A discourse analysis of interactions from an online pro-anorexia forum

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SIGNED DECLARATION

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ABSTRACT

A discourse analysis of interactions from an online pro-anorexia forum

by Manuela Ascari

My research takes a look at the phenomenon of pro-anorexia websites by focusing on conversations from a public pro-anorexia forum. There is pressure on health experts and Internet hosts to oppose this controversial phenomenon because of the concern, shared by experts and lay people alike, that these websites encourage eating disorders and provide a dysfunctional, anti-recovery type of social support to those who are struggling with this problem. However, to conceive of these online spaces as yet another manifestation of a psychopathology is to overshadow the socio-cultural context in which the phenomenon has emerged, which includes: the silencing of the experiences of eating disordered individuals and their stigmatization as irrational or mentally disturbed; the dynamics of socialization and community-building in an increasingly online world; and, crucially, the fact that, in Western societies, a concern with dieting and thinness is not exclusive to women with an eating disorder, but has become increasingly widespread and accepted for and among all women. My dissertation deals with these aspects by exploring constructions that the members of a pro-anorexia forum produce to discuss their experiences around the body and eating disorders. The study draws on discourse-based and feminist sources that tend to characterise pro-anorexia websites as places of self-expression and connection and that are critical of theories of eating disorders that separate these experiences from their historical context. Insights are yielded into two main aspects: the use of discursive constructions of ‘anorexia’ and ‘bulimia’ in the constitution of the forum community under investigation; and the use of discursive constructions of the body to establish particular relationships of power and powerlessness between the individual and her body. The findings are relevant vis-à-vis contemporary biomedical discourses on health and weight loss and how these discourses are problematically implicated in the cultural normalization of thinness.

Chapter 1: Introduction

1.1 Background of research

Pro-anorexia or 'pro-ana' is an umbrella term that designates "a genre of websites disseminating information about eating disorders, primarily anorexia nervosa, providing girls and women with a forum to discuss and share information about 'ana' " as well as 'mia' (short for bulimia) and other forms of eating disorders (Dias 2003a: 2). Pro-ana websites have existed for more than a decade and, as a phenomenon, they have an exclusively online presence (Giles 2006), in the form of static websites but also, and increasingly, blogs, forums and communities on social networking sites.[1] Given their fleeting presence, it is difficult to establish how many such websites/groups there are, but early as well as recent studies have found between 400 and 500 instances (*Anorexia's Web* 2001, Laurence 2012), with one study reporting over 500 cases (Chesley et al. 2003). When I conducted my own search in October 2011, I quickly collected some 240 unique links to English-language pro-anorexia websites (which also included many blogs and forums) via a simple Google search and the links provided on each website. Although my goal was not to determine how many pro-ana websites existed at the time, it became clear that pro-ana websites could be easily found and accessed.

This, coupled with the "anti-recovery" stance of these groups (Fox et al. 2005), has excited a storm about their supposedly dangerous nature. In its strongest and most controversial form, the anti-recovery orientation is expressed in rejecting the notion that anorexia (and, sometimes, bulimia) is a disease, while claiming that anorexia is a lifestyle choice, a deliberately and actively pursued way of life (Mulveen and Hepworth 2006, Strife and Rickard 2011). In the public opinion, this lifestyle-choice stance has become attached to one of promotion of eating disorders and of harm to vulnerable individuals, most typically teenage girls struggling with low self-esteem and body-image issues. Several media

[1] From here on, I use the word 'website' in its more generic sense, to refer to any kind of pro-anorexia online space.

reports (e.g. *Anorexia's Web* 2001, C.J. 2007, George 2002, Laurence 2012, Song 2005, *Web Worry* 2001) and medical experts (e.g. Curry and Ray 2010, Paquette 2002, Rouleau and von Ranson 2011) have contributed to this homogenized picture. In particular, alarm is raised about the widespread presence of 'Tips and Tricks' or 'How to' contents, where technical weight-loss tips and ways to hide disordered eating from others are traded; and the provision of so called 'thinspiration' (or 'thinspo') pictures, images of very thin women to which the websites' members look up to find inspiration in the pursuit of their weight-related goals (Dias 2003).

Pro-ana groups, however, are heterogeneous. They share the same practices but not always their orientations on what 'ana' and pro-ana mean (Brotsky and Giles 2007). Some pro-ana groups see anorexia and bulimia as diseases and are critical of the lifestyle-choice approach, although the line between the notions of lifestyle and disease can be blurred (Csipke and Horne 2007, Fox et al. 2005). Many of these groups state that their purpose is to create a non-judgemental space where those who are struggling with an eating disorder but do not feel ready to recover or reject treatment as a suitable solution, can connect with others in the same situation, share support and help each other cope with their disease while learning to manage it as safely as possible (Dias 2003, Mulveen and Hepworth 2006, Fox et al. 2005). These groups appear to be formed primarily around a need to connect with similar others and find a sense of belonging; their members also encourage one another to adopt healthier weight-loss and eating practices, discourage dangerous ones (e.g. laxative abuse and purging) and are supportive when somebody expresses the intention to seek recovery (Brotsky and Giles 2007, Mulveen and Hepworth 2006). Thus, emphasizing pro-anorexia as an inherently dangerous phenomenon may overlook the type of non-judgemental, social and emotional support that pro-ana members are able to provide to one another. It has been suggested that this may be the main reason why many individuals join these groups (e.g. Brotsky and Giles 2007, Davis 2008, Gavin et al. 2006, Tierney 2006, 2008). At the same time, from the medical point of view of anorexia and bulimia as illnesses that need curing (Fox et al. 2005), pro-ana support remains problematic because, while as a source of

mutual empathy and help it appears to fill an important gap in people's lives, it is also and distinctively accepting of the desire to not recover (Brotsky and Giles 2006, Csipke and Horne 2007, Fox et al. 2005). There is a fear it might then lead to a normalization of the behaviours and decrease the chances that individuals will seek professional help (Gavin et al. 2008).

Eating disorders predominantly affect women, in particular adolescents and young adults (e.g. Currin et al. 2005, Gremillion 2002, Preti et al. 2009). According to Polivy and Herman (2002), estimates of prevalence rates for full-syndrome eating disorders (anorexia nervosa and bulimia nervosa) range between 3% and 10% approximately. Prevalence rates of EDNOS ('eating disorder not otherwise specified'), which include binge eating disorder and partial syndromes of anorexia nervosa and bulimia nervosa, are even higher (Crow et al. 2009, Hay et al. 2008, Hoek 2006, Preti et al. 2009). Eating disorders cause severe health complications. Many never fully recover (Berkman et al. 2007, Gremillion 2002) and the mortality rate is high (Crow et al. 2009); it is, in fact, the highest of any psychiatric illness (Gremillion 2002, Evans et al. 2002). It is, therefore, understandable that the open, non-recovery oriented discussions of eating disorders that take place on many pro-ana groups are a source of alarm to health specialists and concerned individuals.

Initial attempts at dealing with the pro-ana phenomenon consisted of trying to shut down as many websites as possible (Norris et al. 2006, Reaves 2001). However, several researchers and health practitioners now acknowledge that this type of censorship is ineffective, if not counterproductive; in fact, many websites re-emerge, sometimes becoming more difficult to find and monitor (George 2002, Grunwald et al. 2008). Thus, paying close attention to the websites and their users is now encouraged as a better approach to the problem, in order to determine people's motivations for turning to pro-ana websites and assess the potential negative and positive effects of viewing and participating in these groups. It is hoped that the knowledge so gained will help devise better suited prevention and treatment practices, so that an effective alternative may be offered to prevent pro-ana websites from becoming the only "refuge" (Ringwood 2008)

for those with an eating disorder (Davies and Lipsey 2003, Grunwald et al. 2008, Tierney 2006, 2008).

It is certainly important to consider the implications of pro-anorexia websites and groups for the health of their users and members. Yet, to focus on the contacts pro-ana members establish solely in terms of their in/appropriacy for recovery is to miss on how, compared to the earlier pro-ana websites, the newer groups appear to be less concerned with technical weight-loss information and more with the social, interactive opportunities offered by online communication. Members of pro-ana groups appreciate the possibility to connect with similar others, find and share support and build community (Brotsky and Giles 2006, Jurascio et al. 2012, Peng 2008, cited in Boero and Pascoe (2012a: 28), Yeshua-Katz and Martins 2012). As claimed by Warin (2005), having an eating disorder causes isolation and withdrawal from many contexts and people (e.g. social situations around food, relationships with friends and family), but it also allows for the formation of new bonds, usually with other people with an eating disorder, such as within in-patient treatment settings (Rich 2006, Warin 2006). Outside the clinic, the Internet has offered these individuals novel possibilities to seek and find each other. On the Internet, social relationships that are meaningful to those who are "immersed in the routines and regimens of the illness" (Fox et al. 2005: 966) are made possible; an online culture (Hine 2000) with its own language and symbols is formed around these shared bodily and eating practices (Gailey 2009, Giles 2006, Boero and Pascoe 2012a).

1.2 Research focus

My research takes a look at interactions from a public pro-ana forum with the aim of identifying (some of) the notions and forms of knowledge about eating disorders and the body that constitute the groups' common language. To do so, I adopted a discourse analytic approach based on post-structuralism. Firstly, this enabled me to produce an in-depth description of specific notions and forms of knowledge shared by the forum members around experiences of eating disorders, weight loss and control over the body. Secondly, I could determine in what

circumstances these notions where deployed by the forum members during their interactions and what was thereby achieved, with a focus on the definition of the virtual (online) community boundaries, the projection of particular identities and the construction of specific understandings of eating disorders and the body.

The interpretation of the findings has two main goals. With respect to the first goal, the post-structuralist framework makes the focused-upon notions meaningful as products of individuals located within a specific socio-cultural context, rather than as products of individuals who, while living within and being influenced by this context, remain fundamentally separate from it. This view is particularly relevant to feminists interested in eating disorders and body-image issues as problems that, while affecting the individual (namely, women), cannot be simply conceptualized as problems of the individual, problems that originate within the individual and that should be dealt with at the level of the individual. Drawing on this feminist framework, I will illustrate how some of the notions verbalized by the members of the pro-ana forum can be linked to contemporary discourses on the body, health and weight loss, and how this exercise can foster reflections on issues of individual versus social responsibility for body-image problems and eating disorders.

The second goal of the analysis is to illustrate the role of forum interactions and the discourses or forms of knowledge deployed by the forum members in the construction of the space and boundaries of the community (Boero and Pascoe 2012a, Giles 2006). Specific in-group notions and forms of knowledge are involved, but also interactions with outsiders which suggest how pro-ana groups may be aware of the controversy that surrounds them, rather than trying to hide or escape from it.

1.3 Thesis structure

In the next chapter I will review the literature on pro-anorexia, highlighting the main themes and perspectives from which my own research has developed. In Chapter 3, I will explain my methodology. I will first be concerned with methodological and ethical questions raised by doing research on pro-ana

websites and forums, and will subsequently detail my method of analysis, discourse analysis, including the relevant post-structuralist principles that guide the interpretation of discourse. In Chapter 4 I will present my main findings, organized in two sub-sections: the discourses on eating disorders and weight loss that emerged in the interactions between existing forum members and new members; and discourses on the body. This chapter will focus on the specific discursive constructions and their contextualization within broader socio-cultural discursive patterns. It is in Chapter 5, which concludes the thesis, that I will also reflect on the use of discourses in the definition and protection of the community space; I will also offer final remarks, point out limits of the study and make suggestions for future research.

Chapter 2: Literature Review

2.1 Introduction

The first pro-ana websites appeared in the late 1990s and began to receive the attention of the media, health experts and researchers soon after. Early studies were published in 2003, inaugurating pro-ana websites as a topic of research in its own right. A body of knowledge has been expanding since then, characterized by a kaleidoscope of methods. As suggested by Casilli et al. (2012: 125), existing studies can be broadly grouped into "clinical (health sciences, psychiatry and clinical psychology) and socio-cultural approaches (social psychology, communication and media studies, cultural studies and sociology)" (Casilli et al. 2012: 125). Reproducing their predecessors in the field of "non-Web" eating disorders, where traditional biomedical experts on one side and feminists on the other have pursued their agendas separately and often in conflict with each other (*ibid.*), a similar tension also exists within the pro-anorexia literature. At one extreme, there are those who, mostly from a clinical perspective (e.g. Curry and Ray 2010, Paquette 2002, Rouleau and von Ranson 2011), stress the maladaptive mindset of the website users or the supposedly inherently dangerous nature of the websites; at the other extreme, feminist authors have suggested new theoretical frameworks, beyond the traditional medical notion of pro-anorexia as yet another manifestation of a psychopathology, drawing on existing feminist theories of eating disorders and online participation (e.g. Burke 2012, Dias 2003, Ferreday 2003, Boero and Pascoe 2012a).

In between these extremes, several studies have adopted more moderate tones and created a sort of middle ground (Casilli et al. 2012). This partial juncture between the psycho-medical and the socio-cultural traditions is the result of social scientists taking a discursive turn to expand the discussion on pro-anorexia beyond a strict clinical and individualistic medical framework (e.g. Fox et al. 2005, Williams and Reid 2007, Riley et al. 2009, Strife and Rickard 2011); of socio-cultural studies being sensitive to the agenda of health disciplines but problematizing, to different extents, a strict pro-ana-as-danger view (e.g. Brotsky

and Giles 2007, Gavin et al. 2008, Giles 2006, Mulveen and Hepworth 2006, Williams and Reid 2007); and of researchers in the psycho-medical field opening up to the notion that pro-ana groups provide an important form of emotional and social support that is often missing from the lives of those affected by an eating disorder (e.g. Csipke and Horne 2007, Ransom et al. 2008, Tierney 2006, 2008).

In what follows, I will overview the findings that this nascent body of literature has produced so far, focusing on the tension between potential dangers versus potential benefits of pro-ana groups. I will begin by presenting the studies that belong to a more traditional clinical field. These studies have focused on the psychological make-up of pro-ana creators and viewers and the impact of pro-ana websites on users' mental health. Secondly, I will be concerned with the more transdisciplinary literature and the way in which it has contributed to the view that the pro-anorexia phenomenon is primarily motivated by the interpersonal, socializing and emotional needs of those involved in it, rather than simply being the manifestation of an irrational or abnormal mindset. With respect to this, I will make an incursion into the literature on online communication and health-related online support groups, to locate the literature on pro-ana support within this wider field. Finally, I will show how some of the themes that have emerged from the transdisciplinary literature are shared by the discourse- and feminist-oriented literature on pro-anorexia, where they are expanded to overcome reductive 'good versus bad', 'dangers versus benefits' classifications.

2.2 Pro-ana as pathology and danger: The clinical view

Psycho-medical studies on pro-ana websites come from both a strictly clinical field and more transdisciplinary orientations. These studies share two main objects of interest: pro-ana websites as belonging to the Internet seen as "a *Web of contents*", of which researchers seek to determine the features; and the viewership of these contents, focusing on "the motivations, behaviours, and health state of [the] *individuals*" who use pro-ana websites (Casilli et al. 2012: 127) (original emphasis). Overall, the focus is on the potential harmful consequences of pro-ana websites, the yet largely unknown breadth of these effects and the need

for more research to be conducted in this direction. At the same time, these studies have also provided a more ambivalent picture by pointing to both "negative" and "positive" aspects of pro-ana websites (Ransom 2010).

For example, Ransom et al.'s (2008) survey of pro-ana forum users and Harshbarger et al.'s (2009) content analysis of the "Tips and Tricks" section of pro-ana websites, found that on these spaces both damaging and beneficial ideas are made available. The former include how to restrict calorie intake; how to deceive others about one's disordered eating; information on the use of diet pills, laxatives, diuretics and other weight-loss and purging methods; etc. Positive information includes discouraging the use of purging, laxatives, diuretics and diet pills, of which the dangerous consequences are stressed; and encouragements to accept current weight, adopt healthier eating behaviours, get help from health professionals and consider recovering. Borzekowski et al. (2010) have provided some quantitative data to corroborate these findings, as most of the 180 pro-ana websites they reviewed presented 'thinspiration' (85% of sample) and 'tips and techniques' (83%) content, while one third (31%) of the sample also contained recovery-oriented material, such as specific sections dedicated to recovery, interactive discussions of recovery, or links to other websites with such content. Similarly, Dias (2003a), although breaking from the traditional medical perspective adopted by Borzekowski et al. (2010) and the other researchers mentioned above, reported that "pro-anorexia narratives" (promoting and supporting anorexia) formed about three quarters of the postings and contents she collected from the 52 pro-ana websites she accessed, with the remaining one quarter consisting of "pro-anorexic narratives" (providing emotional support to those struggling with an eating disorder).

The presence of recovery-oriented contents and interactions is generally welcomed by clinical researchers as a positive finding, but, possibly due to the larger presence of so-called harmful content over recovery-oriented material, the co-presence of these two kinds of content has been treated as reflecting a "duality of purpose" of pro-ana websites which creates a problematic tension, whereby viewers "may feel pulled simultaneously towards continued eating disorder behaviours and recovery" (Borzekowski et al. 2010: 1531-1532). It has been

observed, for example, that while website creators sometimes encourage people not to purge or use pharmaceutical drugs, they nonetheless provide information about these methods so that users, if deciding to use them, can do it "safely" (Harshbarger et al. 2009). A concern has thus been voiced that this ambivalence could "entice a larger demographic to this online world" (Borzekowski et al. 2010: 1532).

A few studies have tried to assess the impact of viewing pro-ana websites on health. Ransom et al.'s (2008) survey respondents reported that, on pro-ana forums, they had learnt new (not known before) negative behaviours, but they had also learnt and tried out positive behaviours such as increasing food intake and getting healthier, consulting with health professionals and considering recovering. Applying message design theory to the interpretation of pro-ana websites' contents, Lapinski (2009) suggested that pro-ana websites may preach to the choir rather than causing eating disorder behaviour (this being one of the main fears that exist around these websites); on the other hand, she noticed, like other authors (Harshbarger et al. 2009, Borzekowski et al. 2010), that the behaviours promoted on the websites range in complexity and difficulty, varying from simple and easily accomplished ones to more elaborate and hard-to-do activities, this variety of strategies "ha[ving] the potential for broad appeal to people who have or may be borderline for initiating an eating disorder" (Lapinski 2009: 251).

Exploring viewership of pro-ana websites and its correlation with predictors of eating disorders, Custers and Van den Bulck (2009) and Harper et al. (2008), who surveyed Belgian secondary school children and undergraduate women, found that those who viewed pro-ana websites had higher levels of eating disorder predictors, such as drive for thinness, body dissatisfaction, perfectionism and presence of eating disturbances, than those who did not view the websites. However, because this type of study addresses actual viewers, it was not possible to determine whether the patterns that emerged were the consequence or the cause of viewing the websites (Talbot 2010).

By contrast, Bardone-Cone and Cass (2007) and Jett et al. (2010) endeavoured to provide empirical data on the effects of the use of pro-ana websites. Bardone-Cone and Cass (2007) assigned female undergraduate

participants to viewing either a prototypical pro-ana website (a website designed by the authors for the purpose of the study) or one of two comparison websites (a prototypical female fashion website and a prototypical home-décor website) for 25 minutes. After comparing the pre- and post-viewing measures, it emerged that the brief exposure had had immediate negative effects on the affect, self- and appearance-related perceptions, and perceived likelihood of engaging in specific behaviours and cognitions in the near future (such as restricting food intake, purging, thinking about weight and comparing oneself to others), of the participants in the pro-ana group. Comparison of pre- and post-exposure measures also led the researchers to conclude that "pro-anorexia websites have a "broad" reach, and that their influence is felt not only by populations that would be expected to be vulnerable (i.e. those with eating disorders, those high on thin-ideal internalization)" (*ibid*.: 545).

Repeating and expanding this study, Jett et al. (2010) set out to measure the effects of viewing pro-anorexia websites on eating patterns. They exposed college women with no history of eating disorders or no current signs of disordered eating to either a pro-anorexia website, a healthy/exercise website or a tourist website, in two sessions of 45 minutes each (with 24 hours in between). Eight days after exposure, the pro-ana viewers were found to have increased their levels of dieting and exercising and thereby decreased their caloric intake by, on average, 2,470 calories by contrast to the 176 calories reduced on average by the viewers of the exercise/health website. At the follow up three weeks later, none of the respondents reported still viewing the websites, but some of the changes in the pro-ana viewers' eating behaviours persisted. Specifically, some of them were still restricting certain foods, which included "fast foods, 'carbs', 'fatty foods' and 'junk food' " (*ibid*.: 413); they also reported using tips they had found on the website, such as having more green tea, coffee, water and fruit. Thus, the researchers observed that "the subjects made highly statistically and clinically significant changes in their food intake" after exposure to the pro-ana website, changes which, in some participants, continued into the three weeks leading to the follow-up (*ibid*.: 414). At the same time, no indications of the emergence of pathological disordered eating was found and the researchers considered many of

the changes made by the participants as not necessarily harmful; rather, they appeared to be changes to healthier eating habits. The researchers also conjectured that these changes may have been positive effects of the study itself, fostered, for example, by the psychoeducational debriefing the participants were provided with after exposure to the pro-ana website.

While Bardone-Cone and Cass (2007) reported a worsening of the negative affect of viewers in the pro-ana groups, the survey of pro-ana forum users conducted by Csipke and Horne's (2007) yielded differentiated results. These researchers found that Passives (lurkers) were the ones who were more likely to visit the forums to find information on how to pursue eating disorder behaviours, while Actives, those who frequently and actively interacted with co-members on forums or chatrooms, did so primarily to find emotional support. It emerged that Actives were more likely than Passives to experience increased positive affect, namely feel better about themselves and feel less lonely, after visiting the websites/forums. Furthermore, contrary to their hypothesis that greater interaction with other pro-ana members would also cause increased levels of negative affect, such as increased negative attitudes towards one's own body, greater desire to weigh and measure oneself and stronger drive to compare oneself to other visitors, the researchers found no significant difference between Actives and Passives in terms of these variables, "as if increased exposure to potentially harmful elements on the sites such as 'thinspirations' had less of an effect [on Actives] in the climate of the improved mental state created by positive effects" (Csipke and Horne 2007: 203). It was also observed, however, that the benefits experienced by Actives did not translate into inputs to decide to stop the behaviours or to recover; in fact, improved emotional states existed along with mutual encouragement to diet, fast and pursue other such behaviours.

To recapitulate, the clinical studies I have presented so far have been concerned with quantifying the negative and positive (health- and recovery-related) contents shared on pro-ana websites and forums; determining and measuring the impact of accessing these contents on viewers' mental health and eating patterns; and determining the psychological profile of the viewers. These studies have observed both negative and positive aspects and effects,

contradicting the assumption that pro-ana websites are inherently dangerous. Negative features, however, tend to be emphasised over positive ones, and reservations about the latter are often expressed.

The next section will focus on the theme of support. The emotionally and socially supportive function of pro-ana groups was first emphasised by feminist authors (Dias 3002, Ferreday 2003). Subsequently, other socio-cultural and psycho-medical researchers have acknowledged this function as important and beneficial to pro-ana members, but also as inadequate in promoting recovery-oriented changes (Brotsky and Giles 2006, Gavin et al. 2008, Tierney 2006, 2008). This mirrors the approach that, as I have shown, exists in the clinical literature towards positive, recovery-oriented information, the presence of which is welcomed but deemed to have limited effectiveness because outnumbered by negative, disorder-sustaining contents.

2.3 Pro-ana as online communication and support: The transdisciplinary literature

The studies I present in this section are situated within the transdisciplinary literature. Many of these studies maintain a "medicalised" (Rich 2006: 285) approach to eating disorders and pro-ana websites, interpreting findings in terms of their potential implications for viewers' mental health, eating patterns and recovery from or worsening of an eating disorder. However, with respect to the clinical literature discussed in the previous section, these studies also represent a shift away from a strict approach to pro-ana websites as mere manifestations of a psychopathology and as repositories of harmful contents. More attention is in fact given to the websites as social formations and novel spaces for self-disclosure for people with an eating disorder. In this view, pro-ana websites are approached less as elements of a static "*Web of contents*" and more as part of the online seen as a "*Web of interactions* (…) in which [individuals] participate in content creation, exchange with others, and engage in real-life social networking" and community-building (Casilli et al. 2012: 127) (original emphasis).

In what follows I review studies that recognize the social function of pro-anorexia groups, in terms of members' connection, self-expression, support sharing and coping. I discuss these studies against the background of the wider literature on online interaction and health-related online support groups, beginning with an introduction on the social function of online interactions.

2.3.1 Online communication, extreme communities and health-related support groups

Early research on online communication put forward the view that, because interlocutors were not physically present and had to mostly interact in the written mode, socioemotional information could not be exchanged. As a consequence, online communication was seen as unsuitable for interpersonal relationships, but best suited for impersonal, task-oriented activities (Walther 1996). It soon became clear, however, that both impersonal and interpersonal interactions can be achieved via the medium of the Internet (*ibid.*). People have adapted text-based communication to their needs (Parks and Floyd 1996), developing special symbols (so-called 'emoticons') and resorting to other creative uses of language such as 'cyberhugs' [[[hug]]] and acronyms (e.g. 'lol' for 'laugh out loud'); these are substitutes for facial expressions and gestures to convey moods and emotions in text-based interaction. Moreover, recent advances in bandwidth capacity have greatly expanded the possibilities of a previously almost exclusively text-based mode of communication, thanks to real-time visual (webcam) and audio (voice-over-the-Internet-protocol) technologies (Gies 2008), and leading initial assumptions about the non-social character of online communication to soon become outdated. At the present time, the Internet's "power" as a social platform largely resides in the resources or "potential" it offers for anonymity and disembodiment as well as re-embodiment (the rendition or re-creation of one's identity and body online) (*ibid.*).

On the one hand, the anonymity online communication enables has been associated with deception, identity fraud and forms of criminality more vicious and less easily detectable than in the offline world (*ibid.*). On the other hand, it

appears to have created novel opportunities for self-discovery, self-expression, and the creation of social, even intimate, bonds. Turkle (1995: 12), for example, has described how virtual worlds such as MUDs (Multi-user Domains or Multi-user Dungeons) can be an experimental laboratory where individuals can play with new identities, or try out aspects of their selves that they would not feel comfortable showing offline or the disclosure of which would be socially sanctioned. This experimentation can contribute to the development of people's whole selves by helping them to incorporate those identities into their self-concept (*ibid*.). A similar function was observed by McKenna and Bargh (1998) in their study of newsgroups dealing with marginalized sexual and ideological identities. Likewise, for some people the anonymity of online interaction opens up a space where they feel they can be truthful about their emotions and self, while they would normally feel uncomfortable or inhibited to do so in face-to-face (FtF) communication. Bargh et al. (2002: 34) found that people on average are more willing to reveal their "true self" (a self that "exist(s) psychologically (...) but [is] not fully expressed in social life") to somebody they meet online for the first time, rather than in FtF, where they are instead more likely to remain within the safer ground of their "actual self" (the version of the self that is "fully expressed in social life"). Whitty and Gavin (2001) found this liberating effect of online communication to be true in particular for their male respondents. McKenna et al. (2002) have shown how this greater disclosure of one's true self and feelings fosters the development of close and intimate relationships online.

Increasingly, researchers have observed similar dynamics of connection and self-expression on pro-ana and other online "extreme communities" such as suicide and self-harm groups (Bell 2007). Eating disorders and self-harming are much stigmatized conditions. Self-harming is often referred to as deliberate (Adams et al. 2005, Harvey and Brown 2012) and people with an eating disorder are portrayed as irrational individuals (Dias 2003, Rich 2006). In the UK, two nationwide surveys of public opinions of mental disorders (conducted in 1998 and 2003; respondents were 1,737 and 1,725 respectively) found that, on both occasions, 33 percent (on average) of the respondents thought of eating disorders as self-inflicted (Crisp 2005, Crisp et al. 2000, 2005), thus confirming that

negative views of people with eating disorders are widespread. The Internet, however, seems to have provided these individuals with novel, unprecedented opportunities for self-expression and social networking, in the face of the misunderstanding and censoring to which their experiences and bodies are subject in the public realm (Dias 2003, Ferreday 2003). Online, people with an eating disorder and self-harmers have the possibility to connect and bond with others in the same situation, openly share their concerns and experiences in an anonymous and non-judgemental environment, receive empathy and understanding and exchange self-help information and experience-based knowledge of the condition (Dias 2003, Whitlock et al. 2006).

In fact, Brotsky and Giles (2007) have argued that the main function of the exchanges held on pro-ana forums appears to be social and supportive rather than the promotion or trading of disorder-sustaining information, with corroboration coming from Yeshua-Katz and Martins (2012), whose respondents reported the need for emotional support, connecting with similar others and coping with social disapproval (stigma) for having an eating disorder as the reasons why they blogged about their eating disorder. Similarly, Jurascio et al. (2010: 405) observed that on pro-ana groups present on social networking sites "(t)he emotional content was varied and deep, and often focused on content such as family trouble, boyfriends, school and work"; these groups were also less likely to contain 'technical' or disorder-specific information than earlier or traditional pro-ana websites.

