather like the highly charged notions of prestige and self-mastery seen earlier in “Ana’s Underground Grotto.”) Similarly, in the website “Cerulean Butterfly,” the process of becoming light in weight brings a radical or remarkable change or a new self and life, allegorized as the metamorphosis of a caterpillar into a butterfly. From being a “bloated, creeping, deplorable creature,” with “no real purpose” or direction of its own, confined and weighted down by its “heavy burden” to the vicinity of “the uncaring dirt below,” one transforms into an entity that is graceful, celestial, light,

⁴⁰ It should be noted that Firegal’s life, as many others, is reportedly characterized by chaos and pain. In her case, this is claimed to have been precipitated by the divorce of her parents and the subsequent depression and inability of her mother to care for her—compounded by being drug raped at fourteen as well as “never [having] been the type of person that handles traumatic events well.”

and free, and comes to inhabit a dimension characterized by the unbounded expanse and the radiance and brightness which the “sky” and the “sun” evoke:

The name of this site comes from my own personal beliefs. Butterflies have always been a source of fascination for me and, I've recently discovered, a sort of metaphor for my life. It begins its existence as a fat, crawling worm, eating everything in site with no real sense of purpose, only to eat and eat as much as possible until the very leaf on which it was born bends and bows with its heavy burden. Then this bloated, creeping, deplorable creature squirms its way to the top of a plant--stem bending as if to kiss the ground or break and crash to the uncaring dirt below. It spins a cocoon, a hard chrysalis, out of nothing but its own body fats and fluids. There it stays, eating itself alive inside the hollow shell, transforming its bulbous, imperfect body until it tears open the cocoon and pulls itself out--slowly, painfully--and then it stands, naked and shivering, beneath a new and foreign sun. It spreads its fragile, paper-thin wings and rises weightlessly into the sky . . . light, free.

I am not yet a butterfly, but no longer a caterpillar. Ana is my cocoon, and when she is through transforming me, I can be as free and light as the cerulean butterfly.

Depictions of themselves as “flying,” of turning themselves into angels (and photos of girls and young women with wings attached are common) as well as into goddesses and other winged creatures (such as butterflies) are frequently seen. However, while such images convey moving towards a realm above, beyond, or apart from their hated and/or feared bodies, selves, or lives by appeal to the sublime and sacrosanct and by way of “anthropomorphic correspondences” that denote veneration and beauty, other images denote invisibility, intangibility, and self-obliteration. Recurring are depictions of themselves (some of which also appear in the opening poem) of being carried away by or moving on the wind, of “floating,” of turning themselves into ghosts, of becoming transparent or translucent, and of “hiding,” “vanishing,” “disappearing,” “fading,” and becoming “empty” or “nothing.” Amongst the meanings of these latter metaphors are those that speak to how the emaciated or diminishing body affords for protection from others, not only because of the inviolability implied by its sacredness, but because of its impalpability: “like a ghost – no one can ever get a hold of me I slip through their fingers” (“I Want to Be Tiny” cited in Firegal). It provides a “cape of invisibility” so that others cannot see them, or lets them “disappear and run away from life” (Finding my

Wings) because, at least in part, it signifies, as articulated by this latter website owner and many others, emotional withdrawal or distance. A lack of physical presence or substance becomes conflated with a lack of emotional presence or needs, and associatively, with a lack of need for others or invulnerability to interactions with them:

It [an eating disorder] becomes our sole companion. It is the thing that makes us strong, so that we don't need, don't want, and don't feel . . . Although we say we hate the voices and the disorder, we don't hate it at all. We love the high of seeing the numbers go down. We long for that empty numb feeling that comes with starvation. (Finding My Wings)

We turn skeletons into goddesses, and look to them as if they might teach us how not to need. (Quote taken from Ana's Underground)

Like a plant, surely the body can be trained to exist on nothing, to take its nourishment from the air. (Quote taken from Cerulean Butterfly)

She can escape the flesh and by association the realm of emotions. (Marya Hornbacher cited in Hungry-Girl)

While the surmounting or rejection of one's basic need for food makes them "feel strong and special" as well as "empty, numb" (Finding my Wings), the emaciated body also, somewhat conversely (and yet as already implied within the pressing need for strength in the first place), signifies fragility and vulnerability, which can likewise provide for safety from others or from possible mistreatment by them. Others, for fear of breaking their "fragile body," will resist the urge to grab them and touch them ("I Want To Be Tiny" cited in Firegal). However, at same time that "fragility" may provide for others approaching them with caution and guarded distance, it and the associated connotations of being "very sensitive persons" (Desperate for Control) can signal the need for care and support:

I wanna be well, but I don't know what that is. And it frightens me. I don't wanna LOOK fine, and everyone thinks I am ok, and then have it terrible with myself. I don't wanna be classified as good, and being left to cope on my own, when I hurt like heck inside . . . when I am in pain, I want someone to notice me, talk to me, see me. (Desperate for Control)

My real goal is for someone to notice me. To notice that I am NOT doing all right. I guess I'll keep losing until then. (Life With Ana)

I don't want anyone to know, but sometimes I want people to worry about me. I want people to leave me alone, but sometimes I want someone to take care of me. (Lollypop Playhouse)

It should be stipulated here that contrary to being, as the author of "Ana Gurlz" phrases it, "a way to show people that I am not OK," talk of not wanting anyone to know or even trying to desperately hide it is also frequent, most often reportedly due to their fear of it being taken away from them or of being judged or labeled a freak. Also of note is that bingeing and purging can too signal the need for care and attention as well as be a means to self-anaesthetize or soothe painful feelings more generally: "I found something that made me feel better . . . I would binge and purge. It made all the anger and hurt just go numb for a little bit" (Don't Feed the Fat Piggy); "Nothing gets rid of the feelings the way throwing up does" (Finding My Wings); "Binging is the assuaging of loneliness" (Favazza cited in Red Rain). Binging can also be, like self-starvation, a way to self-isolate: "I don't like seeing people before, during, after a binge (something to think about). I find going into woods a lot, being artistic, removing myself from people somewhat helpful right now" (not otherwise specified). Or, as in the quote of Geneen Roth that she posts,

The inside of a binge is deep and dark; it is a descent into a world in which every restriction you have placed on yourself is cut loose. The forbidden is obtainable. Nothing matters not friends, not family, not lovers. Nothing matters but food. Lifting, chewing, and swallowing - mechanical frenzied acts, one following the other until a physical limit, usually nausea, is reached. Then comes the sought-after numbness, the daze, the indifference to emotional pain. Like a good drug, food knocks out sensation.

Here, unlike taking flight from one's body, the all-consuming, unbridled abandonment to the raw and primal act of eating can lead to emotional and social oblivion, to a realm where nothing else matters (and that a binge opens up to that which is "deep and dark" conveys a sense of the deep-seated, cavernous, and unknown—of how there is much more going on than meets the eye). However, the "descent into" or decline towards the

inexorable, turbulent “mechanical frenzied acts” can also be, as the owner of “Fat Like Me” says of “bulimia, binge-eating disorder, and compulsive eating, . . . about losing control over ourselves and everything else.” The website owner of “not otherwise specified” likewise makes such links. Indeed, binging, purging, and being heavier in weight are probably more often connected with chaotic, messy, and painful experiences when in contact with the outside world. In contrast, abstinence from food, thinness, and emaciation are more commonly associated with social and emotional withdrawal, order, control, and the aesthetic, and, occasionally, they are linked to positive social experiences and personal achievements (e.g. doing well at school). Emaciation, however, or becoming “pure and clean of all disfiguring fat and flesh” (Evanescence), becoming “nothing,” as some put it, but “skin and hard core bones,” can also signify (as probably already discernable) the ridding of their despised selves or parts of themselves:

As I drop weight, I do it with the hope that I can also lose with it everything that is evil, disgusting, greedy, needy, and fat in me. (Feast or Famine)

I am not skin and bones . . . maybe soon I will be . . . hopefully I will disappear . . . but until then I will continue to hate me and my life. (Don’t Feed the Fat Piggy)

In deciding to remake myself, I managed to avoid the fact that I would also, by definition, have to erase what self there was to begin with. I began to wonder, many years later, if total erasure had been my intent all along. (Marya Hornbacher cited in Finding My Wings)

A large number of those afflicted with the disorder would probably chose to never walk down this path of self loathing and hatred . . . nothing is what we want to be, thin, clear, defined, perfect. Perfect means nothing. Perfect means everything. Perfect is all that is left. (Please Forgive Me)

It is of note that the desired qualities of being “clear,” translucent, or diaphanous (qualities a few indicate their skin takes on when unclouded and uncluttered by unwanted fat or flesh) are also embodied within the sometimes seen images of porcelain as well as, perhaps, within the gossamer wings of butterflies and dragonflies—images which, of course, also connote the exquisite, delicate, and fragile. Additionally, the association of fat and flesh as defiling, tainting, and disfiguring (implied within the equating of its

absence with purity and perfection) concomitantly extends to food or certain (fattening) foods, sometimes depicted as polluting, “unsafe,” “the enemy,” “evil,” “poison,” or “sinners.” This perhaps includes the sense of ‘evil’ from the outside being ingested and converted into the “evil” and “rot” that some say they harbour inside themselves. A somewhat popular slogan within this community, allegedly tattooed in Latin on the body of a well-known Hollywood actress, is, “what nourishes me also destroys me.” That, for some, this can be suggestive of a perceived danger or impairment coming from the outside, possibly from those relationships that are suppose to nurture them in the first place, becomes more salient in light of the fact that a fair number make more explicit connections between their disturbed experiences of themselves and their social environments (most often, but not always, their families of origin). That is, as already alluded to with respects to the lack of control which bulimic behaviours can mark, and in addition to that which may be insinuated within their desires to police their boundaries, to remove themselves from participation with others, or to elicit their regard or support, many recount events and situations (past and present) over which they have little control and in which they may be devalued or ill-treated. However, causes or contributory factors can also be unclear and are often of a mixed nature, as forwarded within the notion (seen in the previous chapter) that eating disorders are complex and difficult to pin down. Amongst the other kinds of sources nominated are the following: dysfunctional or disturbing family environments more generally; growing up in a family with a history of eating disorders, or with abnormal eating patterns, attitudes towards food, and preoccupations with weight; difficulties with peers or romantic relationships; discomfort with one’s developing body; pressures to be slim; and, in a several cases, the loss of someone they loved, moving to a new city or school, or having disadvantaged socio-economic backgrounds (of their family of origin or of their present circumstances, mostly that of being single parents with little support). Also of note is that etiological factors are also indirectly intimated within third person accounts, including more official-like explanations, which, in general, tend to be weighted towards external risk factors.

