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**CONSTRUCTING 'ANA':
PRO-ANA/ANOREXIA WOMEN'S UNDERSTANDINGS OF
THEMSELVES AND THEIR INTERNET COMMUNITIES**

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ABSTRACT

This thesis is a study of pro-ana/anorexia communities on the Internet. In these communities women from around the world communicate through a range of message boards, bulletin boards, live journals and chat rooms. Here they 'talk' honestly about such 'taboo' topics as achieving weight loss goals, their ability to sustain their ana/anorexia and about the day to day issues of living with ana/anorexia. As a result these communities have been met with much opposition, and the women challenged on their position. My study of these communities was informed by the understanding that all meaning is constructed and that language plays a powerful part in this. As such I was not concerned with explicating the one 'true' meaning of pro-ana/anorexia. Rather my aim was to understand how pro-ana/anorexia women construct themselves and their communities. Through the method of passive analysis I obtained electronic archival records of the women's naturalistic discursive interaction ('talk'), from seven pro-ana/anorexia communities. These communities were selected on the basis of their compatibility with my ethical requirements, greater number of community members and variation in content. Through the analysis of this 'talk', it can be seen that the women's constructions of pro-ana/anorexia were inextricably linked with their understandings of what ana/anorexia is, what it is about and of themselves as ana/anorexic. I found that the women's constructions were based around three main issues. In the first, pro-ana/anorexia was constructed in relation to understandings of ana/anorexia as an 'illness/disorder'. In the second, constructions of what ana/anorexia is about were based on the 'objects' of 'the body' and 'the mind', and how these relate to 'self-discipline/self-control'. In the third, the women constructed the self in relation to the 'real' anorexic and ana/anorexia as a 'range' of 'experience', and in doing this personified anorexia as 'ana'. These constructions were complex in that the women drew on and were positioned by existing understandings, and also constructed new meanings. In this way their 'talk' was both constitutive *of* meaning and constituted *by* meaning. The implications of these findings for the field of psychology are discussed.

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*"The existence of a world without mind is conceivable.
Meaning without mind is not"
(Crotty, 1998, p.11).*

PREFACE

A 'Thin' Analysis

This thesis is a discourse analytic study of pro-ana/anorexia communities on the Internet. These communities are a fairly recent and controversial phenomenon, which have attracted much attention from popular media such as women's magazines and television talk shows. It was through these media that I first found out about the existence of pro-ana/anorexia and through which my interest in the topic was sparked. It should be made clear at this point, that it is not my intention to either advocate or oppose pro-ana/anorexia communities. Rather my intent lies in showing the constructed nature of meaning and understanding how pro-ana/anorexia women construct themselves and their communities.

As such I have not included a 'traditional' review of the literature on anorexia, of which there is a proliferation. Instead I have used two common constructions of the behaviour, to demonstrate the constructed nature of our understandings and the importance of language in these. Also I have not included a 'traditional' literature review on pro-ana/anorexia, simply because there were no studies to review as a result of the relative novelty of both the communities and Internet research.

Due to this newness of Internet research there is currently no consensus on what is ethical research practice. Without this consensus the onus was on me to read the debate and decide for myself how I would proceed. This debate and my resulting decisions have been included in a chapter on Internet research (Chapter two), as they had important effects on how I conducted the study. This is especially relevant in relation to the issue of informed consent and the way I reported my findings in the analysis and discussion section (Chapter four). Based on the naturalistic/archival nature of the data and the arguments around what can and can't be considered private on the Internet, I did not obtain informed consent. In cases of non-consent, data should be reported in such a way that individuals cannot identify themselves or their communities as those studied. As such I have not used in-depth word-for-word quotes that are common in discourse analytic studies. Rather I have incorporated single

words and phrases into my own explanation, and have interwoven the discussion into the analysis. As a result the analysis looks 'thin' and could give the impression of moving quickly. However, as I explain in chapter three, it is an analysis that I have developed over many months. One that has proved challenging at times and one that has gone through many transformations as my understanding has deepened. The analysis may appear visibly 'thin', but this is only 'skin deep'.

CHAPTER ONE

Introduction

The experience of self-starvation has existed for centuries, and still continues to exist today. Over this time it has been associated with different traditions of thinking and has had different meanings, *all* of which have emerged through a particular configuration of social, political and ideological thinking (Hepworth, 1999).

The earliest documentation of experiences of self-starvation occurred in the twelfth century when the religious system of knowledge held undisputed authority and dominated social, political and ideological thought (Hepworth, 1999). As a result, self-starvation was understood as being an act of asceticism and the women who experienced it were regarded as saints (Hepworth, 1999). This 'miracle' of existence without nourishment meant that the women had overcome their intrinsically inferior morality and were truly devoted to the church (Hepworth, 1999).

Over time the religious establishment increasingly understood women and 'femininity' as immoral, evil and deviant (Hepworth, 1999). Accordingly their interpretation of self-starvation changed and the behaviour came to signify the manipulation, evil and deceit characteristic of women, and became an indication of an unnatural and sinister existence (Hepworth, 1999). This understanding was fuelled by the witch-hunts, which characterised the social, political and ideological thinking of the time (Hepworth, 1999).

In the wake of these witch-hunts the idea of hysteria became more prominent as the cause of witchcraft (Hepworth, 1999). It also became the metaphor for the explanation of women across many situations, characterising them as inherently irrational (Hepworth, 1999). Here began the transition from religious to scientific (medical) authority over the interpretation of women. This shift in traditions of thinking changed the understandings and the meanings of self-starvation.

By the nineteenth century the scientific system of knowledge and the idea of hysteria dominated social, political and ideological thinking. As a result 'anorexia' was

'discovered', and understood as being a form of hysteria it came to signify a 'disordered mind' (Hepworth, 1999).

Today the scientific system of knowledge still dominates, as does the understanding that anorexia is a 'disorder of the mind'. However, the idea of hysteria has lost dominance and has been replaced with the idea of the 'eating disorder'. But as the history of self-starvation shows us, our understanding of anorexia as an 'eating disorder' is not an "incontrovertible pre-given 'fact' existing independently of our knowledge(s) of it" (Malson, 1998, p.97). There is no 'inherent quality', 'essential truth' or 'natural meaning' in the behaviour that was waiting to be 'discovered'. Rather our understanding of the experience and the meaning we attribute to it have been constructed.

Constructing Meaning

Meaning is constructed through "a set of interrelationships between knowledge, social practices and institutional authority" (Hepworth, 1999, p.121). However, knowledge is itself constructed and is the result of our assumptions and use of language. Here the assumptions that we have about the world and what we can know about it (ontological and epistemological assumptions) direct both our modes of enquiry and the questions that we as researchers ask. The answers that we get can be seen as a product of the questions asked and consequently result in the way we talk about phenomena. These ways of talking are called discourses, which Parker (1992) has defined as "systems of statements which construct objects" (p.5). However not all ways of understanding (knowledge systems) or ways of talking (discourses) carry equal weight or power (Ceci, Limacher, & McLeod, 2001). This is where institutional authority has its effect on the construction of meaning. For example, the scientific system of knowledge and the discourses it produces continue to have "unparalleled authority" (Ceci, Limacher, & McLeod, 2001, p.715). This authority has allowed it the right to define what are the 'right' questions to ask and how 'best' to address those questions (Ceci, Limacher, & McLeod, 2001). This results in the domination of certain discourses over others and therefore the domination of certain meanings over others.

Constructing Anorexia

As part of this scientific system of knowledge, the psychomedical construction of anorexia dominates our understanding of it. As such this construction is not only found in professional and academic arenas, but is also used by lay people (Bevenstine, LeCouteur, & Hepworth, 1999) and those who themselves experience 'eating disorders' (Brooks, LeCouteur, & Hepworth, 1998).

The psychomedical construction arises out of objectivist assumptions that there is a 'true' meaning in everything and that this meaning can be 'discovered' through objective modes of enquiry. Through these assumptions it is thought that anorexia has always existed, but was discovered by Gull in the late nineteenth century as a result of increased scientific and medical knowledge (MacSween, 1993). These ahistorical and essentialist assumptions have led to the re-diagnosing of cases of self-starvation from the twelfth century, and have given rise to the idea of a "fixed and unchanging 'human-nature'" (MacSween, 1993, p.17). They have also resulted in the idea that there is a 'naturalness' and 'universality' to such constructs as 'femininity', 'individuality' and 'personality', and that these 'inherent entities' and their meanings can be 'discovered' through the objective rigour of the scientific method (MacSween, 1993).

These ontological and epistemological assumptions of the psychomedical construction direct the questions asked, which in turn result in the discourses produced. In this construction the primary question of "why do *some* women suffer from eating disorders?", results in the ancillary question "what makes them different?". These questions result in a construction that is characterised by an 'individual psychopathology' discourse. Through this discourse anorexia is described as being a 'disorder', 'disease', 'illness' or 'pathology', the cause of which lies within the individual who's 'personality', 'coping mechanisms', 'emotions', or 'family systems' are questionable. Anorexia is argued to be a personal internal problem resulting from three groups of contributing factors - predisposing, precipitating and perpetuating factors.