These and other researchers (e.g. Davis 2008, Dias 2003, Ransom et al. 2010, Rich 2006, Ringwood 2008, Tierney 2008) recognize that what motivates people with an eating disorder to join pro-ana groups may be, primarily, interpersonal, psychological and emotional needs (Yeshua-Katz and Martins 2012) fostered by the lack of adequate understanding in many offline contexts of pro-ana members' lives. Equally, studies on youth participation in self-harm and suicide online groups have shown that finding support, being understood and accepted, and being able to express oneself openly without feeling shame or fearing recrimination are important to the users of these groups (Baker and Fortune 2008, Whitlock et al. 2006).

In the social and supportive function that they appear to have, these extreme communities have something in common with health-related online support groups. These are online formations bringing together people affected by the same disease or condition and to which people turn to in order to find guidance and support in trying to recover from an illness or to learn how to deal with a chronic condition. These groups cover a great variety of conditions, such as HIV/AIDS, cancer, diabetes, multiple sclerosis, disabilities, addictions, sexual abuse, eating disorders, depression and self-harm. Some of these groups are moderated by a health professional or trained volunteer and are part of larger medical intervention programmes (White and Dorman 2001). Many, however, are spaces for peer-to-peer interaction and the "exchange (of) practical information and support" on how to deal with an illness (Walstrom 2000: 761).

As I will discuss in the next section, it has been observed that (some) pro-ana and self-harm groups may similarly function as a coping resource for their members. Yet, one core element that, from a medical standpoint, distinguishes pro-ana and self-harm groups from online health-related support groups, is the fact that the support shared in the former is not necessarily aimed at the promotion of recovery. As I pointed out with respect to the clinical literature on pro-anorexia, it was found that recovery-oriented information is made available on some pro-ana groups. Other researchers have observed that pro-ana members provide information on recovery when asked by other members (Williams and Reid 2007), are supportive of those who announce they have decided to seek help to recover (Brotsky and Giles 2007) and encourage healthier eating or recovery when somebody's disordered eating or weight goals are perceived as being dangerously "slipping downwards" (Mulveen and Hepworth 2006). However, encouraging getting healthier and recovering is only one aspect of the support shared on pro-ana communities, and certainly not the main one. Pro-ana members are, most distinctively, respectful and supportive of one another's needs or desire to pursue the behaviours typical of their condition.

2.3.2 Connection, self-expression and coping in health-related and extreme online communities

In this section I present aspects that health-related and extreme online communities share, as well as aspects in which they differ. In both types of groups, possibilities and limitations to connect with others for support are created by characteristics of the online medium, namely the asynchronous mode in which interactions are mostly conducted on these groups, and the anonymity that the medium affords.

Extreme communities and health-related online support groups have a specialized nature, as they are formed around a shared interest or problem. This is also true for traditional face-to-face (offline) support groups. However, unlike the latter, online groups are independent from time, spatial and geographical boundaries. Members of health-related online groups need not travel to find the information or support they are seeking, nor are they bound by access hours, as the groups' websites are available 24-hours a day. Most of the interactions on these groups are written and asynchronous, which, coupled with the transcendence of space/time limits, provides users with the possibility to post messages when needs arise or at their convenience, and the possibility to reply at their own pace (White and Dorman 2001, Wright and Bell 2003). These advantages are also available to members of extreme communities.

Another feature from which both extreme and health-related online support communities benefit is the anonymity enabled by online communication, a point of particular relevance to those whose illnesses, practices and thoughts are stigmatized. For example, exposure in the public domain of the physical consequences of AIDS and eating disorders, or of treatments such as chemotherapy, is taboo or made the object of criticism or pity, which can generate disempowering feelings such as shame in the sufferer (Wright and Bell 2003). By contrast, the anonymity individuals can retain online of both their personal identity and physical appearance, coupled with the possibility of connecting with similar others and of talking about one's condition away from public scrutiny (Dias 2003), reduces stigma and self-consciousness, fostering a sense of safety

that facilitates disclosure of one's situation, thoughts and feelings, without fear of judgment (White and Dorman 2001, Wright 2000, Wright and Bell 2003).

With respect to extreme communities, Baume et al. (1997) reported that suicide notes ("communications about suicide intent") posted on online suicide newsgroups include in-depth disclosure of one's inner thoughts and feelings about the intention to terminate life, this disclosure resembling the private, intimate communications individuals might have with their own diaries. Similarly, on pro-anorexia groups posts can assume the form of "internal dialogues that participants (…) held with themselves to make sense of feelings about the extent to which they were in 'control' and being 'honest' with themselves" (Mulveen and Hepworth 2006: 289). For Mulveen and Hepworth (*ibid*.), these " 'honest' and unguarded discussions" about food, weight loss and the emotional distress caused by living these "intense relationships" with food and body weight offer evidence of the safety and freedom of self-expression that users experience on pro-ana forums, while individuals with an eating disorder are notoriously reluctant to express their feelings in more conventional contexts (Tierney 2006).

The freedom and safety of self-expression that users experience in health-related online support groups has been linked to the strong sense of solidarity and empathy which stems from the specialized nature of such groups, the similarity between participants, and access to the personal experiences of others with the same illness or condition (Wright 2000, 2002). This also applies to extreme communities. In both extreme and health-related groups, the sense of reciprocity and closeness is built through interaction. Those who join online support groups to find help can and do, over time, take on the role of helper or support-giver, providing information and support to their group peers, as observed by Greidanus and Everall (2010) in an online suicide prevention community. Group members alternate between the positions of help-seeker and help-giver, providing information and reassurance to others while, at other times, venting their own negative feelings and problems and receiving support from others (*ibid*.). A similar dynamic takes place on pro-ana groups (Gavin et al. 2008) and self-harm/suicide groups (Baker and Fortune 2008). The alternation between seeking and giving support appears to be an established interactional pattern in both

extreme and health-related groups and contributes to the development of a sense of community (Greidanus and Everall 2010, Gavin et al. 2008).

In health-related online support groups, stepping into the role of helper can have therapeutic effects (Greidanus and Everall 2010). Writing, the main mode of communication among members, has also been appreciated for its therapeutic value: writing about their condition and concerns can help individuals to distance themselves from their problems, in a process known to narrative therapists as 'externalization', which contributes to self-reflectivity and self-awareness (Walstrom 2000). Furthermore, the possibility of formulating posts and replies in one's own time, as opposed to posting under the pressures of synchronous communication, fosters this process, as it allows more careful pondering of what one is writing, as well as re-reading and editing (Walther 1996). In extreme communities, conditions to stimulate the therapeutic potential of writing may not be available. Nevertheless, as observed by Baker and Fortune (2008: 120) in relation to self-harm and suicide groups, participating in these groups has, not uncommonly, a coping function, serving, in particular, as "a way of managing severe social and psychological distress". In pro-ana groups, for example, Mulveen and Hepworth (2006) found that when the users they observed posted about their decreased weight goals, they did so to try to confront and prevent their weight-loss behaviours from getting out of control. Likewise, Yeshua-Katz and Martins (2012) found that for the pro-anorectics they interviewed, writing down their thoughts in their blogs helped them find relief.

However, asynchronous written communication can also have drawbacks. For example, there is no guarantee that forum posts will receive timely responses. Delayed answers or feedback can negatively affect the perception of the emotional support received. Wright (2002) found that delayed feedback was perceived as the most important disadvantage of online interaction by the majority in his sample of users of an online cancer support group, with those who had expressed such a view scoring lower in perception of emotional support than those who had pointed to a different aspect as the main disadvantage. The problem of slower feedback has also been highlighted in the literature on pro-anorexia websites, as a potential source of further loneliness and despair when queries and requests for support are

not answered or replies are delayed (Tierney 2008, 2006). Brotsky and Giles (2007: 107) suggested that, while pro-ana support can offer temporary relief from distress and isolation, challenges are posed to a more stable, long-lasting and truly helpful support by the instability and unpredictability of online relationships, as "(o)nline cyberbuddies can be dismissed with the click of a mouse".

Nevertheless, members of extreme and health-related online support groups report that they receive better support and understanding from online peers than from significant offline relationships (such as family, friends and health professionals) (e.g. Ransom et al. 2010, Yeshua-Katz and Martins 2012) or other support contexts (e.g. Wright 2002). In health-related support groups the sense of satisfaction with the support received by group peers has also been found to be mediated by what users perceive to be advantages, such as similarity with the group's co-members, and disadvantages, such as delayed feedback, flaming messages and inability to detect deception (Wright 2000, 2002). In particular, flaming, hostile and derogatory comments from outsiders, can disrupt the sense of security fostered in these groups and impact negatively on members' perception of support, as illustrated by Preece and Ghozati (2001). They found that those who reported flaming as the greatest disadvantage in their study of online support groups were more likely to perceive less emotional support from the group co-members. Extreme communities are also targeted by flamers (Giles 2006). Interestingly, however, pro-ana members often rally against flamers, sometimes aggressively, and engage in a collective ostracization of these and other outsiders, an activity that, beside protecting the community from hostile intruders, also appears to have a social, community- and identity-building function (Boero and Pascoe 2012a, Giles 2006).

Finally, several studies have pointed to the psychological benefits and the consequently improved quality of life (for example, decreased stress levels leading to reduced blood pressure, or feeling more confident in bringing up one's concerns with health professionals) that people with illnesses such as AIDS, cancer or depression, experience as a consequence of sharing their distress and experiences with fellow sufferers online (Gustafson et al. 1999, Miller and Gergen 1998, White and Dorman 2001). Positive effects on users' mental states have also

been observed in pro-ana communities (Csipke and Horne 2007, Yeshua-Katz and Martins 2012). This corroborates McKenna and Bargh's (1998) earlier findings of increased self-esteem and reduced sense of loneliness and estrangement from society that individuals with marginalized identities (e.g. non-mainstream sexual and ideological identities) experience when they become involved with online groups of similar others, motivated to do so by the lack of emotional and social support in their offline world.

However, both McKenna and Bargh's (1998) and Csipke and Horne (2007)'s study on participation in pro-ana forums, found differences between those who actively participate in the online community of choice and those who lurk. Lurkers read the group interactions without or hardly ever taking part in them. Group members may simply prefer this mode of participation to a more active one, or they may lurk to understand how the group works before participating more actively in it. Occasionally, they write about how beneficial reading others' posts and discussions has been to them (White and Dorman 2001: 702-703). This is supported by McKenna and Bargh (1998), who found that, for those with non-mainstream identities, lurking in an online community of similar others can contribute to a decreased sense of social isolation. These researchers also found that active and frequent participation in discussions with others has broader and deeper effects, helping individuals come to terms with their identity, experience reduced feelings of estrangement from society, and finally leading to a disclosure of the identity to others (*ibid*.). Pro-ana members who frequently interact with fellow forum members (Csipke and Horne 2007) and those who write about their eating disorder in their pro-ana blog (Yeshua-Katz and Martins 2012) have been similarly found to experience improved psychological states such as feeling less isolated and feeling better about themselves, while lurkers seem to lack these improvements (Csipke and Horne 2007).

Research within the psycho-medical as well as the socio-cultural field has suggested that some aspects of extreme communities could be beneficial for their members. In particular, there is some consensus around the view that pro-ana and self-harm websites provide a form of "much needed support and understanding" (Gavin et al. 2008: 331; see also Mulveen and Hepworth 2006, Tierney 2006,

2008, Whitlock et al. 2006) that responds to individuals' psychological and emotional needs and compensates for the lack of such resources in their (offline) social environment (Yeshua-Katz and Martins 2012). As pointed out by Dias (2003), many in the early stage of anorexia suffer in secrecy and isolation and are not ready to accept help; as a consequence, they have no access to forms of support unless they are forced into treatment or until much later in the course of the illness (*ibid*.). Even when the disorder is known to others around the sufferer, it has been pointed out that before pro-anorexia groups came into existence, individuals with an eating disorder had very limited opportunities to talk about their condition with others outside health professionals in a therapeutic setting or the "emotionally charged encounters" with worried friends and family members (Brotsky and Giles 2007). Dias (2003: 39) has suggested that (some) pro-ana communities might fill this gap, providing a safe and "less intimidating" environment for self disclosure than a treatment setting, where people can break their isolation by connecting with similar others, talk openly about their condition in a non-judgemental environment, and find an informal type of support before they feel ready to turn to a health professional.

However, many researchers, while recognizing the value of this support, are also concerned that it may ultimately be inappropriate, leading to an intensification of the disordered behaviours and to further disconnection from family, friends and sources of professional help. Gavin et al. (2008) and Haas et al. (2010) have discussed how the communicative practices whereby support is provided and crises are dealt with on pro-ana forums provide forms of validation of problematic behaviours that might lead to their normalization and reduce the chances of individuals seeking help to recover (Gavin et al. 2008: 331). For McCabe (2009), pro-ana groups co-construct an alternative, positive and insulating reality for themselves, which provides an "escape" from the rejection experienced in the offline world and reinforces the eating disorder. The supportive environment generated by extreme online communities can offer their members some respite from the pressure and scrutiny of the media, clinicians and the public opinion (Dias 2003), but it might concomitantly lead them to rely more on their online peers than on offline others for support, and to become increasingly

marginalized from their social environment and recovery-oriented sources of help (Adams et al. 2005, Gavin et al. 2008, Tierney 2006, 2008, Whitlock et al. 2006).

Others have provided a less pessimistic reading, but agree that that the support shared on pro-ana and self-harm communities remains problematic because, mostly, not conducive to the complete cessation of the behaviours and to recovery from the disorder. Miller and Gergen (1998) compared the forum on suicide they analyzed to a "neighborly" environment, describing the group members' readily provision of mutual empathy, encouragement and assistance as a way more to "help each other through the dark times than propel each other to change the conditions or courses of their lives". Brotsky and Giles (2007) arrived at the same conclusion in their investigation of a pro-ana community. As in Miller and Gergen (1998), support emerged as a prevalent notion across the pro-ana community, but was shared as a "little more than sympathetic companionship in a safe, anonymous and largely sympathetic environment" (Brotsky and Giles 2007: 106). Similarly, in Csipke and Horne (2007), interpersonal motives (obtaining emotional support) for turning to pro-ana websites prevailed. Some of the participants even reported that visiting the websites had encouraged them to seek treatment, but, overall, the support they shared emerged as "recovery-neutral at best" (*ibid*.: 203). The support shared in these groups appears to be sustaining rather than transforming (Miller and Gergen 1998).

Overall, and unlike the more strictly clinical literature presented in section 2.2, the transdisciplinary literature on pro-anorexia explores and recognizes the supportive and coping function that the communication of eating disorder has for pro-ana members. In this way, it treats pro-anorexia as a complex phenomenon, as members' usage of or participation in pro-ana groups can be beneficial, but also have potentially negative effects. As claimed by Baker and Fortune (2008: 121) in relation to self-harm and suicide websites, "in order to develop our understanding further we must abandon simplistic classifications of these sites as either "good" or "bad", "antisuicide" or "prosuicide" ", pro-anorexia or pro-recovery. With respect to pro-anorexia, Tierney (2008: 341) suggests that this can be achieved "by encouraging professionals to respect the social and emotional features of anorexia and to recognize it as more than a medical complaint defined by weight

and calories". Health professionals may be assisted in this task by the open expression of thoughts and emotions in which individuals with an eating disorder engage online.

2.4 The feminist literature on pro-anorexia

So far I have overviewed two main groups of studies on pro-anorexia: the clinical and the transdisciplinary literature. The current and last section of this literature review is concerned with feminist studies. Feminist author Dias (2003: 35) was the first to emphasise that while individuals with an eating disorder who do not accept to recover are easily portrayed as irrational or stubborn, (some) pro-ana websites can provide them with "a space, free from judgement, where they can share ideas and offer encouragement" on how to cope with an eating disorder but without being pressured into seeking treatment. As shown in the previous section (2.3 and subsections), this view is now also acknowledged by experts and researchers from other paradigms. These retain a medical interpretative framework, whereby they assess the potential implications of pro-ana support for the maintenance of or recovery from an eating disorder. At the same time, in recognizing that pro-ana groups fill an important gap in their members' social lives, the transdisciplinary literature also problematizes the stark 'recovery versus anti-recovery' criterion on the basis of which the more traditionally clinical literature classifies pro-ana contents and activities as either negative (disorder-sustaining) or positive (recovery-oriented).

In a traditional medical model, support conflates with recovery. This model is based on an equation that reads "She got sick. She got help. Now she's better", where each stage is expected to progress naturally and unproblematically into the next one, "leaving no room for variations of experience or stages of recovery" to be contemplated (Kirkwood 2005: 127). By contrast, the narratives that pro-ana members formulate about their experiences with an eating disorder reveal complex and contradictory feelings about the condition, such as feeling ambivalent about recovery, wanting to stop the behaviours but feeling addicted to them, and wanting to disclose one's eating disorder to offline others but fearing

their reactions (Dias 2003, Gavin et al. 2008, Mulveen and Hepworth 2006). Pro-ana websites provide a space where the complicatedness of these conditions can emerge, and it is precisely this type of space that Dias (2003) and other feminist writers seek to open up within society when they speak of taking pro-anorectics' voices seriously.

As Rich (2006) points out, people in society often display an understanding of eating disorders as an irrational obsession with weight *per se*, a view largely influenced by the biomedical discourse on eating disorders, with its focus on the physical, measurable manifestations of health and illness. In reducing eating disorders to the physical, organic dimension, the complex social and emotional dimensions of the experiences that eating disordered individuals have with food, body and self are overlooked (*ibid*.).

The greater freedom to express these dimensions online is of particular interest to feminists. For Day and Keys (2008), drawing on Harris (2001), pro-ana women who embrace the ana-as-lifestyle-choice stance are individuals who may have gone online to "d(o) their politics" (Harris *ibid*.), away from the societal and medical gaze that position them as powerless sufferers. Online, these women use an empowering language, speaking of their eating disorder as a choice of which they are in control (Strife and Rickard 2011). Day and Keys (2008) have explored how the ana-as-lifestyle-choice stance also serves to negotiate contradictory cultural expectations placed on women, while both challenging and reproducing dominant notions of femininity and eating disorders. This type of analysis of the meanings articulated by people with an eating disorder is not new in feminist practice (e.g. Malson 1998), but the online spaces in which these meanings emerge represent a novel context in which to investigate them, a context which is part of pro-ana members' everyday management of their eating disorder (c.f. Fox et al. 2005).

Questioning the traditional medical view that support can only be appropriate if promoting recovery, Ferreday (2003: 290) has argued that the freedom offered by pro-ana websites to openly discuss one's life with an eating disorder, including its more unpleasant aspects and the desire not to recover, could also be seen as a form of support, given society's censorious reactions to people

with an eating disorder and their bodies. Censorship of eating disorders and of pro-ana groups is discussed by Ferreday (*ibid.*) as an attempt to suppress a form of difference that mainstream society perceives as subversive of certain social values and norms about health and what bodily practices should not be made visible in the public arena. As pointed out by Dias (2003: 31), cyberspace remains a public space and "occupying public spaces and revealing one's abnormality or deviance is considered (...) unhealthy" in Western society (*ibid*: 32).

Ferreday (2003) has argued that the sense of belonging and community of pro-anorexia groups is based on the visibility that the anorexic body acquires through 'thinspiration' pictures as well as, and most notably, through the frank and very personal discussions of bodily practices and related feelings that typically abound between pro-anorectics, an activity that would be severely censored in the public realm. Kirkwood (2005) has suggested that, in posting 'thinspirational' pictures and discussing bodily practices, individuals with an eating disorder may be performing a strategic move in order to have their voices heard. Far from simply disembodying, CMC's "cloak of anonymity" (Bargh 2002) may contribute to that "sanctuary"-like quality of pro-anorexia websites that (partially) protects their members from the scrutiny of others (Dias 2003), while entailing a potential for the (re)embodiment of lived eating disordered experiences in the face of society's erasure of sick bodies and unconventional bodily practices from public (offline) spaces. Similarly, according to Burke (2012) the images of extremely thin, emaciated women, often also communicating emotional distress, serves, to pro-ana members, as a way to claim their right to represent their suffering in their own terms, construct extreme slenderness as the marker of distressed femininity, and reclaim this femininity as theirs. As these studies suggest, the presence of thinspiration and of information on bodily practices is "not just about the consumption of imagery [and contents] but also about [their] production" (*ibid.*: 44) and their role in the creation of pro-ana identity and community (Boero and Pascoe 2012a).

2.5 Summary of chapter

The feminist and the transdisciplinary literature share the idea that cyberspace has offered people with marginalized or non-mainstream identities a novel avenue to express these identities and to form social networks and communities around them. The transdisciplinary literature has also opened up to feminists' contention that pro-ana websites can be a form of emotional and social support and that this support compensates for the lack of these resources in the social environment of pro-ana members' lives. Given the increasingly social use of pro-ana groups, some transdisciplinary studies from both psycho-medical and socio-cultural fields have argued that the moral panic that depicts pro-ana websites as recruiting grounds for eating disorders may be disproportionate (e.g. Brotsky and Giles 2007, Yeshua-Katz and Martins 2012). For feminists, the anxiety that exists around pro-anorexia and eating disorders in general, which are often referred to as an epidemics or "contagion" (Burke 2006), masks the paradoxes and the hypocrisy that underlie society's reaction to these intensely distressed experiences of eating and the body (Ferreday 2003). The extreme practices of eating disordered individuals are received with shock and disgust, but, as it has been claimed, many of these practices share the same logic that sustains and legitimates socially accepted methods of weight loss and body control (Boero and Pascoe 2012, Burns and Gavey 2004).

My study is concerned with the notions and imagery of eating disorders and the body produced by the members of a pro-ana forum, in order to understand their uses in the negotiation of the community boundaries and in the construction of particular relationships with the body. The notions that emerged also fostered a reflection on society's views of eating disorders, body weight and weight loss. In feminist practice, the conceptualization of eating disorders as experiences that acquire their meaning within the socio-cultural context in which they emerge, as opposed to the psycho-medical view of eating disorders as problems caused by a psychological, emotional or genetic malfunctioning of the individual (Malson 1998), helps us pursue a reflective endeavour as well as see beyond the moral

panic that has invested pro-ana websites. I explain the feminist, social approach to eating disorders in the next chapter.

Chapter 3: Methodology

3.1 Introduction

The literature review chapter has set the ground for discussion on pro-anorexia websites by outlining the main themes in the existing pro-anorexia literature and by additionally contextualizing the phenomenon within research on online interaction and health-related online support groups. The current chapter presents my methodology and is organized in two sections. The first section deals further with the online element, but from an Internet-as-research-data viewpoint; it will consider methodological and ethical issues raised by the use of online materials and, specifically, online forum conversations, as research data. In the second section, I will focus on discourse analysis, my analytic method, presenting its ontological underpinnings followed by a description of the actual analytic procedure I deployed. I will conclude the chapter with an overview of the data corpus.

3.2 Data collection: Public online forum conversations

For my research project, I have used conversations from a public pro-anorexia forum, which I have collected using "an unobtrusive, passive observation method" (Gavin et al. 2008) (hereafter simply 'passive observation'). As a community or movement, pro-anorexia is an online phenomenon and, therefore, it is online that pro-ana members do their business. Specifically, it is in and through interaction that pro-ana members establish reciprocal understanding and support, a sense of community and, indeed, the boundaries of the community (Boero and Pascoe 2012a, Gavin et al 2008, Giles 2006). In other words, these interactions provide us with insights into how the pro-ana community, or, rather, the multiple pro-ana communities, are built (c.f. Boero and Pascoe 2012a). From a research perspective, this implies that, by looking at the forums, we can have (some) access to the meanings, accounts and community dynamics as they are spontaneously

produced and carried out by the forum members, as opposed to eliciting reflections on these issues retrospectively (such as via interviews or questionnaires).

3.2.1 Methodological issues

As research data, online forum conversations have a considerable benefit: they lend themselves to less intrusive observation than is possible to achieve in offline settings, where the researcher's presence and participants' awareness of this raise questions about the spontaneity or naturalness of the data so generated (Kraut et al. 2004). For this reason, online forum conversations are an appealing form of naturalistic data, in particular when the conversations are produced on a public forum. Using public forum conversations (access to which is immediately available to any Internet user) reduces the ethical implications posed by the use of contents from private or password-protected online environments (Ess and AoIR 2002, Mann and Stewart 2000, Kraut et al. 2004) and it has the support of several existing works on a variety of online communities and groups that form around personal and delicate issues, such as, among others, eating disorder support groups (Winzelberg 1997), cancer groups (Seale et al. 2010), support groups for people suffering or trying to recover from different sorts of addictions (Denzin 1999), suicide and self-harm groups (Miller and Gergen 1998, Whitlock et al. 2006) and pro-anorexia communities (Dias 2000, 2003a, Boero and Pascoe 2012, Borzekowski et al. 2010, Gavin et al. 2008, Norris et al. 2006, Riley et al. 2009).

Because the conversations exist in the public domain, the researcher needs not secure the forum members' permission to observe them nor reveal his/her own presence as an observer on the forum, which s/he should ideally do when approaching a private forum (Ess and AoIR 2002, Kraut et al. 2004). In this way, the researcher does not risk interfering in the forum members' conversational exchanges nor the forum space (Dias 2003a, Gavin et al. 2008). In relation to online groups that have formed around delicate issues or marginalized identities, what is feared is that the researcher's presence will disrupt the sense of safety created by a visually anonymous environment of like-minded people, and the

more open, uncensored expression of views and intimate details that this environment seems to foster vis-à-vis face-to-face contexts. Thus, using conversations from public pro-ana forums, the researcher can simply observe the forums and thereby avoid intruding on the "sanctuary" quality of these spaces (Dias 2003), while gaining access to a unique form of naturalistic data on how support is communicated and community built in these peculiar, and otherwise hardly accessible, groups.

3.2.1.1 Passive observation of online forum conversations

Several studies on the pro-anorexia phenomenon have invested in the notion that the Internet offers to those with non-mainstream identities a novel and less constraining space for self-expression, connection, exchange of mutual support (e.g. Brotsky and Giles 2007, Mulveen and Hepworth 2007) and the voicing of views that critique the discourses that censor the expression of those identities in (offline) public spaces (Burke 2012, Days and Keys 2008, Dias 2003, Gavin et al. 2008). With respect to this, online forum conversations have benefits vis-à-vis other forms of data generated to obtain insights into the participants' experiences, such as data from interviews. Seale et al. (2010) have pointed out that interactions on online forums are characterized by richer details about the personal experiences and opinions of the participants than it is possible to achieve in interviews, where the variety of contents and their elaboration by the interviewees is determined (and limited) by factors such as the interviewer's research agenda, the researcher's framing of questions and constraints on the timeline of the interview. Interviews also tend to be focused on experiences in the past, thus reducing insights into the immediacy of how situations are experienced by individuals in their everyday lives. This immediacy is instead captured in forum conversations and, in the case of pro-anorexia forums, it can provide important insights into the users' day-to-day management of their condition (Fox et al. 2005) and participation as members of pro-ana communities (Boero and Pascoe 2012a, Giles 2006).

On the other hand, the interviewer's control of the interviewing process allows him/her to steer the discussion with the participants in ways to elicit more information on aspects of interest to him/her, and thereby obtain a better contextual picture of an individual's experience than may be possible to reconstruct from forum posts (Seale et al. 2010). Access to contextual information when using passive observation can also be limited by other factors. For example, participants can and often do extend their message board interactions to other modes of communication, such as email or telephone (e.g. Parks and Floyd 1996); in this way, they may disclose information about themselves that they would not publicly share on the message board. Thus, the knowledge that newsgroup members have of one another may exceed what is made available in their interactions on the forum or in their profile page, which is what the researcher who passively observes forums has access to. This scenario could suggest that information gathered through involvement with the participants would usefully complement passive observation. The researcher who interacts with participants or interviews them can solicit explanations about something they said or did and further benefit from any other comment or feedback the participants may add. However, Hine (2000) has highlighted that this scenario can be characterized by asymmetry between researcher and participants. In the case of online forums, if the forum is the only means of communication the forum participants (or the ones the researcher engages with) are using to interact with one another, any additional mode the researcher may use to interact with the participants (e.g. email, telephone, face-to-face meetings) will give the researcher access to more resources than those the forum participants are relying upon to know one another (*ibid*.).

Finally, accounts of experiences solicited in interviews are different from accounts produced in informal conversations with friends or peers or in other settings. Accounts are situated practices (Hardin 2003). While ways of articulating personal experience share similarities, they also present important differences according to the narrative form in which they are produced and the overarching communicative context, as Hardin (*ibid*.) explains in relation to different types of data she collected for a study on the social construction of anorexia nervosa. Here

she illustrates how published memoirs, accounts solicited in a researcher-researched setting and discussions held on a pro-anorexia forum affect the form and content of personal narratives of anorexia in different ways, depending on whom the account is produced for, for what purpose and the power relationship between the producer of the account and the audience in terms of the social status they occupy within the communicative encounter and vis-à-vis one another. Thus, as Hardin (*ibid.*) explains, the author of an autobiography will have to tell her story in a particular way to make it interesting to editors and readers (so that these will buy it); in a research-interview setting, the interviewer will, through the way in which s/he formulates questions, influence the course of the interviewee's answers; while it is common for members of pro-anorexia forums to produce accounts that openly challenge mainstream notions of anorexia (e.g. medical models), a leeway they are less likely to have in other contexts.