While some retrospective accounts are more detailed, more often they are recounted in an abbreviated and generalized manner: “So why am I screwed up, you know the usual, verbal, emotional and sexual abuse, bullied at school, no friends, an over achiever at everything until I crashed and burned” (Boot Camp), or “My life is void of any love, attention or affection” (Porcelain and Yellow Jackets). Possible sources are also alluded to incidentally as in the passing remark, “My mom was too drunk and poor to worry about getting me help” (Finding My Wings), or within the comment on the help she did receive: “The short amount of therapy helped me release the anger towards my mother, who I realized behaves the way she does because she feels scared and guilty, not because she is hateful and doesn’t love me” (Lollypop Playhouse). (It is significant to note that the latter author also says, “My reaction to the pressures was my choice and I accept responsibility for my actions.” Similarly, the author of “Finding My Wings,” while additionally mentioning the divorce of her parents as well as her being a “hypersensitive child” as contributory factors, states, “i’m on a huge responsibility kick . . . i realize now that everything i do is a choice. everything i do is my own fault. there is nothing and no one to blame.” The moral dimensions of assuming of fault will be briefly revisited within the next chapter.)

In Website D, there is also little elaboration on the particulars of her social world; still, that a dire neglect or depreciation of her needs and emotions by others underlies her eating disorder is additionally and poignantly conveyed through that which is felt on a more visceral level. To elaborate, her feelings of being “too big,” of having “unwanted pads of fat” on her body, and her accompanying need to “delete” herself or “starve . . . [her] body down to bare bones” are expressive of ‘self-dislike’ and feelings of worthlessness: “I know that I don’t like myself at all, I think that I am too large and don’t deserve life.” Yet, it is also expressive of there being no place or no place of value for her in the lives or hearts of those around her—of her being “too large” for the social space she is able to, or allowed to, assume. (And feelings of being too “huge” or “wrong,” of being “fat,” “pigs,” a “whale,” or a “monster,” along with feelings of taking up too much

space, being unwanted, being in the way, not fitting, or not having their presence tolerated, are frequently expressed):

*A wisp of wind
should blow me away
the shape of my skeleton
must poke through my skin
I am simply too large
occupying too much space
my life doesn't really count
I wish to cancel me out.*

*My name is Ginny
and I am anorexic
my life
doesn't matter
and I think
no one cares
I feel unloved
I feel unwanted
that's just
how it is.*

While her sense of being of no worth to others and ultimately to herself is experienced on a psychic and somatic level as being too large and occupying too much space, images appear within her website that, somewhat contrastingly, speak to a lack of substance or of presence that is pre-existing (as opposed to her feeling that she should ‘blow away’ or ‘cancel herself out’). She also says, “I have no real body that I can see of my own” and “Someday, I hope that my soul can grow to fit my body, so that I will be proportional. Someday, I hope that girl in the mirror will like me.” To be considered here are how these images of an absent or alien body and a shrunken or stunted soul may, on the one hand, speak to pre-existing feelings of invisibility, diminishment, and self-estrangement as well as how they, like her feelings of being too large, are tied in with her ‘self-dislike’. However, and also like her feelings of being too large, they may be tied to her experience of being devalued—of not being ‘seen’, respected, or allowed to thrive—as well as perhaps to a sense of withered strength or a lack of force to change this; her being

unloved and unwanted is “just how it is.”⁴¹ Indeed, a sense of lifelessness, of the uninhabited and the forsaken, is further conjured up within her poem “Her Hollow Heart” where these qualities are suggested to pertain both to her internal self as well as to the conditions in which it exists. Her inner core is at one with, at the same time that it struggles within, a forlorn and desolate environmental surround: “deeply inside, a lonely cavern is her heart/ . . . inside, in a desert appearing, dead looking, place/ . . . struggling in such a barren, and unused landscape.” (Of course, that she continues to struggle is indicative of the hope that she maintains, despite or alongside the portrayal of her bleak and fated situation. She goes on to say that she is “infusing the landscape with new life”; she states that she hopes that her soul will grow and that someday she will like herself; and the last line of her website ends with the affirmation, “I’m good at loving people, when I allow me to. I AM good for something!” The theme of hope will be further discussed in the next chapter.)

In drawing upon the existential psychology of Ludwig Binswanger and the phenomenology of philosopher Merleau-Ponty as well as his own field work, Jackson maintains that, in different cultures, metaphors and images that speak to the embodied sensations of “falling, floating, drifting, shrinking, being rootless, empty, ungrounded, petrified, overwhelmed or reduced to an inert thing” connote a loss of “amplitude, substance, standing, containedness and charismatic forcefulness [that] . . . constitute our sense of existence and autonomy.” They thus speak, not only to an absence of Being, but are suggestive of how this absence is a “byproduct of being reduced to passivity, of not

⁴¹ The simple rhythmic pattern and the short, succinct, unadorned lines of her poem (along with the sparseness of details of her personal life within her website as a whole) further conveys a sense of the candid and the matter of fact: of the straightforward, unassuming and uncomplicated nature of her message as well as of its inevitability. Indeed, the transition from the more poetic figurative language and rhyming lines of the first stanza when talking about bodily feeling, to the use of more everyday language within the second stanza when talking about the underlying nature what is going on, additionally conveys (somewhat similar to that seen within the previous chapter) the real and inescapable nature of her social surround at the same time as accentuating the symbolic character of her bodily experience.

being able to do or say anything that has any effect on others, or make any difference to the way things are” (1998, 13, 17). Certainly feelings of powerlessness, diminishment, self-alienation, and of an empty or absent self are frequently voiced within these websites. That the domain of commonly seen images denoting invisibility and intangibility may speak to these sentiments, in addition to speaking to their aspirations to numb, hide, leave, or annihilate their despised selves or lives, is also seen (perhaps more explicitly than in Website D) within Website A. That is, while this latter website owner states, “Nothing can hurt me if there is nothing to hurt. So I must become nothing, I must live as nothing, be seen as nothing, and be remembered as nothing. Nothing can only ever amount to itself because there is nothing you can take from it, and nothing to hurt it, because it simply does not exist,” she also communicates a lack of presence that is unintended and unwelcome. In the excerpt below, from her “Diary of a Broken Soul,” she relates that she is unable “to be some one,” to even know who she is or to have self-definition: “life is black and white” and she “all the shades in between.”⁴² She remains helpless to “take a stand,” to “change anything that is going on.” Rather than being able to “run down one path,” to steer or navigate herself or the unfolding course of her life, her body is dispersed, diffuse, and herself about to break:

I don't know what to believe anymore, i feel as though i am living in a dream and there is nothing i can do to change anything that is going on. I wish i could just stand here and watch the day change into night but i can't i just can't sit and watch my life drift into the eternal abyss of darkness. I want to take a stand but who will catch when i fall, who will be there when i fail, and the fact is no one will be . . . life is black and white, but i am all the shades in between. I can never be some one, if i don't even know who i am. I wish i could run down one path, but my body is flying in every which direction, tearing me apart, until i finally break.

Her inability to cohere in space, to be sturdy, solid, and of substance, along with the accompanying sensation of her life as being unreal, surreal, and indeed horrific (and elsewhere she says, “the only things that are real are nightmares”), is the concomitant or corollary of an impotency to intervene in her life. It is an impotency that is, in turn, a

⁴² This also probably speaks to a loss of vitality and vibrancy or to despondency and despair; as seen in the last chapter, all of her photos of “about me” on her website are devoid of colour.

function of the actions, reactions, or ‘inactions’ of others—of there being no one there for her. Elsewhere she repeats more than once, “there is no point in taking a stand because no one even believes me . . . no one believes in what happened with my uncle . . . now I’ve only made things worse for myself, for not only do I have to live with the memory of it, but i also have live with everybody thinking I am a liar.” The extreme disregard or depreciation of her personhood in order to satisfy the will of her uncle (in sexually violating her), is further compounded by the choice of her family to not believe her: to not acknowledge, respect, or heed her pain and needs but rather to further devalue her moral character in order to, as she intimates elsewhere, keep her family from falling apart and not ruin her uncle’s life. She has become far too much (as Jackson [1998] would put it) an object in the life of others and not enough of a subject for herself—a reality that is intolerable: “I am weak and it’s killing me. I have no voice, I have no opinion. I have nothing, for everything I had has been taken from me.” It is this acute dispossession of self-determination, as implied within the previous chapter and as further intimated within the following statements of hers, that is pivotal to fuelling her eating disorder: “Those who are suffering with this illness [anorexia] have a low self-esteem and often a tremendous need to control their surroundings and emotions”; and, “I’m never alone, for Ana’s always with me.” Her ‘illness’ provides (in addition to other things) for the enactment of agency that others in her life won’t permit—an agency that, on some level, may be critical to her very Being or survival, essential to keeping her life from going “off the edge of the cliff” and ‘plummeting down into eternal hell’. (And statements to the effect that their practices keep them from going over the edge, keep them alive, safe, or “from falling into a depression and killing themselves” [Blue Dragonfly] are indeed pervasive):

No one seems to understand me or the reason why I do things. My life is at the edge of the cliff, where I am about to plummet down into eternal hell, because I just don't think things are gonna get better. They said that I would get better once I left the hospital, but they haven't, they've only gotten worse. And so my fears have proved themselves yet again. Right now the only thing that makes me happy is that I've lost 1.5 lbs., and if I keep losing then maybe I will get even happier because happiness is the equivalent of being thin.

The notion that their practices, in affording a sense of control, may be affording some degree of (what Jackson [1998], in turn borrowing from R.D. Laing,⁴³ would refer to as) “ontological security” is also insinuated by others. For example, the author of Website B, for who (as seen within the last chapter) her “Eddie” is the only place where she can exercise some autonomy, refers to her emaciated or “disappearing” body as her “authentic self.”⁴⁴ Similarly, the website owner of “Starving for Perfection” claims, “I can’t imagine living my life any other way and I really don’t think I want to. I have this control that I can’t have anywhere else . . . Right now, I classify Anorexia as being who I am. It is me and I’m not sure what I am without it.” Their practices may, however, stave off threats to a sense of selfhood because they keep at bay insufferable emotions and thoughts more generally—emotions and thoughts which may otherwise overwhelm, shatter, devastate, or unhinge their (perhaps already fragile) selves:

Emotions control me... make me hide in a safe place of silence.... my mind stays distant from what my heart feels. If I say it... it's real... so I say nothing. I can't touch it... if I did I would curl up or crumble. I may seem to be made by heart of stone.... but really just chalk... and I'm afraid to face the possibility that I could easily turn to dust.... (posted on Website A)⁴⁵

Most of us . . . developed one of or a combination the 5 Ed’s so that we can have a way to cope with the crap & stress that is shoved on us every day. It’s ether that or going insane. (Floating Leaves in the Wind)

When you feel hunger or obsess over weight loss you have no time to think about other troubling issues . . . inside I am alone frightened and abused. I am stuck in my head, but they (ana and mia) bring me back to reality. (Porcelain and Yellow Jackets).

