The (Dis)embodied and Equivocal Discourses of Pro-Ana Websites

by

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Class of 2014

A thesis submitted to the

faculty of Wesleyan University

in partial fulfillment of the requirements for the

Degree of Bachelor of Arts

with Departmental Honors in Anthropology

Middletown, Connecticut

April, 2014
Acknowledgments

So many people have been instrumental in the development of this thesis, centrally the users of the pro-ana sites on which I conducted my research. Thank you for giving me the benefit of the doubt and granting me access to your communities. Also, thank you to the Anthropology Department for providing funding for this project.

I owe infinite thanks to my advisor, Betsy Traube, whose wealth of knowledge and thorough comments were critical in helping this thesis take shape. Thank you for pushing me to make my work better. The camaraderie of ANTH400 and the warm, enthusiastic guidance of Daniella Gandolfo were also immensely helpful in keeping me moving forward even when I felt overwhelmed. I’d also like to express my gratitude to Professors Nancy Schwartz, Gillian Goslinga, Anu Sharma, and Margot Weiss for offering their insights, knowledge, and advice.

A huge thank you to Alex Wilkinson, who read everything first and gave me the constant encouragement that carried me through the finish line. Thank you for your endless support, for making this feel possible and worthwhile, and for your attention to Oxford commas.

I’d like to thank my parents, Chris and Maria, and my grandparents, who made it possible for me to be here and for keeping me grounded. Thank you to Abbey Francis, Andy Ribner, Jon Curtis-Resnik, Sydney Lewis, Shannon Welch, and Dylan Zwickel for listening to my complaints, providing comic relief, and giving me a loving home to return to.

My love and gratitude to all of you and to the numerous others who have offered me their time, support, and a listening ear.

“What’s next?”
# Table of Contents

Trigger Warning..............................................................................................................................................iv

Introduction: Contextualizing Pro-Ana Websites.........................................................................................1

Chapter 1: Engaging with Expert-Defined Subjectivity.............................................................................15

Chapter 2: Negotiating Boundaries of “Normal”.......................................................................................43

Chapter 3: Safe Spaces and Alternative Narratives..................................................................................68

Conclusion: Considering Online “Para-ethnography” .................................................................94

Bibliography....................................................................................................................................................98
Trigger Warning

For those sensitive to mentions of eating disorders or associated behaviors:

The following text includes excerpts of posts from pro-ana sites, including several somewhat graphic descriptions of behaviors, as well as general discussion of attitudes toward eating disorders. I have opted not to include mention of specific calorie counts or images.
**Introduction: Contextualizing Pro-Ana Websites**

In February of 2012, the blogging platform Tumblr announced its new policy banning “pro-self-harm” content, including that which, among other things, “encourages readers to…embrace anorexia, bulimia, or other eating disorders…rather than, e.g., seek counseling or treatment” (“A New Policy Against Self-Harm Blogs”). Tumblr was not the first social media site to institute such a ban, nor was it the last; photo-sharing websites Instagram and Pinterest quickly followed suit in response to pressure from media sources and organizations like the National Eating Disorders Association (NEDA). Articles warning of the dangers of pro-ana and “thinspiration” abounded, denouncing communities that were based on producing and sharing such content as “deadly” or “damaging” (Castillo 2012, Salahi 2012). Journalistic and scholarly work on the topic often claims that the people—predominantly adolescent and female—who frequent these sites consider eating disorders a “lifestyle choice” rather than a life-threatening illness.¹

Much of the existing literature on pro-ana sites begins by noting the particular prevalence of eating disorders among teenage girls, mortality rates for each disorder, and/or statistics about Internet usage among youth. Although many of these articles go on to discuss more complex aspects of pro-ana sites—such as their ability to provide support for otherwise isolated individuals or the potential insights they offer

¹ I will be using the term “eating disorder,” or “ED,” because that is the terminology used by members on these sites to describe their behaviors and label themselves. Using the language of “disorder” unfortunately implies deviance from an “order,” which reinforces normative and discriminatory ideals. Additionally, this distinction is easily contested, particularly when much of popular American culture reflects an obsession with weight and diet.
for eating disorder researchers—they typically begin by painting a picture of a youthful, feminized population that is susceptible to the allure of pro-ana sites and their sense of community (for examples, see Csipke and Horne 2007 and Overbeke 2008). Implicit in this portrayal is the premise that academic interest in pro-ana communities is justified by desires to mitigate harm to a vulnerable group.