Therefore, while passive observation of online forum interactions can pose limits to the researcher's access to information about the individuals who participate in the forum, it provides unique access to meanings, accounts of experience and community-building processes as they 'naturally' emerge in the day-to-day interactions of pro-ana members, as opposed to being elicited or recollected in interaction with a researcher. Looking at these meanings and accounts as contextual activities should yield rich data about the sorts of narratives and contents that are enabled in these environments and that are deployed in the formation of these online communities.

3.2.1.2 Online data impermanency and collection

A final methodological note concerns the technical side of collecting data from the Internet. As online forum conversations are already written down, they make data gathering a lot easier to handle than the collection of interactions in offline settings, which needs to be recorded and often transcribed. Nevertheless, the actual process of collecting online data is not free of challenges. Most of all, online texts (webpages, forums, etc.) are "impermanent", liable to disappear at any time and with no or little notice (Mitra and Cohen 1999). This scenario is

common to pro-anorexia websites, forums and blogs, as they are particularly subject to external pressures to be shut down. Thus, if records are not kept of the online conversations one wishes to study, the researcher may find him/herself without data from one day to the next. Collecting large amounts of online conversations, however, can be cumbersome if one resorts to the simple copying and pasting of conversations on Word files, but softwares exist to facilitate the data collection process.

Two such softwares I have experimented with are WebCite and HTTrack, both free online. The former (http://www.webcitation.org/) is a service that allows one to archive or 'cache' a webpage. The archived copy is stored on the website database and a link is provided to access it. This service was specifically developed as a referencing system for online material (webreferencing), so as to assist researchers and authors in overcoming the problem of online pages changing and disappearing. In this way, a copy of the online sources being referenced or used as data is made available to future readers. Future replicability of the analysis is also thereby made possible. The second software, HTTrack (available to download at http://www.httrack.com), enables users to download a website to their own computer. It is a valuable and flexible tool as it allows one to manipulate the conditions of the download, so that domains or files can be excluded (for example, one may want to exclude all jpg files) or the download is limited to capture only the desired portions of a website. On the downside, some technical skills are required. For example, despite the detailed instructions available on the website, understanding the instructions presupposes some familiarity with certain Internet and computer terminology. This can make understanding how to use the software a struggle for those who, like myself, approached it with no or very superficial knowledge of these technicalities.

In the end, copy-and-pasting the conversations was quicker and less problematic for me than using HTTrack, which I nonetheless used to download threads that were several pages long. In this way, I could speed up the collection process and thereby have an extra buffer against the possibility of the forum shutting down.

3.2.1.3 Summary

So far I have discussed some methodological issues to be considered when undertaking to research online forums. Public online forums lend themselves to passive observation because they are not subject to the requirement of obtaining the participants' informed consent (but I will expand on the point of the informed consent in the next section). Thus, because the researcher needs not reveal his/her own presence, forum conversations offer naturalistic and researcher-uncontaminated data, conditions which are difficult to secure when researching offline settings but also private online forums. At the same time, online communication should not be seen as merely a more practical alternative to offline data. Online spaces are one type of site that have enabled new forms of self-expression; one should thus keep in mind how the context can affect the production of accounts of experience. It is online, for example, that women with an eating disorder express forms of identity that would find little space in mainstream public, especially offline, arenas (Burke 2012, Day and Key 2008, Ferreday 2003).

In the next sections I illustrate that there are also ethical considerations to be made when deciding to conduct observation of online communities. Ethics prominently come to the fore in academic discussions about doing research online, where it is debated whether methodological choices and ethical considerations intertwine in new and more complex ways than in offline, non-technology mediated research settings.

3.2.2 Ethical issues

With the visibility that an increasing number of studies has given to the Internet as both a new and viable field for ethnographic research and a tool to conduct social research (e.g. Jones 1999, Mann and Stewart 2000, Hine 2000, 2005), many researchers have capitalized on the novel opportunities that online venues such as chatrooms, discussion groups and support groups have opened up for the observation of social and behavioural phenomena (Kraut et al. 2004). This

has proved to be all the more attractive when the phenomena in question are difficult to access in the offline world (e.g. Glaser et al. 2002) or appear to have no offline counterpart, as is the case with pro-anorexia groups (Brotsky and Giles 2007, Giles 2006).

But as a growing literature on the issue has detailed, special ethical problems in relation to online data gathering and usage have also emerged. These range from what forms of obtaining informed consent are legally valid (for example, whether clicking an 'I agree' button on an online consent form is an acceptable equivalent to the more traditional signature on a printed form) (Jacobson 1999, Mann and Stewart 2000), to whether certain information such as Internet Protocol (IP) addresses is to be considered as "personal information" (i.e. information that can be connected to the person's identity) (Buchanan 2011: 101).[2] These issues have significant consequences for whether certain kinds of information are covered or not by the privacy protection laws that apply to research involving human subjects (*ibid*.). Such laws are a crucial component in the protection of participants from psychological harm that may derive from the research process, low-threshold protection of data or disclosing of personal information without participant knowledge (Mann and Stewart 2000, Kraut et al. 2004). In what follows, I deal with these issues focusing on public online forums and, in particular, pro-anorexia ones.

3.2.2.1 Public forums and informed consent

With respect to public online communities, a variety of positions characterizes the discussion on obtaining informed consent from forum participants when their conversations are in the public domain and the researcher intends to use them as data. At one end of the spectrum there are "utilitarian" approaches (Ess 2009), emphasizing the benefits of unobtrusive, passive observation methods a well as deception methods (such as covertly participating in a forum disguised as a new member) in providing researcher-uncontaminated

[2] An IP address is a numeric label assigned to a computer by the Internet Service Provider (ISP) one has subscribed to (and ISP is a company that provides access to the Internet). It indicates the geographical location of the machine.

data (e.g. King 1996). At the other end, "deontological" authors (Ess 2009), who put the emotional wellbeing of participants in the foreground, argue that participants, even if their conversations are publicly accessible, should be made aware as best as possible of what is at stake for them and be given the possibility to chose whether to become part of the research or not (Allen 1996, Sharf 1999).

Sharf (1999) and Walstrom (2000), for example, have been motivated by the latter kind of ethical commitment in their decision to introduce themselves and their research intent to the public online communities they were concerned with. In particular, Sharf (1999) has stressed the need to be perceptive of the sense of privacy that emanates from the conversations of groups that form around intimate and sensitive issues, such as was the case of the open-access breast cancer forum group she engaged with and wrote about. Thus, she always felt it important to disclose her presence, identity and intents as a researcher, as a sign of "respect and candor" towards the members' condition and the purpose of the listserv, mindful of the "distressing outcome for people who have come to rely on the medium" for interpersonal support, were they to find out that a researcher had observed their conversations for months without their knowledge and permission (Sharf 1999: 252). Disclosing herself to the forum participants was also meant to provide them with an opportunity to express their privacy demands, formulate their views on the researcher's presence and exercise control on what they wanted to share or felt comfortable with disclosing in the presence of the researcher, a possibility they would have been deprived of had their conversations been collected without their knowledge. Sharf (1999) also sought and obtained informed consent from the individuals she wished to quote in her report.

Similar examples also exist in the pro-anorexia literature, where some have voiced concerns about the negative impact that the researcher's undisclosed observation may have on the individuals, should they find out once the study has been published. Mulveen and Hepworth (2006: 287), who conducted non-interactive observation of a public pro-anorexia discussion board, decided that "notifying the group and site owner by sending a message detailing the exact nature of the study was preferable in order to avoid any possible perceptions on the part of this web community that they had been observed for research purposes

covertly". They also retrospectively sought the informed consent of the participants whose texts they wished to quote. Similarly, Williams and Reid (2007) sought authorization from the administrators of public pro-anorexia forums to conduct observation of the communities. Fox et al. (2005), who drew on both non-participatory observation and direct interactions with the forum members, felt it important that the researcher who collected the data would preemptively disclose her presence and research intents to the community, because of the "provocative and sensitive nature" of the pro-anorexia phenomenon (*ibid*.: 593). They also sought informed consent to quote text from the discussions gathered through non-participatory observation.

However, concerns have been raised about using 'intrusive' methods (revealing the researcher's presence, either preemptively or retrospectively) in the observation of pro-anorexia groups. Since the backlash that has invested these communities as a consequence of the moral panic created by negative media coverage has contributed to making the relationship between these groups and outsiders tense, there is a fear that intrusive methods may exacerbate the groups' suspiciousness and push them further underground (Grunwald et al. 2008). Dias (2003, 2003a) drew on this point to legitimize her decision to use passive observation of public pro-anorexia forums. As she puts is, public pro-anorexia forums can make "a plethora of data available without further disturbing (the) women" (the forums' users) (Dias 2003a: 47). Her sensitivity to the distressing potential of contacting the forums' participants was also heightened by the request that several site owners had posted on their sites asking researchers not to contact members directly or ask for interviews.

To conclude with a consideration on the examples of Sharf (1999) and Dias (2003, 2003a), both researchers were interested in public forums where conversations on personal and sensitive matters where held. This sort of space raises questions as to whether being legally compliant (no need to secure informed consent from public forums users) is enough for researchers to be also ethically consistent. The cases of Sharf (1999) and Dias (2003, 2003a) are interesting because they show that the different conclusions they reached on researcher disclosure and informed consent were in fact sustained by their attunement to the

specific ways in which "the psychological boundaries, purposes, vulnerabilities, and privacy of the individual members" of their communities of choice (Sharf 1999: 255) could be better protected (c.f. the perspective of "ethical pluralism" (Ess 2009)).

3.2.2.2 Confidentiality and data anonymizing

Whereas different opinions exist on whether to use public or private online forums, how to access them, and when to disclose the researcher's presence and seek informed consent (see Mann and Stewart (2000) and Eysenbach and Till (2001) for an overview of the debate), researchers generally agree on the importance of ensuring participants' anonymity. Confidentiality can never be guaranteed completely, but it can be maximized by adopting a combination of measures (Mann and Stewart 2000: 57).

Participant anonymity is commonly achieved by removing or disguising all identifiable personal details, so that readers cannot make connections between these details and the identity of specific individuals (Kraut et al. 2004). The most commonly used strategy is to withhold participants' real names, as well as all names of people, places and venues that participants have mentioned in their discussions. Pseudonyms can be attributed by the researcher when quoting individuals rather than maintaining users' own pseudonyms (Kendall 1999, Fox et al. 2005), as, even though the nicknames participants chose for themselves may bear no connections with their real identities, users' online persona and their online groups can be traced back by entering their pseudonyms in search engines, and more personal information accessed in this way. For the same reason, some also insist on removing the real names of the websites, or using pseudonyms for them (e.g. Fox et al. 2005), as well as removing dates and time of postings (King 1996, Williams and Reid 2007) and headers and signatures (King 1996). Caution has likewise been invited when quoting portions of texts from websites or users' posts. This practice can be as threatening for users' identity as reporting their names, usernames or other personal information, as authors can be traced back by entering whole sentences in search engines. Paraphrasing users' texts, rather than

reproducing exact quotes, has been adopted by some as a solution (e.g. Whitlock et al. 2006).

Authors who have researched pro-anorexia forums have adopted these strategies, but some have revealed the names of the websites. Dias (2003, 2003a) kept all websites anonymous except one, which was, however, a support group for eating disorders. McCabe (2009) removed all personal details about users, but used the real names of the pro-anorexia websites on which he drew, and referred to them with every portion of users' posts he would quote. While this move may be seen as a form of crediting the source of data in order to deal with copyright concerns (Mann and Stewart 2000: 45; see also Jacobson 1999), prior research has shown that the disclosure of this information can increase the number of curious, and unwelcome, visitors to websites (Walther 1999, cited in Mann and Stewart 2000: 58). For pro-anorexia websites, this implies potentially greater exposure to unsympathetic and aggressive reactions.

Data should also be anonymized when using archived rather than more recent forum conversations. Archived forum conversations have been used as a further measure to maximize the protection of the identity of the individuals being quoted in the research. U.S. regulations on research involving human subjects specify that archived public data, conversations, documents, etc., that is, data that pre-exist the beginning of the research, are exempt from personal-data regulations (Kraut et al. 2004: 111). Similarly, according to the ethical guidelines compiled by the Association of Internet Researchers (Ess and AoIR 2002: 5), efforts to ensure privacy and confidentiality should be commensurate to considerations about the public or private character of an online venue, including whether access to the venue or to areas within it is restricted or open and whether postings "are ephemeral,[3] logged for a specific time, and/or archived in a private and/or publicly-accessible location such as a website, etc.". As a broad consideration, it is further stated that "the greater the acknowledged publicity of the venue, the less obligation there may be to protect individual privacy, confidentiality, right to informed consent, etc." (*ibid*.). This applies to publicly accessible archives (*ibid*.: 7). In line with these instructions, Gavin et al. (2008) used pro-anorexia forum

[3] That is, no record is kept.

conversations from 2004, while Giles (2006) reports that he collected conversations that had been archived for several months. Similarly, conversations that are collected around the time of their actual production will have become archived by the time the actual research begins, is ready for publication or gets finalized into a thesis (as is the case of Dias (2003, 2003a)).

Nevertheless, the chance remains that the posters who participated in the conversations analyzed and are quoted are still on the forum (if this is still in existence) or have migrated to other websites and forums under the same username. Furthermore, because of the retrievability of texts using search engines, the use of archived conversations as such may not ensure any greater protection of posters' identity. That is, if the location of a portion of conversation that has been archived for months or even years is found through a search engine, and the archive still exists, details about the poster, such as his/her username, can be thereby accessed; likewise, the username so retrieved can be entered in a search engine and, if the poster is still present online with the same username, his/her new location is potentially exposed. A further problem is posed when archived conversations can be re-accessed and resumed by the forum members. In this case, even if the researcher collects conversations that have been archived for years, nothing prevents them from being re-opened (if the forum is still active), as indeed sometimes happened in the pro-anorexia forum from which I collected my data. The posters who started and contributed to the archived thread may not be present on the forum any longer, or may have changed their username, yet the user who resumes the conversation and all subsequent contributors become potentially exposed to identification if the archived text is found through the search engine mechanism mentioned above.

Therefore, when deciding to use archived conversations as a further measure to reduce the risk for forum members to be identified, archived data should be treated as confidentially as more recent data due to the implications that the space-time mobility of online contents can have in making any past and future contributors traceable.

3.2.2.3 Ethical treatment of data for the thesis

Researching the online spaces where individuals form community-like bonds and choose to articulate their experiences and concerns (Dias 2003a, Harvey and Brown 2012, Pollack 2003) involves, as I have described in these sections, methodological and ethical consideration. As I decided to conduct a in-depth investigation of a pro-anorexia community, I chose a public forum; in this way, I was not obliged to secure participants' informed consent and thus, as pointed out by Dias (2003a: 47), I did not risk "disturbing [the] women" and increasing the distress already caused to them by the moral panic that exists around eating disorders and the pro-anorexia movement. As a consequence, I adopted a passive observation method.

Even when informed consent is not a requisite, however, participants should always be protected from harmful consequences, such as unwanted exposure. I have thus decided to keep the forum anonymous and to anonymize the data to ensure members' confidentiality. I have deleted personal details such as personal names and usernames, names of places and age, and used pseudonyms when referring to the posters. I have also modified the texts slightly, mostly by correcting typos, as I have found such small changes effectively prevent a search engine from finding the texts' source.

I collected the data in April and May 2011, which, thus, did not qualify as archived at the moment of its collection. Although it could be said that it became archived by the time my work was completed, I have also expressed my reservation towards considering archived conversations a safer alternative to more recent data, because of the issues posed by the dynamicity of online contents; for example, conversations that become archived can be reopened at any point in the future and even when permanently archived they may still be publicly available. The first scenario applied to my forum of choice, as long as the forum was in existence. In fact, it was eventually shut down within the first few months of 2012. Nevertheless, the anonymizing precautions I took did not become irrelevant. The forum reopened under a similar name a few months later, although, as of October 2012, it was still considerably smaller than the old one in terms of members and traffic of posting. A few of the old members were present

and active on the new site. It is also possible that members from the old forum re-registered under a different username or that they migrated to other forums keeping their old username. Moreover, while links to the old forum that could still be found no longer worked, by searching usernames and original portions of posts of old members it was sometimes possible to retrieve the posts and the replies they had received as stored in web directories. Hence, once again, the importance of keeping my data anonymous.

3.3 Data analysis: Discourse analysis

To analyse the forum conversations, I chose discourse analysis. Using this method, it is possible to produce rich, fine-grained descriptions of the concepts speakers express and of how they use them. I first conducted a pre-emptive exploration of the conversations; this ‘pilot analysis’ revealed that the data was rich enough to conduct a more in-depth analysis of two activities that were taking place on the forum or at least around the period of time of the data collection. The discourse analytic, and mostly feminist, approach to pro-anorexia and eating disorders I became familiar with through the literature on pro-anorexia made me sensitive to the problematic implications of a traditional ‘eating disorder’ versus ‘non-eating disorder’ reading of individuals’ approach to food, eating and their bodies. This approach is explained below. As in those discourse analytic explorations of pro-anorexia, I decided to adopt these lenses to explore the two activities that had caught my interest, with the aim of seeing beyond the moral panic that exists around pro-anorexia and eating disorders (Boero and Pascoe 2012a, Ferreday 2003) and situate the notions about the body, eating and disordered eating that would emerge from the posters’ interactions within wider social and cultural discourses (Day and Keys 2008, Riley et al. 2009). I explain this method in the next two sections.

3.3.1 Individualistic versus socio-cultural approach to eating disorders

Discourse analysis is a critical and political endeavour whose aim is to produce social change (Weedon 1987). Consistent with this view, in one of the first research papers published on the phenomenon of pro-anorexia websites, Dias (2003: 41) called for the need to reconsider the approach that, as a society, we take to individuals affected by eating disorders and to those who turn to pro-anorexia websites for support and connection. Popular and medical discourses sustain a view that women with an eating disorder are irrational because they fail or refuse to see the abnormality of their behaviours, their self-perceptions and their intense fear of fatness; however, what these societal views forget to include in the picture is "the extreme fat prejudice in Western society, and the intolerance for a diversity of sizes and shapes that may drive women and girls to extreme behaviors to avoid discrimination" (Dias 2003a: 37).

A trained counselor in the field of eating disorders, Dias joins an established tradition of feminist voices that have expressed their dissatisfaction with the individualistic take that biomedical theories of health and illness have on those who engage in self-starvation and other extreme practices of body and weight control such as hardcore restriction, purging, over-exercising and laxative abuse. The biomedical model informs Western mainstream understandings of eating disorders. Various biomedical explanatory models have been elaborated, and although scientists admit a lack of conclusive evidence on the causal mechanisms of these conditions (Polivy and Herman 2002), there appears to be some consensus on the view that eating disorders, or at least the two most known, anorexia nervosa and bulimia nervosa, are multidetermined, with environmental (socio-cultural) and individual (familial, psychological and/or biological) factors combining in various ways to contribute to their emergence (e.g. Striegel-Moore et al. 1986, Russell and Treasure 1989, Polivy and Herman 2002). Specifically, a drive for thinness and a fear of fatness are central diagnostic criteria (Schmidt and Treasure 1993, Habermas 1996). These concerns around body size are seen as psychological motives that get triggered by sociocultural influences, namely society's positive attitudes towards slimness and its derogation of body fat and fatness. Pressure to abide to these values is exercised by various sources, such as

the media and the fashion industry, but also peers and family. This sociocultural element is deemed to play an important and even necessary part in the emergence of an eating disorder, when in the presence of a vulnerable individual. The internalization of the cultural sanctioning of thinness and the increasing societal normalization of dieting would come to interact with some pre-existing individual risk factors, such as negative feelings about the self, cognitive misrepresentations (e.g. misperceptions of one's body size and shape, all-or-nothing thinking patterns) or biological anomalies (e.g. genetics, disruptions in the hormonal function); where these vulnerabilities are present, sociocultural factors would have a triggering and illness-shaping effect, channeling a pre-existing underlying pathology into manifesting itself in the form of an eating disorder (Polivy and Herman 1987, 2002).

The role of sociocultural circumstances is thus acknowledged in this biomedical model, but the crucial issue remains the individual with her/his maladaptive psychological, affective or cognitive coping tools and/or alterations in his/her body's physiology (c.f. Malson 1998). The human being is seeing as having an independent (biological, psychological and cognitive) reality that, although sensitive to the sociocultural environment, remains fundamentally separate from it. When 'fixed' or functioning normally, some psychological and cognitive resources would have a "protective function" against the emergence or re-emergence of an eating disorder (Polivy and Herman 2002).

From a feminist discursive (post-structuralist) viewpoint, however, there is a problem with the way in which biomedical theories assume the individual and the social to exist as two separate entities as well as the way in which 'the pathological' and 'the normal' come to be conceptualized as two distinct and mutually opposing categories. In the biomedical model, troubled relationships with body and eating are constructed as dysfunctions or pathologies of the individual, as opposed to those who have a 'normal' or 'healthy' approach to food and their body. But, as pointed out by Malson (1998: 83),

> preoccupations with food and body weight are hardly peculiar to girls and women diagnosed as anorexic [or bulimic; my note]. Neither are

> body dissatisfaction, negative reactions to weight or an idealization of 'slimness'. (…) What, then, of the similarities between 'anorexic' [or, more generally, 'eating disordered'] and 'normal' women?

The limit of biomedical theory is in seeing these problematic experiences around body and food as forming outside of the sociocultural context in which individuals live, that is, as forming within the individual (her psychology or body), while being influenced by external factors that come from that context. Exposing this separation between the individual and the social, Dias (2003a: 20) problematizes the biomedical model of treatment for eating disorders for "assum(ing) (…) that once women's behavior is 'fixed' by experts, they [the women] will be able to readjust to the (unproblematic) 'normal' world where the behavior began in the first place". In other words, to restrict the reading of one's engagement in the practices that characterize 'eating disorders' as individual psychopathology is to remove these experiences from the social, cultural and historical context (Dias' "world" (*ibid.*)) in which understandings of these experiences and practices form and bear very concrete effects on the lives of individuals.

3.3.2 The poststructuralist approach to discourse

The centrality of the socio-cultural and historical context in investigating people's experiences is a core element of the critical discourse analytical approach that has been adopted in the feminist research referred to in the previous section. This perspective has a poststructuralist ontological basis that I delineate in the current section.

A poststructuralist framework posits an anti-essentialist relationship between language and 'reality', according to which there is no correspondence between people's verbalizations of their experiences and their 'inner' world. This theoretical orientation regards individuals' accounts of their personal experiences as being always already formed in the language they inherit, as opposed to being the unproblematic reflection of attitudes, feelings and thought processes

originating within the individual (Hardin 2001, 2003). Likewise, our subjectivity or sense of self, rather than being something that originates and resides within us and that we express through language, is produced in language (Hardin 2001, Weedon 1987).

Language is to be understood as "an historically specific range of ways of giving meaning to social reality" (Weedon 1987: 25-26). In discourse analytic terms, these ways are called discourses and they construct or constitute social reality, which includes objects in the world 'out there', identities or subjectivities (social positions, both ours and others') and social relations (Jorgensen and Phillips 2002: 1). This constitutive character of discourse, however, needs not imply that there is no material reality outside of discourse itself; rather, it is possible to accept that reality can exist in a material form that is independent of the sense we make of it, while positing that it is only through discourse that we can know that reality (Malson 1998: 38-39). Furthermore, different discourses construct 'reality' in different, contextual and, thus, partial ways (Potter and Wetherell 1987). There is no absolute, objective truth to be unveiled or ultimate, authentic self to be discovered, but socio-culturally and historically contingent forms of knowledge and subjectivities (Jorgensen and Phillips 2002: 5-6; Malson 1998). For example, constructions of femininity change culturally and historically, but also among discourses that exist within a certain language, such as different feminist discourses (Weedon 1987); likewise, Western notions of the self have changed historically, such as from the humanist notion of a unitary, stable self that comes from within to the poststructuralist concept of subjectivity as discursively constituted and multi-faceted (see below).

While individuals are positioned or constituted as subjects by discourses, this does not mean that they are mere products of discourses (Hardin 2001, Weedon 1987). Individuals are not free agents, but there is some leeway in the way in which they choose certain discourses and subject positions over others (although not necessarily in a conscious way). In Weedon's (1987: 41) words, subjects are "active but not sovereign protagonist(s)"; while on the one hand discourses themselves limit individuals' possibilities for choice and change, on

the other hand individuals can negotiate between the discourses and subject positions available to them (Hardin 2001).

A discourse is also a social practice or process. It includes linguistic practices but is not limited to them, comprising “concepts, objects, events and activities” (Malson 1998: 28, referencing Prior (1989)). For instance, the medical model of eating disorders legitimizes a whole apparatus of concepts, diagnostic tools and treatment practices. Thus, discourses as social process have very concrete effects or social consequences (Weedon 1987). Conceptualizing eating disorders as pathologies that originate in dysfunctions internal to the individual or as practices that are inseparable from wider social discourses on obesity, body weight and weight control (e.g. Boero and Pascoe 2012, Tischner and Malson 2008), will have very different implications in terms of who or what will be the target of “remedial action” (Tischner and Malson 2008) and indeed of what this remedial action will consist of.

When analyzing discourse, we can be concerned, as in Foucauldian genealogical analyses, with tracing the “conditions of existence” (Foucault 1972[1969]) that merged at a particular historic time, forming a “matrix of multiple discourses” (Hardin 2001) that enabled the emergence of a new discourse. For example, Malson (1998) has explored the social conditions under which a multitude of cultural and medical discourses came to merge, enabling the constitution of ‘anorexia nervosa’ as an object of medical discourse and, in particular, as a feminine nervous disorder; likewise, Bray (1996) has described how the logic that sustains contemporary practices of disordered eating is imbricated within the matrix of larger discourses on dietetic and weight control practices informed by the biomedical approach to body weight and weight loss.

However, it is at the level of the individual and “in the social practices of everyday life” that discourses are enacted, reproduced as well as transformed (Weedon 1987: 111), Therefore, it is important that analyses of discourse are also concerned with concrete practice, the “real instances of people doing or saying or writing things” (Fairclough 1992: 57) (Fairclough *ibid.*; Weedon 1987). This is where we can see how individuals take up and deploy discourses and the subject positions they create. Ultimately, to use Tobin’s (2000: 13) words, we are aiming

to produce a reading of what people do, say or write not as the unproblematic reflection of "individual psyches and intentions", but as social texts, phenomena to be contextualized in the wider social and cultural discursive patterns that organize the society in which people live.

3.3.3 Method of analysis

Consistent with this perspective, I have attempted to interpret the accounts, notions and forms of knowledge that emerged in the forum conversations of my data corpus as social texts about 'eating disorders' and 'the body' rather than descriptions of a 'reality' intrinsic to the object being talked about and pre-existing the texts themselves (Malson 1998: 33). To pursue this endeavour, I loosely followed Potter and Wetherell's (1987) method, which consists of searching the data for what versions or accounts of a particular discursive object are produced, observing recurrent patterns (features shared by accounts) but also differences, variability and conflicting versions (see also Riley et al. 2009). This procedure corresponds to a micro-level of analysis that "reads the detail" (Potter and Wetherell 1994), paying close attention to the linguistic resources, the "systems of terms, narrative forms, metaphors and commonplaces from which a particular account can be assembled" (Potter et al. 1990: 207). Second, these systems of notions and images and the different ways of constructing experiences they enable are linked up to broader socio-cultural discursive patterns and forms of knowledge, which I identified with the help of the existing literature (Potter and Wetherell 1994, Woolhouse ate al. 2012).

Individuating patterns of similarity as well as divergence across accounts helps crack open the data in a way that "draws our attention away from questions about how a version relates to some putative reality (...) and focuses it on how a version relates to competing alternatives" (Potter and Wetherell 1994: 59). Comparing these alternatives, it is then possible to reflect on the implications that these different ways of constituting personal experience have for the speakers, the "possibilities" that different constructions or forms of knowledge " 'open up' or

‘close off’ ” for individuals (Day and Keys 2008: 6) in terms of making sense of their experiences, themselves and others.