As evinced within the latter quote, respite from inner turmoil can be brought about by filling up one’s mind and structuring ones daily activities with that which is

⁴³ This is from his book *The divided self: An existential study in sanity and madness*, 1965.

⁴⁴ Of course, at the same time, this may be expressive of her “authentic” or genuine feelings of inconsequence, insubstantiality, and/or desire to disappear.

⁴⁵ The ellipses in this quote are original to the text.

concrete, tangible, and of the physical: the counting of calories and body weight as well the sensation of hunger. To the extent to which concentrated focus upon or immersion within the corporeal (also seen with bingeing and purging) can bring relief and help to keep them sane and grounded by distracting attention away from emotional distress, it likely shares a correspondence with the ways in which self-injury “rids person of internal pain through external pain . . . works quickly” (Finding My Wings). Here, the comparisons made by some of eating disorders to self-injury can further elucidate the meanings of their eating disorders (and vice-versa)—in particular, the meanings of the suffering, violence, and destruction wrought by their practices, and how these too encompass the need for, and speak to the interdependence of, self-connectedness and agency as well as refuge from pain. To elaborate, similarities between the two include how the self takes ownership and control over the pain which victimizes them: “No one can hurt me but me” (House of Ed), and in doing so, perhaps not only decreases the fear and force of it by making it more predictable and known, but also increases ownership and agency over one’s body—perceives it as known, inalienable, and controlled from within: “There are many theories as to why SI [self-injury] and eating disorders co-occur so frequently. Cross is quoted in Favazza (1996) as saying that the two sorts of behaviour are attempts to own the body, to perceive it as self (not other), known (not uncharted and unpredictable), and impenetrable (not invaded or controlled from the outside)” (Red Rain). As well, and in addition to how an increased sense of control, strength, unassailability, and self-de-alienation is realized by way of ‘occupying’ and ‘owning’ the body, the very intensification of bodily experience entailed within their practices, in and of itself, also perhaps serves as a reminder of or reassurance of their sentience or their very existence. Salient to consider is the somewhat familiar notion that self-injury, by forcing one to feel something, counteracts deadened sensibilities and feelings of self-detachment or disembodiment, as well as perhaps the descriptions by a few of hunger and fasting as sharpening the senses and making them feel more keen and alive. It is worth noting that the desire for sentience as well as for non-sentience—“I would cry if only I could feel the pain, but I have become numb to it like everything else. I have dulled my senses in order to escape the harsh realities that life presents me” (Website A)—is closer

to what many convey, as opposed to an unequivocal desire for emotional and social dissociation. This is not only implied within some of the coexisting and contradictory meanings they attribute to any of their practices, but also, for some, within the back and forth movement between bulimic and anorexic phases—the moving towards people but also towards chaos and insupportable pain, and the moving away from people and pain but also towards intense loneliness, emptiness, and self-derealization. Of course, and as already seen, the meanings of bulimic behaviours, of anorexic behaviours, and of configurations of painful experiential states more generally can be other than this or in flux.

Eating disorders and self-injury, clearly, also give tangible expression to self-hatred—self-hatred that, in its extreme, is also suggested as being undermining to the development of an integral sense of self. To begin with, and in addition to mitigating self-loathing by acting as a form of self-eradication or self-cleansing (as seen previously with self-starvation and emaciation), the infliction of physical pain and damage entailed within their practices can bring relief by acting as an atonement for being alive: “I feel I’m worth something if I can suffer” (Silvermia’s RTBB). That is, many claim to reject food because they feel they do not merit it and talk of hunger as a kind of penance, a way of making themselves more deserving of living. Similarly, purging can be the “repenting of sin” (Boot Camp) or the “moral purification of the self” (Favazza cited in Red Rain), and, in at least one case, bingeing is depicted as self-punishment (Desperate for Control). Some of the ways in which one’s relationship with food can appease self-contempt, by serving as a form of self-reparation as well as self-erasure, are conveyed within the following:

Can you imagine, for a moment, a self hatred so intense and so deeply ingrained into every thought, every cell, every ounce of your being . . . that you want to die, maybe you’ve tried to die, but you’re still here, stuck with yourself, your worst enemy, the scum of the earth, someone who sickens you more than you could ever imagine . . . so you have to torture yourself, slowly depriving yourself of every possible pleasure . . . and when you weaken and allow yourself to **oops** eat, how dare you, you must punish yourself severely, retching and gagging over the toilet, laxatives by the dozen, bent over cramped up on the toilet all night, pain and more pain and pain so horrible it seems endless but you deserve it because you are this despicable creature and god you hate yourself so much that there aren’t even

words to describe it? the only thing you have going for you is to lose weight but no matter how much you lose, how low the number gets, how baggy your jeans and how worried your family and friends are . . . its not enough. you're still alive, how can it ever be low enough if you're still ALIVE? because being alive means you're trapped. and you can't fathom giving this up, because what is there underneath all this pain and hatred and torture? yourself. the horrible creature you've dedicated your life to destroying. and then everyone would know the truth. so its better to die a horrid slow death. anythings better than letting people see the truth . . . welcome to hell. (Finding My Wings)

Emphatic about her self-detestation—the vehemence, magnitude, and indescribability of which is fuelling her practices—she is also insistent that her eating disorder (despite its grave and intentional risks to her physical being) speaks to her deep need for, or provides for a degree of, an intactness of self:

We honestly believe it is the thing holding us together. Even when all others see it as the thing that's making us crumble to pieces. It is not just a part of us, but it has become us. It is our identity, and who are we without it? Many of us are afraid to find out. Fearing, without it, we are nothing. It becomes our sole companion.

That their eating disorders (however vicariously or provisionally) may be averting a precarious loss of self in the face of or because of (amongst other things) intense self-hatred (as well as how this self-hatred can be tied in with the perceptions that others have of them) is also evoked by the author of “Please Forgive Me”:

A large number of those afflicted with the disorder would probably chose to never walk down this path of self loathing and hatred, if we could we would break the mirror and scale, gouge out the eyes of those who judge us and try to think clearer. But for us now this all we have, it defines us. Without it we are nothing. And nothing is what we want to be, thin, clear, defined, perfect. Perfect means nothing. Perfect means everything. Perfect is all that is left.

The irony entailed within her practices is made clear. The diminution or placation of self-loathing (amongst other possible functions of her eating disorder) is life sustaining and self-substantiating, yet entails self-effacement or self-annihilation. It is a contradiction that the author of “Finding My Wings” too foregrounds as well as underscores as being irreconcilable, as positioning them uneasily between two perilous

and impossible alternatives: “Can't live forever with an ED, can't live without it. It is the thing that may have saved us in the past and might kill us in the future . . . we can't imagine living without it.” Yet she can imagine living without it. She is one of the few who explicitly claims that her eating disorder is becoming a thing of the past, that she is attempting and successfully achieving recovery on her own. We are reminded that her statement cannot be taken as absolute or at face value, but also needs consideration of its rhetorical or pragmatic intent, of what her narrative is doing for her in the here and now.⁴⁶ The next section sums up possible uses of their websites: as inferred from their interpretations of their bodily practices, as unfolding from their own explicit reflections on the functions and effects of their websites, and as implied within some of the metaphors or images they use to describe them. However, before moving on, I would like to briefly consider how threads of some of the themes pertaining to their eating disorders, as well as some of the images they use, are present within their “Ana Religion” documents or “ana writings.”

Significant with respects to this material is how “Ana” condenses in symbolic form both their suffering and hopes for transcendence. Her dogmatic, deprecating, and unrelenting voice tells them that they are worthless, undeserving, and “a fat cow”; yet, at the same time, she is a best friend, the only one who truly understands and cares about them, who never abandons them, and who holds the power and promise of redemption and relief from the “hell” in which they are living. “Ana” is also, at times, juxtaposed to “Mia,” who can be spoken of as the devil and the bringer of chaos, but who can, too, be cast as a source of comfort (as in the relief which bingeing and purging can bring). “Ana” additionally, while often a “best friend,” can also be an enemy or betrayer in the sense of deserting them and letting the spirit of “Mia” (chaos and pain) enter them; in the sense of not delivering promises to make their lives better; in the sense of becoming an ever-

⁴⁶ For example, Ochs and Capps (1996, 6) note that the use of the present tense in referring to past events can render narrated events “vivid and captivating” and indicate a continuing preoccupation with them, or indicate that the “narrated experience is upsetting now, as it was then” and “may provoke interlocutors’ concerns about the present and future.”

intrusive, cruel, and demanding presence over which “like everything else in their lives they have no control”; and in the sense of bringing unintended and unwanted consequences. Also of import is that while these documents declare submission to “Ana,” as well as make a pledge to the pursuit of thinness (which is stated as the only thing that matters and as being more important than health or perhaps life itself), at the same time, some of this material also displays a sense of ridicule or sarcasm of these ideals.

The only claim to authorship of any of the “Ana religion” documents that I came across is that of an individual who runs a recovery site for sexual abuse survivors outside of this community. She maintains that she created “Ana Creed” when she was almost recovered in order to convey the depths of self-hatred that goes through the mind of the eating-disordered. Yet another consideration that underscores how the functions or meaning lies not only in the literal, is how some website owners state that they themselves reject these writings but post them anyways for those who find them useful (and as shall be seen, this can be the case for any of their more standardized types of contents). That is, for these individuals, these documents may be little more than an emblem of their membership in this community. Still, another explains that while she finds “Ana Religion” unbelievable, she finds the personifying of her beliefs useful: “I think this whole talking-to-anorexia-as-if-‘she’-is-a-person deal is kind of a defense mechanism. I want to be able to have someone to report to, someone to punish me, you know . . . etc. . . it's just easier to make someone up than deal with talking to myself. I'm far more rational than ‘Ana’” (Barely Beauty). Finally, it should be added that in some of the websites within my study, there is no appearance or mention of these documents at all.