This concern about and official censorship of pro-ana content characterize the context in which I initially learned about these websites. Having read media accounts of the pro-ana “movement,” I ventured onto sites like Tumblr expecting to witness ritualistic behavior and proselytizing appeals akin to those of a new religious movement. To some extent, that is indeed what I found: individual posters using the lexicon of “ana” and “mia” as personified—sometimes idealized—external agents; affirming their dedication to weight loss by whatever means necessary; and sharing “best practices” for disordered eating to help other members achieve their goals. Yet, unlike what most media coverage suggested, pro-ana communities appeared to encompass other, less positive sentiments toward disordered eating.² The blogs included comments from individuals who portrayed their eating disorders in ways that undermined the dichotomy between pleasure and suffering, and that broke down the assumed connection between suffering and a desire for treatment. Pro-ana sites, at least those that I found, encompassed a broad spectrum of people who viewed their eating and exercise habits in a variety of ways, from “disordered” to necessary, from admirable to shameful, from deliberately cultivated to inescapable and beyond their

² Some journalistic pieces and academic studies do take a more moderate stance on pro-ana sites, such as the article titled “IU Researchers Interview Pro-anorexic Bloggers for Groundbreaking New Study,” and the research cited within (Yeshua-Katz and Martins 2012). However, even the researchers behind this particular study acknowledge that their findings deviate from the typical portrayal of pro-ana sites.
control. Some posters deferred to medical criteria for diagnoses, such as body mass index (BMI), and labeled their experience as an affliction or otherwise “abnormal”; others focused on the social or moral implications of their actions or “diets,” affirming their ability to choose, even if such a choice was made under certain constraints.

As my research continued, I became interested in pro-ana less as a harmfully “cultish” phenomenon in which those with eating disorders prey on vulnerable young women and more as a virtual community in constant negotiation with externally imposed expectations and sociomedical priorities. These communities merit study not necessarily because of a risk they pose, but because their continued existence might indicate a failure of existing models of therapy or criticism to fully understand and address the needs of a population. Here, I find myself butting up against a dichotomy in pro-ana literature between criticisms of pro-ana as dangerous and an equivocal defense of the community on the grounds that its benefits may outweigh its risks. Likely because of the prominent debate over anti-pro-ana policies for social media sites, there seems to be an implicit pressure for those writing about these sites to formulate some kind of judgment of pro-ana. Indeed, it has prompted a branch of literature dedicated to determining the psychological effects of pro-ana content on those exposed to it. Bardone-Cone and Cass (2007), for example, concluded that the negative effects of site viewing on emotion, self-esteem, and body image, among other factors, were cause for concern; Wilson and colleagues (2006) found that site usage was not associated with health outcomes, but that it might negatively influence quality of life and facilitate the sharing of techniques (e1641). The conclusions of
these studies tend to suggest actions to be taken to limit adolescents’ access to or the influence of pro-ana sites. While writing this thesis, I have attempted to resist the pressure to either condemn or celebrate these communities, or to quantify their “negative” and “positive” effects. Rather, I hope to explore the range of possibilities they offer and acknowledge their contested existence without weighing in on whether they “do more harm than good.” My goal is to portray the complexity of these communities, which became apparent from the beginning of my research.

The initial responses to my presence on the forums both affirmed and disproved general perceptions of, and my own initial expectations for, pro-ana sites. After I mentioned, in response to questions in some of the discussions, that I had a previous experience with disordered eating, I received several private messages from users. Their comments acknowledged the risk of triggers on the site—in line with media portrayals of pro-ana—even as their efforts to reach out to me contradicted the notion that all users viewed this content as a useful or beneficial element of pro-ana communities. In their messages to me, members wrote that they did not object to my presence on the site, but wanted to warn me about the site culture given my history with an eating disorder. One member said she wouldn’t want for me to “get pulled back into this hell for the sake of a thesis” and encouraged me to “stay safe.” Far from the glamorization of eating disorders as a lifestyle that pro-ana sites are frequently charged with, these comments indicated to me that members don’t necessarily see being “eating disordered” as a positive, chosen state. Instead of challenging my decision to recover, these members used their knowledge of my personal history to warn me of the potential dangers of the site and to support the continuation of my
recovery. Since then, having observed many interactions among members on the site, it is clear that the flexible support that was offered to me is what draws many to these communities.