3.3.4 Overview of data

The analysis I present in the next chapter is based on forum conversations that I collected from a busy public pro-anorexia forum during April and May 2011. As of then, the forum appeared to have been in existence for nearly a decade and it had accumulated more than 7,000 members who had produced over 150,000 posts over the years (statistics provided by the forum). The language of the forum was English and the time and date shown on the main page suggested the forum’s time zone was UTC/GMT -8, i.e. eight hours behind Greenwich time.[4] The forum members were mostly young girls and women any age between 13 and 30 years old, but there were also a few in their 30s and the two oldest participants were in their early 40s and early 50s; at least seven males had revealed their presence and occasionally posted. Consistent with the language of the forum, the members were largely from the United States, English-speaking European countries, Canada and Australia; some were from other European countries.[5]

In April and May 2011 I regularly visited the forum in order to collect all the new messages that appeared daily, posted either as part of threads started in my two months of choice or as contributions made during these two months to threads opened any time earlier. I collected the entire threads. This amounted to a total of 632 threads, which consisted of approximately 4980 posts. Of the total 632 threads, 517 were started in April and May 2011; the rest include 80 threads begun between January and March 2011 and 35 threads begun in 2010 or earlier. Of the total (approximately) 4980 posts, some 3380 were generated in April and May (approximately 1700 in April and around 1680 in May). This resulted, in April and May, in an average of 55 daily posts. My analysis is based on the threads produced between January and May 2011, but I also considered posts

[4] UTC = Coordinated Universal Time; GMT = Greenwich Mean Time

[5] These demographic details were only available to me via the conversations; the overview I have provided is based on information the members shared in the 2011 conversations.

produced earlier when they corroborated patterns that had emerged from the more recent conversations.

The threads ranged in length from lead posts with no replies to threads with several posts. One conversation, for example, comprised 21 posts, including the lead post, produced by thirteen different members over ten days. Another thread involved twenty-one members who had posted more than 60 replies throughout April. The single posts equally ranged from minimal ones with fewer than 20 or 10 words, such as messages to exchange contact details or other quick information; to wordy and complex posts about different issues, mostly eating-disorder and weight-management related, but not exclusively. Some of these posts were 200 or 300-words long, but they could also be longer. One particular thread had numerous posts of 700 or more words, forming a lengthy dialogue between two members who took great care in answering each other with daily updates of their food struggles and weight-loss efforts combined with stories involving their families, partners and friends. The total corpus exceeds 300,000 words.

3.4 Summary of chapter

Conforming to the traditional biomedical approach to eating disorders, part of the attention that pro-anorexia websites have received from researchers and health professionals has been devoted to tracing the pathological profile of their users and the ill-health risks to which these websites supposedly expose viewers. The pathologizing spotlight of biomedicine, however, tends to delegitimize individuals' non-conforming understandings of their experiences as, precisely, pathological, deviations from accepted models of health and illness. Other approaches, by contrast, see the Internet as a novel social space where those who engage in stigmatized experiences, such as young people who self harm and women with an eating disorder, find room for self-expression and reach out to one another to share support and create a sense of community and belonging. Taking these voices seriously, exploring them in their medium of choice (Dias 2003a, Pollack2003), as opposed to dismissing the creation and decision to join pro-anorexia and self-harm websites as yet another manifestation of individual

psychopathology, involves paying close attention to the language or discourses through which these individuals articulate their experiences and disclose their distress (Harvey and Brown 2012). As I will demonstrate in the next chapter, a discourse analysis based on a poststructuralist conceptualization of discourse is fit for the job, because of the in-depth understanding it enables us to articulate of "the concepts and images *within cultures* from which individuals make sense of their experiences" (McQueen and Henwood 2002: 1494, cited in Harvey and Brown 2012: 318) (my emphasis).

Chapter 4: Analysis

4.1 Introduction

In this chapter I present the main findings of my research. They illustrate the main discursive constructions that emerged around two activities: a small group of interactions between new members and existing forum members; and the deployment of knowledge about the body as a biological and metabolic organism.

In the first activity, new forum members constructed 'anorexia' and 'bulimia' as practices they sought out for weight-loss reasons. These posts created a site of tension for some of the existing forum members, who intervened to dissuade the new members from pursuing their intents. Overall, there emerged an overarching discourse of personal responsibility for developing an eating disorder, which, while moving away from the mainstream explanation of eating disorders as the result of underlying psycho-emotional disturbances, positioned eating disorders within the neoliberal approach to health and ill-health as a matter of responsible or irresponsible choices, behaviours and attitudes of the individual (Galvin 2002). Moreover, while some of the posts had the potential to open up a critical space for reflection on the connections between disordered eating and the contemporary discourses that produce thinness and weight-loss as desirable and normal, this potentially was, in the end, thwarted by individualistic discourses not only of personal responsibility for one's health, but also of individual autonomy from socially defined standards of beauty and body weight.

In the second activity I analyze, the overarching discourse was the Cartesian mind/body dualism that produces the body as alien from the mind and a disruptive source of impulses in need of control by the mind (Malson 1998). It was within this framework that the forum members adopted an approach to the body as a system of biological and metabolic processes which, while constantly disrupting the individuals' weight-control attempts, also enabled them to identify organic causes and thus elaborate solutions to re-instate weight loss and control. Interestingly, while in the first activity there also emerged a reproduction of mainstream biomedical notions of health and weight-loss management, deployed to discourage new members from starting eating disordered practices, in the

second activity biomedical knowledge of body processes and weight loss was appropriated by the forum members (Fox et al. 2005, Pollack 2003) to sustain their own extreme, 'eating disordered' weight-loss efforts and find ways around the limits that the body itself posed to their permanent body- and weight-control project.

4.2 Contested posts and contesting messages

4.2.1 Introduction

As introduced above, this part of the analysis chapter focuses on a small group of exchanges involving posts by (typically) new members or first-time posters along with some of the comments they received from other forum members. The new members turned to the forum to ask for help on how to lose weight, how to do certain bulimia- and anorexia-like behaviours (purging and food-restricting practices) and how to pursue them for weight loss. The majority of these posters also introduced themselves as having become recently involved with these behaviours or as intending to start. Some of the replies they were provided with discouraged them from realizing their purging or restricting intents; criticized them for treating these behaviours as weight-loss tools; encouraged them to deal with their weight concerns in healthier ways; and warned them of the health dangers of purging and restricting and of the possibility of these behaviours crystallizing into a pathology or of already being the sign of an underlying emotional or psychological disturbance. These replies form the majority of a group of posts I refer to as 'contesting messages'; I refer to the posts these messages addressed as 'contested posts'.

The contesting messages were one of the first aspects that struck me when I began to approach my data corpus, as they seemed to stand out from the general atmosphere of the data as well as of the forum, whose interactions often presented that sharing of 'how-to' and 'disorder-sustaining' contents that has made pro-anorexia websites and forums so controversial and disturbing to many. Contrary to the allegation that the people on these websites encourage one another and new

members into eating disorders, the authors of contesting messages were discouraging their recipients from getting into the murky waters of disordered eating and invited them to pursue their weight-loss intents in normal, healthy ways.

The data for the analysis of these exchanges derives from 126 posts distributed among 41 separate threads. Of these posts, 35 are contested posts, while the remaining 91 are contesting messages. The latter mostly include replies given directly to contested posts; 67 of these replies have a fully contesting content while 18 present a partly contesting content, as behaviour-discouraging content appears alongside behaviour-sustaining content. Beside these replies there are also 6 posts or messages with an equally contesting content (either fully so or more ambivalent) which, however, were produced outside of a contested post/contesting reply exchange, such as the case of a few posters who, while reflecting on their life with an eating disorder, took the opportunity to send a warning message to all the new members out there on the forum who had turned to it with questions on how to 'do' bulimia or anorexia.[6]

Next I introduce the contested posts and the contesting messages by which they were targeted, offering an overview based on a preliminary subdivision of the contested posts into three groups; this taxonomy reflects macro content

[6] The 35 contested posts were authored each by a different poster, with the exception of two posters who produced two such posts each. The 91 contesting messages were produced by 42 posters in total, 11 of which posted at least twice. These 11 posters produced 60 posts in total; 6 of them participated multiple times (with two to four posts) in one or more separate threads. Two of these 11 posters produced, respectively, 20 and 12 posts in total each, while the rest of them produced between 2 and 7 posts each.
Of the total 126 posts considered for the analysis, 96 were produced in April-May 2011, while the rest are from previous months (8 from January-February 2011 and 16 from March 2011) and years (3 from 2003 and 3 from 2010). With respect to the 35 contested posts, 28 were produced in April or May 2011 (the period of my data collection); 5 were produced in February or March 2011; and the 2 remaining ones were produced in 2003 and 2010. The 2003 contested post received 2 contesting replies in that same year and 1 more in May 2011, when the thread was resumed after having been archived since 2003. The 2010 contested post received 4 replies in that same year, one of which was contesting while another one had a more ambivalent content; it then received 5 more contesting replies between January and April 2011. Because subsequent contesting replies often built on previous contesting replies and because these replies make sense in relation to the (contested) posts they target, I have considered the full threads in which the replies where produced, which sometimes stretched back to previous months and years. The examples I will show throughout the analysis are all from the 2011 months, but the posts from 2003 and 2010 are strikingly consistent with the more recent data.

differences. The first group consists of 24 cases with an ‘eating-disorder-as-weight-loss-method’ content; in these posts, bulimia/purging, anorexia/restricting or other eating-disorder-like behaviour are presented as instrumental to weight loss. The second group is formed of 3 cases that share a focus on weight loss but no (open) reference to bulimia/purging, anorexia/restricting or other specific behaviour whereby the weight loss is pursued. Finally, the third group consists of 8 cases whose authors ask for help on how to do bulimia/purging but with no weight-loss related content. With respect to the 24 contested posts with an ed-as-weight-loss-method content, one of them is specifically about anorexia/restricting, while another focuses on a practice called ‘chew and spit’ (chewing food and spitting it instead of swallowing it). The authors of the remaining 22 posts expressed an interest in what they interchangeably called purging, binge/purging, ‘bulimia’ or ‘mia’; 10 out of these 22 posters also expressed an interest in ‘anorexia’/‘ana’ or restricting and a variety of diets, which they discussed as either past weight-loss attempts (4 cases) or as a current alternative or complement to bulimia/purging (6 cases). All of the 8 contested posts from the third group focus on purging/bulimia only.

The first type of contested post is illustrated in exchange 1a-1b below, showing a contested post and the contesting reply it received.

Example 1a

> *Abbey* : HONESTLY, what is the most you have ever weighed? I'm just getting back into this after a few years and at the moment I am almost as big as I have ever been. I'm too ashamed to even put my weight on here :'(what is the most you have ever weighed and what do you weigh now? Just looking for a bit of inspiration I suppose, some sort of hope that I will lose the weight.

Example 1b

> *Julie* : Ehhh 5'2 hw 172 cw 135 lw128
> bulimia isn't a weight loss tool, btw more like a mental disorder and addiction, which I'm sure you know...

In this exchange, Abbey, who is posting to a section of the forum specifically dedicated to bulimia, is “getting back into this after a few years” (“this” presumably referring to bulimia or purging). This announcement is framed

by talk focusing on her desire to lose weight and need of “inspiration”/support to achieve her goal. Placing such an announcement within talk about her desire to lose weight may be what motivates Julie’s reading of Abbey’s reengagement with bulimia as her solution to her weight frustrations. This understanding is expressed in a negative form: in stating that “bulimia isn't a weight loss tool”, Julie implies that her recipient may be reengaging in bulimia for precisely this reason.

This exchange is one from a series of several other cases in which discouraging, warning, sometimes even somewhat hostile replies, are given to posters who have turned to or aim to turn to, mostly, purging or (as they also refer to it) ‘bulimia’/‘mia’ and (less frequently) restricting or ‘anorexia’/‘ana’, as diets or weight-loss methods, as formulated by Abbey above.[7] I have borrowed the language of contesting messages such as Julie’s (“bulimia isn't a weight-loss tool, btw more like a mental disorder and addiction”) to describe this kind of contested posts as having an ‘eating-disorder-as-weight-loss-method’ (ed-as-weight-loss-method) content.

Contesting messages are also formulated in response to a second sort of contested post, which displays a weight-loss concern but contains no explicit reference to bulimia/purging, anorexia/restricting or other practice. For example:

Example 2a

Emily : I'm -- years old and have never been so disgusted with anyone in my life as I am with myself right now. When I was in highschool, maybe age -- I was 121 pounds. I was perfectly happy with that, being 5'7 and rather busty, I think it's a pretty acceptable weight, but now I am 223 pounds. Can someone please tell me how can someone gain over 100 pounds in 4 short years? It's revolting. I need serious help. I'm willing to do anything drastic at this point for fast results. Please help. (…)

Example 2b

Alex : I am sorry to hear about your struggles with your weight, and I know how hard that can be on a person's psyche....but all I will say is that, honestly, if you don't have an eating disorder right now DON'T START!! While you may lose weight in a

[7] In the contested posts, ‘bulimia’ or ‘mia’ and ‘anorexia’ or ‘ana’ name the practices or behaviours, the ‘doing’, in which the authors of these posts are engaging or intend to engage; that is, purging and food-restricting behaviours.

> fairly quick manner, your entire life will be ruined in the process. (…)
> PLEASE, PLEASE, PLEASE DON'T START AND ED IF YOU DON'T ALREADY HAVE ONE!!
> Take care of yourself...try sensible dieting and exercise...or even see a nutritionist...they can really help...whatever you do please don't start!

It is significant that the request for weight-loss formulated by Emily in example 2a, while not including any reference to anorexia/restricting or bulimia/purging (by contrast to example 1a), is addressing a pro-eating disorder group, to which, furthermore, the author of the request states her willingness to do “anything drastic” in order to lose weight. Indeed, Alex read in Emily’s request an intention to start weight-loss practices that will lead to an eating disorder (“if you don't have an eating disorder right now DON'T START!!”) and pleads with her to change her mind and turn to “sensible” methods (“try sensible dieting and exercise...or even see a nutritionist...”).

Finally, a third group of contested posts consists of messages that focus on one’s engagement in purging or bulimia, but without mentioning a preoccupation with weight loss, as in the contested-post/contesting-reply pair below (example 3a-3b). Here, Lisa, who has decided to start purging but has so far been unsuccessful, is asking for advice on what to do to accomplish her intentions, and is vehemently contested by the author of Abbey.[8]

Example 3a

> *Lisa* : So I've never purged before and I decided to go for it. I tried to do it but I really can't. I tried sticking 3 fingers down my throat and wiggling the uvula, but I only gag and I don't vomit. I've tried it for days but to no success and I'm just so freaking pissed. Can you guys give me tips or tell me what exactly to do?

Example 3b

> *Abbey* : Stop. That's what you should do. Unless you want to lose control of your life and fall deep into disease and mental illness, where you don't even know the difference between black and white, up and down. If you're determined to do it

[8] Abbey is the same author of example 1a.

> you'll find out how. Go ahead, make yourself crazy and risk dying from this.

As in the case of contested posts with an ed-as-weight-loss-method content, the contesting messages addressing the other two kinds of contested posts are 'contesting' in the sense that they express a position that, rather than endorsing the recipient's view or simply fulfilling her request (by providing the requested information or support), is critical of her (perceived) orientation and invites or encourages reconsidering.

The analysis that follows is formed of two parts. The first part will be concerned with presenting what features of the contested posts are drawn upon by the authors of contesting messages to warrant their reactions. This will serve to set the ground for the second part of the analysis, where I will be focusing on the contesting messages and the discursive practices deployed by their authors to try to discourage their recipients from starting and pursuing eating disordered practices for weight loss. The analysis of these posts has yielded insights on several themes that, as I will show, can be collocated within contemporary discourses on eating disorders, weight loss and health management.

4.2.2 Contested posts: Newbies and weight loss

I begin my analysis of the contested posts and the contesting messages that targeted them by presenting the former. I have shown that these posts can be preliminarily grouped into three clusters according to their content. In the present section, I focus further on the main features of these posts, presenting characteristics that are longitudinally shared by the three subgroups. The singling out of the features of contested posts was based on observing what aspects recurred, with this process being in turn guided by what in these posts was targeted by the authors of contesting messages.

First, there are content-related features. Contested posts are requests for support and information on either how to lose weight or how to 'do' bulimia or anorexia (with or without specific reference to weight loss). Bulimia/purging features in nearly all of these requests (30 cases), outnumbering mentions of

anorexia/restricting (which appears in around one third of the total 35 contested posts). I present these features in three moves that will focus (in order) on the ed-as-weight-loss-method content of the posts, the kind of body talk their authors do, and the request format of the posts. Second, most of the authors of contested posts are 'newbies' (Internet jargon for 'new members'), often first-time posters, as well as 'new' to purging/bulimia, restricting/anorexia or any other practices they are pursuing or enquiring about. This is important because information sharing on weight loss and how to 'do' bulimia or anorexia appeared to not be in itself problematic for authors of contesting messages. Indeed, these posters often participated in this activity elsewhere in the entire data corpus, an activity that, furthermore, was widespread on the forum. New members producing the sort of posts I illustrate below formed a site in which tensions around this information-sharing activity arose.

4.2.2.1 Ed-as-weight-loss-method content, body talk and 'how-to-do' requests in posts by new forum members

The first aspect of the contested posts I describe is the ed-as-weight-loss-method content observable in 24 of the total 35 contested posts; this group of posts corresponds to the first of the three sub-groups of contested posts I presented in the introduction. Labeled after contesting messages that criticize certain posters for treating eating disorders as if they were weight-loss methods or diets (see, e.g., example 1a-1b in section 4.2.1), an ed-as-weight-loss-method content consists of a way of talking about what was referred to as 'bulimia'/'mia' or purging and 'anorexia'/'ana' or restricting as instrumental to weight loss or weight management. In example 4 below, this instrumental relationship is openly worded.

Example 4

Rose : Ok so from the 8th to the 10th grade I was mia I am now --
and in college I used to be 140, but after my daughter was born
I was 160 and was okay with that.
But after huge depression over the break up with my bf of 4yrs
I put on 80lbs with the help of birth control, lil to no exercise,
and tons of eating.

> Now it's been four years since we split and I am just now ok, except for the fact that I am as big as a house I'm trying to do what ever it takes to lose it. I mean by any means necessary.
> Which would probably give me the most results and quickly Mia or Ana?
> When I was -- and started mia I lost 20 lbs in 2wks, and that's the type of results I'm looking for.
> For the type of fast results I'm looking for what would you recommend Mia or Ana?
> I need to lose at least 100lbs.
> And any tips for how to get into enjoying exercise would help swell?

In this example, the ed-as-weight-loss-method quality of "Mia" and "Ana" is conveyed by discussing these in terms of weight-loss results (which one between Mia and Ana will enable the poster to achieve the kind of weight-loss results she is aiming for). Likewise, this ed-as-weight-loss-method content is clearly expressed when the poster refers to bulimia/purging and anorexia/restricting as 'working', as in the next example, whose author is enquiring about the efficacy of purging as "a way to cut back" on food.

Example 5

> *Vanessa* : hey, I'm a huge binger, and I'm way too fat, like I hate to admit it but here goes, I'm -- and 216 pounds....I really need to find a way to cut back. But I do wonder if after purging do u still feel hungry? Or what? I was sick awhile ago and I have a hard time trying to throw up, so I don't want to put myself through the pain if its not going to work....if not, ill have to restrict my calories hard core or something.....

Another way in which the ed-as-weight-loss-method content is brought about is by describing one's involvement in bulimia/purging or anorexia/restricting as something one has arrived at after previous unsuccessful or unsatisfactory attempts at losing weight, usually through what would be considered 'normal', socially accepted methods, such as exercising and a variety of popular diets. This can be observed in examples 6 and 7 below. Both posters report that, before deciding to start purging, they have tried diets (Penny also listing which diets, along with a sabotaged anorexic stage), "but nothing work(ed)" (example 6).

Example 6

> *Maeve* : Basically, I have no confidence. I cry all the time, especially over my body. I get picked on all the time, and it doesn't help that I have more weight on me then all my friends. (Who are perfect, and beyond beautiful.) I eat all the time, and I'm sick of it. I've tried diets but nothing works. I want to try throwing up, but I'm scared. I've attempted it a couple times with the back of my tooth brush, but I just gag. /: Can anyone give me any tips on throwing up please?

Example 7

> *Penny* : Hey, I've literally just started today. I finally purged today. It has taken so long and I have tried for quite a while. I was just looking for some encouragement and friends that can help keep me on track. My other friends would understand and probably tell me I'm stupid.
> I'm 126lbs at the moment, but my goal is 112lbs.
> I have tried everything. I've done diets, Slimming World, Weight Watchers etc. I was anorexic at one point, but my mom noticed and that just all went wrong. I just want to get slim and stay that way. Does anyone have any tips on what to eat that's easy to purge?

In suggesting lengthy and unrewarding efforts, this 'I've tried everything, but nothing works' argument functions to justify a shift to more extreme methods.

Thus, in examples 4 to 7, a terminology that would be commonly and unproblematically found in discussions on dieting and other socially sanctioned weight-loss methods is applied to practices referred to as purging/bulimia/mia and restriction/anorexia/ana (what *results* they give; do they *work* or are they effective; *trying* them and doing so after having *tried* other diets or methods). The instrumental relationship thereby constructed between one's anorexia- or bulimia-like behaviours and one's desire to lose weight is one of the features of contested posts on which authors of contesting messages crucially draw to warrant their negative reactions.

The second feature I discuss is a focus on body weight, weight loss and body dissatisfaction. Abbey's post presented as example 1a in section 4.2.1 may be considered a case in which the previously explained instrumental link between one's engagement in bulimia/purging or anorexia/restricting and expectations to lose weight is not formulated as openly as in examples 4 to 7. Yet, the emphasis

poster 1a places on her preoccupation with weight ("at the moment I am almost as big as I have ever been. I'm too ashamed to even put my weight on here") and weight loss ("Just looking for a bit of inspiration I suppose, some sort of hope that I will lose the weight") frames her announcement of her re-engagement with bulimia/purging (referred to as "this" in "I'm just getting back into this after a few years") and makes it readable, to the author of the reply she receives, as the solution she is adopting to deal with her weight issues (refer to my comments on this post and its contesting reply in section 4.2.1). This restriction of the focus of the post to these two components, that is, weight concerns and one's engagement in bulimia/purging or anorexia/restricting, characterizes contested posts with an ed-as-weight-loss-method content, as also observable in examples 4 to 7. By contrast, a focus on the first element (weight concerns or weight-loss) without the latter is a feature of the contested posts in the second sub-group, posts with a weight-loss or weight-related focus only.

Regardless of the presence or absence of the second element (talk on engagement in bulimia/purging or anorexia/restricting), weight and the need or desire to lose weight are cast as central issues through various forms of "body talk", "communication about bodies and bodily experiences" (Riley et al. 2009: 349), in relation to weight preoccupation, body dissatisfaction and weight management. In the data, these descriptions appear in 23 of the 35 contested posts and consist mostly of weight-related information such as current weight or size, the weight the author of the post has gained, the weight or size one would like to achieve or how much one would like to lose, the weight one started at and one's weight history. These types of information can be seen in previous examples, such as Rose's (examples 4), Vanessa's (example 5) and Penny's (example 7), as well as in Stacey's post shown below.

Example 8

> *Stacy* : I am -- years old, 5'2 and I weigh 140 lbs. This is the most I have ever weighed in my entire life... My stomach hangs over, I have back fat, and I'm a size 7-9. I feel beyond nasty. I can't look at myself in the mirror. I don't want to be fat anymore. All my friends are skinny and keep telling me I look fine but they don't know how it feels to not be able to wear shorts... Please help me. I need to lose weight and I need to do it fast! What

should I do? I'm willing to do ANYTHING. I just want to be able to wear a bikini, or shorts, or a form fitting shirt :(thanks guys........

This numeric information is often accompanied by expressions of discomfort or loathing of one's body weight and fat, praise at a smaller or thinner body and derogatory descriptions of specific body parts ("I am as big as a house" in example 4; "I'm way too fat" in example 5; "I get picked on all the time, and it doesn't help that I have more weight on me then all my friends. (Who are perfect, and beyond beautiful.)" in example 6; "I just want to get slim and stay that way" in example 7; "My stomach hangs over, I have back fat (…) All my friends are skinny and keep telling me I look fine but they don't know how it feels to not be able to wear shorts" example 8).

The third main feature of contested posts is their request format. As in the examples reported so far, the majority of the contested posts are requests of a specific kind. Twenty-two of the 24 contested posts in the first group (ed-as-weight-loss-method content) and the 3 contested posts in the second group (weight-loss or weight-concern focus only) are requests for support and advice on how to lose weight. But while the contested posts in the second group are formulated as general requests for weight-loss help (as illustrated in example 8 above), contested posts with an ed-as-weight-loss-method content consist of or include enquiries on the weight-loss efficacy of specific practices (usually bulimia/purging and anorexia/restricting) as well as enquiries on how to do these practices. This can be seen in examples 4 to 7.

This 'how-to-do' format is shared with 6 of the 8 contested posts from the third category, which, however, present no overtly worded weight-loss focus. This is shown in examples 3a in section 4.2.1 as well as example 9 below.

Example 9

Mary : Hi, my name is ---, I just turned -- today and I'm trying out this bulimia thing but I am in need of some tips and hopefully a friend to help me along. A few days ago I started purging using a toothbrush but I only seem to get a little out and I am not sure what to do. Help me please!

This 'how-to-do' content appears with varying levels of detail. The authors of examples 6 and 9 ask a general 'what to do' or 'any tips' question about purging (given their unsuccessful attempts). The author of example 7 is more specifically interested in "what to eat that's easy to purge", whereas the author of example 10 below stays again in the general, simply asking for "ana tips" and "tips" for purging. The author of example 11 (below), finally, has several questions to ask about purging, raising a number of specific and 'technical' matters in relation to purging in public places as well as purging as a "beginner".

Example 10

> *Evelyn* : Umm.. hi!
> I'm new to the whole bulimia thing but I've tried EVERYTHING to lose weight! atm I'm a DISGUSTING 150lb.. AND IM --! NO ONE should be that weight!!!
> Anyhow I was wondering if anyone can give me any tips on starting out??? I've got my mind made up on this, I've purged a few times but not many, any tips would be great!
> Thanks!

Example 11

> *Allyson* : Last night I threw up for the first time. It felt good to get it out of my body. (…) I work in an office with all guys, and we go out to eat a lot. I just ordered soup, but when I went to the bathroom I was unable to purge. Any advice on what to do when going out? I don't know if I'm just not used to it yet and need to get better at doing it at home alone before moving on in public? What are some things to avoid throwing up as a beginner? And I wasn't able to purge by sticking two fingers down my throat, should I keep my fingers down longer?

Lastly, the fourth feature of contested posts is their authors' status as new members or 'newbies'. They are mostly first-time posters (26 out of 35) or members who are producing one of their first posts (second, third or fourth post; 4 posters) and who also introduce themselves as new to engaging in bulimia/purging or anorexia/restricting. For example, Evelyn (example 10 above) is a first-time poster who introduces herself as "new to the whole bulimia thing". Below is a similar example from the third category of contested posts (posts with a bulimia-

or purging-related content, but neither weight-loss nor ed-as-weight-loss-method content).

Example 12

> *Angela* : Hey all!
> I'm new to the mia world, and I'm having a hard time with it. I need some tips and tricks-of-the-trade so to speak :)

Likewise, Allyson (example 11 shown previously) is posting on the forum for the first time and her status as 'new' to purging is established by her initial announcement that she purged for the first time the night before ("Last night I threw up for the first time"). Later on in the post she also refers to herself as a "beginner". Penny (example 7) and Mary (example 9) are equally first-time posters and display their status as 'new' to bulimia or purging through similar time-related indications ("I've literally just started today. I finally purged today" example 7; "I'm trying out this bulimia thing (…) A few days ago I started purging (…)" example 9). In the next example, first-time poster Joyce 13 introduces herself as "hav(ing) very recently developed anorexia with some bulimic tendencies" and who solicits forum members to share stories about when they started to use extreme calorie restriction.

Example 13

> Joyce : I have very recently developed anorexia with some bulimic tendencies.
> I'm only 5'1"   CW: 150 GW1: 135 GW2: 120 UGW: 110
> I hate being borderline obese. You can't physically tell from looking at me, but knowing makes me feel disgusted with myself and I have decided to cut my calorie intake to no more than 500 and working out whenever I get the chance.
> I know I won't get immediate results, but I'm hoping this gets me to my goal weight(s)
> Any stories about when you first started?

Other posters, such as the author of example 5 (shown previously), have not started an 'eating disordered' practice yet, but express an intention to begin ("I do wonder if after purging do u still feel hungry? (…) I don't want to put myself through the pain if its not going to work"; it is her first post on the forum); others have already tried, but unsuccessfully and would like to know what to do, like the

author of example 6, who is also a first-time poster ("I want to try throwing up, but I'm scared (…) Can anyone give me any tips on throwing up please?"). Finally, as a variation of the 'new to it' status, a few posters include an indication that they had past experience in the practice in which they are interested and are now trying to re-engage in it, as put by Abbey in example 1 with respect to "mia" ("I'm just getting back into this after a few years"; section 4.2.1) and Rose in example 4 in the current section (see the example).