The Meaning of their Websites: “A Movement in Time”⁴⁷

i'm a little older, been through a hell of a lot more, and you know i'm gonna put it all out on the table. this site is for people who feel like life's fucked them over. people who never quite got the hang of living. people like me and people like you.

this is for all the you's out there . . . we're just a bunch of kids trying to fly.
(Finding My Wings)

The pages of the above website are wallpapered with a background pattern of sketches of wings with “hope” handwritten on top and “life” below, giving further prominence to this innermost purpose of her website as well as giving it further definition; that is, the aspiration to “fly” or rise above her hardship is one that is imbued with optimism, vitality, and a desire for the continuance of life. Indeed, rather than being of a disturbed, bizarre, or dubious nature (as seen within the mainstream discourse of this community), herself and the participants of these websites are really “just a bunch of kids,” “people like me and people like you”—normal human beings, or even more blamelessly, youth, who, in the face of adversity, are engaged in an understandable human effort to move towards a better state. The all-importance of this message, its unequivocal and straightforward nature, as well as a sense of integrity and legitimacy, are further conveyed in the positioning of herself as coming from a place of experience (with the possible knowledge and insights that it can bring): “i’m a little older, been through a hell of a lot more,” as well as within her assertion that she is being sincere and forthcoming, that she is telling-it-like-it-is or ‘putting it all out on the table’. Lastly, that this hope to prevail over misfortune and distress is one to be achieved through the creation of her website itself—by way of narrating and participating within this community—is in part deducible from her claim that she is mostly over her eating disorder, as well as brought home within the quote she cites of Rudyard Kipling: “Words are, of course, the most powerful drug used by mankind” (in her section entitled “Sometimes People Say Smart Things”). Yet, it also shares resonances with, and on some level likely speaks to, that of her bodily practices. That is, while her eating disorder is (or

⁴⁷ This phrase, similar to the one seen at the end of chapter two, is also borrowed from Eagleton (1996, 101).

was) marked by destruction, harm, and death (as opposed to the ultimately life-affirming and liberating character of her website), it was also rendered, as is the case with most others, as an attempt to surmount or mediate real and profound pain rather than understood in terms of individual deficits and failings.

In referring to Tom Regan's concept of "moral communities," David Morris (1997, 40) highlights the ways in which the latter maintains that suffering, or the undergoing of misery and pain, is not "a raw datum, a natural phenomenon we can identify and measure but a social status that we extend or withhold depending largely on whether the sufferer falls within our moral community." In other words, to withhold this social status is to "detach ourselves from their pain as if it were an incomprehensible behaviour encountered on some Swiftian island" (Morris 1997, 40), whereas to extend it entails its recognition and appreciation. By bringing attention to the severity and nature of their distress, by not wanting nor allowing us to ignore it, to distance or divorce ourselves as well as their actions from it, they and their experiences are less likely to be seen as strange or other. They are less likely to be viewed in terms of (to use the words of Biehl, Good and Kleinman [2007, 13, 16]) a "remote abstraction," "personality types," "biological formulations," or a "technological idiom" (as within the current DSM). Rather, sensitivity to their pain and struggle comprehends recognition of their shared humanity. It allows for greater moral consideration and worth, including likely attributions of endurance and fortitude accorded when one's suffering becomes acknowledged, as opposed to failure, blame, aloofness or detachment.⁴⁸

It can be added here that the potential for reframing away, in particular, from that of personal faults may be furthered to the extent to which many interpret their eating disorders as the outcome of social factors not of their making or choosing. However, and as previously suggested, the proffering of possible weaknesses on their part, which some also voice, can too afford for a higher estimation of their character (i.e., of their capacity

⁴⁸ As Morris puts it, with the validation of "certain experiences as suffering" comes the employment of "names like *martyr* or *hero*" (1997, 40).

to be self-discerning or assume responsibility). Individual failings may also be forwarded because this can provide for greater hope, to the extent that such failings (with the probable exception of biological malfunctioning) lie more within their power to change as opposed to outside forces and conditions. As Kirmayer, Young, and Robbins (1994, 590) note, “When personal causes are invoked potential damage to self-esteem implicitly conveyed is compensated for by the promise of self-control.” However, what is more commonly voiced here, is the notion that they are not so much accountable for becoming the way they are but that it is, nonetheless, up to them to change their condition. Yet, as already indicated, control with respect to one’s ability to get better is not unanimous, and, as shall be seen further along, not without its ambivalences or constraints—including, that it cannot be done without the *right* kind of support (which some imply this community offers). Finally, while the above interpretations for the most part exclude biological factors (and as already noted the nominating of them is infrequent and rarely done exclusively), when they are put forth, they are suggested as speaking to the absolving of blame or the exonerating of one from social obligations and responsibilities.

In addition to the repositioning of one’s moral standing and the generating of hope, questions of etiology and control along with the linking of their disorder to social and existential realities more generally, serves purposes of sense-making, or the contextualizing of their practices within their lifeworlds as a whole. Yet even this need for coherence is inseparable from matters of moral identity. That is, the very making visible of the multiple domains into which their eating disorder extends or is rooted, including how it is felt or experienced by them (by attention to the range, complexities, subtleties, and details of physical sensations, emotions, and thought), along with the very making visible of their self-conscious awareness, are all, in a sense, reminders of their humanity.⁴⁹ They are, of course, often simultaneously reminders of their pain. In other words (and to recapitulate as well as expand upon what was already seen), in addition to their straightforward statements that they are in pain and the posting of more official-like

⁴⁹ As J. Bruner notes (1986, 20-21), the matching of “inner” vision and “outer” reality is . . . a classic human plight,” and the making visible of protagonists’ “consciousnesses are the magnets for empathy.”

ones that indicate this, its presence is signaled as well as sought to be rendered more palpable, compelling, and incontrovertible through their use of perturbing and poignant images and details in depicting the felt qualities and meanings of their practices. Furthermore, as frequently seen within these websites, the recounting or hinting at of stories of neglect, abuse, and trauma (in that they constitute “external social circumstances that can be pictured as having caused the hurt” [Scarry 1985, 16]) signifies the presence of distress, as does their recounting of any of the following: their (sometimes multiple) psychiatric diagnoses; their hospitalizations and, for a minority, past suicide attempts or wishes; their descriptions (and infrequently photos) of their starved bodies or the damage done to their bodies by way of their eating practices as well as by self-injury; and their remonstrations of the ways their pain is negated within mainstream discourses of eating disorders and of their community as well as negated within “glamour” sites and by visitors to their sites who reduce the meanings of their practices to matters of weight loss, celebration, or praise.

While allowing for or intertwined with the creating of deeper, fuller, and more positive self-understandings and portrayals, the making visible of the affliction that undergirds their disorder, or the extending of it outside of themselves and into, as Scarry (1985) discusses, “the realm of shared objectification,” can also offset its potentially overpowering and devastating force. It is of note here that while Scarry is talking mostly about physical pain, some of her points are relevant to that of mental distress. To elaborate, Good’s hypothesis (in drawing from William Styron’s memoir of major depression) is that “serious illness along with grief and other extreme experiences, provoke a shift in the embodied experience of the lifeworld, leading to what literary theorist Elaine Scarry calls ‘the unmaking of the world’.” Intense pain is “world-destroying”; it “shapes [one’s] . . . world to itself . . . and threatens the structure of [one’s] . . . everyday life” (Good 1994, 118, 121). (And, as seen, the shattering and all-consuming nature of their distress is communicated by many of these website owners.) Furthermore, for those undergoing it, it is “overwhelmingly present, more emphatically real than any other human experience, and yet it is almost invisible to anyone else, unfelt,

unknown . . . ambiguous and unverifiable” (Scarry 1985, 51). However, the extent to which its felt-experience can be communicated—witnessed, heard, and understood by others—it can “possibly [be] transformed” (Ross 1996 2001, 271),⁵⁰ its isolating and inundating effects attenuated. Conversely, as Fiona Ross notes of Das’s argument, “failure to recognize an affirmation of pain (‘I am in Pain’) is to perpetuate and participate in its violence,” although as she adds “witnessing is neither simple nor automatic” (ibid., 272). Rather, it involves effort and good will, or, as this thesis attests, requires empathy, openness, and critical reflection.

By virtue of going through or having gone through similar experiences, many of the creators of these websites claim that they are able to grasp each other’s pain and the ways their practices speak to it (including their inability, fear, or reluctance to give them up) in a way that is not otherwise forthcoming in their lives. That this understanding and the accompanying increase in compassion, concern, friendship, and respect that they accord to each other mitigates their isolation and low self-worth (as opposed to having them further compounded by being met with incomprehension, indifference, exasperation, or recriminations) is a pervasive sentiment within these websites and exemplified within the following:

Every time someone joins the message board I feel a twinge of sadness. “Here’s another person whose life has driven them to self-inflicted starvation.” It’s unfortunate as hell. Behind every username is a person who has pain and self-loathing beyond anything that a “normal” person could even imagine. I love each and every one of them as if they were my brothers and sisters, because no one else does. The only joy I get is in seeing these individuals make friends and express themselves openly and unflinchingly—they have finally found a safe haven where they won’t be told to “just fucking eat.” . . . [and from a post on her guestbook] This is an excellent site, and it has helped me, and given me a place where I can be who I am, and not feel so alone, or alienated. This is exactly the reason why we make sites like this, right? Because people criticize us. They hurt us. They make us out to be terrible, horrible people for the things we do that we cannot help. (Cerulean Butterfly)

⁵⁰ Ross is here referring to Veena Das’s paper, “Language and Body: Transactions in the Construction of Pain,” *Daedalus* 125, no. 1.

I started my website during a time that I felt completely isolated and alone. I needed a safe outlet to express how I felt . . . I didn't have anyone in real life I felt safe talking to. Nobody understood or cared to listen . . . Sometimes I need my EDs, as they help me keep control of myself in my worst emotional times. The pro-ED community understands this. There's nothing as exquisite about being seen and understood and accepted by people who know what I'm feeling, especially when nobody else can . . . I feel it's very important for people with EDs to have a safe, nonjudgmental place where they can be honest about their feelings and behaviors. That is what I consider pro-anorexia or pro-ED . . . not the peddling of anorexia as something great, but a place where it's accepted that we do have these disorders and that many of us aren't ready to give them up . . . This is e.d acceptance. This is an acknowledgement that there are human beings beneath these disorders, that it's not as simple as either wanting to be disordered or wanting to be well . . . The community quite literally saved my life . . . My ED behaviors are the strongest when I feel alone, isolated, invisible and hopeless. (Fat Like Me)

The pro-ana community is a place to communicate and find support among other people who are suffering the same things . . . It is a place where no one is judged or hurt or harmed. There is a person listening on the other side of that email patiently responding with a true caring . . . I spent many nights and days at pro anorexia sites once I found them, which felt like open arms of comfort after the downright lousy way I had been treated by those supposed to help me . . . Pro-anorexia is what happens when people fail to understand eating disorders. Pro-anorexia is the result of sufferers being told they are bad for having an eating disorder . . . [and from a post on her guestbook] Most people go to ProAna sites because they feel they can't stop, and it's one of the only places where they are understood. (Makayla's Healing Place)

Pro-anorexia arises out of the need for and existing lack of genuine understanding and caring rather than out of the innate traits of those with eating disorders or those most resistant to treatment. As the latter website owner puts it, what is distinctive to pro-ana has more to do with candor, openness, and acceptance than with an underlying difference in character: "It is not fair to pick and discriminate and say that pro-anorexics are horrible and other anorexics are not, simply because pro-anorexics are not afraid to voice their desire to remain in their disorder. I do not know of one person who has suffered from an eating disorder who was not afraid to 'give it up'. Most people are just afraid to admit it because people will think they're horrible." Instead, as she says, "pro-anorexia is simply the term given to websites that bring to life for all to see the reality of what happens in any eating disorder"—the reality of the "desire to remain in the disorder" as well as its

“painful details.”⁵¹ Indeed, almost all insist or imply that rather than being against recovery, their websites are a place where they do not have to ‘feign recovery’ (Makayla’s Healing Place) or “lie” (The Thin Files), a place where they can “write about what [they] really care about” (Desperate for Control) and “know that they are not alone” (Fireflight). They will “feel accepted no matter what” (Makayla’s Healing Place), unlike pro-recovery sites where they are made to “feel shameful” (Feast or Famine) and “like they don’t belong” (Thin Files). “It’s a support group in the best sense of the phrase: You’re not okay, and that’s okay” (Blue Dragonfly).