Predisposing factors, thought to increase an individuals vulnerability to the disorder, include issues relating to the individual, family and society (Moorey, 1991).

Here 'entities' inherent within the individual, such as 'personality traits' (perfectionism, self-esteem, autonomy, control issues etc), and psychological well-being (disturbed body image/concept, disturbed cognitive perception, sense of ineffectiveness, fluctuating mood, high anxiety, impulsive behaviour etc), are thought to play a part (Marx, 1994; Moorey, 1991; Thompson, 1993). The family's involvement in increasing vulnerability is thought to occur in relation to interaction, where relationships characterised by enmeshed boundaries, overprotectiveness, rigidity and conflict avoidance are implicated in anorexia (Moorey, 1991). Sociocultural ideals and beliefs act at a wider social level, where vulnerability is increased as a result of the western cultural ideal that for women, a slim body shape is a symbol of success, beauty, competence and worth (Moorey, 1991).

Once an individual is predisposed it is thought that precipitating factors trigger the onset of the condition. These stressful events can also be divided into individual, family, or social factors. At the individual level, sexual conflict, unpleasant sexual experiences, or pubertal changes are argued to trigger 'disordered eating' (Moorey, 1991). Separation or loss is thought to act as a trigger at the family level, while adverse comments about weight or eating habits; positive remarks about weight loss; and comments that weight loss is indicative of greater control, effectiveness and acceptability, all act on a social level (Moorey, 1991).

Once the 'disordered eating' has begun it is argued that there are factors that maintain or prolong it. These perpetuating factors are thought to include: the ever-present sociocultural pressures to be thin; positive reinforcement from others; and of course, individual psychological factors, such as increased preoccupation with food, and the reinforcing effects of a sense control and mastery (Marx, 1994; Moorey, 1991).

While sociocultural and family pressures are acknowledged as having an influence on women in the psychomedical construction, the emphasis is on how the individual woman relates to these pressures. In this way explanations of sociocultural pressure function as further 'evidence' of the individual nature of the disorder. Here it is argued that while all women are subject to sociocultural pressures not all women in our society develop 'eating disorders'. According to this perspective 'normal' women

diet in reaction to these pressures, 'abnormal' or 'pathological' women develop 'eating disorders'.

To further understand the extent to which this understanding of anorexia is a construction rather than a 'truth' or 'fact', it is helpful to look at a different understanding of the same behaviour. One such understanding is the feminist sociocultural construction of anorexia, which has its focus in the social rather than on the individual. This is a result of the question " Why do *women* suffer from eating disorders?". This question situates anorexia in a political and sociocultural context, where the main discourse focuses on the social position of women as a group. Through this discourse the feminist argument takes a broader view of eating behaviour than the psychomedical construction, and includes those considered as having 'normal weight concerns'. They argue that it is not 'natural' for women to be so concerned with their bodies and believe there to be much continuity between the experiences of those with 'eating disorders' and other women.

One of the first and most influential proponents of this perspective, Susie Orbach (1993), argues that 'eating disorders' are "a complex personal response to a set of interpersonal, intrapsychic, social and political phenomena that structure the individual women's relationship to self and others" (p. xviii). 'Eating disorders' are a way of coping with women's contradictory place in society. Here cultural ideals and social situations are believed to underlie everything else, where there is no such thing as personality constructed outside of culture, therefore one must always consider the social roots to an individual's experience (Orbach, 1993). Nothing can be separated from its social context, the individual included.

It stands to reason then that the feminist sociocultural account of 'eating disorders' is an in-depth look at cultural ideals of femininity, women's social role, and the transmission of these. Here anorexia is argued to be a 'metaphor for our time', where, food and the body is the medium through which women are addressed, so therefore these are the language of the women's response (Orbach, 1993).

The successful development of the feminine ideal is constructed as requiring women to meet three demands: defer to others while subverting one's initiative;

anticipate and meet the needs of others while subverting one's own needs; and seek self definition through connection with another (man) (Orbach, 1993). As a result women feel unfulfilled, lack a sense of entitlement and are constantly looking to others for validation and acceptance.

In terms of social role, the feminist sociocultural perspective argues that eating problems are a result of the complex role women play in relation to food (Orbach, 1993). Here women's relationship to food is described as 'cruel' and 'ironic', where it is socially prescribed that women prepare food for others as an act of love and caring, but they must restrain their desire for the very same food (Orbach, 1993). This is connected to women's role as desirable objects of adornment and pleasure, where desirability is linked with body size (Orbach, 1993). Over the past twenty five years what is considered as desirable has changed very rapidly, and the desirable body (woman) is becoming slimmer and slimmer (Orbach, 1993). This acceleration in change has been attributed to the impact of movies, television, and mass culture in general, which have all made women more responsive to these received images (Orbach, 1993). What this leaves us with is a society where dieting and preoccupation with ones body has been normalised as a natural part of women's experience (Bevenstine, LeCouteur, & Hepworth, 1999; Malson, 2000; Orbach, 1993). In terms of these arguments anorexia is seen as both accommodation of these ideals (severe conformity to them), and as a rebellion or protest against the rules that circumscribe a woman's life (Orbach, 1993). Anorexia is a "demand that she has an absolute right to exist" (Orbach, 1993, p. 88).

This vastly different understanding of anorexia exemplifies the constructed nature of meaning. In so doing it also exemplifies the power and importance of language in the construction of meaning. The difference in emphasis between the two questions "why *some* women?" and " why *women*?" produces vastly different discourses through which anorexia is constructed and therefore given meaning.

Constructing Pro-ana/anorexia

Pro-ana/anorexia is a recent phenomenon that has come about through the Internet. Here women from around the world coalesce in pro-ana/anorexia communities, using a range of message boards, bulletin boards, live journals and chat rooms to communicate. Through these media they talk honestly about such topics as achieving weight loss goals (including practical advice and tips), the pride they feel about their 'eating disorders' and their ability to sustain them, as well as the various day to day issues involved in living with an 'eating disorder'. Many of these areas of discussion are considered 'taboo', especially in relation to dominant constructions of anorexia as a 'disorder' that needs treatment and of anorexics as in need of recovery.

As such pro-ana/anorexia has been met with strong opposition and has attracted much attention from the popular media such as women's magazines and television talk shows. These media have constructed pro-ana/anorexia as "disturbing", "shocking", "dangerous", and as "preying" on young women and girls "turning" them into anorexics. As a result of this exposure there has been an increase of hostile posts on pro-ana/anorexia sites by those opposed to their communities. These posts construct the women as "completely sick", "ignorant" and "stupid". Those in opposition to pro-ana/anorexia have even formed their own '*anti-pro*' communities devoted entirely to discussion about how wrong pro-ana/anorexia is and campaigning to shut down the sites. As a result of this and media attention many of the communities have been shut down and others continue to be.

However, in the face of these challenges pro-ana/anorexia women defend their position. They argue that they have the right to "freedom of speech" and that others have "no right to take that away". Through this defence of their position the women spend much time defining, both for themselves and outsiders, who their forums are for and what they are about. This discourse provides a good opportunity to understand how these women construct themselves and their communities, and also to answer the question- is this a new meaning of anorexia (self-starvation)?

Discourse Analysis

The central importance of language in the construction of meaning is the most basic and unifying principle in discourse analysis (Gill, 1997). Rather than being a single unitary entity or practice, discourse analysis is best understood as a field of research or an umbrella term that covers a vast range of research practices (Taylor, 2001; Burman & Parker, 1993). However, while these practices are varied, they all share the common understanding that language is not just a neutral reflection of the world and 'reality', but that it constructs these.

As such, discourse analysis takes as its topic discourse itself, in all forms of talk and texts (Gill, 1997). Here discourses are seen and studied for what they are, "sets of meaning which constitutes objects" (Parker, 1992, p.8), rather than as pathways to phenomena lying 'behind' them (Billig, 1997; Gill, 1997; Potter & Wetherell, 1987). Similarly it is argued that people do not just use language to reflect what they are thinking or to reflect their underlying attitudes. Rather discourse is action oriented and people use it to *do* things: to request, to offer blame, to accuse, to persuade, to present themselves in the best possible light etc. (Gill, 1997; Potter & Wetherell, 1987). This use of language however, is not always deliberate or explicit.

In order to do these different things speakers draw on different discourses, all of which come from a repertoire of discourses provided for them by history (Edley, 2001). However, not all discourses are created equal. Some discourses are more available than others because they become culturally dominant, while other discourses become marginalised (Edley, 2001). In this way language mirrors institutional authority and power relations (Parker, 1992).

As a result of this discourses "facilitate and limit, enable and constrain what can be said (by whom, where, when)" (Parker, 1992, p.xiii), therefore constraining meaning and action. In other words, discourses draw people into particular subject positions or ways of experiencing themselves and others (Edley, 2001). In this way discourses have the power to shape the way people, experience and behave in the world (Burman & Parker, 1993).