To recapitulate, most of the authors of contested posts explicitly display an interest in bulimia- and anorexia-like practices for weight-loss reasons, asking for support and advice on how to do these practices; others ask for support and help on how to lose weight, but without mentioning any specific methods; or simply enquire about how to do bulimia/purging, without wording a weight-loss interest. Predominantly, the posts have a request format, as how-to-lose-weight requests, requests on how to do and pursue specific practices, or both. Last but not least, and importantly, their authors are, typically, first-time posters or new members who are also new to the bulimia- or anorexia-like practices they are enquiring about, having recently attempted them but being unsure as to how to carry them out properly, or having never attempted them but wanting to try; alternatively, they are trying to re-engage in these practices after a period away from them.

4.2.2.2 New members and wannabes

The types of posts I have presented in the previous section have been documented in other studies and are often a cause of controversy within the pro-anorexia community at large. Giles (2006: 473) has observed that newbies and first-time posters who produce these posts are typically met with skepticism by other, usually more established, forum members, because their messages are not immediately distinguishable from messages by so-called 'wannabes'. 'Wannabe' is a category of pro-anorexia users despised by some portions of the pro-anorexia population at large, who use the term to mark a distinction between their own being eating disordered and the eating-disordered leanings of other individuals.

Wannabes are said to be only interested in a quick way to weight loss or to be pursuing anorexia as a fad diet or a glamorous life-style choice (Fox et al. 2005; Giles 2006), as opposed to the true pro-anorexia stance to anorexia, namely that of a stringent lifestyle one commits oneself to and which is expressive of an in-control, self-disciplined and independent subjectivity (Mulveen and Hepworth 2006: 290, Boero and Pascoe 2012a); or that of anorexia as a psychiatrically diagnosed mental illness that one is trying to live with and manage safely while avoiding recovery or while considering this option (Mulveen and Hepworth 2006). Identifying outsiders such as 'wannabes', that is, users who do not have the right to participate in the community, has been described as an oppositional strategy of community building that is as important as relational strategies, if not more (Giles 2006, Brotsky and Giles 2006, Boero and Pascoe 2012a). It has an essential policing function in the management of community boundaries and, through this, of the construction of an insider, authentic pro-anorexic identity both for the group and the single individual (Boero and Pascoe 2012a).

Like wannabes, or as wannabes, the new members who, in my data, produced contested posts and were met with negative reactions from other forum members, were mostly treated by the latter as individuals who came to the forum 'wanting' an eating disorder or to try to 'learn' how to 'do' an eating disorder as a way to weight loss and thinness. This stance was sometimes openly drawn upon to perform the identity work and boundary policing explained above, positioning the authors of contested posts as not having the right to call themselves 'bulimic' or 'anorexic' as opposed to those who were sincerely affected by these disorders. But, as opposed to discrediting new members for only wanting a quick way to weight loss, many authors of contesting messages treated newbies' weight-loss orientation to eating disordered practices seriously, pointing out the great risks posed by these practices to their doers' health and life. In particular, my interest in the contesting messages centres on two aspects: a reading of starting bulimia- and anorexia-like practices as not (yet) being an eating disorder, but as something that will lead to one; and the suggestions made as to what can be done to avert this outcome. In the next section I will get to the heart of this 'contesting' matter by dealing in detail with the discursive practices that the authors of these messages

employed to criticize and discourage their recipients from pursuing weight loss in ways that exposed them to the risk of developing a life-consuming disorder.

4.2.3 Contesting messages

I have organized the analysis of the contesting messages around two main clusters of discursive devices. The first cluster groups devices that construct the recipients' engagement in certain behaviours as deviant in terms of the consequences they will have (Burns 2004: 282) or the risks to which they expose their doer. These consequences include ill-health effects, addiction to purging and the chance of the behaviours turning into an uncontrollable and consuming pathology, a (full-fledged) eating disorder. In particular, the loss of control over the purging habit is a crucial component in the progression from starting this behaviour to the emergence of bulimia as a (fully formed) disease. This construction of bulimia as a disease, which also extends to cases in which the referent is, generically, 'an eating disorder' or, in a few instances, 'anorexia', often involves its positioning as 'the disease', an entity that exists independent of the individual and that is agentive over her, reducing her to a helpless sufferer. One specific version of this entity is that of 'the disease' as a dangerous and entrapping space. 'The disease' and its effects, furthermore, unfold in time rather than manifesting themselves immediately, this progression being set off when one begins to engage in purging. This temporal element plays a role in raising the issue of the individual's responsibility for starting or pursuing the behaviours that will lead to an eating disorder or 'the disease', or that will pose such a risk.

The second cluster of discursive devices focuses on three different solutions that the authors of contesting messages sometimes offered their recipients as to how to stop the behaviours they were starting and thereby avert ill-health in the form of an eating disorder: deal with possible underlying issues; learn to accept yourself/your body; and adopt healthy weight-loss methods (namely healthy eating/dieting and exercising). The latter is the most frequently encouraged solution and I will analyze it in detail. As I will also show, when the three solutions are offered the focus is shifted to the possible causes of the

recipients' interest in eating disordered practices. The discussion of these posts will thus veer to contemporary discourses on slimness, weight loss and weight control, and on what is normal, healthy and desirable. In particular, I will compare these solutions and the different frameworks by which they are informed, reflecting on the implications these have for creating or precluding a conceptual space where the socio-cultural discourses that sustain the valuing of thinness can be problematized.

4.2.3.1 The road to an eating disorder

As introduced above, in this section I will be presenting the ways in which the authors of contesting messages question their recipients' involvement in eating-disorder-like behaviours by constructing these as dangerous in terms of what they will lead to or what will happen to the recipients if they keep pursuing them. This is observable in 71 of the total 91 contesting messages and it involves the following discursive practices:

- the anticipation of future ill-health or other negative consequences and the attribution of these effects to an autonomous entity, 'the disease';
- the construction of 'the disease' as an entity that actively impacts on the individual's life;
- different metaphors used to construct the conditions being discussed as distinct entities (this will not form a separate section but it will be dealt with in the course of analysis where relevant);
- the specific case of bulimia as informed by a wider, contemporary discourse of loss of control;
- the temporal dimension of 'the disease';
- finally, how the individual's personal responsibility is made relevant with respect to the (possible) emergence of her eating disorder as well as to its prevention.

4.2.3.1.1 Ill-health effects of the behaviours and objectification of the disorder

I begin the analysis of the contesting messages by illustrating how the recipients' engagement in purging/bulimia and restricting/anorexia is reframed as harmful in terms of the impact that pursuing these behaviours will have on the doer's mental and physical health as well as her social life or life as a whole (c.f. Burns 2004). This is observable in at least 51 posts, the majority of which include mentions of mental or physical ailments or other negative implications for one's life (e.g. isolation or the financial burden of therapy bills); a little more than one third of these 51 posts consist of more generic comments.

For instance, Alicia and Hilary (below) stress several ill-health and other negatively life-impacting consequences of purging, using laxatives and self-starving.

Example 14

Alicia : You don't want this stuff!
I have been bulimic for MANY years, and its not an easy life!
My weight yoyos My throat is sore, my head is ALWAYS POUNDING! It totally ruins my life.
If you cant purge then SIMPLE ANSWER don't start now, you'll lose control of your stomach muscles, (…) Laxatives cause so much pain, and don't expect to go out shopping school/work etc you wont be able to hold it in! (…)

Example 15

Hilary : You're WAY too thin! You could gain 30 pounds and still me thin girl! I remember starving myself when I was --, I lost my period for 6 months. I am lucky I'm not infertile. If you don't eat at your age you can end up stunting your growth, losing your hair and ruining your bones and teeth. Please look after yourself, you are beautiful - and eating will make you more so.

Alicia's comments "its not an easy life!" and "It totally ruins my life" are instead instances of comments of a more generic nature. Here they appear alongside more specific elaborations of the respects in which being bulimic is not an easy life and purging ruins one's life, but in other contesting messages they are used on their own. This is illustrated in the next example, where Julie stays in the

general by referring to the risks of purging as simply “everything that comes with bulimia”.

Example 16

> *Julie* : Read posts labeled "tips, tricks..etc".. and be prepared for everything that comes with bulimia...because it %$@!+%% sucks

As already indicated, sometimes this construction of the recipients' engagement in the behaviours as negative in terms of their effects involves the construction of ‘bulimia’, ‘anorexia’, ‘the disease’, ‘eating disorder’ or other signifier as entities that exist as autonomous and separate from the individual. One way in which this ‘objectification’ emerges is by drawing on the psycho-medical construction of eating disorders as distinct entities that are the cause of the problems the individual experiences (Malson 1998: 99). This construction appears in at least 12 cases. For instance, Julie (example 16 above) urged her recipient to “be prepared for *everything that comes with* bulimia” (my emphasis) and, in the next example, Amber speaks of the “psychological effects *of this disease*” (my emphasis), such as her obsession with food and a realization that, no matter how thin you get, you will never be happy.

Example 17

> *Amber* : (…) for those of you that are suffering like I am , I love that you are trying to let these new people know that the psychological effects of this disease is far worse than the health probs. And to all the new people thinking this is some quick fix.. this %%%@ might make you thin but truth [is] that in the end you will NEVER be happy. I'm a prime example of just that .. just a pretty girl that thinks a size 00 = happiness... I'm sick and right about now I'd rather be dead than 120 lbs … (…)

Likewise, Cathy (below) frames a series of physical and psychological ailments as what she “*got from* this addiction” (my emphasis).

Example 18

> *Cathy* : I've been bulimic for 8 years and all I got from this addiction is hot/cold sensitive teeth, a heart condition, paranoia, and compounded self-esteem issues that directly

effect my relationships with other people. I've recently had to quit drinking, smoking, lay off caffeine, and work out regularly to reduce the severe chest pains I've been having. They are not entirely gone and I'm too afraid to go to a doctor. This disease is scary and very isolating. If you can walk away now, do it. I know I've never forgiven myself for opening up this can of worms. I feel like I'm dying at the ripe old age of --.

Another way in which ‘eating disorders’ are objectified (constructed as distinct entities) is through metaphors. Various kinds of metaphors are used by the authors of contesting messages to describe the disorders. The first type I mention involves metaphors that construct ‘the disorder’ as a thing (c.f. Brooks at al. 1998: 95) or entity that contains or will lead to something dangerous. There are at least three such cases in the data, one of which is example 18 above, where Cathy compares her bulimia or “addiction” to a “can of worms” she opened (“I've never forgiven myself for opening up this can of worms”). In this stock metaphor, ‘bulimia’ is presented as a sort of Pandora’s box whose dangerous content (the ill-health effects the posters lists) she fatally let out, presumably when she started to purge. Bulimia is a dangerous object not to be mishandled or, as put by Laura below, something (some-*thing*) one should not “mess with”.

Example 19

Laura : Best tip I can give you..... STEP AWAY FROM THE COMPUTER. This really isn't something you want to mess with. Cut down the sweets, up the activity level. I don't want to sound like I’m trying to tell you how to live, rather telling you how not to live.

Throughout the following sections I will highlight other types of metaphors and, as it will become clear in the course of the analysis, considered together these various metaphors contribute to a particular construction of the disorders as known sources of danger.

In this section I have introduced ways of reframing the recipients’ behaviours negatively in terms of their consequences. Physical and mental/emotional ailments as well as implications for one’s quality of life are pointed out, presented as the effects of the behaviours (examples 14 and 15) or as

caused by an objectified ‘disease’ (example 17), ‘addiction’ (example 18) and ‘bulimia’ (example 16), an entity that exists independent of the individual. Some of these descriptions are quite detailed, listing specific effects (examples 14, 15, 17 and 18), while others projects a generic negative scenario, such as in example 16, but also in example 19 where “purging/bulimia” is simply referred to as something to not “mess with” and as representing “how not to live”. Metaphors are also used to construct the disorder as a source of danger that exists separately from the individual (examples 18 and 19).

In the next three sections I will be dealing with other ways of constructing the recipients’ behaviours as negative or deviant in terms of their consequences. As I will show, the constructions so provided converge on the notion of (eating) disorder as a pathological state within which one is trapped.

4.2.3.1.2 Agentification of the disorder and the individual as its victim

The objectification I have introduced in the previous section of ‘bulimia’, ‘anorexia’ or other signifier (e.g. ‘eating disorder’, ‘the disease’) as the cause of various ailments and life difficulties also takes the form of agentification, where the object in question is positioned not only as a distinct, autonomous entity, but also as “agentive” (Hunt 2011) or “act(ing) upon” the individual and her life (Brooks et al. 1998: 195). This construction appears in 15 posts. For example, Alicia, in example 14, referred to her purging/“being bulimic” as an “It” that “totally ruins my life” (c.f Brooks et al. *ibid.*). In the next two examples, Julie equally talks of “bulimia” as an agentive “it” that “will mess you up” both physically and mentally, and Maeve details the mental and physical damage that “an eating disorder will do”.

Example 20

> *Julie* : Listen bulimia is NOT good...stop while you can.. and I have no advice bc I take a long time too): and I've been bulimic 8 months. For real, it will mess you up physically and mentally

Example 21 (previously example 2b in section 4.2.1)

Alex : (…) if you don't have an eating disorder right now DON'T START!! While you may lose weight in a fairly quick manner, your entire life will be ruined in the process. You may set a goal weight for yourself, but if you are truly caught in the grips of an eating disorder, no weight will ever be low enough. You will HATE yourself and your body at any weight even if you are literally skin and bone and you are 2 mins away from dying because of heart failure (which an eating disorder will do).... (…) an eating disorder will make you so anxious in social situations where you have to eat with other people, rather in any situation where you have to be around other people, you will not want to go out at all.......there is much more that an eating disorder will do, but I don't want to sit here and write it all cus I don't want to be at my computer typing for the rest of the night. (…) take care of yourself...try sensible dieting and exercise...or even see a nutritionist...they can really help...whatever you do please don't start!

This construction of bulimia, anorexia or other as agentive entities is, concomitantly, a construction of the individual as a helpless sufferer, a victim or prisoner of the condition or illness (Brooks et al. 1998; c.f. also Hunt 2011). For instance, Alex above speaks of being "caught in the grips of an eating disorder"; likewise, in the next extract Kate refers to "any eating disorder" as both "physically and mentally" debilitating, an "it" one can get "stuck with" and "consumed by".

Example 22

Kate : I can't imagine someone going through years of any eating disorder and coming out of it easily and physically or mentally well, unless its extremely on and off, as opposed to being stuck with it all day every day and being consumed by it in everything you do or say in every aspect of your life. (...)

In the next example, the agentification of "ana" and "mia" as "tak(ing) over ur life" establishes, once again, an asymmetric "power relation" between the disorder and the individual (Brooks et al. 1998: 196).

Example 23

Emma : Don't go 4 either do it the healthy way. I was ana 2 years and was quite I'll, I am know mia and still got a massive battle every day I am currently getting help 4 my ed. So don't get in 2 either of them. They will take over ur life. Just eat healthy and exercise. Good luck.

Formulations of this power relation do not always include the agentification of the disorder. For instance, in the next example Stella reports how her initial control of food and eating through "Mia" and "Ana" practices for the sake of losing weight (in a previous post in the same thread she identifies herself as having both Mia and Ana) eventually gave way to an uncontrollable fear of food and calories of which she has become "a prisoner", her relationship with food and body weight being now under the sway of this fear.

Example 24

Stella : (…) (to girls who want to start Mia and Ana) Honestly, I know this site is pro eating disorder but I see so many post asking for "tips"... And [I'm] kinda shocked about how many girls WANT to start having an ED. At first, sure I guess my issues was losing 15lbs and getting a big gap in my thighs but now I feel like I'm literally a prisoner to food. I have nightmares of me eating pizza and I wake up freaked out, I count every single calorie and work out for hours on end... I kinda thought this site was for ppl that already suffered from an ED not girls asking how to start. I'm really not trying to sound like a B*%@ at all but personally if I could go back I would... I've lost way more than I even wanted to but I'm still not happy. I'm actually quite miserable living with a huge fear of food and calories.

The particular power relation between the disorder and the individual that I have illustrated through these examples emerges (including the 15 agentification cases) in 22 of the total 91 contesting messages. In the light of a progression into this state, the recipients are urged to stop the behaviours they have started ("Stop while you can", example 25 below) or not start them at all if they are contemplating doing so ("if you don't have an eating disorder right now DON'T START!" example 21; "Don't go 4 either" example 23), lest they want their life taken over and ruined by an eating disorder. Besides delivering these warnings in

the form of ‘stop’ or ‘don’t start’, a metaphor of space is also used; this metaphor also counts as another way in which the notion of the individual as victim or prisoner to the disorder and powerless over it is conveyed. Recipients are encouraged to ‘not get into this’ (e.g. “don't get in 2 either Of them”, example 23) and to ‘get out’ or ‘get out while they can’ before the purging becomes an addiction (example 25 below) or, as put by Julie in example 26 below, before the disorder ‘sucks them in’ (note, once again, the agentification of the disorder). In Trish’s words, “EDs” are a “realm” from which “there’s no going back” (example 27 below).

Example 25

> *Gemma* : Nobody intends on carrying it on for a long period of time. It’s an addiction, you’ll reach your goal weight, then make a new one, and make an ultimate goal weight, reach that, and keep making new goals. That’s what happened me. Get out now while you can.

Example 26

> *Julie* : Bulimia won't help you ..,.believe me. Stop while you can.. if you can.. Before you get sucked in.

Example 27

> *Trish* : (...) if you're considering losing weight the unhealthy way, reconsider. I'd highly recommend not getting involved in the realm of EDs because once you're there, there's no going back. (…)

This spatial metaphor appears 10 times and it constructs the disorder as a sort of off-limit zone by invoking the idea of an inside and an outside (don’t get in/get out) and, thereby, of a boundary that separates the two, a boundary not to be trespassed and which delimits a dangerous, entrapping inside (it will suck you in; a realm there is no way out of). Moreover, ‘trap’, although not a space, appears twice (by the same poster). The spatial and the trap metaphors add further evidence to the construction of the asymmetric power relation between the disorder and the individual that is also conveyed through the agentification of the disorder (it will take over your life; you’ll be caught in its grips; it will consume your life) and other ways (example 24). Furthermore, along with the previously described objectification of the disorder as a distinct and dangerous object (a “can

of worms" and something not to mess with; examples 18 and 19 in section 4.2.3.1.1), the construction of the disorder as an entrapping space heightens the sense of danger by contributing to the image of an eating disorder as an external and clearly distinguishable source of hazard one should physically stay away from.

4.2.3.1.3 Bulimia as loss of control and self-reliance

In the case of bulimia/purging, the construction of the person as being dominated by bulimia frequently involves naming it an addiction or compulsion, as in examples 18 and 26 shown in the previous sections. Some posters concede that the purging may start by choice or remain under the person's control for quite some time, but stress that it is nonetheless bound to become uncontrollable, a compulsion. For example:

Example 28

> *Joanne* : I am here for my own mental sanity... Talking with people who suffer as I myself do with the topics at hand. I am not here to PROMOTE EATING DISORDERS EVER!!!! Feel free to give lessons in ED's if you'd like, but I refuse to. Nothing personal and I'm not judging, I'm just saying... I'm just saying... As far as I'm concerned, my bulimia started as a choice, but turned into a compulsion. One I would wish on no one...

Example 29

> *Audrey* : You may have gone years with the purging 'under control' to some extent, but it eventually did get out of hand which is the point I'm trying to get at...
> It's bound to happen and it's impossible to keep it at bay forever is what I'm trying to say...
> And even in the under control phase your mind is still being raped with thoughts and being warped further into the disease.

The notion of powerlessness and loss of control over the purging behaviours is a key trope in the construction of bulimia/purging as addiction and mental illness. In the narratives of the contesting messages, it is presented as a negative turning point, corresponding to a realization that one has reached a stage

where the purging cannot be stopped despite wanting it to (examples 30 below) or unless professional help is sought for (example 31 below; note, in this extract, the agentification of “mia” as an “it” that “will take over your life” as well as a “she” that “gets in your head”).

Example 30

> *Judith* : (…) Hun your still young and haven’t started this habit yet. I am --. I started purging many years ago but not regularly. This did nothing for my weight and at the time I didn’t realize I had a problem. Over the past few years I have dealt with anorexia, binging, binging and purging and chewing and spitting and I want it to stop. It’s not a switch you can turn on and off. It’s a disease and addiction and I wish I never started. (…)

Example 31

> *Darla* : You really don’t want this. It will take over your life. It’s horrid to live with, try eating right that would be way better. Once mia gets in your head she is hard to get out. You will need treatment to get rid of her. So just eat right and work out in the gym.

The loss of control over purging is presented as a sort of point of non-return, the point where bulimia ‘takes over your life’ (examples 23 and 31), or ‘sucks you in’ (example 25). For Darla in example 31 above, even in the preceding phase, where the person can still exert some control over her purging, she is, in reality, already exposed to the disorder’s effects, as “[her] mind is still being raped with thoughts and being warped further into the disease” (note, once again, the positioning of the disorder as active on the powerless person, here metonymically represented by the “mind”, the site of rationality and willpower).

In the emphasis placed by authors of contesting messages on bulimia/purging as addictive and on the individual as powerless and in the sway of her binging and purging impulses, there may be a suggestion that, as already argued by Burns (2004: 284) and others before her, such a construction “is expressive of cultural concerns about losing control”. Gender-oriented analyses such as Burns’ (*ibid*.: 283) have indicated that this pathologizing construction of bulimia, particularly with respect to the behaviours of binging and purging, is grounded in “notions of a negative type of femininity constructed as voracious,

animalistic, immoral, uncontained, and uncontrolled" (see also Bordo (1993) and Malson (1998)). While in my analysis I have not explored constructions of bulimia (or anorexia) in terms of gender representations, there is a particular construction of bulimia in the contesting messages that I believe can be made sense of in terms of the loss of that autonomy, sovereignty over one's own decisions and actions and the capability of making rational choices that are the virtues of the culturally praised neoliberal citizen of Western society (Galvin 2002).

There are 4 posts in which there emerges, in fact, a notion of bulimia as attacking or invading the mind, as in the example below in which bulimia is compared to "a plague".

Example 32

> *Stephanie* : (...) There's no such thing as a 'goal' or 'control' with bulimia. Just hatred and dismissal and waste and disrespect. This disorder acts like a plague. One little spot that you let multiply, and before you know it your entire perspective is out of control. (...)

This "plague" is a plague of the mind, causing thoughts to get distorted and out of control as a consequence of that initial "little spot" that, by multiplying, invades or takes over the person's "entire perspective", that is, her reason or mental sanity. Equally, in example 33 below Abbey urges her recipient to stop purging "Unless you want to lose control of your life and fall deep into disease and mental illness, where you don't even know the difference between black and white, up and down", thereby emphasising the loss of mental wellbeing ("fall deep into (…) mental illness") as the loss of the rational (the ability to distinguish black from white, up from down) (Rose 1996, in Burns 2004: 284-285).

Example 33 (already example 3b in section 4.2.1.)

> *Abbey* : Stop. That's what you should do. Unless you want to lose control of your life and fall deep into disease and mental illness, where you don't even know the difference between black and white, up and down. If you're determined to do it you'll find out how. Go ahead, make yourself crazy and risk dying from this.

In example 29 shown at the beginning of the current section, it is, once again, the mind that is assaulted and incapacitated ("even in the under control phase your mind is still being raped with thoughts and being warped further into the disease") and in example 31 "mia" and the individual's "head" are linked as in a parasite/host relationship ("once mia gets in your head she is hard to get out. You will need treatment to get rid of her"). This last example may have a slightly different nuance. The focus may be not so much on the loss of reason as, perhaps, on the loss of that independence and self-reliance that, as explained by Galvin (2002), are at the core of the neoliberal individual's capacity to take action to overcome her disadvantages: as needing treatment to "get rid of" bulimia ("you will need treatment to get rid of her"), the individual is positioned as dependent on the help of "a higher authority" (a therapist) and, thus, as incapable of resolving her problem on her own (Brooks et al. 1998: 197). I will return to the discourse of the self-reliant neoliberal subject in the rest of the analysis.

4.2.3.1.4 The temporal unfolding of the disorder

So far I have illustrated how the authors of contesting messages construct their recipients' starting to engage in bulimic and anorexic practices as becoming involved with something harmful or as crossing the threshold that separates an eating disordered from a non-eating disordered existence. Presenting purging as an addiction positions starting this practice as a point of entry into something intrinsically dangerous, although just what its dangerous nature is is not immediately evident to the purger; it will become manifest in time (see examples 25 and 29). Others, as I will show in this section, present starting to purge or self-starve as rather exposing oneself to the risk of developing an eating disorder. Either way, a progression is highlighted and starting the behaviours becomes, in retrospect, the moment when the eating disorder began or made its first (tangible) appearance.

This is what the recipient addressed in the next example, who has very recently started to purge to deal with her weight (see example 7 in section

4.2.2.1), is warned about: in dealing with her weight through purging (using it as if it were “a quick fix diet”) she will “giv(e) (her)self”, or risks giving herself, an eating disorder. There is a sense in which the pursuit of the behaviour, or its repetition, will or can crystallize into a “disorder” or “mental problem”, a pathology.

Example 34

> *Phyllis* : Go to the gym, be healthy. Don’t try giving yourself an eating disorder.
> It’s called a disorder for a reason. It’s a mental problem, not a quick fix diet.

The same narrative of progression is provided by some of the authors of contesting messages with respect to their own eating disorder. A theme of regret for having started certain behaviours emerges in these accounts, establishing a link between the moment when they started to engage in these behaviours and the disorder they now have. For instance, in example 30 Judith wished she had never started to purge as she then found herself stuck in “a disease and addiction” (“It’s not a switch you can turn on and off. It’s a disease and addiction and I wish I never started.”). In example 24, Stella provided a similar narrative, pointing out that her initial engagement in “Mia” and “Ana” practices for weight-loss reasons eventually turned into an uncontrollable fear of food and calories (“if I could go back I would...”). These posters reconstruct the story or development of their disorder, retrospectively casting the moment when they started to engage in the behaviours as when they “start(ed) having an ED” (example 24) and thereby anticipating the same outcome for their recipients if they do not take action to stop the behaviours. As Stella put it with respect to her recipient’s attempts at purging, she should “Stop (…) Unless you want to lose control of your life and fall deep into disease and mental illness” (example 33). An eating disorder is what will or will likely happen to them if they fail to disengage from the behaviours.

In some of the narratives, this temporal unfolding is expressed through a metaphor of movement that involves words related to journey or traveling. This metaphor appears 7 times. For example, Joanne quoted below, replying to a first-time poster who asked for tips on how to lose weight, including purging, because

tired of people “call(ing) [her] fat”, warns her recipient that her attitudes to weight loss and the methods she intends to adopt may take her “down the road of an ED”. These attitudes and behaviours “can easily take a turn for a life long eating disorder”, taking her “down a dangerous road” that will take over her life unless she “find(s) [her] way off it before” this happens.

Example 35

> *Joanne* : Please, please don't go down the road of an ED. I can't be sure, but my guess is you're fairly young because of you saying that people "call you fat". I apologize if I'm wrong. Regardless, I was there when I was -- ... and I truly know how you feel and how frustrating it is! But please, by eating a balanced, healthy diet and maybe exercising, you will be much more likely to be successful. If you make weight and food an obsession now, it can easily take a turn for a life long eating disorder. (…) Try and think of 5 positive things about yourself every day!!! Think about what makes you not only a beautiful person on the outside, but the inside too. You honestly don't need tips, you need more likely counseling or something of the sort to improve your self esteem and feeling of self worth and confidence! Trust me on this one... and if you choose to continue down a dangerous road that many of us have chosen, I sincerely hope you find your way off it before it takes over your life. Remember, you're beautiful and it doesn't matter, IT DOESN'T MATTER! What others think. It matters what you know about yourself...

Similarly, the next poster warns her recipient that, if she is purging because she thinks this will lead to weight loss, this could be a sign of her being “on [the] way to bulimia” and recommends she gets help “before it actually does turn into a serious disorder”.

Example 36

> *Joyce* : (…) If you are throwing up your food because you think it leads to weight loss, you could very well be on your way to bulimia, so I'd get help before it actually does turn into a serious disorder.

Developing an obsession over food and weight (example 35) and purging for weight loss (example 36), and doing it because in the grip of an eating disorder, emerge as the two ends of a continuum. Originating in one end and

culminating in the other, this continuum is the trajectory of the eating disorder itself. In these two narratives, starting to purge for weight loss and to become obsessed with food and weight are established as the possible and likely onset of a "serious" or "life long" disorder. They are the possible precursors to an eating disorder. As such, this initial engagement in bulimic or anorexic behaviours for weight loss are cast as potentially already part of the eating disorder, its possibility, a risk factor or "semi-pathological pre-illness at-risk state" (Armstrong 1995: 401). At the same time, they are not (yet) a "serious" or "life long" (example 3) (eating) disorder. 'Eating disorder' is, thus, simultaneously constructed as a process and the point of culmination of this process, the full-blown disorder. Because the disease is understood as having this temporal dimension, starting to purge for weight-loss and obsessing over food and weight are already possibly within the disease understood as a trajectory. However, because the 'real' or 'serious' eating disorder is associated with the end of this trajectory, the (possible) initial stage, while pre-pathological, is simultaneously separable from the later one.