**Focus of Study**

In this thesis, I have focused on three main elements of the pro-ana experience that appear to be central to how and why users frequent these websites: the emphasis on individual autonomy and choice even outside of normative modes of conduct; the formation, delineation, and persistence of networks online; and the roles of affect and narrativization in pro-ana “safe spaces.” I have chosen to pay the most attention to the flow of information and role of community rather than diagnoses, physical manifestations, or societal significance of eating disorder incidence, although these topics have provided useful background to my research. Several authors (Vandereycken and van Deth 1990, Malson 1998) have specifically addressed the historical pathologization of eating disorders over time, tracing perceptions of restrictive practices from religious asceticism in the 1300s to the modern disease model. Although the historical evolution of anorexia will not come to bear directly in this thesis, the modern pathologization of eating disorders is directly relevant to the experiences of forum participants and their motivations for joining these sites. Feminist theorists like Susan Bordo (1993), Sharlene Hesse-Biber (1996), and Debra Gimlin (2002) have addressed the pressures placed on women by cultural messages about the importance of their bodies and weight, topics that frequently arise in pro-ana threads. Others have examined the significance of specific practices and desires (for example, starvation as a means to minimize the size of the body or reduce
indications of pubescent change) insofar as they relate to norms of femininity.

Although these attempts to interpret eating-disordered practices are useful and do influence pro-ana members’ ways of understanding their experiences, I have opted not to incorporate theory about the significance of particular bodily practices into my writing about pro-ana sites. Rather, I will focus on members’ engagement with each other and the significance of the sense of community, setting aside questions of the psychological or cultural meanings behind specific eating-disordered behaviors. My decision to de-emphasize the physicality of eating disorders and focus on the narrativization of experience was inspired and is well articulated by Natalie Boero and C.J. Pascoe:

The process of online embodiment in pro-ana discussion groups is similar to that of offline body projects, in that online embodiment is an interactional achievement. Thus, the presence of the online anorexic and the interactional practice of creating a pro-ana community supersede questions about the importance of the materiality of the body and bodily practices (2012:30).

As they note, and as was stressed by several individuals who responded to my initial requests to observe, the existence of these interactive communities is significant in a way that extends beyond goal weights and calories. In my own writing, I also hope to bypass some of the ambivalent fascination with the “spectacle of thinness” that tinges much of the literature on pro-ana and eating disorders in general (for more on a general interest in an emaciated anorexic form, see Warin 2010:8-9)—looking past the care of the individual body to highlight the ways in which such care of self entails relations with others (Foucault 1997). In doing so, I present an image of pro-ana sites that is more ethnographic than clinical or psychological, using cultural theory to better understand participation and social interactions in pro-ana sites without
emphasizing the physical appearance of their members. Acknowledging that all research is partial, in both senses of the term, and that I enter into these spaces with my own partiality given my experiences, I have attempted to thickly describe pro-ana sites in a way that elucidates their internal complexities and their complicated relations to mainstream society.

Over the course of my research, I began to view these sites as more diverse than I had initially imagined, beyond descriptions that explained pro-ana as, for example, a group of individuals who are “proudly anorexic” (Shade 2003:1) or who unanimously promote anorexia as a lifestyle rather than a disease (Shade 2003, Kleyn and Clark 2009, Boero and Pascoe 2012).3 Rather, my own observations were more in line with Fox and colleagues (2005), who note that the pro-ana movement “promotes a managed approach to anorexia and has sought to re-define it outside medical or other professional discourses” (945).