My Study

These understandings of the construction of meaning and the power of language have informed my approach to studying pro-ana/anorexia communities on the Internet. In relation to meaning I see pro-ana/anorexia as being like everything else - it does not have a 'true' meaning that can be revealed through the 'right' methods. Rather, the meaning(s) of pro-ana/anorexia is/are constructed through language (the women's 'talk' and the discourses available to them), social practices (media attention, anti-pro campaigns, the shutting down of sites) and institutional authority (dominant understandings of anorexia).

My thesis is a study of one aspect of this configuration - the women's 'talk'. I see the women's 'talk' as action oriented and do not look to it as a means of revealing their 'real' underlying 'pathology' or 'attitudes'. Rather I look to their 'talk' as a means of understanding how they use language to construct meaning, and how discourses may limit and constrain this construction. An understanding of these is important, as language and the construction of meaning have the power to limit the how people experience and understand the world and themselves, and as such language has the power to limit one's actions.

CHAPTER TWO

Internet Research

Today's society has been constructed as being in the process of an 'information revolution' (King & Moreggi, 1998). Computer technology is changing and improving at an increasingly fast pace, as is the spread of this technology into our workplace, homes and personal lives. The number of people who have access to the World Wide Web, the number who use it and how often they do so are all increasing dramatically (Haythornthwaite, Wellman & Garton, 1998).

The attraction of the Internet is thought to lie in its ability to transcend barriers of time and distance to the point where finding information on any topic, or finding others with similar interests and concerns as oneself comes at the touch of a button (King & Moreggi, 1998; Wright & Bell, 2003; Sullivan, 2003). This vast range of possible social networks is reflected in the large number of Internet communities to be found on the World Wide Web. These communities come in the form of discussion boards on websites, mailing lists, chat rooms, news groups and multi-user domains, all of which provide different ways for people to communicate with each other (Eyesenbach & Till, 2001).

This computer-mediated-communication (CMC) is considered to be "a unique hybrid between written text and spoken conversation" (Sharf, 1999). CMC and its resultant relationships in Internet communities were initially constructed as being impoverished. It was thought that the lack of face-to-face cues lead to group polarisation (and therefore aggression) in interactions, and simplified presentations of self and group identity (Yates, 2001). However these negative understandings have changed and it is now thought that the Internet can provide a richer form of interaction than previously envisaged (Illingworth, 2001).

This richness can be seen in the recent development of online self-help groups for a wide range of issues. Finn (1999) explored the helping processes of one such group and argued that online groups are an important resource because they combine

the advantages of face-to-face groups and the accessibility of computer networks. The members are not constrained by time or distance, while the anonymity this medium affords may allow easier exploration of sensitive issues (Finn, 1999; Wright & Bell, 2003; Sullivan, 2003). Add to this the benefits of self-help groups: information sharing; dialogue; discussion of 'taboo' topics; shared sense of experience; mutual support; overcoming isolation; helping others and developing social networks, and it is little wonder that millions of people are using online self-help groups and that this will only increase as Internet access increases.

Researching on the Internet

For all these reasons the development of the World Wide Web has opened new horizons in terms of research. Through the Internet, peoples interactions have become uniquely accessible (Eysenbach & Till, 2001), meaning that research can be done on a world- wide, low cost and almost instantaneous scale (Illingworth, 2001). There are currently three methods through which Internet research is carried out, each varying in the degree of researcher identification, involvement and participant consent. At one end of the spectrum there is passive analysis where the researcher does not involve themselves in what they are studying and makes no contact with the members of the online community (Eysenbach & Till, 2001; King, 1996). Then there is active analysis where researchers participate in communications with the members of the communities, as in participant observation (Eysenbach & Till, 2001). The third method involves the researcher identifying themselves as such and conducting online interviews, focus groups, surveys or otherwise using the internet as a means of recruiting participants for offline research (Eysenbach & Till, 2001).

This range of possibilities provides what Illingworth (2001) has termed a 'seductive data set', where a world of behaviour and ideas on an ever increasing variety of topics is accessible through huge quantities of discursive interchange (Sharf, 1999). Not only is this data plentiful, but computer mediated communication is also pre-transcribed and socially situated in "virtual communities", where analysing naturally occurring communication has become possible on a scale that was previously unimaginable (Herring, 1996).

However all of these qualities are a double-edged sword. Not only do computer technologies make remarkable research possible, but they also give rise to unethical research where it has been made easier to objectify and take advantage of people from a distant location and at a faster rate (Waskul & Douglass, 1996).

Ethical Internet Research

As a new arena for research the Internet presents both promise and problems. Of these problems the ethical challenges appear to be the most debated. A full review of the debate surrounding those challenges is beyond the scope of this thesis. However, for a more comprehensive account, the interested reader is referred to a special section of *The Information Society*, 12(2), 1996, titled: 'The ethics of fair practices of collecting social science data in cyberspace'.

The central tenant of ethical research is that those who will participate in a study must be protected from potential harm. However guidelines for ethical behaviour in research can never eliminate the potential for harm, "all they can do is attempt to minimise the risk" (Reid, 1996, p.173). To ensure this, ethical Internet research practice must take into account three related issues - perceived privacy, informed consent and anonymity in the publication of results.

Perceived privacy, the degree to which community members believe their messages to be private to that group, is a contentious issue in online research. The resulting debate hinges on whether Internet sites are public or private spaces. Jones (1994) defines private information, as that which occurs in contexts in which the individual can reasonably expect that no observation or recording is taking place. However, he questions whether the Internet is a context within which anyone could reasonably expect this. Being the global phenomenon that it is, there are millions of people logging onto the Internet each day, and there is no way of knowing who is where and what they are doing at any given time. Taking up this point Sharf (1999) acknowledges that "...anyone choosing to make disclosures through an online discussion format is assuming some risk in who will receive that information and how it will be used" (p.247). It is for this very reason that technology is available to restrict accesses to communities, and as Herring (1996) pointed any group is free to restrict

access to their community if they wish it to be private. Therefore communities without restricted access could be considered 'public' and their members considered aware of the risks they are taking.

On the other side of the debate it is argued that even though a message is being posted to a 'public' domain, a *sense* of privacy is created as a result of the private environment from which this behaviour occurs, usually from the privacy of one's home (King, 1996). Therefore researchers should respect that while it may be a 'false' perception, it is still that individual's perception. It is argued that researchers are obligated to protect the *perception* of privacy, and not to do so is to risk psychological harm such as loss of dignity, personal autonomy and self-esteem (King, 1996; Waskul & Douglass, 1996).

As a suggestion of how to estimate the perceived privacy of a site, Eysenbach and Till (2001) believe that if registration or subscription is needed to gain accesses to a discussion group then it should be considered private. They also suggest that the groups' perception of privacy is often set out in their statements about norms, codes and site aims. Another suggested indication of perceived privacy is that of Group Accessibility. Group Accessibility represents "the degree with which the existence of and access to a particular Internet forum or community is publicly available information" (King, 1996, p.126). Communities where Group Accessibility is high, for example bulletin board groups, are by nature part of the public domain (King, 1996). Communities low on the Group Accessibility dimension, for example closed e-mail groups (where the subscription address is not published and there are specific conditions required for joining), are by nature a private domain (King, 1996). However, Waskul and Douglass (1996) argue that just because a private communication occurs in a public space (with high group accessibility), does not give licence to invade the privacy of others and does not relieve researchers from ethical commitments of obtaining informed consent.

The issue of obtaining informed consent however is also highly debated in terms of Internet research and is very much related to the researcher's standpoint on the perceived privacy debate. If one takes the position that certain Internet domains are public spaces, then research in those spaces could be likened to 'traditional'

naturalistic or archival research. Using archival data or naturalistic observation does not require consent as long as the individuals to which the data pertains are unidentifiable and there is no inconvenience or risk to them (Jones, 1994). Eysenbach and Till (2001) believe that these considerations may be applied to the passive analysis of messages on Internet sites.

Opposing this position Waskul and Douglass (1996) argue that anything less than obtaining informed consent implies deception, where due to the 'faceless' nature of the Internet the researchers will be playing on the ignorance of their 'participants'. They liken this to more 'traditional' research where the use of deception, in the form of lying to participants or not fully informing them, is always ethically questionable. However even Waskul and Douglass (1996) admit that obtaining informed consent in Internet research is not as straightforward as it is in 'traditional' research and brings up another set of ethical concerns. For example, obtaining consent from the group as a whole does not preclude individuals from feeling that they did not consent and that their privacy has been invaded. Also whom does the researcher get consent from, the community moderator or every single individual? Do they get the consent prior to gathering data, or do they collect what data they want and then retrospectively ask the individual for consent on each piece of data? Alternately, an individual's consent to have their messages used as data does not preclude the community from feeling that their collective privacy has been invaded. In this case is an individual's consent enough?