An important aspect that separates the full-fledged disorder from its initial or pre-pathological manifestation is that the former, as I have explained in section 4.2.3.1.3 in relation to bulimia, is characterized by the individual becoming a powerless victim of the disorder, unable to control her binge/purging habit or her fear/obsession with food and calories and, thus, unable to stop them despite wanting and attempting to do so. By contrast, the early or earlier stage is linked by the authors of contesting messages to the possibility of being able to stop the behaviours because one has not yet been 'taken over' by the disorder (hence the exhortations to "find your way off it before it takes over your life" (example 35) or to 'stop/get out now till you can' (examples 18, 20, 25 and 26)). It might be speculated that, in this pre-pathological stage, one's rational capabilities, self-reliance and willpower are still intact or have not yet been compromised up to a point where they become helpless or where "you don't even know the difference between black and white, up and down" (example 33). One is still able to "choose another path", thereby averting serious consequences.

Example 37

Sheila : Can you stop losing weight? Your BMI is dangerously low 17.5!! Please re-consider and maintain or gain a couple if you can. Why do you want to lose more? Have you been identified by anyone as anorexic yet? If this is the beginning of your journey, choose another path. This one can lead to death's door.

It is in terms of the dangerous ‘road’ or ‘journey’ that starting to purge or self-starve opens up that the authors of the contesting messages construct newbies’ engagement in these behaviours as problematic and criticizable. As I have shown, this road is one leading towards life-impacting ill-health consequences, concerns with body weight, food and calories turning into an uncontrollable obsession or fear, with consequent loss of control over one’s purging and restricting habits, and, ultimately, the consolidation of these patterns into a life-long, consuming pathology.

4.2.3.1.5 The moral framework of contesting messages

What I have presented so far is a group of discursive devices that the authors of contesting messages deployed when addressing or replying to (typically) new members who produced the sort of posts I have called ‘contested posts’. As I have described, to discourage the latter’s intentions to take up extreme, eating disorder-like weight-loss methods, the authors of contesting messages warn their recipients of the high-risk ‘path’ that starting the behaviours lays in front of them and that culminates in a life-long, entrapping (eating) disorder.

To conclude this part of the analysis on the contesting messages, I would now like to draw attention to a discourse that may help make sense of the rationale of these messages: the discourse on the neoliberal individual as morally responsible for his/her own health (Galvin 2002, Tischner and Malson 2008). According to Galvin (2002: 119), deviating from “the lessons given us” by biomedical bodies of knowledge on what sustains health and prevent ill-health can incur in assigning culpability to the individual for his/her ill-health. The authors of

the contesting messages seem to deploy a similar rationale when, in describing the all-consuming consequences of bulimia/purging and anorexia/self-starving, they offer the 'truth' about these behaviours and conditions, as opposed to what they believe their recipients are attempting to do: use purging and self-starving as weight-loss practices or, as put by the author of example 34, "quick fix diet(s)" (see also example 17, section 4.2.3.1.1). Providing the recipients with all there is to know about the risks of the behaviours in which they are engaging, among which, most importantly, the risk of developing a serious disorder, is what makes relevant the recipients' personal responsibility to prevent these risks. The recipients are encouraged to make the right choice (stop the behaviours). Concomitantly, in the light of having being warned about the health implications of the behaviours, they become blameworthy for nonetheless deciding to pursue them and for thereby "giving (themselves) an eating disorder" (example 34): the charge levelled at them is that of "culpability in the face of known risks" (Galvin 2002: 108).

The theme of personal responsibility in the development of an eating disorder is widespread in the contesting messages. Interestingly, the authors of these posts also highlight their own responsibility for starting the behaviours that led to their eating disorder. For instance, in example 18 (section 4.2.3.1.1) Jenny "(has) never *forgiven (her)self for opening up* this can of worms"; likewise, in example 30 (section 4.2.3.1.3) Judith wished she had never started to purge ("Its a disease and addiction and *I wish I never started*"); and in example 35 (section 4.2.3.1.4) Joanne attempted to discourage her recipient from "choos(ing) to continue down a dangerous road that *many of us have chosen*" (my emphasis). These posters, like their recipients if they ignore these warnings, are culpable for having 'given themselves' an eating disorder. However, displaying awareness of their past irresponsible choices and the negative consequences they led to becomes a form of 'expertise' or insider's knowledge on eating disorders, which functions as the vantage and authoritative standpoint that legitimates the warnings. The warnings, in fact, are often supported with 'evidence' from their authors' lived experience (see examples 14, 15, 17, 18, 20, 23, 25, 28, 30 and 35). Furthermore, in admitting their own past irresponsibly, the authors of contesting

messages can be seen as acting as responsible individuals: individuals who are aware of their situation and who, although still 'caught in the grips' of an eating disorder, have learnt their lesson and are now putting this awareness to good use, for the benefit of those who may be about to make the same mistakes.

4.2.3.2 Preventing the emergence of an eating disorder

The notion that the individual is personally responsible for his/her own health and ill health is, in turn, based on the premise that individuals can actively control their health and, by extension, ward off ill health by changing their behaviours and attitudes (Galvin 2002). The recipients of contesting messages are expected to acknowledge the risks posed by their engagement in purging or self-starving and, as a consequence, to take the care of their health into their own hands (*ibid.*), that is, to act as responsible individuals, by doing what is required in order to avert illness and an eating disorder: disengage from the behaviours. Sometimes specific lines of action on how to accomplish this are suggested by the authors of contesting messages. One such option, formulated in 5 contesting messages, is rooted in the psycho-medical approach to eating disorders and self-image issues and is an encouragement to deal with possible underlying psychological or emotional causes, either by oneself or guided by a health professional. A second solution, expounded in 3 contesting messages, is to learn to accept oneself or one's body the way it is. The third and most frequently suggested solution, appearing in 30 contesting messages, is instead an encouragement to adopt healthy weight-loss methods as opposed to the unhealthy, eating-disordered ones the recipients are seeking to pursue.

This second and last part of the analysis on contesting messages revolves around these three solutions. While the construction of the recipients' weight-loss-driven engagement in eating disordered practices as negative focuses on the consequences of the practices or of what starting the practices has initiated, offering solutions as to how to stop these practices produces a shift of focus to what might have led the recipients to take up on such practices. The analysis of the three solutions will be set against the background of two main contemporary

discourses: the discourse on personal responsibility for one's health that I have previously introduced and the medicine-sustained approach to health and ill-health as functions of, respectively, slimness and excess weight. The latter, it has been argued, is problematically implicated in the normalization of a weight-driven attitude to health (e.g. Austin 1999) that sustains disordered eating rather than representing a real healthy alternative to it, such as a "health at any size" stance would (Burns and Gavey 2004: 562). My analysis and reflections will be concerned with pursuing this critical stance by exploring what possibilities to open up a space for critical reflection on the desirability of weight-loss and thinness are made available (or not) through the three above mentioned strategies to disengage from recently started eating disordered behaviours. The three solutions, in fact, come from different frameworks which have implications for how the engagement in the behaviours and the desire to lose weight and be thin that may underlie this act are made meaningful.

I will begin with a discussion on the first two solutions (dealing with underlying issues and learning to appreciate yourself/your body) in terms of the possibilities they preclude, but also create, to problematize the normality of one's dissatisfaction with one's own body. After this, I will move on to present the 'healthy weight-loss methods' solution, which forms the main focus of the section. This solution is about encouraging the pursuit of weight loss in healthy ways as opposed to unhealthy, eating disordered practices; these healthy ways, in turn, are based on a logic of calorie-monitoring, namely reducing one's caloric intake and consuming more of it. Encouragement to abandon the unhealthy way for the healthy way to weight-loss is, furthermore, inscribed within the discourse of the individual as responsible for choosing behaviours (in this specific case, weight-loss behaviours) that will not jeopardize his/her health and will, in fact, promote it. Interestingly, the 'healthy weight-loss methods' solution, in framing one's engagement in bulimia- and anorexia-like behaviours in terms of choice and personal responsibility (in particular, as the wrong and irresponsible weight-loss choice), moves the causation of this engagement away from the psycho-medical explanation of the 'underlying issues', a shift that, as will become clearer in the course of the analysis, might be beneficial to the opening up of a space where

contemporary discourses on slimness can be critically engaged with. However, the redirection towards healthy weight-loss methods curtails this possibility, as this solution fully endorses a desire for weight loss and a slim body, only one not to be pursued in ways that will expose one to the risk of an eating disorder.

4.2.3.2.1 The psychomedical solution and the individualistic resistance to social pressure

As introduced above, besides encouraging their recipients to stop the recently started purging or self-starving habits or to not start them at all if contemplating to do so, many of the authors of contesting messages also suggest what to do to stop these behaviours. Five of these authors suggest that an emotional, psychological or cognitive imbalance may underlie one's purging (or binge/purging) or (in one case) one's self-starving, as according to psycho-medical theories of eating disorders (see Malson 1998: 81-89). Dealing with these underlying issues will solve the individual's disturbed relationship with her body and weight loss. For instance, in reply to a poster who wondered whether purging could be an effective way to compensate for her binging and the weight gain this had caused, Julie (below) suggested she may "try to figure out the emotions behind [her] bingeing", so as to better control her binging and prevent the purging.

Example 38

> *Julie* : Argh...I am always hungry after purging and honestly.. it doesn't help with weight loss and will screw you up. Maybe try to figure out the emotions behind your bingeing.

The psycho-medical reading of eating disorders has an individualistic take that locates the cause of one's distressed relationship with body and food within the individual, in his/her 'dysfunctional' psychology or cognitions. Problematically, this approach decontextualizes problematic self-perceptions and disordered eating, failing to consider how contemporary discourses around body weight and nutrition sustain these experiences rather than simply functioning as a trigger. For example, despite inconsistent scientific evidence on the cause-effect relationship between body fat and health risks, the institutional discourse of

nutritional public health is based on the idea that weight and, in particular, the amount of body fat, are predictors of health and ill-health (Austin 1999, Burns and Gavey 2004). It has been claimed that this discourse is a major factor in the increasing normalization of a food-restricting or dieting mentality in Western societies, as a calorie-restricting approach and the maintenance or pursuit of slimness are rationalized as tools to maintain health and fight off the risk of overweight, obesity and related illnesses (e.g. Austin 1999, Burns and Gavey 2004, Malson 1998, Polivy and Herman 1987, Tischner and Malson 2008, Woolhouse et al. 2012). Thus, when, in contesting messages, the recipients are encouraged to look into possible underlying issues, an individualistic model is reproduced, foreclosing opportunities to engage critically with the paradoxes that lie beneath the way in which mainstream contemporary discourses establish the boundary between normal and pathological concerns with body and weight. I will be engaging in this discussion thoroughly in the conclusions.

Among the authors of contesting messages, a possibility to problematize the individualistic approach might be created when 3 such authors suggest self-acceptance as the way for their recipients (and in one case for themselves) to overcome their body dissatisfaction and the problematic approach they took to it. In two cases, this solution is presented as learning to like one's body or weight the way it is. One of these two cases is from Amber's post previously shown as example 17 (section 4.2.3.1.1); the extract is reported below.

Example 39 (already example 17 in section 4.2.3.1.1)

> *Amber* : (…) to all the new people thinking this is some quick fix.. this %%%@ might make you thin but truth [is] that in the end you will NEVER be happy. I'm a prime example of just that .. just a pretty girl that thinks a size 00 = happiness... I'm sick and right about now I'd rather be dead than 120 lbs …
> So anyway .. tomorrow I fast for 10-14 days .. no more binge. I don't want to be fat with rotten teeth.
> Anyone else on here go from starving to binging and find it nearly impossible to go back to just fasting ? Even better, has anyone found a way to feel comfortable at 120 ? haha .. ugh

This poster's engagement with the discourse of accepting one's body the way it is never went beyond merely suggesting this option, yet this simple

mention is potentially important as it is offered as an ideally better alternative to living in a state of constant unhappiness because stuck in the belief that only a size zero will bring happiness (a belief she presents as being a consequence of 'the disease'). This reasoning may open up some space to question the worth of the pursuit of the thin ideal, although Amber blames her impossibility to "feel comfortable at 120" on the disorder ("this %%%@ might make you thin but truth [is] that in the end you will NEVER be happy"), rather than on the equation "size 00 = happiness" being the result of an unattainable cultural expectation.

The second poster who encouraged a 'learn to like your body' solution (example 40 below) did so by framing it as part of an emotionally beneficial approach to weight loss ("Do all those things, and you will lose weight, and not only that, but you'll also feel better about yourself"), which also includes changing to healthier eating patterns.

Example 40

> *Valerie* : By the time you throw up most of the calories have already been absorbed into your body and with all the negative effects it can have on your body, it's really not worth it. My advice to anyone who wants to lose weight... Stop caring about your weight. Learn to like your body how it is. Eat healthy and learn when to stop eating. Exercise. Do all those things, and you will lose weight, and not only that, but you'll also feel better about yourself. (…)

Valerie's post is interesting because the advice "Stop caring about your weight. Learn to like your body how it is" encourages the development of an independently formed appreciation of one's body and of the body one manages to achieve through weight loss, creating a subtext where it is implied that what one's sense of self and body perception should be independent of are socio-cultural expectations about body weight and shape. This potentially creates some space of resistance to these expectations or pressures; at the same time, however, the independent subject position that is here offered as preferable to one that gives in to social expectations (Wetherell 1996) reproduces an individual/society separation whose problematic implications I explain in relation to the next example.

The third poster who offered the ‘learn to like yourself’ solution was Joanne in example 35, where she also extended this approach beyond an appreciation of the body, to include the whole of the individual’s self. Her post was produced in reply to a newbie who, tired of being called fat, was trying to slim down and endeavoured to do so through (among other things) purging. Joanne urged her to abandon the purging for healthier alternatives. The first suggestion is to switch to healthy dieting and exercising, which are presented are more effective as well as safer ways to weight loss (“But please, by eating a balanced, healthy diet and maybe exercising, you will be much more likely to be successful. If you make weight and food an obsession now, it can easily take a turn for a life long eating disorder.”). This is an example of the ‘healthy weight-loss methods’ solution that I will be concerned with in the following section. As I will explain, this approach problematizes the recipients’ engagement in eating-disorder-like behaviours but not their desire to lose weight, which is, in fact, accepted and supported. Immediately after encouraging a healthy approach to weight loss, the poster invites her recipient to think of beauty in holistic terms, so as to include not only “the outside”, namely body weight and shape, but also “the inside” or personality (“Try and think of 5 positive things about yourself every day!!! Think about what makes you not only a beautiful person on the outside, but the inside too”). At the end of the reply, the author also stresses the importance of self-reliance, of believing in one’s own sense of beauty and self-worth and not letting oneself be influenced by others’ opinions (“Remember, you're beautiful and it doesn't matter, IT DOESN'T MATTER! What others think. It matters what you know about yourself”). In these ways, the potential for a critical reflection on the meaning of beauty is made available, as Joanne’s definitions of beauty transcends an idea of beauty as (solely) tied to aesthetic parameters. She also raises the issue of social pressure (“What others think”) to conform to this narrow, appearance-based definition of beauty. By contrast to the ‘healthy weight-loss methods’ solution she offered initially, this other approach transcends the discourse that positions dissatisfaction with one’s own body and weight as normal and legitimate: conforming to a particular body shape and weight becomes irrelevant within the alternative conceptualization of beauty being offered.

On the other hand, the problematizing potential of this approach is partly thwarted when the poster switches to a psychological reasoning, discarding the initial healthy weight-loss way ("You honestly don't need tips") and settling on the position that "you need more likely counseling or something of the sort to improve your self esteem and feeling of self worth and confidence!". Thus, while she offers important points of resistance to mainstream notions of beauty, undermining the worth of the slimness as imperative, such a resistance is also made to rely on the development of a stronger, independent self. In other words, the source of the problem is located in the individual's lack of adequate psychological resources to resist the social pressure to be thin, thereby reproducing the medicalized and individualized approach to problematic relationships with body and food that decontextualizes them from the contemporary discourses within which these experiences are made meaningful (c.f. Wetherell 1996).

To recapitulate, this poster veers towards a solution that is individualistic in scope while simultaneously containing elements that problematize the slimness and weight-control imperative. That is, the 'learn to like yourself' approach is elaborated in such a way that it engages with cultural explanations of self-image distress, although its psychologization prevents a fully critical discourse from emerging because change concerns the individual rather than having a more social breadth. This post and the two posts presented as examples 39 and 40 are the only sites among the contesting messages where chances to reflect on socio-cultural pressures to change one's body and be slim are made potentially available. In fact, the most suggested line of intervention for newbies to stop their problematic weight-loss behaviours (turn to healthy weight-loss methods) condemns the engagement in these behaviours, but acknowledges and legitimates the desire to lose weight and pursue thinness that underlies them. It is to this solution that I turn to in the next section.

4.2.3.2.2 Loosing weight while avoiding an eating disorder: The healthy way to weight loss

If individuals can actively control their health and thereby prevent ill health by changing their behaviours and attitudes (Galvin 2002), in the 'healthy weight-loss methods' solution (the most frequently suggested one by the authors of contesting messages), the behaviours and attitudes to be changed are those about how to pursue weight loss. In this way, and by contrast to the points of resistance to socio-cultural pressures made available in the 'learn to like yourself/your body' solution, a desire to change one's body and pursue thinness is accepted and, in fact, supported. What is unacceptable and irresponsible is an unhealthy, eating disordered approach to weight management and weight loss. Recommendations to lose weight 'the healthy way' appears in 30 contesting messages distributed across 17 threads, with one poster intervening five times, two other posters intervening three times each, while each of the remaining posts has a different author. The present section seeks to illustrate how the concept of 'healthy weight loss' is conveyed and by what conceptual framework it is informed.[9]

In the contesting messages where an encouragement to change to 'the healthy way' is offered, this notion appears fourteen times as the word 'healthy' or 'healthily', and five times as the words 'sensible', 'right', 'balanced' and 'normal', all occurring mostly with either 'eating' or 'dieting', but also, and less frequently, with 'being', 'way' (3 times, as the 'healthy way' to weight loss), 'restrict' (once) and 'exercise' (once). Other examples provide more elaborate descriptions to suggest the same idea, such as when indicating which foods to limit and which are safe to eat all the time. Moreover, exercising is also suggested in more than two thirds of the cases (22 out of 30), appearing alongside healthy eating except for one case where it is mentioned on its own as a healthy weight-loss practice.

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[9] One of these posters also suggests liposuction as another option beside healthy eating/dieting. There is also one poster who encourages healthy eating alongside "STEP(PING) AWAY FROM THE COMPUTER" (example 19, section 4.2.3.1.1), probably meaning the forum and any other pro-anorexia website.

Starting the analysis from the attribute ‘healthy’, this appears 4 times to indicate ‘being healthy’, with two different uses. On the one hand, it describes a physical state of the individual, such as in example 41 below, where ‘being healthy’ is the result to be had out of a weight-loss diet, so that the weight loss so pursued will give not only a slimmer body but also a healthy one. Likewise, in example 42 ‘healthy’ describes the bodily state of the recipient, in terms of a relation between weight, height and age (“you are a completely healthy thin weight for your age and height”).

Example 41

> *Rachel* : Best advice is talk with your parents about your concerns and between them, your doc u can come up with a SENSIBLE eating/activity plan so you will CONTINUE to be healthy and fit. You'll never solve a cold by "catching" cancer.

Example 42

> *Gemma* : You are a completely healthy thin weight for your age and height :) your body is still growing so try and just stay away from junk food and eat plenty of fresh fruit and veg instead :) low calorie veg is best cause you can eat loads of it and not feel guilty :) and you’ll notice a brilliant change in your body after even a week.

Weight loss must be pursued in such a way so as to sustain bodily health and avert ill-health, namely an eating disorder (or “ "catching" cancer”, as metaphorically put by the author of example 41). In example 34 previously shown in section 4.2.3.1.4, ‘being healthy’ designates the way in which a “healthy thin” body (example 42 above) is to be achieved, as opposed to the way that will lead to an eating disorder (“Go to the gym, be healthy. Don't try giving yourself an eating disorder. It’s called a disorder for a reason. It’s a mental problem, not a quick fix diet”). Likewise, in the next example the “unhealthy”, eating disorder-like way is to be abandoned for the healthy one. In both examples, ‘being healthy’ is to be pursued along with or as including going to the gym/exercising.

Example 43 (formerly example 27)

> *Trish* : What I'm going to tell you now you might not like to hear, but if you're considering losing weight the unhealthy way, reconsider. I'd highly recommend not getting involved in the

realm of EDs because once you're there, there's no going back. Try cutting back your caloric intake around 400-500 calories a day; if you normally eat 1700, then try around 1200 or 1300. Exercise at least 3 times a weak for an hour, and if you get the chance and would like to, work with some weights to tone up. The honest truth is that if you start dipping below 1000 calories a day, eventually the weight loss will slow because your body will go into starvation mode and your metabolism will slow down, so if you're going down the road of anorexia, you have to keep reducing to keep the weight loss going, which is not something you're going to want to start. Stick to being healthy; it's better in the long run!
Here are some good low calorie meals/snacks you can have:
1 rice cake with 1 teaspoon of peanut butter: 100 calories
1/2 a cucumber with lemon juice, salt, and pepper: 22 calories
2 cups of popcorn: 60 calories
1 chocolate pudding cup with 5 small strawberries: 75 calories
1 sliced apple with lemon juice, cinnamon, and splenda microwaved for 1 min: 90 calories (and tastes like apple pie!)
3 egg whites: 51 calories
3 rolled up turkey deli slices with sliced vegetables: 60 calories
Good luck!

Beside and appearing more frequently than 'being healthy', "eat(ing) healthy" equally names the proper or "healthy way" to weight loss, as in example 23 shown in section 4.2.3.1.2 ("Don't go 4 either do it the healthy way. (…) Just eat healthy and exercise"). 'Eating healthy' appears 7 times, in 4 of which it is mentioned together with exercising. In addition, 'eating' also appears once as 'eating right', once again along with exercising (example 31, section 4.2.3.1.3 "try eating right that would be way better (…) just eat right and work out in the gym."). 'Eating healthy/right' as the proper way to weight loss appears 9 times in total, including one case in which 'healthy eating' is used as a descriptor of 'diet' (example 44 below).

Example 44

Susan : (…) Ana and Mia are slippery slopes. I'd be sad at anyone who would tell you: "you should be ana" "you should be mia" < When no one who is anorexic or bulimic //wants// to be sick with this.
Even if they embrace it.... it's cause its apart of being sick that they do.
Have you tried any healthy eating diets or just watching your daily calorie count. (…)

‘Diet’ alternates with (healthy/right) ‘eating’ in naming proper ways to weight loss. ‘Diet/dieting’ appears 8 times (mentioned twice by the same poster), including example 41 where it appears as ‘eating plan’ (“a SENSIBLE eating/activity plan”). In one case, it is used on its own, that is, with no qualifiers (example 45 below).

Example 45

Julie : Most likely you'll maintain unless you restrict and bp.. but there are so many health complications you're better off with diet and a lot of exercise.

In the remaining 7 cases, ‘diet’ is characterized by an adjective. Along with diets involving “healthy eating” as shown in example 44 above, the diets suggested are ‘healthy’, ‘balanced’ or ‘sensible’ (e.g. example 35 section 4.2.3.1.4 “by eating a balanced, healthy diet and maybe exercising, you will be much more likely to be successful.”; example 21, section 4.2.3.1.2 “Take care of yourself...try sensible dieting and exercise...”), as well as ‘lower calorie’ (example 46 below) and ‘normal’ (example 47 below). ‘Exercising’ is also present in all of these examples as well as example 45 above.

Example 46

Gemma : urgh don’t TRY and get this disease :s you're only young if you have weight that you need to get rid of a lower calorie diet and a little exercise will get it off in no time. You don’t want this life :(

Example 47

Adrienne : You don't want to do that, just go on a normal diet. Join weight watchers. Or to be honest because you aren't that fat, just put some more exercise and cut down on unhealthy food. Do not give yourself an eating disorder you will regret it forever.[10]

Note, in example 47 above, that a suggestion is made for what is to be understood as “a normal diet”: Weight Watchers. Including this example, Weight

[10] Examples 46 and 47 are from the same thread.

Watchers is suggested in four posts (twice by the same author); occurring three times metonymically (i.e. in place of 'diet') as in example 48 below.

Example 48

> *Phyllis* : (…) It's not even enough weight to want an eating disorder. Weight watchers and a little bit of exercise and you'll get there a whole lot faster and with a hell of a lot less stress then with bulimia.

The Atkins diet and a modified version of the '2468 diet' are also suggested, once each. Below is the example of the latter, explaining how the diet works.

Example 49

> *Gemma* : Eugh bulimia is not a diet. It may well be a 'way of life' but in the end it's a disgusting disease. Ana boot camp is good for weight loss, but if you haven't already an ED you don't want to go down that road :/ you may well come out of the 'diet' anorexic.
> But something like 2468 diet (modified) would work great for you :) like if you have, 400 calories one day, then, 600, then 800, then 1000, then back to 400 and repeat the cycle? Lots of anas do this diet and see great results. It wont f**k up your metabolism either.[11]

Added to the previous count of 'diet/dieting', 'diet' as a generic noun (diet, eating plan), an activity (dieting) or a specific diet (Weight Watchers, Atkins, modified 2468), now appears thirteen times.

There is, finally, one example (50 below) in which, rather than 'healthy eating' or 'dieting', another expression is used to similarly describe a "the healthy way" to weight loss, to be preferred to an eating-disorder-like one (in this case, purging/bulimia): 'healthy restriction' of food/calories, once more to be combined with exercise.

[11] The "Ana boot camp" diet this poster mentions at the beginning of her post is suggested in a reply before hers. Here she acknowledges that the diet is "good for weight loss", but she also discourages it because of the risk of "com(ing) out of the 'diet' anorexic", offering as a better alternative a modified version of the '2468 diet'. Both diets are, however, widely discussed on the forum as techniques of extreme calorie restriction.

Example 50

Natalie : First off, 126 isn't bad! It'd be better if you'd just exercise and restrict healthily rather than purging, but it's totally your choice. I just want you to be aware of the risks of bulimia. For example, a lot of bulimics have "chip-munk cheeks" from purging too much. There are so many health risks associated with eating disorders.
Please try to lose weight the healthy way. I would hate for something bad to happen to you because of an eating disorder. (…)

While some of these encouragements to choose healthy weight-loss methods are literally no more than an exhortation to eat healthy or balanced or diet sensibly (and exercise) (e.g. examples 21, 23, 31, 34, 35, 44 and 45), there are, in the other cases, more specific indications as to what this 'healthy way' to weight loss involves. "The healthy way" mentioned by the author of the last example (example 50) includes "restrict healthily", which refers to reducing one's daily amount of food and/or calories, or eating less that one has done up to then. The same logic appears in example 43. Here, the author's encouragement to "stick with being healthy" involves reducing one's daily caloric intake by 400/500 calories ("Try cutting back your caloric intake around 400-500 calories a day; if you normally eat 1700, then try around 1200 or 1300") and choosing "low calorie meals/snacks" of which she offers some examples (all below or no more than 100 calories). The post in example 45 is not as detailed, but its author points the same way by advising her recipient to follow "a lower calorie diet"; similarly, in example 44 "watching your daily calorie count" is proposed, its subtext being that one should monitor caloric intake to avoid going over a certain threshold.

Recommendations to "cut down on unhealthy food" (example 47) share the same theme of calorie/food reduction, specifically in relation to unhealthy calories/food. The author of example 42 recommends avoiding "junk food"; similarly, in the thread from which example 47 is taken, the poster intervening next (shown as example 39 in section 4.2.3.1.1) suggests "Cut(ting) down the sweets". Unhealthy foods are to be avoided and preferably substituted by healthier food choices, such as fruits and vegetables, as advised in example 42. The meals/snacks suggested by the author of example 43 equally involve choosing

certain foods or products over others based on quantity and calories, not just overall but also in relation to the caloric impact of specific nutrients; for example, opting for a sliced apple sprinkled with lemon juice, cinnamon and Splenda (a 'zero calorie' artificial sweetener) gives you something that "tastes like apple pie", but without the added disadvantage of the high, 'unhealthy' content of sugar, fat and overall calories of an actual slice of apple pie.

Finally, dieting, like eating, should be 'healthy', 'balanced' or 'sensible', as opposed to extreme practices associated with eating disorders such as purging, extreme restriction and relentless exercising. A few posters mention Weight Watchers as one such "normal" (example 47), sensible diet. There are also three posters who suggest putting one's weight concerns in the hands of health practitioners, members of the medical profession such as the family doctor (example 41) or a nutritionist (example 21).