It is worth clarifying here that the experiences voiced by a number, of being stifled, rebuked, or barred from participating within pro-recovery sites, and the subsequent creation of their own sites, is understood by them to be, at least in part, because their open and often positive talk about their eating disorders would allegedly spark a relapse for those in recovery. As a visitor to “The Thin Files” explains, “The Fishy Board [a message board on a recovery site] has helped a lot of people but it doesn’t help those who are stuck in the eating disorder mentality and aren’t sure if they should quit or continue with the obsession. If you would ever said you wanted to continue with your eating disorder, you were ignored, had a closed post, or received a million responses of people that were ‘shocked’ about your decision.” That theirs is a place where, as this visitor adds, “you don’t have to worry about walking on eggshells for fear of ‘triggering someone’” is also insinuated within postings, which appear on the majority of sites, of warnings as well as “disclaimers” of responsibility for any unwanted harm that may result from visiting their sites. Also, while addressed to those in recovery, as hinted at below, cautions and admonishments are also directed to those “who come . . . to ask for weight loss advice . . . about mistaking a disorder for a diet to attacks, chastising the

⁵¹ Makayla is here claiming that discussion of their distressing and sordid features is also not allowed to take place within recovery sites (‘save for her own’) because of their ‘focus on the positive’. She does however concede that this can be done within a therapist’s office, but only “while the clock is ticking and your money is flying out of your pocket.”

poster for being so ‘sTuPiD’” (not otherwise specified) (and their reflections on the possible harm their sites pose for these individuals will be considered later on):

This is a pro-ana site, if you do not have an eating disorder then please leave! If you're in recovery then well done, i wish i had your courage. You should probably leave too though I do not want to be responsible for bringing anyone back down into this hell i'm living in. If you do have an eating disorder then you are very welcome here. I hope you find support here and somewhere where you will not be judged! (Wasted Shadow)

The Infamous Disclaimer/ Whatever you chose to do, this site claims NO RESPONSIBILITY for actions that you base upon content on this site . . . WAKE UP PEOPLE, IF YOU ARE IN RECOVERY PLEASE STAY AWAY FROM THE THINPRIATIONAL AREA HOWEVER, THERE ARE HEAVY TRIGGERS AROUND THIS SITE. IF YOU ARE UNDER THE AGE OF 18 PLEASE BE AWARE OF GRAPHIC CONTENT THROUGHOUT THE SITE REFERRING TO EDS, GORE, AND OTHERS IN POETRY AND THISPIRATIONAL SECTION . . . Glad to get that over with. (Please Forgive Me)

While there does appear to be heartfelt sincerity on the part of some that their sites “could be harmful . . . if someone is having a successful recovery and is prone to a relapse” (not otherwise specified), the somewhat formulaic or predictable warning and disclaimer is, for the author of “Please Forgive Me,” something she is ‘glad to get over with’, something more ‘obligatory’ or expected rather than genuinely inspired. A skepticism or cynicism regarding the responsibility or need to forewarn is also detectable within the preceding quote where her exhortation is (as are most others) coupled with her declared commitment to providing a space of unconditional support. Of course, these ironic inflections are suggestive of ways in which these notices are a caustic comment upon their history with and continued divergences from pro-recovery sites, as well as suggestive of a wariness of or resistance to the notion that their sites are harmful or primarily harmful in the first place. Indeed, some indicate that they themselves are striving towards recovery. To backtrack a bit, the ability to more candidly voice what they are going through and have this shared and substantiated by others helps, not only to reduce pain, shame, and isolation, but counters confusion, disorientation, consuming

thoughts, and turmoil more generally. It affords for venting and catharsis as well as “focus” and clarity:

It helps to ease nerves. Its nice to talk to people who understand, to simply share experiences with those who understand. (Filling Up on Emptiness)

I think about food/eating/weight/etc constantly, and I spend all day doing unrelated things with ED buzzing in the back of my head, it's relieving to be able to focus on it and find others to talk to about it with . . . I started my own site . . . I think it was kind of a way for me to get some of the internalized thoughts/obsessions out instead of letting them run around and around in my mind. (not otherwise specified).

[It enables] people going through it [to] feel a whole lot less lost. (Makayla's Healing Place).

As the latter website owner explains, having “found others who felt and said some of the same things” she did, and the accompanying ability to be “brutally honest” about what she was dealing with, due to the lack of “judgment or criticism” as well as to the anonymity of using her online screen name, not only led to her feeling “less of an outcast . . . to feel human again . . . like [she]. . . mattered,” but, as she claims, “As time went on, I began to find myself more able to admit my own fears, hopes, troubles in relation to my eating disorder . . . others I met online, sharing their stories with me . . . I began finding true hidden issues and eventually the strength, will, desire to become better.”

The ongoing support and acknowledgment accorded to her and her viewpoints helped to foster self-acceptance and the courage and motivation to recover. The working out of meanings with “others . . . sharing their stories” may also pave the way for fresh insights and richer narratives through the increased availability of experiential as well as more established types of knowledge, or by “helping them understand their disorder . . . [by being] exposed to different ideas, warnings, experiences” (not otherwise specified). Indeed, the very “materialization of the frighteningly hard to touch reality of disordered eating” that Makayla claims happens within these sites, is indicative of how they are able to give, in and through their open communication with each other, greater coherence to that which may otherwise remains elusive or difficult to comprehend. This bringing to

fruition of an external image (or images) of their inner realities (also expressed by the author of “not otherwise specified”: “Could be that they’re [pro-ana sites] a materialization of the voices in my head”), additionally comprehends a degree of objectivity or detachment from their subjective states. That the reflecting in rapport with others may facilitate critical thought on one’s experiences by virtue of being able to view them from a distance, is also implied within Makayla’s insinuation that she gained self-understandings by way of seeing similar thoughts and feelings expressed by others: “Reading the posts of others was like looking into a mirror.”

The use of the metaphor of the mirror to convey self-reflection and ironic distance from one’s self-image is fairly frequent within this community, as in the somewhat pervasive statements of the mirror reflecting back to them a ‘fat’ detested self, an absent, estranged self, or distorted image of themselves. The ubiquity of ironic and analytical comments more generally, points to the likelihood that a central function of this social space is the entertaining of deeper, richer understandings of their (bodily) experiences. Indeed, the over-riding importance of this function is brought home within the very highlighting, by most, of the metaphorical meanings of their disorders within the titles of their websites themselves—the place where individuals are most likely to characterize their concerns or the significances of their sites. To give further illustration to that which was previously brushed upon, the themes of a weak, diffuse, or hated sense of self; of self-retribution, self-annihilation, or self-dissociation; of disconnection from the social and material; and of a lack of (emotional) fulfillment, are evinced within titles such as, “Wasted Shadow,” “Don’t Feed the Fat Piggy,” “Anorexia: My Vanishing Act,” “Floating Leaves in the Wind,” “Filling up on Emptiness,” “Distorted Dreams,” and “Hungry-Girl.” Similarly, the provision of, or hope for, control; for the state of being undamaged, unmarred, or above or less vulnerable to reproach; and for self-transformation or a more favourable self-image, are all variously invoked within the titles “Desperate for Control,” “Starving for Perfection,” “Cerulean Butterfly,” and “Mirror, Mirror.” Furthermore, the very naming of their websites with images and metaphors used to condense that which is of utmost importance vis-à-vis their bodily practices—the

overcoming of (or the implied need to overcome) their anguish and distress—is also suggestive of how these meanings pertain to (or are hoped to be achieved through) their websites themselves. This was seen at the start of the chapter with “Finding My Wings” and should be discernable within discussion of other websites later on.

The more self-conscious portrayal of their websites as a place to “educate and formulate” (Filling up on Emptiness), to help “people to understand what they're going through and how to keep themselves as safe as possible while they go through it” (Fat Like Me), and, perhaps, help to recover, is explicitly made by others:

What this site is:

- *Pro Ana which leans towards Pro Reality. Made by a person attempting recovery.

- *A place of acceptance.

- *A place to learn, express, and grow.

- *A place of understanding.

- *A place to find safe tips and safe tips only.

What this site is NOT:

- *Extreme Pro Ana-Although I understand where some of you may be at and I accept it, I personally have moved beyond that point.