These and many other issues involving informed consent depend very much on how the data will be reported and the level of anonymity involved in this. In relation to the potential for harm is the greatest in naturalistic studies where consent is not sought and where the individual or group is unaware of their 'participant' status. However King (1996) argues that in cases of non-consent, harm can be minimised if the data generated cannot be linked to the individual or community. The data should be disguised so that individuals cannot identify themselves or their community as the one studied (King, 1996). This involves removing all references to the community, individuals within the community (including pseudo-names), the type of group it was and its location (King, 1996). As an extra precaution for naturalistic studies King

(1996), argues for excluding word-for-word quotes to prevent identification by the individual or community themselves, or identification by others using powerful search engines capable of finding the source of direct quotes.

However, anonymity and the anonymising of all data are not just precautions to be taken in naturalistic research, but are also essential in cases where informed consent has been given. Reid (1996), who obtained informed consent in her study of an Internet community best expresses this through the example of her research, which unfortunately had an unforeseen negative effect on some of those studied. Even though Reid offered her participants the option of having anonymity many of them requested that she cite their real names, e-mail addresses, or pseudo-names in her research report. Some even refused her to use their data unless she did so (Reid, 1996). At the time Reid believed that conceding to their wishes was the ethical thing to do, however she now believes that she " should have insisted on anonymising all quotations, even if this meant that in some cases I would be refused permission to quote" (Reid, 1996, p.173).

Reid's experience demonstrates just how complex ethical considerations are in the area of Internet research. Even though she followed existing guidelines used in 'traditional' research her participants suffered negative consequences. This however was not the result of unethical practice on her part. Rather it is an example of how existing understandings of ethical practice, which were constructed for 'traditional' offline research, are inadequate to deal with the global accessibility of online research. This global accessibility of the Internet is changing our understandings of privacy, and as such our understanding of what is ethical research in this arena.

My Study

While the seemingly endless possibilities and relative novelty of Internet research was exciting, getting down to the 'how to' was a little more daunting. Without consensus on what is considered ethical practice in Internet research, deciding which method to use was difficult. After much consideration of the ethical debate around perceived privacy and obtaining informed consent, I chose to approach the study through the method of passive analysis.

Understanding the nature of passive analysis is important as this has implications for other areas of the research process such as the recruitment of participants and informed consent procedures. Passive analysis falls under the category of naturalistic observation, which involves the careful observation of behaviour without direct intervention with 'participants'. Similarly naturalistic discourse research on the Internet involves observation of naturally occurring communication. The passive analysis of this communication can also be considered archival research. Archival research is defined by the use of data obtained from an existing record. The Internet can be considered an electronic record of communications in cyberspace. In this way I consider passive analysis as a hybrid between naturalistic observation and archival research, where the nature of the data obtained is electronic archival records of naturalistic discursive interaction.

As such I made no contact with the members of the online communities I studied, and did not obtain informed consent. This decision came out of my review of the perceived privacy debate, from which I take the standpoint that certain Internet domains are public spaces. Here I took into consideration the level of perceived privacy in each group as estimated by looking at the group's norms, aims, codes and the level of group accessibility. Groups that clearly stated that they were private, that required registration and that had low group accessibility (where their address was not publicly published and where there are special requirements that determine membership) were not selected. Groups with high accessibility (in terms of publication of address and location) and with no registration required to gain access (i.e. non-members can access and post messages) were considered public. As such these sites can be studied without consent, as long as the 'participants' are unidentifiable and there is no risk to them. It is for this reason that I have not included any in-depth word-for-word quotes in reporting my findings. Instead I have used single words and phrases, incorporating them into my own explanation. In this way there is no risk of individual women being identified by their quotes, as the words that I have used could come from any of the hundreds of pro-ana/anorexia communities currently operating. This minimises the risk of outsiders identifying the specific communities studied by using search engines to find the source of the quote.

My decision to use passive analysis was also informed by the nature of my research. I am interested in the way women in pro-ana/anorexia communities construct themselves and their experiences when 'talking' to those who share their experiences and when defending their position to those who are anti-pro. As such it was this naturally occurring discourse and the candid honesty that it entails that attracted me to the sites in the first place, where the women's discourse is totally unaffected by my presence and unconstrained by an interview situation. Another reason I chose to use the passive approach involves the ethical and practical concerns for minimising disruption that occurs when entering and exiting groups. Identifying myself as a psychology student/ researcher could have disruptive effects on the communities, where some members may leave as a result of my presence therefore leaving the community and its relationships permanently damaged. The third reason for using passive analysis is that I do not now, nor have I ever suffered from an eating disorder. Therefore as an outsider I would have no credibility within the group as a participant observer.

These understandings of the unique nature of the Internet, Internet research and the ethics of this research have informed the procedures through which I conducted this study.

CHAPTER THREE

Method

Procedures

My first step was to conduct a search of the Internet. I was surprised at the number of communities that came up in the search results, but as I worked my way through these I found that many had already been closed down. The communities that were still available ranged from well established communities with a greater number of members, to new sites recently (re-)created and (re-)building a group of members. I decided to bookmark a range of these communities so that future access to them would be easier. Once they had been bookmarked I spent time familiarising myself with their content and how they worked. However, each time I returned to my list of forty sites I found that more of them had been closed down. I realised that I could only spend a limited amount of time familiarising myself with the communities and would have to make a decision about which ones to study before they were closed down.

As mentioned in the previous chapter, this selection hinged on my understanding of the debate around public and private spaces and how to estimate the perceived privacy of a group. As a result I chose to look at groups that could be considered 'public' due to their high accessibility (in terms of publication of the sites' existence and location), and low restriction (no registration required). I also selected those communities with greater numbers of group members in order to have access to a greater quantity of and more variation in discursive interchange. The sites selected also represented the range of pro-ana/anorexia 'philosophies' that were evident in the forty sites I had become familiar with.

In all I selected seven sites, but this number was tentative and I was prepared to select more if need be. However, this was not necessary as I obtained fifty pages of data from those seven sites, which I felt to be sufficient.

The data that I collected were the electronic archival records of the women's communications. These communications are a hybrid between spoken and written

language, and as such I refer to them as 'talk'. This 'talk' was archived according to topics of 'conversation', where one can follow a 'conversation' from the initial message posted, through to the last response received. This is known as a 'thread' and can be accessed and added to at any time. After following all the 'threads' in the seven selected communities I chose not to include any that were about practical weight loss tips and questions. I also chose not to include posts from anti-pro-ana/anorexia outsiders, due to my aim of seeing how the women construct themselves rather than how others construct them. I copied the remaining 'threads' from the seven communities and pasted them into a word document. During this process I was careful to exclude the names and addresses of the communities and their members, as it was not necessary for my analysis to know who had 'said' what and in which community they had 'said' it. Once I had compiled my pages of data I printed them and was ready for analysis.

'Participants'

Anyone communicating in the chosen communities was a potential 'participant' in the sense that their communications were archived and therefore available for my use. However, due to this archival nature of the study those who communicated in the chosen communities were not participants in the full sense of the word. They were not recruited to 'participate' in the study, and as such were unaware of their 'participation'. Also they did not have to take part in anything other than what they usually do on their sites. However, I maintain that the study does involve 'participants' as opposed to text as I am constantly aware that there are very real people communicating their thoughts and feelings in these communities. To forget this would be to objectify them.

Due to the nature of my ethical position a detailed description of the 'participants' is not possible. However, as far as I am aware the 'participants' in the communities that I studied were all women of varying ages. While these are only assumptions, they are based on claims made by the 'participants' that they are women, and on the content of their 'talk'. Here some may argue that with the nature of the Internet being as it is there is no way of knowing whether this is 'true'. However, this

is not important in this study, as the focus is on how they (who ever *they* may be) construct pro-ana/anorexia and themselves.

Analysis

As already mentioned discourse analysis is best understood as a methodology rather than a method. As such there is no prescribed analytic method or a 'recipe book' approach that guides the researcher through a step-by-step 'how to'. Rather the process of doing discourse analysis can be likened to a dance in which the researcher moves back and forth (and sometimes sideways) between different 'steps' of coding, analysis and writing.

My approach to coding came as the result of the aim of my research - to explore how pro-ana/anorexia women construct themselves and their communities. As such the categories used for coding were not pre-determined by specific questions or hypotheses. Rather they were derived from the data. Here I 'immersed' myself in the data over a period of weeks, reading and re-reading it to get a feel for the women's 'talk' and its content. Through this process I noted down themes that stood out, and organised the data into those themes as inclusively as possible. However, I did not settle on these as final and over the course of analysis and writing I returned to coding a number of times. Through this continuous reading and re-reading new themes emerged, some merged to form different themes and others disappeared. Each time I returned to the data my reading was informed by a greater understanding of the themes as a result of my analysis.

In terms of analysis I initially set out to identify the discourses that the women were drawing on in their 'talk'. However, after an unsuccessful attempt at organising my data in this form, I once again returned to the reading the data. Through this reading and consequent re-coding I realised that I was focused on *finding* discourses, rather than on *how* the women were constructing themselves and their communities. At this point I refocused myself on the aim of my research through the question "how do pro-ana/anorexia women construct themselves and their communities?". By approaching the data through this question, I was able to understand how each theme was interrelated with one or more of the other themes to form the women's

constructions. I was then able to look at these constructions in terms of the functions that they served, the discursive repertoires that were drawn on, the way the women were positioned by these and how they positioned themselves in relation to these.