To recapitulate, all of the healthy weight-loss methods encouraged by the authors of contesting messages, from seemingly common-sense and simple indications such as cutting out junk food and being more active, through to more structured options such as Weight Watchers and doctor-monitored "eating/activity plan(s)" (example 41), share the same logic of calorie and food-intake control based on ingesting less food/calories (or no more than a certain amount), making the right food choices and consuming more of one's intake. This logic is an important element of the 'healthy weight loss' solution and I will discuss it further in the next and concluding section. Before dealing with this point, however, I will be elaborating reflections on another aspect of this solution: the fact that 'the healthy way' to weight loss is the alternative that the authors of contesting messages urge their recipients to choose over unhealthy, eating disordered methods. Crucially, this healthy way is about pursuing weight loss or thinness safely, without the health risks, physical and mental, of purging and self-starving.

4.2.3.2.3 Discussion of findings

I started my analysis of the contested posts and the contesting messages that addressed them by describing how, in the former, there emerged a

construction of what the posters referred to as purging/bulimia and restricting/anorexia as behaviours that were being started or pursued as weight-loss methods. I have then presented my findings of the ways in which the authors of contesting messages turned their recipients' weight-loss-driven engagement in those behaviours into a negative and dangerous pursuit, in terms of the consequences (c.f. Burns 2004) or 'road' that starting the behaviours lay ahead of the individual: a road made of physical and mental problems, loss of (mental) control over oneself and the behaviours up to the point where one gets addicted to or obsessed by them, and the consolidation of these patterns into an all-consuming, life-long (eating) disorder. I have also explained how warning the recipients about these health risks deploys a logic that is typical of the discourse of the neoliberal individual as responsible for his/her own health. Once the recipients are made knowledgeable of the negative implications that their eating disordered practices will have for their health, their responsibility for making the right choice in relation to these practices (stop them) is made relevant. Concomitantly, if they pursue the behaviours despite knowing about the great dangers these will pose to their health and life, they become blameworthy of having made the wrong, irresponsible choice and, thus, for having put themselves on the road of an eating disorder.

The neoliberal individual of this discourse is a conscientious individual who knows s/he has a moral obligation or "duty" to take care of his/her own health; s/he is a proactive citizen who adopts a healthy lifestyle to promote health and avert ill-health and who takes action to overcome health risks and disadvantage by changing his/her behaviours and attitudes (Galvin 2002: 112; see also Burns and Gavey 2004, Tischner and Malson 2008). Consistent with this model, the recipients of contesting messages were sometimes invited to adopt specific solutions or lines of action to rectify their behaviours and attitudes.

The first solution I considered is an encouragement to deal with underlying issues; it reproduces the traditional psycho-medical approach to eating disorders, according to which engaging in eating disordered practices reflects an unhealthy approach to oneself and one's own body produced by some psychological or emotional dysfunctions (e.g. a deficient self-esteem as suggested

by the author of example 35). In the solution I called the 'learn to like yourself/your body' solution, a similar suggestion is made that a change must happen within the individual, but I have also shown how this solution is formulated in ways that have the potential to challenge the conflation of slimness with beauty and happiness: if achieving slimness fails to make one happy (example 40) or if there is more to beauty than one's external appearance (example 35), than slimness and its desirability are (ideally) not as meaningful any more. At the same time, this resistance to dominant notions of slimness and beauty is played out as a struggle *of* the individual against society or social pressure: as the solution to this struggle is the development of independently-formed perceptions of one's body (example 40) or the cultivation of a stronger self, capable of resisting social pressures to conform to beauty canons (example 35), this logic ends up reproducing an individualistic approach to change as in the psycho-medical model, where change must primarily take place in the individual's psychology rather than in the socio-cultural context that contributes to her distressed relationship with her body (Beausoleil 2009, Russell-Mayhew 2006). If, as claimed by some commentators, practices of disordered eating, while condemned by society, are simultaneously, and paradoxically, sustained by contemporary discourses on weight, weight loss and obesity (e.g. Austin 1999, Boero and Pascoe 2012, Bray 1996), focusing on the individual as the sole site of change will marginalize these socio-cultural components.

What is also noteworthy with respect to the 'learn to like yourself/your body' solution is that, while it ultimately thwarts the development of a critical discussion on socio-cultural pressures because of the individualistic discourses on which it draws, it is possibly the only site among the contesting messages where some potential to engage in critical thinking about the social is made available. In fact, in the 'healthy weight-loss methods' solution, which was the most frequently offered of the three solutions I have identified, such potential is precluded at the outset. The crucial aspect in the logic of the 'healthy weight-loss methods' solution, where the recipient is encouraged to switch from unhealthy (eating disordered) practices to healthy ones, is that the recipient's engagement in the former is subtextually framed as the result of a (wrong) choice. A further

implication is that the role of weight loss and slimness in being able to appreciate oneself and one's body is not made (potentially) irrelevant as in the 'learn to like yourself/your body' solution; in fact, the posters' encouragement to adopt healthy weight-loss methods questions the way the recipients are going about pursuing weight loss and slimness, but not their desire or motives for wanting to lose weight and be thin. This desire is implicitly acknowledged and treated as legitimate. What is not accepted and gets contested is the fact that, in order to pursue weight loss, one may choose eating disordered practices; that is, practices that pose a hazard to health, as emphasized by the authors of contesting messages in their repeated warnings about the harmful consequences of these practices on one's health and life. Thus, turning to purging or restriction for weight loss is framed as the result of a failure to choose weight-loss practices responsibly, that is, in terms of their implications for health: one must choose practices that, like healthy eating and exercising, will lead to the desired weight loss and slimness while sustaining health and avoiding the ill-health effects of practices such as purging, extreme restriction and self-starving (among which their consolidation into a eating disorder). A healthy weight-loss approach enables one to loose weight and get slim, indeed to not renounce one's weight goals, while at the same time not infringing the requirement to be responsible about one's own health, as captured very well by Julie (below) who urges her recipient to "decide what's more important.. your gw or your health" ('gw' is acronym for 'goal weight'): this tension is resolved by suggesting her recipient dealt with her weight goal "through healthy diet and exercise".

Example 51

> *Julie* : You need to decide what's more important.. your gw or your health.. the honest answer....you may gain some weight back which it's better to lose through healthy diet and exercise :/ I'm in the same place as you, too.

An interesting implication of this framework is that it produces a shift away from the psycho-medical explanatory model of purging and self-starvation: it potentially depathologizes these behaviours, as one is not engaging in them as a result of impaired or dysfunctional psychological or emotional faculties, but,

rather, as a result of an (unhealthy, irresponsible) choice one has made. In this way, and combined with the logic that starting to purge or self-starve for weight loss can turn into a disorder (see sections 4.2.3.1.3), a non-psychopathological relationship is established between, on the one hand, a desire to lose weight and modify one's body shape and, on the other hand, the possibility of developing an eating disorder, via one's decision to fulfill that desire through bulimia- or anorexia-like practices. Importantly, because of its conceptualization outside of a psycho-medical framework, I see in the above-mentioned connection the potential to move outside the individualistic perspective of psycho-medicine on body dissatisfaction and disordered eating, so as to create space to allow for critical reflection on the socio-cultural context that supports a desire to change one's body and get slim as normal and even desirable. However, the encouragement to change to healthy weight-loss behaviours blocks any entry points to such a critical space, because, as I have explained, the subtext to such an encouragement is that the pursuit of weight-loss and slimness is legitimate and normal.

There is a powerful, "normalizing" rationale at work in the 'healthy weight-loss methods' solution (Bordo 1993: 186): the 'healthy weight loss' discourse. It normalizes the desirability of weight control and slimness because such a desire is pursued healthily. In section 4.2.3.2.2 I described in detail that the logic of the 'healthy weight-loss methods' solution is one of calorie and food-intake control based on ingesting less food/calories, making the right food choices and consuming more of one's intake. It draws on the logic of the 'eat less, consume more' approach that nutritional public health has adopted to deal with weight-related problems, and in particular obesity, in Western societies (Tischner and Malson 2008: 260-261). This approach is culturally pervasive and, beside nutritional public health, it has also been appropriated and capitalized upon in more popular sites such as the fitness industry, food advertising and lifestyle magazines (Burns and Gavey 2004: 554). It posits that managing one's weight through eating less and consuming more is the key to healthy living. This approach relies on biomedicine and the notion of the body as a metabolic 'machine' whose health depends on maintaining a balance between 'fuel' (calories) ingested and 'fuel' expended; if the balance is kept, excess fat cannot

accumulate and the body 'naturally' remains within the (biomedically defined) healthy weight range (Austin 1999, Bray 1996). Health conflates with maintaining a certain body weight and, in particular, with preventing, via calorie management, the accumulation of body fat (Austin 1999, Burns and Gavey 2004, Tischner and Malson 2008).

Scholars have commented on the role of public health's promotion of such a preoccupation with food and fat and with a quantitative approach to health in terms of the number of calories ingested and expended and body measures (e.g. weight, girth) in the normalization of a self-monitoring, food-restraint mentality (Austin 1999, Beausoleil 2009) and even in the pursuit of a slim, healthy-*looking* body at the expense of experiential wellbeing and the internal health of the body (Burns and Gavey 2004). More than two decades ago, Polivy and Herman (1987) drew attention to the fact that a dieting mentality was becoming increasingly normal (widespread) and normative (socially accepted) for women. Studies have found that women who practise food restraint distance themselves from a discourse of dieting for weight loss *per se*, by deploying a health-framed discourse, constructing their food restraint as being about eating in a healthy and balanced way and making healthy food choices (Woolhouse et al. 2012), or because keeping one's eating within certain limits is only naturally good and healthy (Wetherell 1996). It has also been observed that a logic of maintaining the balance between energy ingested and expended and a logic of 'undoing the damage' of food consumption (eating too much) are used both in sanctioned weight-loss approaches (e.g. Weight Watchers) and by women who engage in bulimic practices: in both cases these logics rationalize compensatory practices, whether normal/healthy (eating less of something to eat more of something else; exercising that extra half an hour) or disordered (e.g. purging, abuse of laxative, exercising excessively and fasting) (Burns and Gavey 2004). The distinction between 'healthy' and 'unhealthy' practices of weight management is thereby problematized, as these findings point to how both types of practices inhabit the same "discursive space" (Burns and Gavey 2004: 559) or cultural context, where, as claimed by Bray (1996), the biomedical approach to body and food has created

the cultural conditions that enables contemporary body- and weight-control regimes, whether normative or disordered.

In fact, in the 'healthy weight loss' solution, the distance between a desire to lose weight and be thin and developing the intensely distressed relationship with food and the body identified as bulimia, anorexia or eating disorder becomes a matter of choosing the right over the wrong weight-loss behaviours, but the line between a healthy and the eating disordered road can be very thin. What distinguishes them is as a primarily quantitative measure: losing weight while avoiding getting ill with an eating disorder is about 'restricting healthily' or going on a 'normal, balanced diet' rather than restricting indiscriminately as in extreme calorie restriction or self-starvation; it is about compensating for an excess of ingested calories/food through exercising rather than purging; and perhaps exercising 'sensibly' rather than compulsively. As pointed out burn Burns and Gavey (2004: 561), while we think of self-starving, purging and compulsive exercising as "exist(ing) outside of what are considered normal body management regimens", both Burns and Gavey's (*ibid.*) interviewees and the authors of contesting messages in my data deploy a logic that points to socially sanctioned weight-loss practices and the practices we call 'anorexic' or 'bulimic' as existing on a continuum, rather than being qualitatively distinct. They are sustained by the same quantitative rationale; in Bray's (Bray 1996: 427) words, they share the same "biomedical grammar".

Problematically, this rationale is normalized by the medically-sustained notion that health management is achievable through maintaining a healthy weight via calorie control. This is not to deny that exercising and better eating habits are beneficial to health. The crucial point is that the socially sanctioned 'eat less and consume more' approach to healthy living is founded on a notion that conflates good health with a certain body weight, rather than a notion of health as experiential health/wellbeing which, as claimed by Burns and Gavey (2004: 562), would produce a more beneficial "health at any size" approach. The 'health as healthy weight' discourse thus fails to produce a real, non-eating disordered alternative, because its underlying quantitative logic sustains both 'disordered'

and 'legitimate' weight management practices (Burns and Gavey 2004, Boero and Pascoe 2012).

Lastly, I would like to point out that the depathologization of bulimia- and anorexia-like practices produced by constructing engagement in these practices as the result of an irresponsible choice (or a failure of the neoliberal subject to exercise her/his freedom of choice responsibly) does not completely remove these behaviours from a medical discourse. In fact, they are firmly inscribed within contemporary, biomedicine-based discourses on health and weight loss. I find particularly interesting the consequent construction of eating disorders as an ever-present health-risk one should always bear in mind. Various roads to weight loss are available, some healthy and sanctioned, others unhealthy and deviant. Of course, we must be able to choose the right, healthy one. Consistent with the current public health approach to illness prevention "grounded in the belief that all people are at risk of becoming ill according to how they choose to think and behave" (Galvin 2002: 115), people are exposed to the health-risk 'eating disorder' as soon as they stray from certain choices and behaviours, that is, as soon as they chose from behaviours that are on the unhealthy side of the divide. It might be within this framework of ill-health as ever-present risk that eating disorders are made meaningful by the participants in my data as "objective health threats" (Lupton 2000: 206), know (nearly visually tangible) sources of hazard, as when they are portrayed as dangerous and entrapping spaces, a 'can of worms', something that should not be messed with or a road one is walking down.

With this reflection I conclude my analysis of contested posts and contesting messages. In the next section I turn to a second phenomenon of interest that emerged from the data and that I undertook to explore. The two phenomena are very different and I analyzed them separately. Nevertheless, they both represent aspects of the forum's day-to-day life.

4.2 The biological body

4.3.1 Introduction

This section forms the second and last part of my analysis chapter. It is primarily about the discursive construction of the body as a machine-like system of inbuilt, self-regulated biological processes, and, specifically, metabolic mechanisms. I refer to this construction as ‘the biological body’. It emerged as a key trope in the data in relation to talk about the body. Cross-checking through a common method in corpus linguistics, “traces” of this discourse (Baker 2006: 5) were present in approximately 200 posts, which include around 120 cases out of 320 posts where the keyword ‘body’ was present, and 89 (out of 93) posts with the keyword ‘metabolism’. Few studies have focused on how the body is discursively made evident in the disembodied interactions that take place on pro-anorexia websites (Boero and Pascoe 2012a, Riley et al. 2009); to my knowledge, the findings I report illustrate a way of “bring(ing) the body online” (Boero and Pascoe 2012a) that is absent from the existing pro-anorexia literature.

The ‘the biological body’ construction draws on biological and biomedical discourses on the body and, like these, it is framed by a Cartesian or dualistic approach to mind and body. Malson (1998) has contended that a discourse of Cartesian dualism produces the anorexic’s way of experiencing her body as an alien and uncontrollable entity that needs to be controlled but that, at the same time, threatens and disrupts these attempts at control through its impulses. Specifically, Malson’s (*ibid.*: 125) findings about the way in which anorexic women construct eating as an urge of “the eating body” has provided the background for my own analysis. ‘The biological body’ construction can be understood within the same framework of the ‘the eating body’: however, as I will show, beside some important similarities there are also significant differences in the way in which the two constructions may enable a sense of control over disruptive bodily impulses.

I begin the analysis by illustrating ‘the eating body’ through examples from my data, which I have interpreted following Malson (1998) and Bordo

(1993). I then move on to illustrate the construction of 'the biological body' and how it is used by the forum members. I conclude by comparing the two constructions and discussing what a shift from 'the eating body' to 'the biological body' may imply for the struggle of the mind/self with the body that characterizes the experiences of the forum members.

4.3.2 The eating body

In the Cartesian discourse, the mind or self and the body or the material are separated, with the body constructed as uncontrolled and threatening the purity of the spiritual, disembodied mind/self. The body is positioned as needing to be controlled by the mind/self, a control to be exercised through repression of the body's desires. Thus, this dualistic construction positions the mind/self and the body in a particular relation of conflict (Malson 1998: 123). Consistent with this framework, in the experiences of anorexic women eating is typically constructed as something "wanted (by the body) and forbidden (by the mind)" (*ibid*.: 125). Malson's (*ibid*.) "the eating body", a construction of eating as a bodily urge to be resisted, is one way in which this tension is verbalized. Below I present this construction through extracts from my data.

For example, some of the forum members speak of how they try to strongly avoid certain foods, as these pose a threat to their self-control or attempts at controlling their bodily desires (Malson 1998). For Helen in the extract below, "carbs" (carbohydrates) are to be avoided not only because doing so "makes (her) lose sooo much", but also because of their overwhelming power on her self-control or ability to control how much of them to be eaten. They are constructed as a temptation to be avoided "like the plague", as eating them once is feared to cause an uncontrollable craving. Not simply tasting them, but the mere sight of them constitutes a dangerous temptation.

Example 52

Helen : (...) I also have been avoiding carbs like the plague haha. It makes me lose sooo much but I've been a bit ridiculous, like wandering around the store for 40 minutes looking for one item or sprinting out of the room because there was cake on my

mom's birthday :/ haha not good! But I'm so afraid to eat them now, it's like I feel if I do I'll never be able to stop! Like ill crave them all the time. (...)

In another post, Helen refers to "carbs" as "the enemy" (not shown). This 'war' metaphor is re-proposed in her humorous description of the cake scene: carbs are literally to be run away from. Likewise, for Michelle (below), food and drinks with a high sugar content are something to "protect (her)self from".

Example 53

Michelle : It's the binging that %%%$%*% get me!! Every time I've learned I have to be extremely careful about what I drink I think if I even drink something with sugar in it it'll make me want to eat cookies and icecream +%## like that. I'm still working hard everyday to protect myself from over eating.

Certain foods are not to be eaten because, in Helen's words, "if I do I'll never be able to stop" (example 52). Eating them is feared to lead to a loss of control, to not being able to stop eating them despite wanting to do so. In other words, a loss of the mind's control over one's food-related impulses.

In the following example, these impulses are blamed on the body. Gemma attributes her constant eating ("I can't stop eating") to her "menstruating body" (Malson 1998: 116), locating, in particular, the core of her unpleasant experience in the stomach ("I feel like ripping my stomach out").

Example 54

Gemma : fatfatfatfatfat...
126 pounds today.. and I can't stop eating
It's coming up to my time of the month, and I know that's why, but still. I feel like ripping my stomach out. :(

Her (menstruating) body is positioned as the cause of her distress (Swann 1997), an uncontrollable eating that is presented as an urge dictated by the body and unwanted by the self.

This distancing from one's own body and its eating impulses is dramatically conveyed in the next example, whose author's body, as "crav(ing)" and "scream(ing) at (her) to eat the nasty forbidden foods", is anthropomorphized and thereby positioned as agentive over the mind/self.

Example 55

> *Alex* : I have been suffering with AN for over 11 years and I still have my list of safe foods that I started with!! I usually stick to a certain list of food and restrict my calories...but since I have been in recovery, getting that fear back about all my once forbidden foods has been so damn hard. It's like now that I know what certain foods taste like (which I had no clue about before recovery cause I never let them touch my lips) my body craves them... it SUCKS!! over the past month I have had some slip-ups and felt really guilty and worthless. I like my safe foods cause I know they make me lose and I hardly ever feel hungry throughout the day. I just wish that my body would not scream at me to eat the nasty forbidden foods and that I would not be so weak to give in and eat them (…)

In both of the last two examples, the body is presented as an unruly source of desires that "*threatens our* [these posters'] *attempts at control*. It overtakes, it overwhelms, it erupts and disrupts" (Bordo 1993: 145; original emphasis). In example 55, it disrupts and takes over the poster's efforts and will to control hunger and what she eats ("I just wish that my body would not scream at me to eat the nasty forbidden foods and that I would not be so weak to give in and eat them"), leaving the poster feeling "really guilty and worthless". For the author of example 54, it is equally a compelling urge because, as she puts it, "(she) can't stop eating" and the only way to do so would be to eradicate from her body what makes it so disruptive ("I feel like ripping my stomach out"). The body, as the locus of uncontrollable and unwanted food-related urges, emerges as the person's "*other* self" (Bordo 1993: 155; original emphasis), with its own will or impulses, separate from and in conflict with the person's will to avoid eating or avoid certain foods.

Overall, what I have presented in this section illustrates Bordo's (1993) and Malson's (1998) findings of constructions of food and the body as inscribed within a body/mind dualism, where food as an urge of the body represents a powerful source of threat to one's control over one's own eating and one's own bodily desires. In all of the examples, the posters are subjected to the force of this power, as they are trying to resist it, 'protect' themselves from it or have been taken over.

However, the forum members also have another way of constructing the body that, while still grounded in a notion of the body as separate from the mind/self and disrupting one's efforts to control oneself, appears to provide the subjects with a more active and in-control position (if only conceptual) in relation to the disruptiveness of their bodies. I present this construction in the next section.

4.3.3 The biological body

The body/mind dualistic discourse is culturally pervasive. As overviewed by Malson (1998: 124), its ramifications are to be found in sites as different as the Christian ethic, the separation between physical and mental illness, popular culture forms such as horror movies with bodies that erupt (Bordo 1993: 189) and in our society's obsession with exercise and body shape. Its origins run deep in Western society. Bordo (1993: 144) explains how it has unfolded, beginning with Plato, continuing through to Augustine and assuming a "scientized" form in Descartes. In particular, since Descartes a body-as-machine metaphor has become a cultural trope and has crucially contributed to the emergence of scientific Western medicine. The construction of 'the biological body' used by the forum members in my data is an 'appropriation' (c.f. discussion in Pollack 2003) of this machine-like codification of the body as produced by biomedicine and its affiliate disciplines (e.g. nutritional science) (Austin 1999).

As I illustrated in the previous section, the forum posters are constantly trying to contain the uncontrollability of their bodies around eating and food. Like 'the eating body', 'the biological body' is a source or cause of problematic events, but it is also a two-fold construction where the body is simultaneously positioned as an entity that acts on its own behalf and an entity that can be (partly) acted upon and thereby controlled.

4.3.3.1 The biological body as uncontrollable

The un/controllability of 'the biological body' is played out at the level of the body's internal functions. For biomedicine, the body is "a bounded organism

comprising various internal organic systems and processes (digestive, reproductive, endocrine, cardiovascular and so on)", forming an assemblage of "coordinated 'mechanical' systems" (Potts 2004: 19). In 'the biological body' construction, the body is presented as a self-regulating biological system which, in order to sustain itself, adapts its patterns to changed conditions, such as restricted food intake or lack of certain nutrients. What is interesting about this construction is the way in which the forum members put it to their weight-loss and weight-control ends. The knowledge that they possess a share of the body's inbuilt, self-regulating mechanisms enables them to both intervene in these mechanisms and to adapt their eating to them, thereby overcoming the limits that the body poses to their attempts at controlling eating, weight and achieving the bodily outside they desire.

In this section I present the construction of 'the biological body' in relation to one process of particular interest to the forum members: the body's metabolism. Knowledge about metabolism and calorie processing is deployed to explain successful and, most significantly, problematic weight-related events. For example, binges that do not result in weight gains can be explained in terms of a high metabolism; a high metabolism means that more calories will be burnt, or faster, thus preventing fat from being stored in the body.

Example 56

Natalie = (…) The more muscle you have, the faster your metabolism. I used to have really high metabolism and I could binge a whole weekend (pizza, chips, etc.) and I barely gained a lb! (Lost it very quickly) That was because of my metabolism, and I didn't even purge!

The opposite logic, a slowed down metabolism, is used to account for why one is gaining weight or is not losing any more, despite one's weight-loss efforts.

Example 57

Sally : Thank you! I weigh myself at the same time every morning :) Well I've been a bit ill so I've not really eaten anything or b/p either, I'm just worried that my body's going to get used to it and my weight will stay the same or maybe even increase.

As pointed out in this example, the metabolism adapting to a certain food or calorie regime, thus resulting in weight loss slowing down or stopping, is a risk to be aware of and a chance to be avoided, the subtext being that it will happen unless something is done to prevent it. It is described as a natural, self-regulatory mechanism of the body that gets activated when the body regularly receives fewer calories than needed or is starved. For example:

Example 58

> *Sarah* : (…) your body gets accustomed to eating habits and will try to stay the same with how you eat. So if you have this pattern for a longer time, it makes perfect sense that you don't lose weight.

Example 59

> *Rachel* : Starvation mode for the lose. When your body notices a drastic change in your intake of food, cals or fluids etc it basically starts to hold onto and store it as fat. Kind of like way way way back in the war era and folks started hoarding JUST IN CASE. :) The body betrays you in a sense to make sure you won't succeed in starving yourself. *sigh* I read somewhere ages ago that below 800 cals a day is starvation or where the body declares you are. Anyhow. You are at a healthy weight for your height so careful not to trim off too much more dear.

Example 60

> *Sheila* : (…) Look into NLP (for behavior, not business) or have a pro help you do it. Otherwise, if you restrict your calories, your body will slow down so you need less to exist and you won't burn calories as easily. That's what happened to me anyways. (…)

Examples 58 to 60 were given in reply to forum members complaining about weight gains or lack of weight loss despite their efforts to achieve the opposite. As shown in examples 55 and 56, the slowing down of metabolism, which results in (more) calories being retained rather than expended, is explained as a strategy of the body to function on a restricted amount of calories/food and thereby prevent itself from starving (example 59) and be able to sustain itself on less (example 60). The forum members have a label for this process, which identifies it as a specific way of functioning of the body: ‘starvation mode’, as

mentioned by the author of example 59. ‘Mode’ constructs the body as switching from one mode or state to another in response to certain conditions.

Examples 57 to 60 illustrate a construction of the body as a physical entity that spontaneously reacts to certain situations in order to preserve itself. In example 59, this autonomy is emphasised through the use of anthropomorphizing verbs (also observed with respect to ‘the eating body’ in section 4.3.2) to gloss the reactions of the biological body (the body “notices a drastic change in your intake of food”, “betrays you (…) to make sure you won't succeed in starving yourself” and “declares you are” starving). Regardless of discursive practices to emphasize the body’s autonomy, the metabolic body is constructed as an entity or organism with ingrained processes. With respect to the existence of these embedded, pre-existing processes, which enable the body to act on its own behalf, the body is uncontrollable.

4.3.3.2 The biological body as controllable

As an autonomous, self-regulating organism, the biological body may be seen as restrictive of the forum members’ weight-loss efforts, as it always threatens to disrupt them with its self-compensating reactions. However, there is also a productive side to this understanding of the body as a system of biologically ingrained processes: knowledge of these processes opens up opportunities to deal with and, to an extent, control problematic weight- and eating-related events.

Explanations of problematic weight-related events in terms of the biological body are commonly given in reply to forum posters who, like the next one, cannot make sense of the lack of weight loss despite all the efforts they are making.

Example 61

Sam : OK so I used to eat tons of rice cakes with sugar free jam on them, like I would eat a whole packet! I lost 14 lbs.
I stopped that now so rice cakes are a treat for me and I buy a packet eat a couple then throw rest away.. bad I know but I can’t have food around me.
So I have oats with water for breakfast 100 cals
snack on fruit and veg NOT BANANAS OR AVO

salad for lunch and dinner
I don't eat any meat or dairy at all
I can't lose any more weight please help with some tips, I exercise an hour at least 5 times a week, today I have cross trainer for 40 mins plus a one hour class aerobics. I am max eating 800-900 cals a day.
It won't shift and I need it to.
Please please help me I feel disgusting.

This poster received a long, detailed reply, from which the following excerpt is taken (example 58 is also a fragment of this reply):

Example 62

Sarah : First of all, since you're below 1200 cals a day, your body will go in starvation-mode, which will prevent you from losing weight or will make it very very hard. You need to either get up to 1200 or get below 500 cals. Either way you will lose, with the difference that in the first case you will keep your muscles (also the ones from your heart) and in the second case you will lose them. (…)

In this reply, Sarah, drawing upon the construction of the biological body, offers a rational explanation to what is puzzling the recipient: her body has gone into 'starvation mode'. Not only does Sarah cast her recipient's lack of weight loss as logical in terms of the biological working of the body, but she also indicates what to do in order to get the body out of the 'starvation mode' and get the weight loss going again ("You need to either get up to 1200 or get below 500 cals."). The lack of weight loss in the light of the information given by the recipient (number of calories she has daily) is interpreted as a sign of the body having reverted to 'starvation mode', a 'diagnosis' upon which an appropriate solution ensues. Like many others in the data, Sarah' post shows how biomedical knowledge of the body is appropriated by the forum members in order to put problematic weight-related events into perspective and thereby find ways to overcome the limits to weight loss or weight control imposed by the (biological) body itself.

Recommendations such as those offered by Sarah about temporarily modifying one's protracted restricted eating regime, such as by changing the foods one eats for a few days or suddenly and briefly increasing one's calorie intake, are often shared on the forum. As put by Emily (next), these changes are

supposed to “shock” the body, that is, boost its metabolism, and prevent it from ‘plateauing’ (coming to a halt).