I will discuss the fluidity of the term “pro-ana” more in Chapter 1, but for the sake of clarity, I offer here my own tentative definition of present-day pro-ana. I’ve come to understand pro-ana as an equivocal ethos that breaks down dichotomies and allows for the incorporation of both lifestyle and disease frames. Pro-ana, as it exists now, emphasizes the freedom of an individual to choose to continue eating-disordered behaviors, even as it acknowledges the negative aspects and potentially problematic

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3 Some individuals do assert their agency in choosing to engage in anorexic behaviors or at least in deciding to avoid any intervention that would prevent them from doing so. Even so, the presence of this mentality on pro-ana sites does not exclude portrayals of EDs as a source of suffering, with the same members slipping between the two discourses. Those who might ascribe to a “lifestyle” model (in which the cultivation or continuation of an eating disorder is described as a choice, as a means of self-fashioning and/or as intentional) still view their behaviors in a variety of ways and may even sometimes describe their EDs as afflictions or as agents with control over them.
appeal of these behaviors. Pro-ana does not necessarily promote or evangelize eating disorders, but has been reconfigured (sometimes using the signifiers “pro-anorectic” or “proactive anorexia”) as an ethos that promotes the right of eating-disordered individuals to determine their own relationship to their condition. Other researchers have also noted this reconfiguration, or have at least acknowledged the presence of “pro-anorectic” discourses alongside other constructions (Fox et al. 2005, McClellan 2010, Yeshua-Katz and Martins 2013); a number of other studies (Giles 2006, Strife and Rickard 2011) note the presence of views of anorexia as both lifestyle and disease.

Definitional differences across articles on pro-ana are a product of timing and foci of studies, largely due to variations in how different pro-ana sites describe themselves, how these definitions have changed over time, and the variations among how members within these sites conceive of pro-ana. My own understanding of “what pro-ana is” is admittedly shaped by the specific sites that I observed, the discussion threads that I read, and when I happened to study them. Likewise, I expect that recent research represents a more nuanced account of pro-ana perspectives, partly as a consequence of the adaptations made by pro-ana users in response to external pressures.

Notably, Daphna Yeshua-Katz and Nicole Martins’ (2012) study using a “grounded theory technique” is one of very few that are based on interviews with pro-ana bloggers, although others (like Rich 2006, Warin 2010, and Saukko 2008) include interviews with eating-disordered individuals outside of the context of pro-ana sites. A significant portion of the literature is made up of discourse analyses that code and

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4 “Anorectic” refers to an individual who has anorexia nervosa. It is the noun form of the adjective “anorexic.”
categorize specific language or themes in pro-ana sites (Norris et al. 2006, Strife and Rickard 2011). Although there is value in a variety of methods—for instance, David Giles (2006) uses his discourse analysis as a starting point for his rich engagement with the “extracts” he pulls from pro-ana sites—I believe that a primarily quantitative approach to pro-ana perspectives misses much of the variability present in discussions, as well as the irony and self-reflexivity that is often involved. I think that future studies taking a more qualitative approach based in the explanations offered by users will better be able to capture the ways that theorizing is already taking place on pro-ana sites.

**Research Practices and Site Backgrounds**

At the time I began my research, I had not developed a solid definition of “pro-ana.” For the purposes of finding groups who self-identified as such, I ran Google searches for the terms “pro-ana” and “pro-anorexia.” I selected for observation several of what appeared to be the most frequently used and readily accessible pro-ana sites, in part to replicate how an uninitiated Internet user might come to find these communities, as well as to ensure a regular flow of discussion during the period of my ethnographic research. By choosing these larger sites—not necessarily the oldest nor the most outspoken—it is likely that I unintentionally omitted more monolithic, radical groups in favor of moderate communities that attracted a wider variety of people. Additionally, my research focus narrowed to interactive forums rather than pro-ana blogs more generally, excluding Tumblr pages and tags from study due to practical concerns regarding obtaining consent to observe online interactions. All sites are referred to by pseudonyms.
From an initial list of approximately ten potential websites or blogs came a final four, which I studied primarily from June to November 2013. Three of these sites (Slim Beauty 2, Pro-Ana Space, and ED Haven) receive significant daily traffic; the fourth (Slim Beauty) did as well, until it closed down in the summer of 2013 as a result of some combination of administrative neglect, members’ dissatisfaction with posting restrictions, and a lapsed domain. Currently, Slim Beauty exists as a page on Facebook, which posts infrequently. An administrator post from late December 2013 mentions a nearing re-launch of Slim Beauty, but the site remains down as of April 2014. Slim Beauty 2, which is run by former members of Slim Beauty, was created before the ultimate closure of Slim Beauty and has become the de facto replacement community. Although this mass shift in membership and eclipsing of one site by another appears to be a relatively rare occurrence, individual members often move between sites depending on their needs and what each community offers at the time. As with the mainstream social networking sites that danah boyd (2014) studied, “teens turn to different sites because they hear that a particular site is good for a given practice” (39). Sites acquire reputations for being more or less recovery-focused, and individual users self-select into site membership, partly according to this perceived atmosphere. It is common for posters to join multiple communities, sometimes using the same username. This makes it possible for members to maintain relationships with others across sites and also serves as a backup in case of a site closure.