Due to the complexity and variation in these constructions, the 'steps' of writing and analysis occurred simultaneously. As my understanding of these complexities deepened, so the 'layering' of the analysis and discussion changed. My writing was also very closely related with the constant checking and re-reading of the data, which resulted from my decision not to use in-depth word-for-word quotes. I used this re-reading as a means of ensuring that I was being true to the women's constructions.

All of this occurred over a period of eight months, in which time I 'stepped' back and forth between coding, analysis and writing. I also took the occasional 'step' sideways, but always managed to find my way back to the 'rhythm' of the women's 'talk'. The chapter that follows is the product of this complex and lengthy 'dance'.

CHAPTER FOUR

Analysis & Discussion

How do Pro-ana/anorexia women construct themselves and their communities? While this is a seemingly simple question, the answer is quite complex. The way in which the women construct themselves, ana/anorexia and what it means to be pro-ana/anorexia are inextricably linked. To construct one, usually involves drawing on constructions of the others. As such the women's constructions of themselves and their communities are variable and complex. There is no one understanding of what pro-ana/anorexia is, but rather a number of different constructions, drawn on at different times to serve different functions.

Through my analysis I found that there are three main issues around which the women's constructions are based. The first issue relates to accepting or rejecting dominant constructions of ana/anorexia as an illness/disorder, and constructing pro-ana/anorexia in relation to these positions. Here women who accept ana/anorexia 'to be' an illness/disorder construct pro-ana/anorexia as a means of 'support', while women who understand ana/anorexia 'not to be' an illness/disorder construct pro-ana/anorexia as a 'resistance'. In the second issue, the women base their constructions of what ana/anorexia is about on the 'objects' of 'the body' and 'the mind', and how these relate to self-discipline/self-control. The third issue around which the women's constructions are based is that of constructing selfhood. Here the women construct their individual and group identity in relation to the 'real' anorexic and their understandings of ana/anorexia as a 'range' of 'experience'. In doing this they personify anorexia as 'ana'.

The following analysis and discussion is based around these three issues that form the basis of the woman's constructions. However, while the writing of this analysis necessitates that it is laid out as a 'flat' two-dimensional surface, the women's constructions are best understood as a three-dimensional 'sphere' with no beginning, middle or end.

'To be or not to be?'

Constructions of what it means to be pro-ana/anorexia are based around two important understandings of ana/anorexia, as either a disorder or a lifestyle choice. The former is the dominant understanding that ana/anorexia is an illness/disorder from which women suffer. The latter is a rejection of this understanding and the assertion that ana/anorexia is a lifestyle that one chooses to live. While these may seem like two very different constructions of ana/anorexia, both centre around the pivotal notion of illness/disorder and what it means to be ill/disordered. The women either construct themselves 'to be' or 'not to be' ill/disordered, and in so doing construct what it means to be pro-ana.

'To Be'

Those women that construct themselves 'to be' ill/disordered can be seen to have accepted and taken on dominant understandings and positions of what it means to be anorexic. This is the understanding that ana/anorexia is an 'illness/disorder' from which women 'suffer'. These discourses of illness/disorder and suffering are inextricably linked in western society. When we are sick we suffer. It is also a dominant understanding that people who are suffering need support, especially in the face of lack of understanding from others in society.

It is through these understandings of what it is 'to be' ill/disordered that pro-ana/anorexia women construct pro-ana/anorexia as being an important means of "support". Here pro-ana/anorexia communities are described as "a comfort", "a refuge", "a sanctuary" and "a shoulder to cry on" for those who "suffer" and "struggle" with eating disorders. The support that these sites provide is constructed as needed and important in terms of dealing with "isolation", "loneliness" and being "misunderstood".

However, even though these women are suffering they are "not looking for treatment or recovery". This position goes against dominant understandings of illness, where being ill and being treated have become synonymous in western society (Lupton, 1994). Those who are ill need to 'battle' or 'fight' their illness and those who

are disordered need treatment (even if they have to receive it involuntarily). In defence of their opposition to this understanding the women draw on the discourses of 'need' and 'acceptance' as a means of justifying their position. Through the discourse of 'need' the women's 'eating disorders' are constructed as being something they "need", something that helps them to "live". This is done by drawing on common understandings of anorexia as a "coping mechanism" for "emotional issues". They 'acknowledge' that they are "sick", that "this is not ok", but yet maintain that even though they are suffering it would be worse if they did not have their eating disorder. While this goes some way to justify maintaining 'disordered' behaviour, it does nothing to counter the understanding that treatment would remove the need for that behaviour and replace it with more 'appropriate' behaviours. This is where the discourse of acceptance is important. The women argue that being pro-ana/anorexia is about "acceptance" of 'eating disorders' as part of their lives ("this is how I am"), and accepting that they will always be this way, "will never get better", and will always just be in "remission". This discourse of acceptance is dominant in western society in regards to chronic illness and disability. Chronically ill people must 'adapt' to their role, 'manage' their illness, 'accept' impaired functioning as being their normal state, and essentially move on with their lives (Lupton, 1994). By drawing on this discourse, and especially through the metaphor of cancer, ana/anorexia is constructed as a chronic illness, something that never really goes away because it is very difficult or even impossible to 'cure'. Therefore it is something one needs to accept and live with. In this way the women have constructed themselves as having accepted their fate and as trying to live with their suffering and move on with their lives. This further justifies the pro-ana/anorexia women's position of not seeking treatment in the face of suffering and further legitimates their sites as important means of support.

This construction of pro-ana/anorexia communities draws on the interrelated discourses of illness/disorder, suffering, need and acceptance. These work together to negotiate the morally justifiable position of pro-ana/anorexia communities as an important means of support, and of pro-ana/anorexia as a defensible subject position.

'Not To Be'

For those women who construct themselves 'not to be' ill/disordered, all the above understandings and positions are resisted, while the idea of ana/anorexia as a lifestyle choice, or as a product of 'the will', is advocated. Through this understanding these women construct pro-ana/anorexia as a 'resistance', where pro-ana/anorexia is talked about as a "movement", "counter culture", "revolution", and as being "underground". This positions the women as being opposed to or resisting the dominant ideology of what it means to have anorexia, and therefore what it means to be ill/disordered. 'To be' ill/disordered is to be "suffering", "passive", "weak", and to be seen as "victims". Instead these women position themselves 'not to be' ill/disordered, meaning that they are "strong", "survivors", "thrivers", "active", and "empowered". This resistance of ideology is achieved through constructing the object of 'the will', which is thought of as being a mental faculty by which we deliberately choose or decide on a course of action. The women construct 'the will' through the interrelated discourses of self-determination/self-government, choice, self-control and strength.

Self-determination/self-government (free will) involves determining one's own fate or course of action without compulsion. Through this discourse the women argue that they have chosen anorexic practice of their own "free wills", and construct themselves 'not to be' ill/disordered but to be "self-directed". Their anorexic behaviour is constructed to be "the product of decisions made in the mind", and 'not to be' the result of an illness/disorder which makes them behave in that way. So the women construct themselves 'not to be' "bowing to internal oppressions", but rather to be active self-directed decision-makers. This opposes dominant understandings of illness/disorder (especially those of the psychological kind) as something that "happens to you", something that people have no choice about having or getting.

This is where the discourse of choice comes in. Here the women construct ana/anorexia 'not to be' an illness/disorder that just "happens to you" without a choice, like "delusions", "hallucinations" or the "measles". Rather they argue that anorexia "not only involves choice but downright requires it". An anorexic is seen as making daily, if not hourly choices not to eat, and these choices are seen as being made in the

face of natural/biological impulses (hunger). In this way the women draw on a discourse of biology/nature, positioning it as wielding undeniable power over our actions in terms of food and eating. It is our "inescapable" "programming", "raw instinct", or "survival instincts" which "make" us seek food and eat it. By drawing on this common understanding of biology/nature in general and hunger in particular, these pro-ana/anorexic's are positioning the anorexic as having to override these powerful forces, therefore becoming self-governed/self-determined. This can only be done by choice and is achieved through being self-directed, and having focus, discipline and "will power", as nothing else can stand up to the impulses of biology/nature.

This construction of choice encompasses the discourses of self-control and strength ("will power"). In making the choice not to eat, one needs to exercise strength and self-control to avoid giving in to our 'natural' "desires", "urges", and "impulses". As a pervasive discourse in western society, self-control is seen as a virtue involving-calmness, composure, resolve, restraint, self-command, self-denial, self-discipline and will power. While all people are expected to show these qualities, it is particularly expected of women, and especially in relation to food and eating (Hepworth, 1999; Macsween, 1993; & Malson, 1998). Those that do not show this self-control are thought to be weak, while those that are seen as in control are strong. The pro-ana/anorexia women who construct themselves 'not to be' ill/disordered use these discourses of self-control and strength to further account for their construction of anorexia as a self-determined choice. Here they construct themselves 'not to be' weak, but to be strong, by positioning themselves as having "iron-cored" and "indomitable" 'wills'. This is opposed to constructions of those who are ill/disordered as being weak and dominated by their illness/disorder.