(Silvermia’s RTBB)

As I continue to grow and change and view my eating disorder in different ways, I will be updating Cerulean Butterfly to reflect that. I am not going to turn this into a full-on recovery website, just as it has never truly been a full-on pro-ana site. I want to express both sides of the eating disorder: the side that is joy and control, and the side that is pain and suffering. (Cerulean Butterfly)

I started building this website in the beginning of 2002. It was a pretty standard pro-ED website, and at first there wasn’t much original content or view besides my explanation of why I wasn’t including things like “ana’s creed” or “tips”. Its originality grew over the next couple of years to what I think is now a pretty solid point of view . . . My website is neither 100% pro-recovery or 100% pro-ED. While I certainly don’t encourage anyone to develop an eating disorder, I think that people living with EDs should be informed about what they’re doing to themselves and what other options they have, and not be forced or pressured into recovery. Basically, I want people living with eating disorders to be able to use this website as a resource, whether they’re looking for complete recovery, or whether they’re just trying to stay as healthy as possible while not being ready to approach recovery. For that reason I classify my website as “pro-reality” or “pro-acceptance.” (not otherwise specified)

These sites are evolving towards but not “full-on” or “100%” pro-recovery. As seen earlier, to be so identified would mean the exacting of something that isn’t there or isn’t sincere. It would mean not being able to voice the full meanings of their eating disorders (i.e. the side that is “joy and control”), or pretend that they are willing to give it up their practices altogether. Similarly, it would mean being “forced or pressured into recovery.” As probably apparent by now, many not only feel judged or blamed for failing to recover or choosing to recover, but, as well, voice the ineffectiveness of, and their frustration with, frequent tendencies towards “superficial treatment” (Makayla’s Healing Place): to the notion that they can just “snap out of it” (Makayla’s Healing Place), be pushed to “get over it” (Thin Files), told that they “shouldn’t be feeling that way” (Fat Like Me), or told to “just fucking eat” (Cerulean Butterfly), within professional treatments and pro-recovery sites alike. Indeed, there is much assertion within this community that recovery is not something that can be imposed nor simply willed into being, that individuals cannot recover unless they are ready and wanting to: “the choice is their own” (Fireflight), or “you’ll do that [recovery] on your own when you’re ready” (Blue Dragonfly). As stated by the owner of “not otherwise specified” and as insinuated by many others, their sites are a “resource” for each other to access if and how they want and not a place where one is directed or acted upon: “I would like for people to take from my site whatever they need to take” (Fat Like Me). There is a place which appreciates that the giving up of one’s practices is a process that takes time and strength (indeed “that takes the most strength of all: Wanting to be normal” [Blue Dragonfly]); that it requires attending to the overall well-being of the person: “Pro-ana, pro-eating disorder means pro-individual behind the disorder” (Don’t Feed the Fat Piggy); or that it requires attending to “the healing process which is vital and necessary for recovery” (Makayla’s Healing Place).

The sharing and making sense of their experiences within conventional therapeutic venues (along with the ongoing reflections on their experiences within this community) may not only stimulate further understandings of “recovery,” but the knowing that they are not alone within their often (although, as shall be seen later, not

always) similarly disheartening and alienating therapeutic encounters can lend to shifting fault for failure to recover from within themselves to within shortcomings of treatment delivery. It may serve towards questioning feelings of being incurable and of demoralization: “I had tried recovery, was it my fault I was hopeless and beyond help?” (Makayla’s Healing Place), thus fostering optimism for eventual recovery. Also significant to consider is how the taking heed of each other’s pain and the corresponding meanings of their disorders, as well as their regard for each other’s need to decide upon, manage, and pace their own processes of healing and self-care (to “choose your own path” [Filling Up on Emptiness]), likely resonates with their want for greater appreciation of their subjective realities as well as with their desire to govern their lives more generally. Of course, the very formulating of their own interpretations of their bodily practices, of recovery, and of their websites themselves, likely affords for some agency, control, and influence (other than through their bodily practices) that most claim they so lack within their everyday offline worlds. The importance of this is foregrounded, for one, within the website “not otherwise specified.”

As seen in the first part of the last chapter, her title speaks to the sentiment (widely shared by others) of how her bodily practices and experiences cannot be, nor does she want them to be, fitted into or finalized by pre-established categories, or even categorized at all. She is and wants to remain “not specified” or, more so, “not otherwise specified” but by herself. In other words, the very specifying of this ‘unspecifiability’ paradoxically speaks to her effort, indeed her need, to define in order to counter pre-existing conceptions (including the notion that her experiences are [easily] definable in the first place) or in order to name that which remains otherwise negated or obscure.⁵² Not only does this allow her to be visible and relatable to others, including those in the community with whom she receives an “incredible amount of support,” but the elucidating of her experiences may be helping to address her own lack of self-definition

⁵² Significant here is her stated objective to call attention to the often underestimated seriousness of the condition for those who fall into the often sidelined or neglected category of “eating disorders not otherwise specified” as opposed to falling into those categories which are more ‘specific’, well-established, and recognized.

(shared by so many others here). As she states, “I think the area I’m most clueless in right now is my self-image. It was for so long dependent on how I was feeling and eating. Now I’m trying to be realistic, to see how I actually look, and I have no idea how to do that. I’m a total foreigner when I look in the mirror. I’m utterly confused by my own reflection.” Of course (and like the paradox seen above), this description of what is missing in itself conveys awareness of her state of being, as well as awareness of the functions of her eating disorder, which she says she is trying to leave behind. It, along with her other self-descriptions, indicates a going beyond being “confused” and undefined. Indeed, the mood is not one of distress and powerlessness (which, in the previous chapter, a lack of identity is associated with) but more of taking stock: of introspection as well as expectation and aspiration, including the possibility or freedom to define herself anew. As Kirmayer (1993, 182) points out, within the inchoate lies the opportunity for creativity. It is, for the suffering individual, “less an obstacle than the prima material for self-understanding” (Kirmayer 1992, 340). As was implied within the previous chapter, the positing of herself and her experiences as undeterminable (at the same time that she explains and ascertains) speaks to her effort to hold onto what Kirmayer hypothesizes is key to healing: the “room to maneuver” (1993, 165), or the need to search for her “own metaphor” (Kirmayer 1992, 340). That her website provides for this, is also evinced within her assertion that the individuality or distinctiveness of her website has been maturing: “Its originality grew over the next couple of years to what I think is now a pretty solid point of view.” The pathway to a more formed, fortified, and authentic sense of self (from which a more “solid point of view” can emanate) is to be found in and through her own ongoing “process of discovery and invention” (Kirmayer 1992, 332) and not within the passive acceptance or imposition of that which is already decided upon and fixed.

The ways in which the therapeutic capacity of their websites derives not only from their potential for innovation in the construing of one’s self and life, but also involves their performative aspect, is brought to the fore within “Lollypop Playhouse.” To elaborate, on one level the title is evincing of the ‘make-believe’ or ‘made-up’ character of her practices and the ways that they depart from the ordinary or ‘natural’;

they are contrived as well as aberrant and unwholesome. As she says, an eating disorder (especially when aggravated by the taking of “laxatives or water pills”) not only “makes you miserable, and over time consumes your life,” but leads to the developing of “strange habits like eating enough for five people in one sitting, or eating the salt off of pretzels and then spitting them out, or needing to eat only lollipops, oranges, tomatoes, or whatever the safe food of the moment happens to be.” The title also speaks to the consoling and cheering effects of her eating practices, of how “lollipops always make the day brighter.” However, in addition to being indicative of the various meanings of her eating behaviours, the word *playhouse* is evocative of a setting or stage away from everyday life where imaginary play and experimentation that is edifying can take place—where existing ways of thinking and being can be called into question (bespoken, to some extent, by her critical awareness of her practices, which she “wants to stop . . . but can’t”) and alternative ones inspired and explored.⁵³ That her site is, or she wants it to be, a place for self-cultivation, creative expression, and self-realization, is conveyed more explicitly:

I don’t want to offer just a place for learning, but also a place for being, and a place for healing. This website is a coping project for me. It’s a selfish manifestation of my internal suffering. It can be your selfish manifestation too if you would like. You can contribute to this site by sending me your stories, poems, facts, anything. Just e-mail me and I will be happy to share them with the rest of the world.

Processes of learning, being, and healing are associated with, or suggested as happening, not only through introspection and exchanges with her counterparts, but through, as Edward Bruner in his overview of Barbara Myeroff’s paper (appearing in the same volume) puts it, “the conscious projection of one’s desired version of truth to larger society . . . Stories become transformative only in their performance” (1984, 24-5). Or as Turner (1986), paraphrased by Hastrup (1995, 78), claims, “One learns through performing, then performs the understandings so gained.” The shaping and constituting

⁵³ See Turner (1986) for discussion on how artistic expression and the world of theatre in particular, set apart from the mundane, contains within itself “a covert subversiveness” and “liminal phase,” making it especially fertile ground for change or meaning-creation to take place.

of herself, the becoming more or differently aware, unfolds from the experience of enactment itself: the trying out, trying on, and presenting to others of imagined selves and possibilities. (The theme, in particular, of how they are attempting to influence or be of significance to their readers, or of how their narratives are “performed to elicit an imaginative and empathetic response” from them [Good 1994, 153], will be seen again further down).

It is of note that this website owner’s desire for self-improvement and change is also communicated within her intention to return to professional therapy—something that for her was experienced as empowering, as opposed to impeding of her autonomy and self-determination:

When I finish college and get a job I will go back to therapy. I liked it. Therapy and medication do not make you fat! They help you deal with serious issues like suicidal thoughts and actions, and obsessive compulsive behaviors that eventually come along with an ed. It’s nice to talk to someone who is educated and can offer advice and tips to better control and understand your own life. That’s all I want: control and understanding so I can finally be happy with the person I am destined to be.

Unlike many, and yet similar to others within this community, professional help is not set in opposition to the meanings of her website, but rather one more resource to access towards achieving her final goal (a goal which entails not just the mere overcoming of her ‘eating disorder’ or behaviours but, perhaps more importantly, the “serious issues” that come along with it). The author of “Boot Camp” is also one within this community who asserts the value of professional services, and who uses them in her struggle to overcome her eating disorder as well as her self-injurious behaviours:

Seeing a therapist who specialises in Ed's is a good idea, starving, bingeing, purging, over eating are just symptoms you need to find out what triggers you, why you have a negative voice in your head and how you can change it and start finding your true self and voice . . . I'm in psych residential care at the moment trying to pull myself together, stop self harming and being able to be well enough to function in the community without going to hospital every five minutes . . . I've been sick, in and out of hospital, wrestling with recovery and losing miserably.

In spite of her ongoing failures, she continues to maintain that “recovery is always an option . . . a very long bumpy road, but entirely possible,” as well as maintain belief in professional help. At the same time, her opening remark, “Welcome to Boot Camp/ I hope you can all find your inner strength here,” and her statement (similar to that voiced by most others), “This site is not for wannabes or posers nor people looking for a way to lose weight fast. This is a support site therefore it's for people who already have EDs,” is suggestive of how, within this community, she is hoping to muster a strength that she hasn't yet found or that professional therapy isn't affording for her (and perhaps vice-versa). Even so, while “Boot Camp” may well speak to the toughness, vigour, and fortitude that her website and the support of others may provide (and which is needed in order to overcome her harmful behaviours and her present state; “I won't stay like this forever, I'll Break through the chains/ My Inner Strength will defeat you forever” is seen at the top of each of her web pages), it is also evincing of the rigorous discipline, control, or shaping up attained through a stringent or strict dieting regime that her pro-ana content and her desire for her practices suggest. She is hanging onto to both her website and professional help as “potential sources of efficacy” (Good 1994, 148), just as she (and many others) are hanging onto to both the relief of distress promised by recovery as well as that afforded by her bodily practices (here the strength, order, and control they vicariously provide).