My research took the form of observation of community dynamics and discourse rather than direct person-to-person interviews, the object of my study being more the group than the personal histories of particular individuals within it. The
research experience was simultaneously more and less immersive than “traditional” fieldwork in that my research community was constantly accessible, and yet it was easy for me to withdraw from the sites by going offline. Online observation entails an unfortunate “lurking” factor, as my presence may not always have been obvious to posters, and my observation—like many of the conversations themselves—did not occur in real-time. I have attempted to counter the degree of covertness entailed in much online ethnography to the extent possible, contacting administrators to request posting privileges, announcing my presence and explaining my intentions as a researcher, responding to questions, and abiding by any requests for approval of quotations prior to usage. I received permission from administrators and as much of a consensus as was possible among members prior to beginning my observations. My personal profile on each site clearly delineated my status as a researcher and offered contact information to any concerned or interested parties. My account displayed an “online” status when I was logged in to the sites.

When necessary for understanding of quotations, I have occasionally included clarifying edits in brackets; however, for the most part, I have presented quotations as they appeared in the forums. Any grammatical or spelling errors are in the original posts. Line breaks are represented by a forward slash (/). As mentioned above, any references to the names or URLs of particular pro-ana sites have been altered, an arrangement agreed upon during my requests to observe.

In this thesis, I have opted to use all female pronouns to refer to users of pro-ana sites. This is not to suggest that eating disorders or pro-ana site usage are exclusive to women. On the contrary, men and gender non-conforming individuals
also exhibit disordered eating and are present on forums. Nevertheless, significantly, on these sites the feminine is the unmarked category; gender asymmetry or markedness is demonstrated in some cases through the creation of subgroups for discussions specific to the experiences of men or queer people. Additionally, discourse relating to eating disorders is intensely gendered, as much of the theorizing done about EDs relates to societal expectations for female-bodied individuals. For these reasons, I have decided not to use gender-neutral pronouns, although to do so might more accurately show the difficulty of identifying the actual gendered makeup of these sites. In effect, I use the feminine as the unmarked, inclusive category.

**Chapter Overviews**

In Chapter 1, I will discuss how members engage with sites and with one another, focusing on the varieties of support that posters seek and offer. I will discuss the relationship between the content on these sites—including help via eating disorder tips and recovery resources—and whether members consider the forums to be “pro-ana.” The evolution of the term and its relationship to outside opposition will be outlined, culminating in an assessment by members themselves of the current state of the pro-ana “movement.” Though the meaning of pro-ana is flexible and contested, I will focus on the concept of a “pro-anorectic” movement, which promotes the freedom of individuals to choose whether or not to pursue recovery. Next, I will discuss the notion of freedom as it relates to risk and health, utilizing the work of theorists of neoliberal subjectivity like Nikolas Rose, Barbara Cruikshank, and Graham Burchell. Comparing and contrasting pro-ana with mainstream expectations of individual action helps clarify the media outcry against these websites, as well as,
perhaps, the perspective of individuals who opt not to comply with norms of wellness and risk management.

Chapter 2 will focus on the space carved out by pro-ana on the Internet. Facing challenges from the media and working within terms of service agreements for their host sites, pro-ana members cautiously construct their communities under the assumption of temporariness. Discussion of group behavior on the Internet raises questions about the basis for membership and how individuals can prove their status as true members rather than “wannabes.” Utilizing analyses of in-group/out-group dynamics with regard to stigmatized groups generally and pro-ana specifically, I will examine how members police and negotiate group boundaries. Toward the end of the chapter, I turn to the individual level to discuss the tools by which members can cultivate an embodied identity in a supposedly disembodied medium in order to stake a claim to group membership.