This discourse of self-control and strength is also used in relation to a psychological/emotional discourse, much to the same effect. Here the women who construct themselves 'not to be' ill/disordered position themselves as being in control of "emotional tides", "conflicts", "thoughts", "feelings", "reactions" and as not "bowing to internal oppressions". Thus they are positioned as being strong not weak, and self-determined/self governed rather than disordered. This is opposed to our

dominant understandings of anorexia as an illness/disorder about emotional issues, where the behaviour of not eating is driven by emotional turmoil. Also this positioning of control over one's psychology is related to a discourse of rationality/irrationality. In dominant western understandings those who are subject to their emotions are irrational, while those that are in control of them are rational and objective. Women have traditionally been constructed as being more subject to their emotions than men have, and therefore as being irrational (Hepworth, 1999; Macsween, 1993). Men on the other hand have always been seen as the epitome of rationality (Macsween, 1993). Taking this into consideration, those women who draw on the discourses of self-control and strength in relation to their psychology can be seen as rejecting this construction and positioning of women as irrational. They have made a rational, objective decision (without being compelled by illness or an irrational mind) to live their lives through anorexic practice. They construct themselves 'not to be' "faint-hearted", "weak" or "hysterical", and in so doing resist the dominant construction and understandings of women and femininity.

Here it can be seen how the construction of 'the will' is used to resist dominant understandings of anorexia as an 'illness/disorder'. Through the discourses of self-determination/self-government, choice, self-discipline/self-control and strength, the women have resisted the positions ascribed by this dominant construction. In so doing they are also resisting the dominant positioning of femininity (and therefore women) as irrational.

Mind, Body and Control

Dominant constructions of what ana/anorexia is about are based around the construction of two objects: 'the body' and 'the mind'. For women using pro-ana/anorexia websites this is no different. In some of the women's talk ana/anorexia is constructed as being about the body ('the thin goal'), while at other times it is constructed as being about the mind ('state of mind'). However these constructions while seemingly different, both draw on the discourse of 'self-discipline/self-control' and both are related to the issue of the 'inscribed body'.

'The Thin Goal'

In some of the women's talk ana/anorexia is constructed as being about 'the body'. Particularly, it is constructed as being about the thin body, and trying to attain the 'thin goal'. Here the women talk about the "desire" or "aim" to be thin as a "goal" that they are "striving" to reach. They construct themselves as doing what they do "to be thin" and "have thin bodies". In constructing ana/anorexia as being about this 'thin goal' the women draw on three interrelated discourses - 'thin is in', 'self-discipline/self-control' and 'doing it for yourself'.

"Thin is in" is a simple statement made by the women that constructs the 'object' of the thin body as being *the* popular feminine ideal. Being thin is constructed as socially accepted, if not downright expected. Here the women construct their "desire" to be thin within the context of "tremendous media and social pressure", where the media "tells" them to be thin and "portrays" thin women as beautiful. The women account for their behaviour as resulting from dominant cultural ideologies and pressures for women to be thin. In this way the discourse of 'thin is in' is used to justify the idea of ana/anorexia as about 'the thin goal'. In doing this they draw on the "fat is ugly thin is beautiful" construction of women's bodies that is dominant in the wider social sphere (Malson, 1998, p.105). Here fat bodies are described as "SOOOO UGLY!" and as "disgusting, while thin bodies are idealised as "perfection" and "beauty".

Related to this is the justification of the 'the thin goal' through the discourse of 'self-discipline/self-control'. Through this discourse the perfection of the thin body and weight loss are constructed as "tools" through which to express one's self-discipline/self-control. The goal of being thin and the weight loss that accompanies that goal are constructed as things that the women need to "say", "show" or "prove" that they are "in control". The women construct being thin as a "sign of true will power and success" while eating is constructed as reflecting "an imperfect person" who is lacking in control. In this way 'the body' and the 'thin goal' come to signify a woman's strength of character (or lack there of). Those who have thin bodies are positioned as showing strength through their control, while the opposite is 'true' for those who don't. As already noted in the previous section, this understanding of self-

discipline/self-control is pervasive in the social construction of women. This is especially so in relation to food and eating, where women are commonly portrayed as either abandoning self-control and indulging in 'luxury' ('bad') foods, or as showing restraint and control in eating 'Lite' ('good') foods (Hepworth, 1999). These moral positions attributed to food are ascribed to fat and thin bodies, and in this way bodies are imbued with cultural meaning and come to signify personal characteristics and moral values (Malson, 1998).

'Doing it for yourself' is the third discourse drawn on in the construction of ana/anorexia as 'the thin goal', and concerns the legitimacy of setting the thin goal. Here pro-ana/anorexia women construct the goals of "the perfect body" and "total control" as goals that should be set and attained for "for yourself", and not anyone else, "especially some guy". If the thin goal is set with someone else in mind then that person is constructed as doing it "for all the wrong reasons". This is a culturally dominant understanding of dieting behaviour and the pursuit of the thin body, where weight loss is constructed as a form of 'self-care' and should be done to achieve personal happiness, satisfaction and health (Malson, 1998).

Here it can be seen how dominant understandings of 'the body' are drawn on by pro-ana/anorexia women in their construction of what ana/anorexia is about. The idealisation of the thin body and the value of self-discipline/self-control are both used as a means justifying this construction of ana/anorexia as being about the 'thin goal'.

'State of Mind'

In their talk the women also constructed ana/anorexia as being about 'the mind'. Ana/anorexia is constructed as being "a state of mind not body" and was described as a "mindset", an "obsession", and a "disorder", rather than being a "weight loss plan". It is about "something beyond the appearance of the body". This understanding of ana/anorexia is accounted for through the object of the "normal diet" and is constructed through the interrelated discourses of 'personality', being ill/disordered, being 'essentially disordered', and having 'self-discipline/self-control'.

In accounting for the construction of ana/anorexia as being about a 'state of mind' the women 'talk' about the object of the "normal diet". Here the women argue

that ana/anorexia has to "be about more than just weight loss" and that they "get more" from ana/anorexia than "just weight loss", other wise they would all be on "normal diets". This idea of the normal diet has a taken for granted meaning, but can be understood in relation to constructions of ana/anorexia as "socially unacceptable", "extreme", and "excessive".

This socially unacceptable, extreme and excessive nature of ana/anorexia is understood as being about a 'state of mind', and is constructed through the discourses of 'personality', and being 'ill/disordered'. Here the women draw on dominant cultural and psychological understandings that certain personality types (for example those with an "obsessive personality" or those who are "perfectionistic") are susceptible to 'eating disorders'. The women construct themselves as being "the type of person" that gets 'eating disorders', as having ana/anorexic "tendencies", or as having a certain type of "mentality". These constructions are based on western cultural understandings that people have an essence or nature ('personality') that belongs to them and accounts for their behaviour (Burr, 1995), and that this essence can be 'disordered'. This construction positions those who have certain 'personalities' as being 'essentially disordered'. The women take up this position constructing themselves as having "always had issues" and as "not normal". They construct themselves as inherently disordered due to their 'personalities' where if they did not have ana/anorexia they would be likely "to have something else" or "focus on some other unhealthy area". So ana/anorexia is about an 'essentially disordered' 'personality' and therefore an essentially disordered person.

Ana/anorexia as being about a 'state of mind' is also constructed through the discourse of 'self-discipline/self-control'. Here the women argue that ana/anorexia is about "control issues" for many, such as feeling out of control of one's life and emotions. As such they construct it as being about "wanting to gain and keep control" of themselves, where control "breeds confidence", "nurtures self worth" and "brings order to the chaos" in their emotional world. This construction draws on dominant psychological understandings of ana/anorexia as begin about fulfilling a psychological need to exercise control over one's intra- and interpersonal difficulties (Malson, 1998). In this sense the discourse of self-control is used differently from the

way it is used in relation to 'the body'. Here it is about getting hold of one's emotions and rationality, as opposed to showing restraint in the face of desires. However, while it is used differently, this discourse still positions women as either being weak or strong. In much the same way as thin and fat bodies are indicative of strength and weakness respectively, so control over one's emotions is indicative of strength and lack of control (irrationality) is indicative of weakness.

Control and the Inscribed Body.

The above constructions of ana/anorexia as being about 'the body' or about 'the mind' may at first appear to be unrelated, and are traditionally understood as a dichotomy. However, both are indicative of dominant cultural ideologies of self-discipline/self-control as a quality of moral excellence, and both are related to the issue of 'the inscribed body'.