It is worth highlighting at this point how an enhanced sense of self-value and purpose for members of this community is likely being afforded by interpreting their suffering as having deepened their empathy and understanding for the suffering of others and by using their experiences towards some larger social ideal. As should be apparent by now within their statements of what and whom their websites are for, the latter are not just created for their own use but created to help those who are in a comparable place. As seen, this involves documenting their experiences so others will know that they are not alone or can learn from them—a learning which can extend to the public at large: “This is my story and this is how I am. I hope you enjoy it though honestly I hope you can learn from me. I've made mistakes I'm not perfect but I learn from them and I hope you can

to” (Website C); “I decided to make this site so people can understand how an ED can be a HORRIBLE problem” (Dawn-of-the-Ed); “If you can’t be a good example, you might as well be a horrible warning!” (Hungry Girl). This educative function can also pertain to that of related issues: “I have a job to do to make people and professionals see what self-injury is all about” (Desperate for Control), even though hers is primarily a pro-eating disorder site. The author of “Red Rain,” for whom the meanings of her eating disorders and her self-injury are also inseparable, relates how her first hand experience allows her to come closer to knowing what the undergoing of these issues is like for others, and of how this engenders genuine caring on her part. At the same time, her ability to provide a view from within (which involves bringing attention to her very human qualities or to the very real person behind the narrative we are reading) can promote greater understandings or empathic understandings amongst those who “don’t suffer in this way”:

I am not just an invisible person with a keyboard and computer--I am a person who has struggled with cutting, burning, picking, eating disorders and mental illness for half of my life. I know very well how lonely dealing with these issues can be, and sometimes you feel like no one cares. As trite as it sounds, I DO care--I'm not an expert, I'm not a professional--I hurt, I suffer, I love, I hate, I try--and I hope that by sharing my story and giving information, that I can help those who suffer, and possibly help those who don't suffer in this way to understand those who do.

It can be added here that while their commitment to imparting increased awareness and support regards that which they have or may have undergone themselves (and this can also include providing information on, or links to, organizations that deal with the problems of child abuse, homeless youth, and eating disorders amongst racial minorities, as well as the dangers regarding society’s body ideals), it can also extend to the matter of being mismatched with one’s world more generally. As seen within the opening quote of this chapter, the website “Finding My Wings” “is for people who feel like life’s fucked them over, people who never quite got the hang of living.” Similarly, the following is dedicated to the marginalized and disenfranchised of society:

The Unloved: in honour of all the people out there who are unloved. Too old, too ugly, too fat, too emaciated, too sick, too deformed, too timid, too mentally ill, too

poor or abandoned or homeless to attract another. They go unnoticed and live their lives in the present, just like me, just like us. I don't know what to say about them. No one there to love them. But I acknowledge them, whoever they are. I suppose it depends on your religion, but in mine they are loved, however alone. (Hungry-Girl)

The creating out of a place of alienation and devaluation, a new, more valorized social identity and role (the making of the world a more aware, compassionate, and inclusive place), yields not from understanding her experiences in terms of some isolable phenomena, human nature, or disorder. Nor is it about returning to some premorbid state (somewhat latent within a concentrated focus upon the rectifying of behaviours and the curing of disease). Rather, moving forward lies within the linking of her experiences to human suffering more largely: from an understanding that she shares “in the—or at least *a*—human condition” (James Merrill,⁵⁴ quoted in Ochs and Capps 1996, 10). It involves finding and creating deeper moral significances and a meaningful sense of relatedness to others. It entails what Ochs and Capps claim is one of the most important functions of narrative: to “understand, reaffirm, and revise a philosophy of life” (1996, 10).

Finally, this chapter would be lacking without further consideration of their reflections upon the possible dangers their websites pose (in addition to that already seen vis-à-vis those in recovery). That is, despite their insistence upon the ameliorating effects of their websites, as well as their pervasive, emphatic, and often sarcastic protestations to the effect that their intent is “not to try to convince you to become anorexic, or to sell you on eating disorders” (Fireflight), that they are not “encouraging people to ‘stay sick’ or ‘get sick’” (Cerulean Butterfly), nor “trying to help anyone kill themselves” (Blue Dragonfly), there are (as touched upon earlier) differing opinions and ambivalences regarding the consequences (intended and unintended), particularly of their pro-ana or “thinspiration” material. To clarify, while some indicate that such material can spur on eating disorder behaviours—and is indeed meant to as such behaviours help keep them sane or alive—others claim that such content is superfluous, that they are not learning

⁵⁴ This is from an interview with J.D. McClatchy in the March 27th, 1995 issue of *The New Yorker*.

anything new nor sharing anything that is not easily available on “model picture archives and tips on diet sites and eating disorder books” (The Thin Files). Still others maintain that such material is foolish, frivolous, and futile: “I find looking at pictures of models to be deadening to the spirit and quite silly considering the average anorexic is at least 10% thinner with a far lower BMI than even the thinnest super models” (Pure Perfection); “If you are anorexic, then you do not need tips on how to not eat/ You do not need to be told how to stop eating. / You do not need to be motivated. / You look in the mirror. / Problem solved” (Blue Dragonfly); or, “A true anorexic wouldn't need someone to tell them how to do it. It comes naturally and from experience” (Website B). For this reason, as well as because “so many of them are well-known and have been listed millions of times,” the latter website owner (as a minority of others) does not include “Tips and tricks” (although, this does not negate that she [as seen in the last chapter] still expresses a desire for her ‘sickness’). In addition, that some do incorporate such standardized types of contents even when they are implied as being redundant, is suggestive of how (as with the “Ana religion” documents) they may sometimes serve as little more than a manifestation of the thinking and behaviours they have in common, or of their affiliation with each other.

It is also of significance that the author of Website B omits tips and tricks, not just because they are extraneous or inconsequential, but because “it promotes people to ‘become rexi’ instead of living and dealing with it.” While she, as many others, posit pro-ana material as posing minimal harm for those in the midst of their eating disorders, her consideration of the possibility of harm to those who do not already have one may well speak to her wanting to be, or portray herself as being, open to taking into account possible adverse consequences and to act accordingly or responsibly. Her website is there to help those with an eating disorder ‘live and deal with it’ rather than extol any alleged intrinsic virtues.

The author of “Fat Like Me” similarly positions herself as having the capacity to be aware, prudent, and accountable. She is able to admit to potentially inauspicious

outcomes of her website, as well as tries to minimize them: “Yes these sites trigger and reinforce eating-disordered behavior, there's simply no getting around that . . . There's nothing I can do, short of closing my site, to prevent silly dieters from trying to become anorexic, . . . I try to be clear on the dangers and risks associated with this and I don't paint it as a glamorous lifestyle.” Her site belongs with those she classifies as “responsible” or “pro-reality,” those that “are more likely to offer health advice and safety precautions, more likely to warn against things like laxatives and diuretics, and in general show EDs in a more balanced and realistic light.” In contrast,

[The] irresponsible ones promote anorexia and bulimia as positive choices, support overly dangerous methods of weight-control, and generally have little real information. They exist mostly as triggers, providing support for the lifestyle but not much help. Since knowledge is scarce and it's easier to be irresponsible than responsible, there are more irresponsible sites around. But they don't last as long or have as many followers.

Not only does she, as many others, differentiate herself from that which is irresponsible, less sustaining, and less substantive (yet gets “more attention in the media” [Feast or Famine]) but, as implied here as well as elsewhere by others, their more informative sites may even help controvert the “immature and trendy attitude towards eating disorders” (not otherwise specified) within those sites that are “sugar-coated” (Floating Leaves in the Wind) or “glamourize the disease . . . and portray eds as something that you want” (Feast or Famine), by providing “knowledge,” a more “balanced and realistic” perspective (Fat Like Me), or by being able to “counteract them with more information” (Feast or Famine).

While the distinguishing of pro-ana websites along the lines of responsible and irresponsible, or realistic and unrealistic, has the effect of contextualizing or qualifying the dangers they pose, their sites are also similarly defended through their arguments that the allegations of danger are exaggerated, misdirected, or even untenable in the first place (despite or alongside their concessions of possible harm):

Frankly no, I do not believe that websites like mine can give anyone an eating disorder . . . You can't give someone an eating disorder; either they have the tendencies or they don't . . . I think it's a shame that in our society there are so many young girls who find anorexia and other eating disorders to be necessary coping techniques, but I don't believe that I'm causing them to feel that way. Maybe we should start looking at why so many of them are searching for sites like mine in the first place. (Fat Like Me)

SIMPLY VIEWING PHOTOS OF ANOREXIC WOMEN WILL NOT CAUSE AN EATING DISORDER . . . If your kid is that impressionable, they've already got a problem. (Makayla's Healing Place)

I think the bashing of pro-ED websites is unbelievably hypocritical coming from the same media and magazines that highlight page after page of underweight actresses and models as role-models. Sometimes it's actually hard to believe that our websites are the only things considered 'pro-ED' when you can find three magazines at the check-out counter of the grocery store with headlines like 'Seven Evil Foods to Avoid' or 'The Healthiest Crash Diet Ever'. (not otherwise specified)

Some material here may be triggering . . . but that's not really any different from everyday life, is it? (Filling Up on Emptiness)

I've witnessed a couple of girls who have dieted (nothing extreme) and stumbled across pro-ED sites. They clearly stated that they thought it was sick and they recognized that it was extreme. (not otherwise specified)

Please. No one wants an eating disorder. Honestly, what normal healthy individual would see a photo of an emaciated girl and suddenly decide they want to look like walking death? They may want to lose weight, sure, but most people would never actually work toward that dying body . . . my site doesn't teach anyone anything, as the people that come here do so purposefully and knowingly, in the midst of their eating disorder, looking for understanding and community. (Cerulean Butterfly)

Their sites cannot cause an eating disorder, nor are they unique or exceptional in their potential to "trigger" behaviours. They would repel rather than entice healthy individuals, and outside accusations (as implied within the latter quote) can overshadow the way "most sites help more than harm" (Feast or Famine), or eclipse how "so much more than anti-foodness goes on here" (Blue Dragonfly). Nonetheless, despite these widespread sentiments, some acknowledgement of, or irresolution regarding, possible repercussions remains. Pro-reality sites, while "much safer than glamour sites," are still

“not safe” (Feast or Famine). They still, as seen above, could pose a risk to “silly dieters” (Fat Like Me), promote people to “become rexi” (Website B), or have an “impact . . . on a vulnerable viewer, . . . be harmful if someone is having a successful recovery and is prone to a relapse, or if someone hasn't had extreme eating issues but is teetering on the line between dieting and obsession” (not otherwise specified). Perhaps in the final analysis, as this latter author proposes below, the ability to know or predict the significances and consequences of any given pro-eating disorder website for any given individual can never really be fully determined (maybe even for those more perilous or extreme pro-ana, or here “AnA'z creed,” websites), as indicated within the content and juxtaposition of the following sentences:

I wouldn't be upset if 'AnA'z cReEd' websites were shut down, I don't think they support any kind of growth or provide anything to the viewer besides an unrealistic view of anorexia. There are websites for so many different kinds of people, and there will always be opposition to one group or another. Who is to judge which ED sites are or aren't encouraging someone to starve but actually helping them understand their disorder and be exposed to different ideas, warnings, experiences?