The final chapter also examines pro-ana’s relationship with the Web, specifically how features like “invisibility” and “dissociative anonymity” contribute to the creation of the safe pro-ana space. Features of the Internet allow members to minimize the risks of openly discussing eating disordered behaviors and give individuals the ability to narrativize their experience in ways that may differ from the medically legitimated narratives of transformation and “cure.” I will look at how pro-ana websites operate as an alternative to “normal” social networking platforms that is more conducive to the sharing and collection of emotional accounts—stories of both suffering and pleasure associated with eating disorders. After introducing several
examples of general feeling states that are common on pro-ana sites, I will discuss the possibilities for communities based on feelings that are perpetually in flux.

Pro-ana communities are complex and the discourses carried on within them are equivocal, more so than negative media representations may suggest. The online pro-ana community both subverts and extends norms of self-making, working within and yet challenging the expectations of mainstream society. Users on these sites both engage with and provide an alternative to official discourses on eating disorders, incorporating to varying degrees the medical perspective against which they are typically measured. The creation of alternative identities involves complicated negotiations with “normal” behaviors and feelings, negotiations that are made increasingly difficult by shifting or uncertain mainstream standards. In this thesis, I explore the efforts of online pro-ana members to reclaim the narratives of their disorder and assert their own interpretations of how individuals can and should be expected to care for themselves.
Chapter 1: Engaging with Expert-Defined Subjectivity

“I need help with my Eating Disorder”

This forum heading is near the bottom of Pro-Ana Space’s front page, below a number of forums dedicated to specific eating disorders, others dedicated to specific diet plans and group challenges, and those focused on discussions of mental health, self-injury, and recovery. Its description states: “For many people, being pro ana is a choice they make. If however you are seeking treatment for an ED, look at this thread for options.” A “stickied” post remains at the top of the forum, intended to be viewed immediately upon entry. Created by an administrator, the post expands on the forum’s purpose and positions it in relation to the site as a whole.

This community is for anyone and everyone in the pro ana lifestyle. The rules of the forum are simple: No spam and above all NO passing judgement on others. There is enough hostility out in the real world, it won’t be tolerated in this forum.

However, if you are on this forum and are seeking help to leave the pro ana lifestyle then you should consider the options below. Know that if you wish to leave, help is always available. Nobody on this forum (including the site owners) are able to give professional advice. If you feel that you have an ED, please consider reaching out to the following associations…

The post continues on to include links to informational websites and a helpline and suggests speaking to a medical professional, a pastor, or a parent. The introduction offers resources to members who, presumably, both believe that they have eating disorders and would like to “leave the pro-ana lifestyle.” Here and in the forum’s description, the author oscillates between constructions of pro-ana as a lifestyle and
as a disease, acknowledging that anorexia may be voluntarily pursued but that, if
desired, overcoming any eating disorder may require assistance. This segment of the
site, apparently in contrast to the other forums, is intended to be a source of
information focused on medical intervention and official treatment for eating
disorders.

Indeed, some of the threads within did offer information on resources for
community members: suicide hotlines, treatment centers in particular areas, “recovery
buddies,” or tips for how to stop binge eating. However, surprisingly, the majority of
the user-created posts sought not help for recovery but advice about weight loss or
ways to maintain secrecy. Posts that align with the stated focus of the forum—help
leaving behind an ED—are vastly outnumbered by posts with titles inquiring, “How
do I lose weight the quickest” and “How Do I Hide This From My Mom.” Responses
to these posts vary in the degree to which they satisfy desires for tips; some members
give advice about how to keep disordered eating a secret or maximize weight-loss,
while others simply express sympathy or solidarity.