In current western society the emphasis on the "virtue of self-control" is inextricably linked with the object of the 'the body'. As an object of cultural inscription, our bodies have become saturated with cultural meaning (Malson, 1998). 'The body' has achieved unparalleled status, and physical appearance has become central to our perception and understanding of ourselves and others (Lupton, 1994, 1996). As Malson (1998) has noted, "Both fat and thin bodies signify a variety of personal characteristics, systematically divided into negative 'fat' and positive 'thin' attributes" (p.104), where "the thin body signifies a positively valued subject position of self-controlled, autonomous, individuality" (p.122). Our bodies have become an outward expression of our self-discipline/self-control, and are 'read' as a testament to our virtue, strength of character, worthiness and 'personality' (all matters of 'the mind') (Hepworth, 1999; Lupton, 1996). Media representations of women reflect these social ideologies, ever increasing what Lupton terms our "retreat into the body" (1996, p.16). The more "western consumerist culture is saturated with representations of the idealised bodies" (Hepworth, 1999, p.100), the more 'the body' becomes constitutive of 'the self'. Here the thin body represents the moral high ground of restraint and discipline in relation to one's urges. However, this is only the case if it fits within the boundaries of what is socially accepted. As such losing weight within the socially

accepted limits through 'normal diets' is indicative of discipline/control, positioning the individual as a strong person of good character and moral virtue. However the anorexic body, or weight loss through ana/anorexia, is indicative of lack of discipline/control over one's mind ('emotions', 'obsessions', and 'coping mechanisms'), positioning the individual as being ill/disordered, irrational and therefore weak. In this way the ana/anorexic body signifies an 'essentially disordered' 'personality' or a 'pathological' state of mind.

This construction differs from traditional understandings in which 'the mind' and 'the body' are separate (Lupton, 1994). Through these constructions it is understood that 'the mind' is constitutive of 'the self' while 'the body' is not, and therefore 'the mind' must have control over 'the body' (Lupton, 1996). In this way there is an ontological split between 'the self' and 'the body' (Lupton, 1996). However, this is not the case in the above understanding. Here the 'the body' is constitutive of 'the self' and 'the mind', as it has become a symbol of our self-discipline/self-control, strength of character and 'personality'. The 'normal' thin body is indicative of being strong and disciplined/controlled, while the anorexic body is indicative of a disordered mind lacking in discipline/control. As such, constructions of 'the body' and 'the mind' come together in a construction of ana/anorexia as being about self-discipline/self-control and the inscription of these on the body.

Will the Real Ana Please Stand Up?

The tensions that can be seen in the women's constructions of what pro-ana/anorexia is and what ana/anorexia is about, come together in their constructions of identity and 'the self'. Throughout their talk the women are constantly negotiating morally justifiable positions of selfhood and group membership. In so doing the women talk about the "real" or "true" anorexic, drawing on 'scientific' and 'psychomedical' discourses, and constructing their selfhood in relation to this. Here they position themselves against the 'real' anorexic, drawing instead on an understanding of ana/anorexia as an 'experience'. In doing this they construct a new understanding of ana/anorexia - the personified 'ana'.

'Real' Anorexia.

The construction of the 'real' anorexic hinges on the interrelationship between 'scientific' and 'psychomedical' discourses. To be 'truly' anorexic, is to exemplify our knowledge of the 'reality' that has been 'revealed' through science. In relation to this the women talk about a 'real' anorexic as having "textbook anorexia" (where textbooks are the medium through which this knowledge is disseminated). They construct a 'real' anorexic as fulfilling "strict guidelines" through which she is "classified" as "truly anorexic" (in much the same way as a specimen would be classified by a scientist). However, being in the domain of the medical institution this 'classification' is made by "doctors" or "psychiatrists" and is called a diagnosis. As such the women construct 'real' anorexia as a "diagnosis" or "medical definition" of "symptoms" of a "disease", "illness", or "disorder". 'Real' anorexia is "a diagnosis doctors give people who fit to those symptoms". In this way 'real' anorexia is understood as a "label" that one can "get". It is also understood as a label that one can loose, as indicated by one woman in her statement "I'm not a true anorexic but I have been". As such 'real' anorexia is understood as a fixed set of diagnostic criteria, rather than something experienced by a person. This understanding is a reflection of the psychomedical construction of anorexia as a 'clinical entity', of relatively unproblematic classification, "whose typifying characteristics can be accurately and objectively documented and whose (universally applicable) causes can be discovered through scientific enquiry." (Malson, 1998, p.x). In constructing themselves as individuals and as a group the women position themselves against this 'real' anorexic, drawing instead on an understanding of anorexia as an 'experience'.

The 'Experience' of Ana/Anorexia.

In constructing ana/anorexia as an 'experience' the women construct themselves as all "going through" and "coping with" the same thing, but that they are "all experiencing it a little differently". This understanding disclaims the fixed criterion of the scientific and psychomedical institutions, constructing ana/anorexia as a "range" of experience. In this way the women construct themselves as "all some degree ana", but as being "on different levels" or at "different stages".

Through this understanding of variation in experience, the women legitimate their claims of being ana/anorexic and also legitimate their membership in the group. The construction of variation in experience positions them as all having a right to be there because it is one's experience of ana/anorexia that is important, not how many of the diagnostic criteria they 'measure' up to. This is particularly the case in relation to the first diagnostic criterion of body weight. Here the women construct themselves as "all eating disordered despite our weight or BMI's" and argue that having a higher BMI "doesn't mean that you don't experience some of the more horrible effects" of ana/anorexia. In arguing this point the women position 'the mind' and 'the body' in a dichotomy. They resist the psychomedical diagnostic focus on 'the body', constructing weight loss as a "symptom", and positioning "the psychological aspects" as "by far the most important" in terms of identifying yourself as ana/anorexic. Here they argue that "it is the mentality that you have not the BMI that makes you anorexic".

In this way the women are resisting the psychomedical positioning of BMI as being of prime importance in diagnosing ana/anorexia. As such they are resisting the construction of ana/anorexia as an 'object' which can be classified through comparison to fixed criteria. Instead they construct ana/anorexia as an experience and therefore as being variable.

Personification: A New Meaning.

In positioning themselves against the 'real' anorexic the women have constructed anorexia as their own. They have taken anorexia out of the scientific and psychomedical domains in which it is constructed as an 'object', and have instead constructed it as an 'experience'. In doing this the women personify anorexia, attributing human qualities to it. They have taken anorexia and constructed 'ana'. Here the women describe 'ana' as a "friend" and "saviour", and construct their use of the term 'ana' as "our nic name for her".

The culmination of this personification comes in the form of a letter circulating the wider pro-ana/anorexia community, which is signed "sincerely: Ana". This letter is separate from the women's talk and as such is the medium through which 'ana's' personage is represented. In this letter 'ana' introduces herself formally,

"Anorexia Nervosa is my full name", the way she 'addressed' by "doctors". 'She' then goes on to introduce 'herself' in a more informal almost 'friendly' way, 'saying' "you may call me Ana". In this way 'ana' is making the distinction between the 'object' of the psychomedical domain and the 'experience' of ana/anorexia. 'Ana' also 'uses' the letter to 'explain' what the women can expect from 'her' and what 'she' 'expects' from them in return if they become "partners".

Through this understanding of 'ana' the women are externalising anorexia and making it 'someone' else not within themselves. In this way they are resisting psychomedical constructions which locate anorexia within the individual and their 'disordered mind'. By externalising it as a 'person' they are personalising anorexia, emphasising it as an experience not an 'object' of classification.

As such the women have constructed a new understanding of anorexia. This is the understanding of anorexia as 'ana' - an 'experience' not a diagnostic category. Through this construction the women resist the understanding of the 'real anorexic' - an 'object' of the scientific and psychomedical domains.

Summary

The construction of pro-ana/anorexia as an important means of 'support' functions to negotiate a morally justifiable position for pro-ana/anorexia women and their communities. In this construction the women take on subject positions prescribed by dominant discourses of illness/disorder, constructing themselves as 'suffering'. They also use dominant discourses of chronic illness/disability, positioning themselves as 'incurable' and therefore as having accepted their fate and trying to live with this suffering. The support provided by pro-ana/anorexia communities is constructed as vital in this respect, therefore justifying pro-ana/anorexia as a defensible subject position.

However, pro-ana/anorexia was also constructed as a 'resistance' to this understanding. These women oppose the way the discourse of illness/disorder positions its subjects as 'suffering' 'victims' and therefore 'weak'. Instead they position themselves as 'self-determined/self-governed' and therefore 'strong'. This construction

positions the women as 'actively' 'choosing' ana/anorexia of their own 'free will'. In this way ana/anorexia is constructed as a 'lifestyle choice'.

Through their 'talk' the women also construct their understandings of what ana/anorexia is about. In doing this they draw on dominant understandings of 'the body', 'the mind' and 'self-discipline/self-control'. The construction of ana/anorexia as being about 'the body' draws on culturally dominant understandings of 'the thin body'. Here the women construct themselves as striving for the goal of being thin and having thin bodies. They account for this within the context of media and social pressures for women to be thin and through dominant understandings of what 'the thin body' represents. In doing this the women draw on dominant constructions of 'thin as beautiful' and the body as an outward expression of the 'virtue' of self-discipline/self-control. These constructions work to justify their construction of ana/anorexia as being about 'the thin goal'.