Example 63

> *Emily* : Well I don’t think it would increase, but if you are worried about a plateau, try to force yourself to pig out for one day. NOT BINGE. just eat "regularly" as possible. I know it’s hard, but it will shock your body, it won’t be long enough to gain weight that will stay on you, and you can go back to eating nothing. I did this a while back. 2 days. Worked like a charm. Cried every time I took a bite of my bagel and veggie burger, but it was worth it lol

While these strategies may be seen to act on the body’s processes to induce (temporary) changes, this is not always possible. For example, as Emily explains in another post, while purging serves to get rid of the food and calories ingested through a binge, one cannot prevent the body from starting to digest the foods that were eaten first; thus, these calories cannot be eliminated through purging. But Emily knows what to do to minimize the damage.

Example 64

> *Emily* : Avoid using doritos as a marker. If you are binging, your body is going to start digesting the first thing you put in your stomach. Cheerios would be better because if you are going to absorb cals, it should be something lower cal and better for you like that... carrots work too.

In this case, weight loss or effective weight control through purging is jeopardized by the ‘natural’ fact that the body will have started to digest food by the time one has finished eating (or binging). The poster recognizes that this process cannot be changed; nevertheless, she finds a way around it by adapting to it, namely by adapting her eating or food choices (beginning a binge with low-calorie food).

The next case is a remarkable example of how knowledge of the metabolic body is put to weight-loss use. Amber draws on her knowledge of the metabolic functioning of the body to give detailed instructions on how to carry out a fast and thereby achieve effective and quick weight loss.

Example 65

> *Amber* : Fasting. Start with a 24 hr fast, eat for 2 days, 48 hr fast. Eat for 4 days, then aim for 7 day fast. Do not have anything other than water, this includes zero cal soda, coffee and crystal light etc. Taste will signal the brain that you are eating if the tongue tastes ANYTHING. If you follow the water rule, you will hit ketosis within 24 to 48 hrs and will not be hungry or crave food as your body will be using fat stores as energy instead of food. 6 hrs to go through blood sugar and then another 16 hrs to go through glycogen stores in the muscle tissue. ALSO, eat mostly fat and very low protein on the day before your fast to ensure you're burning fat and not muscle during your fast. You WILL lose very fast.

Amber describes the biological or chemical processes that take place inside the body during a fast, mixing lay and more professional-like terms and explanations, such as taste signals sent to the brain, 'water rule', ketosis, 'being hungry' and 'craving food', fat stores, blood sugar, glycogen stores, muscle tissue, and precise indication of time required for the metabolic process to reach specific stages during the fast. The fasting process she details revolves around the notion of ketosis. Following the construction of the body as a self-preserving mechanism, ketosis, or the body use of "fat stores", can be read as yet another automatic, instinctual, self-preserving manoeuvre of the biological, natural body in the event of lack of food. But in opposition to 'starvation mode' and the process described in example 61, the process that involves ketosis is not an obstacle to weight loss; in fact, it is purposefully induced for weight-loss reasons.

To summarize, it is through this knowledge of the body as made of systematic, predictable and measurable biological and chemical processes that the forum members exploit these automatisms for their weight-loss potential and find solutions to deal with those bodily processes that may hinder weight loss. It appears that, while these processes are biologically determined and, as such, unavoidable, the fact that they consist of orderly and known cause-effect relationships make them predictable, controllable to an extent, or adaptable to, so that weight control and weight loss can be sustained.

4.3.3.3 Interpreting cravings: from urges to biological responses

As I have described in the previous section, interpreting the body in biomedical terms positions the body as autonomous and independent of the person. This is a feature that ‘the biological body’ shares with ‘the eating body’. Another similarity is that ‘the biological body’ is no less disruptive than ‘the eating body’ of the forum members’ efforts at self-control. However, a difference exists in how disruptions may get to be conceptualized and dealt with in these two constructions. In the current section, I add on the previous analysis of ‘the biological body’ to illustrate how, along with weight-related events, the issues around food and eating that I presented in relation to ‘the eating body’ (e.g. cravings) may become more controllable when engaged within the biological-body framework.

The first post is from a thread whose contributors are discussing how to avoid or contain night-time eating/cravings. As in the construction of ‘the eating body’, cravings are constructed as bodily matters. But whereas in the examples of ‘the eating body’ constant eating and cravings were constructed as bodily *urges*, in the next extract cravings are explained as the result of an internal imbalance of the organic, biological body: a low blood sugar level.

Example 66

> *Zoe* : (…) I binge EVERY $!*#%$% night so apart from that I can't really tell you much... but I'd make sure to eat sth with fiber or at least a low glycemic index for dinner so your blood sugar won't be low enough to scream for food :)

Likewise, the next poster draws on the rationale of the biological body to explain what makes one likely to binge at night: lack of food/nutrition during the day.

Example 67

> *Miki* : (…) Eat like a queen for breakfast, lunch like a princess, and a pauper for dinner. Eat the majority of your food in the morning, you won't be hungry at night. If you starve all day your body is going to be pissed off at you by the end of the day, especially if you’re consuming some calories, and then you'll be more likely to binge in the evening. (…)

As the use of anthropomorphizing verbs to describe the reactions of the biological body renders vividly (blood sugar "screaming for food" in example 66 and the body "going to be pissed off at you" in example 67), the body is still the cause of one's cravings and still an opponent to one's efforts to avoid or restrict eating, reproducing a sense of conflict similar to the one that emerged in the construction of 'the eating body'.

However, in explaining cravings and binges in terms of the biological, self-regulatory functioning of the body, these disruptive events become less of a result of unpredictable and uncontainable bodily impulses (as in 'the eating body') and more of a logical reaction on the part of the body in terms of its 'natural' (i.e. biological) needs for nutrition. What is crucial in the forum members' appropriation of the biomedical notion that the body is naturally (biologically) 'programmed' to respond in certain ways to what and how much nutrition it receives, is the fact that such knowledge is deployed to elaborate concrete lines of intervention in one's own eating as well as in the body's metabolic process via one's eating. I showed this in section 4.3.3.2, but it is equally observable in examples 66 and 67 above, where biological-like explanations of cravings are accompanied by solutions to prevent them. Within the biological-body framework, disruptive events such as cravings and the body going into 'starvation mode' are treated as signs of the body's activation of compensatory processes. This linking up of events that are measurable on the "surface" of the body[12] to what goes on in the "depth" of the body (Armstrong 1995) makes the body's internal processes monitorable, so as to know what to do with one's eating and body and thereby 'fix' or prevent the body's compensatory moves, limit the damage of what cannot be avoided (e.g. digestion; example 64) and induce specific processes (e.g. ketosis; example 65).

[12] For example, weight gains and the absence of any further weight loss (which are literally measurable through weighing the body or measuring its girth), but also the experience of urges to eat.

4.3.4 Discussion of findings

Orbach (2006: 68) has described the eating of girls and women who have a disturbed relationship with their bodies as follows:

> Individuals feel they are eating too much. They diet. They limit their intake, often below what their bodies require. When this occurs for more than a week or so, biological mechanisms that encourage the individuals to increase their food intake kick in. The individuals then interpret these signals as an indication of their failure to manage their appetite. They start to eat a bit more and yet may feel as though they are ravenous, out of control, or bingeing when in fact their appetite is simply catching up and replenishing the body's stores.
> (…) A cycle ensues in which the more the individual attempts to clamp down on her appetite and desire for food, the more invested she becomes in eating less or eating less calorific foods, the more she will become preoccupied with food and how to manage it and she will read into her eating behaviours, evidence of her psychological capacities. She does not know that her body has a set-point that regulates her metabolism so that when she occasionally eats less her metabolism slows to conserve her food and fat stores and when she overeats, at Christmas for example, her metabolism speeds up.

Contrary to Orbach's (*ibid.*) claim, some of the individuals in my data are all too familiar with the "biological mechanisms" described in the last lines of the above extract. In my analysis I have sought to show how the construction of 'the biological body' and the knowledge that informs it may offer a counterpoint to the unruly, insatiable and overwhelming 'eating body'. Both constructions are made possible by a Cartesian framework, a historically long-established discourse that produces the body as uncontrollable and needing to be controlled by the mind. Compared with 'the eating body' construction, the construction of 'the biological body' may make control of the body easier to achieve, at least on a conceptual level. By deploying a scientific-like notion of the body as naturally (biologically) regulated to sustain its own existence, problematic events such as cravings and lack of weight loss are cast as natural, normal outcomes. This normalization does not lead to the acceptance of these events, nor does it make them less problematic, but it is what makes them potentially more controllable than in 'the eating body'.

As problematic events are part of orderly, biologically determined and thus predictable cause-effect relationships, once their causes are identified actions can be taken to deal with them or prevent them from arising again.

Biomedicine deploys this rationale to identify diseases and their organic cause and to restore the body to its physiological state of 'normality' and 'health' (Engel 1977, Potts 2004). In my data, the forum members' appropriation of biomedical knowledge of the body is subversive (Fox et al. 2005) in its use and results, as it is not drawn upon to sustain or restore a (medically defined) healthy state of nutrition. Rather, it facilitates close observation of the body's reactions and strict regulation of eating patterns, so as to contrast the anti-weight-loss effects of some processes and induce other processes for their weight-loss benefits. 'The biological body' can be seen as a "technology of the self", a system of knowledge and practices whereby the subject acts upon herself to attain a certain desired state (Foucault 1988); specifically, the forum members act on their bodily self to achieve control over it and to achieve the bodily outside their desire.

This non-sanctioned use of biomedical knowledge of the body also adds to Fox et al.'s (2005; see also Fox and Ward 2006) finding of the subversive appropriation on the part of the pro-anorexia movement of biomedical technologies. These authors have reported how weight-loss drugs, which have been devised and used by the medical profession to treat obesity and overweight, have become part and parcel of the project of pursuing and sustaining the anorectic state. Likewise, in my data, the "requisition(ing)" of biomedical/biological knowledge of the body for non-medical ends (Fox et al. 2005: 966) is embedded into and contributes to the daily, hands-on management of the forum members' weight- and body-control project.

4.3 Summary of chapter

In this chapter I illustrated the findings of my analysis. I set out to explore the notions, images or forms of knowledge about eating disorders and the body and the use made of this knowledge by the forum members. To do so, I conducted a discourse analysis founded on the social constructivist view that language, or

discourse, as we use it in talk and writing, does not simply describe the reality it talks about, but constructs it.

From a discursive perspective, the findings are interpretable at two levels (Jorgensen and Phillips 2002, Potter and Wetherell 1994). At a macro, abstract level, discourses are the overarching patterns that exist in society at large or within a specific social context. Examples from my analysis are the discourse of the neoliberal citizen as responsible for his/her own health and for choosing a healthy lifestyle over an unhealthy one; the biomedical discourse on the body and as implied in the discourse of 'healthy weight' that promotes body weight/fat as a marker of health and ill health; and the discourse of Cartesian or body/mind dualism. At a micro level, discourses are the specific forms or versions that the broader discourses acquire in and as individuals' everyday practices (talk and writing in all sorts of everyday situations and contexts) and through which the broader discourses are reproduced or changed. Examples from my analysis are the construction of anorexia and bulimia as diseases with serious consequences on health and life, but also as unhealthy, dangerous practices used for weight loss (c.f. Burns 2004); the notion of bulimia/purging as an addiction or compulsion and, more generally, that of the disease as a state of which the individual is a powerless sufferer or victim with no control; the notion of the disorder as unfolding in time, where the disorder is the name that designates both the process and the end of that process (the point where the disorder becomes a serious, life-long disorder); the notion that an eating disorder can be the consequence of choosing unhealthy restricting and compensatory weight-loss methods, as opposed to healthy restriction and compensation that lead to weight loss while avoiding ill health (namely, an eating disorder); finally, the construction of the body as a biological/metabolic entity (as well as Malson's (1998) 'eating body').

All of these wider discourses and specific discursive constructions of eating disorders and the body emerged out of two situations that recurred in the data and that focused upon separately: interactions between newbies (new forum members) and existing forum members; and ways of conceptualizing one's "relationship" (Warin 2005, 2006) with one's own body. The conclusions to each of the two analyses were restricted to the contextualization of discursive

constructions within contemporary socio-cultural discourses on eating disorders, weight loss and the body, and to the formulation of reflections on the implications of these broader discourses on societal approaches to weight loss and eating disorders, as recommended in the feminist literature on eating disorders and the pro-anorexia phenomenon.

However, the two analyses also concern two aspects of the forum conversations that, while representing two different situations and while having been treated separately in the analysis, were both involved in the day-to-day life and meaning making of the pro-ana community. In particular, if the forum is a space where its members can openly talk about their eating disordered experiences and distress in ways that would never be allowed in any other public contexts (c.f. Burke 2012, Dias 2003, 2003a, Ferreday 2003), as shown by discussions where tensionful relationships with food and the body surfaced, discouraging newbies from pursuing eating disordered practices may be a way to preserve the freedom to have such an online space. The forum members' attempts to keep newbies away from eating disorders and, by extension, from the forum, are at odds with the charges laid against pro-ana websites of promoting eating disorders, but, as explained by Boero and Pascoe (2012a), they are also instrumental in the creation and reinforcement of the community space and insider identities and values. In the next and concluding chapter, I expand on how my findings illustrate this point and offer conclusive remarks.

Chapter 5: Conclusions

5.1 Introduction

This study has been an attempt to venture into the pro-anorexia phenomenon by exploring interactions on a public pro-ana forum, with a view to discovering the discourses circulated on the forum and the discursive constitution of the community space in a virtual, disembodied environment. In this final chapter, I re-engage with the existing literature to, first, explain how the findings tell something about the forum members' use of certain discourses to define and protect the community space. Second, I return to the discussion of the individual as the site of remedial action to prevent or cure body-image issues and eating disorders; this discussion was fostered by findings on the solutions offered by forum members to newbies (new forum members) as to how to stop their eating disordered weight-loss intents and find better ways to deal with their body-image concerns. To conclude the chapter and the thesis, I will point out the limitations of the study, offer final remarks and make suggestions for future research.

5.2 Making and protecting the community

The first groups of findings I presented in the analysis chapter centered on exchanges between what I have called contested posts, usually produced by newbies, and the contesting messages they received from existing forum members. These newbies approached the pro-ana group asking how to lose weight and how to 'do' bulimia/purging and anorexia/restriction, using the same language of dieting (they spoke of 'trying' the practices, as if they were diets, and enquired about their weight-loss efficacy). However, these and similar contents were not exclusive to contested posts, as sharing experiences on weight loss and weight management involving 'mia' and 'ana' practices and discussing technical, 'how-to' information were a frequent (but not the only) preoccupation of the forum members and one in which several of the authors of contesting messages

(the messages criticizing newbies' posts and intents) participated themselves. For example, Amber, Rachel and Natalie, who urged newbies not to pursue anorexic and bulimic behaviours, stressing their dangerous consequences and encouraging healthier weight-loss strategies (examples 17, 41 and 50 in section 4.2.3), elsewhere contributed detailed explanations on what to do to endure in the control of food intake, body and weight, such as in conversations where a notion of the body as a biological/metabolic entity emerged (examples 56, 59 and 65 in section 4.3.3). Newbies' requests for weight-loss help, however, were a site of tension.

A newbie is a "precarious" figure (Ferreday 2009: 15, cited in Boero and Pascoe 2012a: 39) because its "credibility as eating disordered" has yet to be established (Boero and Pascoe 2012a: 39). Furthermore, when newbies produce the sort of content I have illustrated, they come to occupy "a substantial grey area" where they are not easily distinguished from wannabes (or wannarexics) (Giles 2006: 473). Wannabes treat 'ana' and 'mia' as fad diets or trendy lifestyles; they are only interested in quick ways to lose weight; lack commitment to anorexia as a lifestyle as well as knowledge about eating disorders and eating disordered weight-loss practices. Participants in pro-ana groups are outed as wannabes on these grounds (Boero and Pascoe 2012a). For pro-ana groups that identify with a notion of anorexia as a strict, disciplined lifestyle, wannabes are "the ultimate insult" (*ibid.*: 39): they threaten the essence of what it means to be a real pro-anorexic and lend credit to the backlash that exists around pro-ana groups as promoting self-starvation, purging and other eating disordered behaviours (Giles 2006).

As illustrated by Giles (2006) and Boero and Pascoe (2012a), identifying and exposing outsiders, such as wannabes, is an important strategy in the definition and reinforcing of the community boundaries, values and in-group identity. One way in which outing wannabes serves this function is that it is often done publicly and collectively (Boero and Pascoe 2012a). Equally, displays of relevant knowledge that shows one's pro-anorexic status occur by taking part in what Boero and Pascoe (2012a) have called "group rituals", such as group activities that take place offline but that are organized online. For instance, when organizing group fasts, groups members engage in the fast individually offline,

but they also "discursively participat(e)" in the ritual (the interaction) that brings the fast online; the ritual has a motivational purpose, but participating in it also functions to display members' commitment to the 'ana' way of life and, thus, their genuine pro-ana identity (*ibid*.: 45). Gavin et al. (2008) observed that when members self-deprecate (loathing oneself, one's weight, body, lack of self-control, etc.), they routinely receive support and reassurance from the other forum members. In this way, the feelings of the "supported" get validated. Furthermore, forum members who take on the position of "supported" take, at other times, on the position of "supporter", when reassuring others who self-deprecate, and vice-versa. This alternation is an accepted behaviour and one that, along with group fasts and other discursive practice, contributes to the co-construction of the pro-ana group identity (*ibid*.).

Similarly, in my data, the contestation of newbies' weight-loss driven interest in anorexic and bulimic practices often results in a collective response, involving several forum members contributing their knowledge about the harmful effects of eating disorders and their encouragement to stop these practices. In providing these answers forum members can also "showcase" their knowledge and experience of eating disorders, health and nutrition (Boero and Pascoe 2012a: 49). The authors of contesting messages put forward a medical notion of anorexia and bulimia as diseases or conditions with serious ill-health consequences; this knowledge, furthermore, was often corroborated via details from personal experience (such as one's lengthy history with an eating disorder, the physical, mental and social problems suffered as a consequence, one's treatment history or recovery attempts). As I discussed in my analysis, displaying such knowledge and expertise gave legitimacy and authority to the warnings offered to newbies.

Authors of contesting replies thereby established a boundary between themselves and the newbies they targeted. As pointed out by Boero and Pascoe (2012a: 48), in displaying knowledge and experience of eating disorders pro-ana members "assert their individual authenticity as eating disordered as well as (…) their rightful membership in the pro-ana community". In the pro-ana groups observed by these researchers, the group members did so by exposing wannabes as "naive interlopers" (Giles 2006: 474) who lack the commitment to the anorexic

lifestyle, discipline and knowledge of eating disorders that true pro-anorexics have (Boero and Pascoe 2012a). However, while I have seen traces of this discourse in contesting messages, the authors of these messages mostly underlined that newbies' naivety was in their irresponsible choice of anorexic- and bulimic-like practices for weight loss, rather than in being fake anorexics; forum members insisted that newbies did not try to become anorexic or bulimic and urged them to stay away from eating disordered weight-loss practices.

If there is knowledge about eating disorder that these newbies should be aware of, is that anorexia and bulimia are serious disorders that will deeply affect one's health and overall life, and that there are healthier ways of dealing with one's weight issues without compromising one's health. I discussed that, in providing newbies with these insights, authors of contesting messages made relevant newbies' responsibility to abandon eating disordered behaviours and choose the right, healthy weight-loss track. I also suggested that in doing so, forum members projected themselves as responsible eating-disordered individuals. In the logic of their messages, they were stuck in an eating disorder because they once failed to recognize "the lessons" (Galvin 2002: 119) of medicine and nutritional public health on eating disorders and healthy weight loss, but they could nonetheless reproduce these lessons for the benefit of those who might have been about to make the same mistake.

Giles (2006: 474) has pointed out that "(t)he [pro-ana] community exists in a state of heightened awareness about the danger of interlopers" such as wannabes/newbies and flamers (non-eating disordered individuals who leave hostile comments of pro-ana websites). In health-related online support groups (groups devoted to the exchange of information and support on how to recover from a disease or learn to cope with a chronic illness), incursions by outsiders, and particularly flamers, can impact negatively on members' perception of support. For example, in Preece and Ghozati's (2001) study of these groups, the participants who perceived flaming as the greatest disadvantage were also more likely to perceive less emotional support from their group co-members. By contrast, in pro-ana communities the effect appears to be the opposite. Identifying outsiders is not just about getting rid of a disruption or intrusion; rather, as

discussed above, interactions with wannabes and ambiguous newbies are "functional in a social sense" (Hine 2000: 18), as they serve to display and reinforce the community identity and values.

This also applies to my data, where, however, the protection of the community space happens in a different way from what Giles (2006) and Boero and Pascoe (2012a) found. The newbies who received contesting messages often introduced themselves as new to 'ana', 'mia' or other eating-disordered practice they were interested in. As suggested by Giles (2006), it is not unreasonable to speculate that, given the "negative media portrayals of pro-ana sites as repositories for 'tips' and 'hints' for self-starvation and purging", there is a lot at stake for pro-ana members when approached by newbies in the way I have shown: the charge of distributing information on self-harming behaviours, violation of the terms of use of Internet host providers, and consequent enforced closure of the websites. I suggest that reproducing the lessons learnt for the benefit of newbies may be a way for the pro-ana members in my data to warrant their freedom to have the forum in the context of the accusations made of pro-ana websites, by showing that the forms of this freedom, glimpses of which can be seen in my analysis of 'the biological body', are not intended to infringe on others' safety and health (c.f. Galvin 2002: 118-119).

5.3 Reflections on the individualistic approach to eating disorders

In the analysis of forum members' contesting messages to newbies, there were 38 messages (out of the total 91) were newbies were not just encouraged to stop their eating-disordered pursuit of weight loss and thinness, but also advised on how to do so. There were 5 cases in which a suggestion was made to deal with possible underlying emotional or psychological issues, as in the dominant psycho-medical approach to eating disorders and their treatment. There were also 3 cases in which the solution recommended was instead to learn to appreciate oneself and one's body. This was an interesting solution because it offered the possibility to partly reflect on socio-cultural standards of beauty, challenge them and value one's own sense of beauty and worth even though not conforming to those

standards. At the same time, any deeper, real questioning of socio-cultural imperatives was undermined. What was stressed was the need to be an autonomous individual, somebody whose perceptions of oneself and one's body are formed independently of socio-cultural expectations.

One reply given to a newbie by Joanne (example 35; see discussion in section 4.2.3.2.1) deserved particular attention because social factors, namely social pressure to conform to beauty canons, were openly acknowledged as playing a part in the causation of the newbie's self-image issues (by contrast to example 39 where these issues were blamed on 'the disease'; see section 4.2.3.2.1). Yet, as I explained, the critical potential of the cultural discourse so fleshed out risked being overshadowed, as the recipient's problem was ultimately made to lie in her weak self-esteem, her inner self not being strong enough to know better, rather than the pressure to conform that comes from the society around her. In all of the 3 cases of the 'learn to like yourself' solution, the change needed to learn to do so must happen in the individual, as opposed to targeting cultural expectations about beauty and slimness and the cultural context that sustains feelings of unworthiness when these expectations are not met. The 'learn to like yourself/your body' solution is as individualistic in scope as the psycho-medically informed solution.

The third and most frequently offered solution for newbies to disengage from their eating-disordered pursuit of weight loss (30 cases out of 38 cases posts were a solution was mentioned), was to adopt or choose healthy weight-loss methods. It expounded the logic that what was wrong with newbies' desire for weight loss and thinness was not the desire itself, but how this desire was being (unhealthily) pursued. Subtextually, wanting to get thin was accepted as normal. In this way, all chances of critical reflection on social pressures to conform to beauty ideals were prevented. Furthermore, responsibility for change was made to lie, once again, in the individual. In fact, losing weight the healthy way was presented as being about pursuing weight loss while preventing ill health (namely, an eating disorder), a task to be achieved through "personal practice (eating and exercise)" (Beausoleil 2009: 103) and the choice of healthy over unhealthy

practices, as in the dominant discourse of health as a matter of individual responsibility and lifestyle choice (Galvin 2002).

As Wetherell (1996) and Woolhouse et al. (2012) have observed, the discourse of the autonomous individual offers an appealing, self-empowering identity alternative when compared to that of the individual as conforming to socio-cultural messages about beauty; the latter, in fact, runs the risk of being interpreted as the sign of a weak character. It may be equally empowering for the individual to think of herself as being able to take the course of her life in her own hands to bring about change (c.f. Galvin 2002), such as, in my data, by building a stronger self to resist negative social influences or adopting a more responsible attitude towards weight loss. Yet, this emphasis on individual autonomy as the way out of the influence of negative social pressures might hide a form of "victim blaming" logic (Galvin 2002): social circumstances are acknowledged to play a part in the body-image problems of the individual, yet remedial action targets the 'victim' of those circumstances. As a consequence, the social component is pushed into the background.

5.4 Limitations of study, final remarks and suggestions for future research

A feminist and discourse-analytic approach to eating disorders and pro-anorexia has informed my analysis of a pro-anorexia forum and guided the discussion of the findings. As pointed out by Boero and Pascoe (2012a: 38), when approaching pro-ana communities, "it t(akes) (…) some time (…) to avoid understanding these groups through the lens of a moral panic". My study was no exception, but in adopting a discursive framework I hope I have produced a reading of my data that overcomes this lens. It is in this way that we can "understand the patterns of interaction in these communities" (*ibid.*).

My data was limited to two months of conversations from one pro-anorexia forum; therefore, my findings may not be generalizable beyond this context. Nevertheless, they add, incrementally, to existing research. As I discussed above, they both corroborate and add new insights to existing findings on the discursive formation of pro-ana communities. Second, they offer

opportunities to reflect on the problematic implications of an individualistic approach to eating disorders. Crucially, despite the recognition among experts that body-image distress and eating disorders are social problems, the investment in an individualistic solution is still the norm in prevention and treatment programmes (e.g. Beausoleil 2009, Hardin 2003a, Polivy and Herman 1987, Russell-Mayhew 2006). Thus, while my findings and reflections were born out of a handful of conversations, their relevance is much broader.

Third, my analysis of 'the biological body' has produced original results. While information specific to nutrition and physiology is shared in conversations on pro-ana groups (Jurascio et al. 2010), it had never been studied in its own right. In my analysis, I compared the construction of 'the biological body' to Malson's (1998) 'eating body'. Both constructions can be interpreted within the framework of the Cartesian or body/mind dualism, as in both cases the body is constructed as an alien source of impulses and processes that disrupt the individual's attempts at controlling his/her eating and weight loss. However, by contrast to 'the eating body', 'the biological body' was also constructed as (partly) controllable: knowledge of the metabolic processes of the body was put to the service of the forum members' weight-control goals, providing them with a tool to induce specific bodily processes, prevent other processes from taking place and compensate for those bodily mechanisms that cannot be stopped. In 'the biological body', individuals can, at least on a conceptual level, act on the body, as opposed to the sense of powerlessness that transpired via-à-vis the impulses of 'the eating body'. Future research might further investigate the ways that pro-ana members have to conceptualize relationships of power and powerlessness with their bodies. A future study could also approach constructions like the 'the eating body' and 'the biological bodies' by adopting Boero and Pasco's (2012a) framework, according to which certain ways of talking about the body in pro-ana communities serve to authenticate one's membership and build community.

My findings also support previous studies that suggest that pro-ana websites are a complex phenomenon with no clear-cut negative or positive effects. For example, creators of pro-ana websites have been found to stress the dangers of certain practices (such as purging and abusing diuretics, laxatives and diet pills) in

order to discourage members from using them, but they nonetheless also provide information on how to do these practices safely, for the benefit of members who decide to pursue the behaviours despite the warnings (Harshbarger et al. 2009). Another issue of complexity is posed by the fact that while pro-ana members experience improvements in their mental and emotional states as a consequence of socializing with others on the websites, the use of pro-ana websites may lead to longer duration of illness and hospitalization (although it does not appear to lead to worse health outcomes) (Wilson et al. 2006). In my data, there is ambivalence between, on the one hand, the notion of eating disorders as serious and entrapping diseases that reduce individuals to helpless sufferers; and, on the other hand, the production of a more agentive and assertive position when discouraging newbies from pursuing eating disordered practices or when advising one another on how to monitor and act on the body to keep the weight loss going.

To conclude, pro-ana websites have been much approached as a "guide" to the cognitions of a population that is often elusive (a point of particular interest to health practitioners), but, as my study shows, they can also function as a tool for "reflection" on society's views of eating disorders, body weight and weight loss (Kirkwood 2005: 121-122). Furthermore, pro-ana forums can provide researchers with extensive data and, thus, with quantitative evidence of the representativeness of themes and patterns within the pro-ana community. Investigating thousands of posts, however, can be cumbersome. As shown by Hunt (2011) and Harvey and Brown (2012) in their studies of anorexia and self-harm support forums, a valuable solution to this problem is the use of corpus linguistics, a computer-based method that allows researchers to deal with large corpora of linguistic data in a convenient and systematic manner. Combined with discourse analysis, it allows us to explore large corpora of texts for repeated linguistic patterns, providing statistical evidence of the salience of discourses (Baker 2006, Harvey and Brown 2012).

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