One notable post, which garnered significant attention, asked for tips on how
to purge (vomit after ingesting food or drink) successfully. The request prompted a
wide range of responses, from strong urging against the practice—“Don’t add this
monster to your life.”—to implicit acknowledgments of its allure—“First of all I do
NOT and i say NOT encourage it, but with purging you just can’t simply say i
can’t”—to explicit tips—“...if you really have to the main thin[g] is drinking loads of
water while eating and with purging.” This discussion, which alternates between the
extremes of discouraging purging and sharing techniques, exemplifies the diverse
forms of support offered to members. On this particular thread, members bluntly highlighted the physical and emotional consequences of intentional vomiting: “More like How do I kill myself and all of my dignity? / It’s not worth it.” Another member expanded: “True. Especially about dignity. There’s nothing more humiliating than puking what you just ate. Leaning over the toilet, puking in bags, sticking your fingers down your throat to get that last bit... It’s like you’re human trash. And you smell like it too. And I agree with the person who said it can be compared to drug addiction.” Contrary to what media and academic portrayals of pro-ana sites that emphasize the lifestyle framework might suggest, this series of exchanges demonstrates the willingness of members to address the negative aspects and risks of eating disorders, even when an initial request calls for the opposite. The thread illustrates the range of perspectives brought to these forums, from advocating the most extreme forms of weight loss—“Syrup of ipecac works”—to strong warnings of their associated risks—“That shit is DANGROUS.” Consistent across the replies is a sense of camaraderie and care that is manifested through both advice and warnings. Posters often seem to craft their replies with an eye toward what they believe will benefit the original poster, whether that be weight loss, harm mitigation, dissuasion, or all three.

Within this forum, contrary to the official medical sources advertised in the stickied post, members can seek from other users information about symptoms as well as advice about management of social situations and extreme weight loss. Pro-ana sites offer tools that members can use to negotiate transitions between conditions, whereas treatment centers would require them to avoid eating-disordered behaviors
entirely. Members also feel that pro-ana sites offer flexible advice, as opposed to the more rigid agenda of medical authorities. By giving them access to like others, pro-ana sites help members cope with the experience of living with and/or maintaining an eating disorder. In a separate thread, one poster referred to Pro-Ana Space as a “wonderful community, a place where people can turn to for questions about dieting, nutrition and exercise, from a fellow ANA, not someone who will quote you chapter and verse from the DSM5 and hand you info packets from the CDC.” Pro-ana sites are portrayed positively here as a source of information separate from medical authorities who transmit institutionalized diagnostic criteria and treatment plans. Rather than “quote you chapter and verse” from institutionally legitimized sources, such as the Diagnostic and Statistic Manual or the Centers for Disease Control and Prevention, “fellow” pro-ana members provide answers and information users actually seek.

However, as evidenced by some members’ adamant discouragement of purging as a method for weight loss, pro-ana sites do not always comply with requests to facilitate dangerous behaviors, nor do they stand in complete opposition to the medical field, as portrayals of pro-ana communities as unilateral promoters of eating disorders might suggest. Many thread responses direct members to seek professional help for physical or psychological concerns. Still, many members distinguish the pro-ana community, which works to “prevent harm to the individual” while remaining “non-judgmental,” from official treatment centers, which position people as patients and require them to abandon their disordered behaviors. These forums incorporate medical information into the discussion and allow members to use
this knowledge toward their own ends: for many, the “responsible” management of
eating disorders long-term; in other cases, un-moderated weight loss or restriction;
and for others, recovery. Pro-ana sites, with their multifarious support offerings,
allow members to voice their concerns and receive anecdotal medical and personal
information that may assist them in the management of their disorders. In part
because communications are mediated by the Internet and geographical distance, the
individual has the choice to act on certain pieces of advice or not. Rather than being
explicitly against recovery, pro-ana forums give individuals the space to seek outside
help or negotiate their disorder and its effects more safely without fully committing to
treatment.