However, the construction of ana/anorexia as being about 'the mind' resists these understandings. Here women construct ana/anorexia as being about a 'state of mind' and not about losing weight. They account for this through the object of the 'normal diet', arguing that those who want to be thin diet, while those who have a 'disordered state of mind' have ana/anorexia. In doing this they draw on dominant psychological understandings that certain 'personality types' predispose a person to ana/anorexia. As such the women take on the subject position prescribed by this construction, positioning themselves as 'essentially disordered'. In this way the women construct themselves as inherently 'disordered' due to their 'personalities', and as being likely to always be this way. Here they draw in the discourse of self-discipline/self-control and construct ana/anorexia as being about trying to gain control of their 'disordered' inter- and intrapsychological state.

Both constructions of what ana/anorexia is about draw on the dominant cultural discourse of self-discipline/self-control as a quality of moral excellence. This discourse positions those who have the 'discipline' to resist 'desires' and 'urges', and the ability to 'control' their emotions, as being strong and of good moral character. By drawing on this discourse in relation to both 'the body' and 'the mind' the women are constructing ana/anorexia as being about self-discipline/self-control.

In constructing ana/anorexia and pro-ana/anorexia the women also construct their identity as individuals, and negotiate their positions in the group. In doing this they resist the scientific and psychomedical construction of the 'real' anorexic, which positions ana/anorexia as an 'object' of classification. Instead the women construct ana/anorexia as being a 'range' of 'experience', with each of them 'experiencing' it differently. Through this construction they construct anorexia as their own, personifying it as 'ana'. This functions to externalise it from themselves and personalise it as an 'experience' rather than an 'object'.

In the complexity of these constructions the women draw on and are positioned by existing understandings, and also construct new understandings. In this way their 'talk' is both constitutive *of* meaning (in that their discourse is action orientated and used to *do* things) and constituted *by* meaning (in that discourses constrain meaning and limit action through cultural dominance and subject positions).

CHAPTER FIVE

Conclusion

The intention of this research was to understand how women in pro-ana/anorexia communities construct themselves and their communities. This aim was informed by my understanding that all meaning is constructed and that language plays a powerful part in this. As such I was not concerned with explicating the one 'true' meaning of pro-ana/anorexia, or with using the women's 'talk' as a means of 'identifying' their 'underlying pathology'. Rather I saw the women's 'talk' as both constitutive *of* meaning (in that discourse is action orientated and used to *do* things), and constituted *by* meaning (in that discourses constrain meaning and limit action through cultural dominance and subject positions).

Meanings

Constructions of pro-ana/anorexia are inextricably linked with the women's understandings of what ana/anorexia is, what it is about and of themselves as ana/anorexic. So constructing any one of these means drawing on understandings of the others. In this way the women not only draw on existing understandings of ana/anorexia, but also construct new meanings of it. These new meanings work to position the women against dominant constructions and the subject positions ascribed by them.

In constructing the new meaning of ana/anorexia as a 'lifestyle choice' the women are resisting the subject positions ascribed through the discourse of illness/disorder. An illness/disorder is commonly understood as something that people do not choose, it just 'happens to' them. This puts people in the position of being 'passive' 'suffering' 'victims'. The women resist the understanding that ana/anorexia is like this, arguing that it is something 'chosen' by those who have a 'strong will' and who demonstrate the strength of 'self-discipline/self-control'. In this way the women position themselves as being 'active' and 'empowered'.

The new meaning of ana/anorexia as a 'range' of 'experience' opposes the scientific and psychomedical discourses that construct the 'real anorexic'. Here the women are resisting the positioning of ana/anorexia and therefore the ana/anorexic as an 'object' of classification, something that 'fits' fixed criteria. Rather they construct ana/anorexia as an 'experience' that can 'range' from one person to the next. As such they are positioning themselves as 'individuals', with individual 'experiences'.

Through this resistance to the scientific and psychomedical discourses the women also construct the new meaning of 'ana'. This is the personification of the 'object' of anorexia into the personage 'ana'. In doing this they externalise anorexia as 'someone'/thing outside of themselves, thereby resisting the dominant understanding of 'individual pathology' which positions its subjects as 'essentially disordered'.

Due to the conflicting nature of these new meanings with dominant understandings, the women's constructions and their communities are highly contentious issues. There has been a strong reaction from the media and recently formed anti-pro-ana/anorexia organisations, resulting in the closing down of many of the communities. In the face of these challenges the women draw on dominant discourses and positions as a means of negotiating morally justifiable positions for themselves and their communities.

This can be seen in the construction of pro-ana/anorexia as a means of 'support' for women who are trying to 'live with' and 'accept' a 'chronic disorder'. By drawing on these dominant understandings of illness/disorder and chronic illness/disability the women justify pro-ana/anorexia as a defensible subject position. In doing this they are constructed *by* these existing understandings, which draw them into particular subject positions, shaping the way they experience themselves and how they can behave in the world (Burman & Parker, 1993; Edley, 2001; Parker, 1992).

This can be seen in the women's construction of ana/anorexia as a 'mental disorder' or 'state of mind', where through the dominant discourses of 'illness/disorder', 'personality' and 'individual pathology', the women are drawn into the subject position of being 'essentially disordered'. Through these constructions the women understand themselves to be 'inherently disordered' as a result of their 'personalities', and as such understand that there will always be something 'wrong'

with them. The women draw on the discourse of chronic illness/disability to understand this position, constructing themselves as 'incurable' and in need of 'support'. These understandings inform the women's decisions not to seek treatment, but rather to 'accept' ana/anorexia and try to 'live with' it. As such these discourses have shaped the women's understandings of their experiences and what they can do about them.

Implications for Psychology

Having pointed to these constructions I find myself thinking about the significance of this research within psychology. In a field dominated by objectivist assumptions of 'truth' and knowledge 'discovery' what can I hope to achieve?

At the very least I hope that this work will bring awareness of how we construct and position those we are trying to help. Dominant psychomedical discourses construct ana/anorexia as an 'individual pathology' that can be classified according to 'fixed' criteria. This positions ana/anorexic women as 'essentially disordered' 'objects' of classification, and positions their experiences as being secondary to their diagnosis. I hope that an awareness of this brings us back to the understanding that ana/anorexia is an experience that is had by people, and not just a 'fixed' set of diagnostic criteria.

Through an awareness of this we can recognise the effects that our constructions have on people's understandings of themselves and therefore how they experience the world. In this way we could begin to understand how these disempowering psychomedical constructions of anorexia draw women into understanding themselves as 'inherently disordered' due to their 'personalities'. As such, the women understand their situation as hopeless and through this understanding their actions are limited to the 'acceptance' of their fate and 'struggling' to 'live with' ana/anorexia. Through an appreciation of these effects of our constructions I hope that we can move towards empowering those we are trying to help.

In order to achieve this there needs to be an awareness of the constructed nature of meaning and the roles that our assumptions and language play in this. Objectivist assumptions of one 'true' meaning that can be 'discovered' through

objective modes of enquiry, have given rise to psychology's question " why do *some* women suffer from eating disorders?". These have produced the disempowering discourses through which we have come to understand ana/anorexic women. I hope that through an awareness of the effects of our assumptions and questions we can move toward asking different questions, such as "how do women experience ana/anorexia?" or "what has their experience of ana/anorexia been?".

Understanding the constructed nature of meaning and the role that language plays in this is important for the field of psychology. This involves being aware of how our assumptions and the questions that we ask construct our understandings and position those we are trying to help. Through an awareness of this we can understand the effects our constructions have on how people understand themselves and therefore how they experience the world. Awareness of these issues is very important, as awareness is the first step in the process of change.

Future Research

The World Wide Web has provided a new arena in which millions of people from around the world can come together in one form of interaction or another. Within this space people form groups and communities based on thousands of different topics and for hundreds of different reasons. Together they negotiate understandings of themselves, their experiences and their worlds. This vast array of discursive interchange has opened new horizons for research on an ever-increasing number of topics, and is a largely untapped resource (Sharf, 1999).

Future research could look at creating awareness and understanding of how people in differing communities construct themselves and their experiences. This work could also look at any number of issues within communities such as ways of talking, disclosing, supporting, forming relationships etc. As the list goes on it seems that the possibilities are endless.

However, for all its promise Internet research presents many problems. These are largely related to a lack of consensus on what is ethical research practice. Current guidelines, developed for offline research, may not be sufficient to protect participants in this new 'environment'. Consequently this is an area where much work should be

done in order to develop a set of guidelines specifically for researching on the Internet.

Future Understandings?

The experience of self-starvation has been associated with different traditions of thinking and has had different meanings over the centuries (Hepworth, 1999). Today's understanding of it as an 'eating disorder' is no more 'true' than the understandings of it as a 'miracle' or form of 'hysteria'. Perhaps 'ana' will be the 'face' of the self-starvation of tomorrow. However, in the mean time pro-ana/anorexia communities on the Internet and the women's constructions of themselves and these communities have provided the field of psychology with a lot of food for thought.

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