Undoubtedly, the extent to which this community or some part of it may serve towards consolidating and strengthening (on a public plane) the meeting of their underlying desires by way of their bodily practices, as opposed to fulfilling them by way of artistic expression, shifts in self-understandings, mutual support, and so on, will always vary or remain ambiguous. As seen, their websites are multi-referential, polysemic, and unfolding in time. They are continuously being realized and devised rather than being static and established in advance. They are simultaneously intertwined with, and contingent upon, their own and each other's ever changing needs, motives, understandings, and outside influences and forces. However, what can be recognized is a larger range of possible meanings of this community, which in turn, entails greater appreciation of how multiple factors which impact upon or are constitutive of our well-being are rooted within the social and moral realm (which they are here attempting to address) rather than lying within inner, fixed personality traits.

Conclusions and Implications for Social Work

The chapters in this thesis illustrate that some pro-ana websites, when subjected to a close, contextualized reading, have much to tell us about the world of suffering for those with eating disorders. The websites reveal that what underlies these individuals' behaviours, their 'resistance' to treatment, and this community itself, is much more than a denial of illness, irrational beliefs, or configurations of alleged cognitive and emotional deficits distinctive to those with eating disorders. In this way my study underscores the need to investigate the nature of their websites rather than taking dominant conceptions about them for granted.

Critical perspectives in the humanities and social sciences (including the field of cultural and medical anthropology, from which I have significantly drawn throughout this thesis) can assist us in understanding the relative nature of psychiatric discourse, some of the particular ways it shapes reality, and its potential uses, limits, and effects on the individuals subjected to its categories. The utilization of, or better yet the "combining [of] phenomenological, hermeneutic, and narrative analyses" (Good 1992, 201), of ethnography and literary theory—in their ability to thickly tap the nature of, or more importantly the complex interplay between, subjective experience, social circumstances, and cultural formations—can serve to counter current tendencies towards reductionism and objectification within psychiatry and perhaps within mainstream mental health more generally. Such critical frameworks lend to shifting the focus of concern away from the purported features of patient populations and onto the intersubjective matrix in which individuals and social formations are rooted. They illuminate, as Somers (1994, 623-5) says of narrative approaches, the ways in which "people are guided to act by the structural and cultural relationships in which they are embedded and by the stories through which they constitute their identities and less because of the interests we impute to them." Such approaches can more effectively capture what is at stake for individuals within their everyday local worlds and the strategies through which these exigencies are addressed. And with this interpretive framework in mind, it is apparent that what matters most to many within the pro-eating disorder community, what is being fundamentally

addressed in this particular social space, is not so different from other illness experiences: the negotiation of identities, the search for coherence, self-determination, human connection, support, mattering, the generating of hope, the building of strengths and insights, the management of harmful behaviours —but more so, or ultimately, the management, healing, or transcendence of their underlying pain.

As seen, for many within this community (and it is important to be cautious about generalizing to all ‘pro-anas,’ let alone to all of those with eating-disorders), their bodily practices can be understood as, and are wanted to be understood by them as, metaphoric embodiments of acute self-hatred, loss of agency, alienation, and/or dissociation. They keenly voice the ways in which these meanings are lost or obscured within outside discourses and practices, speaking to what Kleinman terms is the potential to “sanitize” pain (1988a) and to “trivialize the experience” of subjects when, through processes of “professional transformation,” they are rendered, not only into a type of mental disorder, but also into a “social role, social strategy, or social symbol” through reductionist tendencies in the social sciences (1995, 96). The strong and frequent protestations of such interpretations by individuals within this community, and their heavy use of alternative frames and metaphors, also give credibility to Kleinman’s claim that professional renderings, by “alienating the illness from what is at stake for particular individuals in particular situations . . . [can make experiences] perhaps . . . more difficult to work through” (1995, 96, 101), more difficult to understand and less capable of being genuinely seen, or ‘morally witnessed’ (Kleinman 1988a, 87). Such renderings inhibit our ability to extend humanistic care, something that has been noted as lacking within psychiatry (as within medicine more generally) (Good and Good 1981; Good 1994; Kleinman 1988a; Kleinman 1995). Of course, this is additionally due to the penetration into medicine of “the language of profit and managed care, commoditization, and competition” [Good 2000, 67]). Either way, many individuals within this community sharply communicate the ineffectiveness of, if not the dehumanizing effects of, professional responses and treatments received.

The utilization of “more experience-near” categories—those that are “more self-consciously reflective about the human core of human experience” (Kleinman 1995, 97), and which we could use to understand human phenomena more generally, as opposed to some special medicalized framework (Boyle 2002) or rigidified cultural category—would shift away from constructing “people as objects of technological manipulation,” as “discursive form[s],” or as “remote abstractions” (Biehl, Good and Kleinman 2007, 11, 13). Understanding their ‘disorders’, not as discrete entities with their own predetermined characteristics, not as some ideological effect of language, nor as evidence of a particular ‘kind’ of person, but rather as a form or language of suffering or an idiom of distress would reposition people as subjects who have something to tell *us* about the human condition or the extremes of the human condition (as Good, Kleinman, and others in my thesis maintain). It would bring to the fore their humanity and the necessity of decoding their behaviours in terms of what they mean for individuals themselves.

Such a hermeneutic or phenomenological approach would temper tendencies towards the correcting of behaviours, cognitions, and weight in the absence of adequately attending to people’s underlying pain, its sources, and the meanings of their practices—as so many within this on-line community claim to have been the case for them. A more holistic approach to individuals’ experiences prioritizes, not the standardizing and routine application of “best” treatment options (with the accompanying presupposition of recovery as being a relatively linear, objectifiable process), but rather understands recovery as more personalized, multidimensional, dynamic, and involved. It prioritizes the art of empathic and active listening. It means challenging our assumptions on an ongoing basis and attending to the complexities and diversities of individual lifeworlds, including the ways in which contradictions or the ‘illogical’ are not simply pathological, but can make sense within their lifeworlds or have moral, pragmatic, and symbolic uses for them.

A more experience-near approach entails recognizing and respecting ambiguity, polysemy, and flux. Efforts would be towards discerning possible meanings of their

actions and self-expressions rather than attaining definitive explanations and objective knowledge about them. For purposes of practice, such an approach would leave room for the patient to more genuinely co-construct with the therapist the unfolding aims and course of therapy and determine the kinds of resources and pathways which may be most beneficial. Discerning how we can contribute to their growth, build upon their strengths, and help address the social and existential exigencies of import *for them*, as opposed to how we can fix them, opens the door for the possibility of more meaningful and trusting therapeutic alliances.

Sincere efforts to attend to the subjective and experiential realities of individuals, would also engender for them feelings of being seen, heard, and valued (something so many pro-ana members claim has been sorely lacking within their therapeutic encounters). For those whose lived experiences have been marked by diminishment, alienation, powerlessness, and/or self-hatred, much of the power of therapy lies within creating therapeutic moments or exchanges that foster, for patients, the experience of being visible, of mattering, and of having some say and control. Those working within the field of eating disorders (and of mental health more generally) have the opportunity to reflect back to sufferers a richer understanding of their experiences and a fuller, more positive sense of self. Therapy can be a chance to help sufferers cultivate a more meaningful and affirming relationship with themselves at the same time as experiencing a more authentic sense of relatedness with another, thus fostering the promise of the possibility of meaningful connections with others in a future time.

As stressed throughout this thesis, understanding others' experiences, intentions, and actions necessitates having some knowledge of their situational and cultural contexts. An appreciation of the ethnocentricity present in our own conceptions and of dialectical and multi-faceted nature of experience would lead to deeper understandings of social and cultural environments and the intricate ways in which they can interact with the self. Such understandings could hinder tendencies within family approaches (approaches which *do* provide an important counterpoint to biological and individualizing trends)

towards privileging our concepts over the complexities and diversities of particular lifeworlds. Furthermore, such understandings could help to illuminate areas or dimensions for further exploration. For instance, that many of website owners within this study indicate or intimate having had experiences of being devalued, neglected, or ill-treated, and of having chaotic, emotionally, and sometimes socio-economically deprived backgrounds, points to the value of finding out more about their everyday off-line worlds and simultaneously suggests specific themes for closer investigation. Increased knowledge of the dynamics and arrangements of subjects' families and of the larger social and cultural milieus in which they are suspended could serve to expand upon our understanding of causative factors as well as call attention to broader issues of social reform.

Finally, mental illness or distress can arguably entail profound suffering, and is deserving of, as Good (1994, 169) says of suffering in general, more “ethically sensitive reflections” than that proffered by “reductionist theories . . . in various forms.” It is deserving of the marshalling of multiple lenses, methods, and techniques (including, as seen here, the potential of peer support, artistic expression, and Internet Mediated Communication). It is not necessarily the doing away with psychiatric and psychological conventions, but of less reliance upon and more critical understanding of them and of their potential to restrict ways of thinking, to silence, and to engender hierarchy and division (especially when taken as all-encompassing or used to serve interests other than those of the subject herself). Perhaps it is particularly necessary to appreciate the ways in which the medicalization of personal difficulties, of distressing thoughts, feelings, and behaviours, can potentially “vitate the moral and political meanings of subjective complaints and protests” (Biehl, Good and Kleinman 2007, 3), obscure the “character of suffering *and* of healing” (Good, 1992, 199), and/or mute empathy, connection, and understanding. It is incumbent upon service providers to resist the appropriation or marginalization of the experiences and meanings of those we aim to help, whether due to the authority and sway of professional or institutional discourses, to the associated pressures of bureaucratic and economic interests, or, as Good (1992, 199) indicates, out

of our desire to “justify” our work, or out of our “longing to overcome helplessness in the face of the intractability of chronic illness and the suffering of those . . . [we] treat.” Those in pain are deserving of the recognition of complexity, depth, self-conscious awareness, vulnerabilities, multiple entanglements, need for self-determination, and of creativity and change that we ourselves experience, exhibit, and desire. To the extent that our subjectivities must be seen as fundamentally intersubjective, healing and well-being depend upon such recognition from others. Those in pain deserve the according of dignity and respect. We would be well-served to heed that the creator of “Fat Like Me” (similar to so many others here) feels the urgency to remind us “that there are human beings beneath these disorders, that its not as simple as either wanting to be disordered or wanting to be well.”

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