Nick Fox and his colleagues (2005) make what I think is an apt comparison
between the pro-ana movement and the positively coded concept, common in the
United Kingdom, of “expert patients” who are “capable of participating actively in
the management of their conditions” (945). The authors describe how pro-ana
members became experts in “an alternative, experiential model of anorexia, which
made sense for those immersed in the routines and regimens of the illness” (ibid. 966).
The “I need help” forum, among others, shows how members seek out and share
information to help cultivate expertise in this pro-ana model through the sharing of
tips. However, my own research indicates that this tip-sharing utilizes to some degree
biomedical information; in essence, forum users become “proto-experts” of relevant
medical information, able to dispense this knowledge as an alternative or in addition
to that offered by more “legitimate” institutional experts.
In sum, the “I need help with my Eating Disorder” forum illustrates the ambivalent relationship that pro-ana communities and individuals have with eating disorders and treatment. Its very location, near other pages that promise to assist with restricted eating and yet another focused on personal recovery narratives, shows the various interpretations of “help” in pro-ana spaces. For some, assistance comes in the form of tips and techniques; others seek support to pursue a path of recovery; still others request information about how to mitigate the emotional or physical consequences of disordered eating. Conducting discussions about disorder maintenance within a treatment-oriented section of the site speaks to the spectrum of support that members can find on pro-ana sites. In these spaces, tools for continued weight loss and recovery coexist and are utilized in a variety of ways by members, according to their particular needs and desires.

Pro-Ana Space, like the “I need help” forum within it, encompasses a broad range of perspectives, experiences, and constructions of the “disordered” practices pursued by many on the site. As a network through which members may seek advice, emotional support, and assistance in the pursuit of either recovering from or perfecting stigmatized practices, the emphasis of the online community is squarely on individual choice. Thus, rather than being pro-“anorexia,” these sites are described by some members as pro-“anorectic”—the emphasis being on the support of the eating-disordered individual rather than the encouragement of particular behaviors. The varied ways in which these sites pursue a goal of open-minded support place them outside of the medical treatment model, but do not align them with an ideology that “evangelizes” eating disorders. This ambiguity, and the fluid, changing definitions of
“pro-ana” over time—constructed by the media, professional organizations, and the communities themselves—have led current members to question what it means to be “pro-ana” now and whether the label is even applicable to an autonomy-centric ethos.

**What is Pro-Ana?**

The evolution of the pro-ana “movement” has been mapped onto two or three “waves,” in which first-wave sites more ardently valorized anorexia and supported its demedicalization, whereas second-wave sites took a more nuanced approach to traditional recovery methods (Conrad and Rondini 2010:110-11). The third wave, recognized by some community members and theorists, is associated with the rise in social media. There has been a simultaneous rise in (and backlash against) pro-ana groups, pages, and images on sites like Pinterest, Facebook, Tumblr, and Twitter. These waves appear to align with public reactions against pro-ana sites, exemplified by an Oprah Winfrey show in 2001 titled “Girls Afraid to Eat,” during which Director of the NEDA Holly Hoff argued that pro-ana sites “are like placing a loaded gun in the hands of someone who is feeling suicidal” (quoted in boyd 2011:20). Later that year, due to outside pressure from media sources and eating disorder prevention organizations, Yahoo shut down over 100 pro-ana sites on its servers (Shade 2003:8). Following this, Conrad and Rondini state, the second wave of pro-ana sites “emerged after 2005, at least partly the result of the negative publicity and repression of the original pro-ana sites” (2010:111). In reaction to the accusation that pro-ana forums promoted anorexia, these newer sites are typified by warnings on their front pages discouraging those who do not already have eating disorders from entering and affirming their support-oriented nature. Many sites also instituted additional barriers
to participation, including screening processes and limited access to site features prior to having completed a minimum number of posts. These features were present in each of the sites that I observed. Structural protections in the second wave were supplemented by an approach to the demedicalization of EDs that was “less challenging and more subtle” than that of the first wave (ibid. 111).

The meaning of the label “pro-ana” is thus heavily contested and its history difficult to trace. Although general understandings of the movement’s ethos have been structured by the so-called “waves,” “pro-ana” is rarely precisely or unanimously defined. My presence as a researcher on Slim Beauty 2, where I announced my interest in “pro-ana sites (in the loose sense of the word)” and bore a moniker of “proanaresearcher,” sparked a debate about what features qualify a site to be labeled “pro-ana.” I was surprised. I had attempted to present my research topic in broad terms, in part to pre-empt reactions against my presence in sites that did not identify with the first-wave pro-ana ethos. One member’s response to the budding discussion, “Cue debate on defining ‘pro ana’ again,” suggested that such disputes were common. Another poster’s comment, beginning, “Well by the definition mentioned in the original post it is a Pro Ana site,” indicated that by applying the term to this particular site I too was participating in the debate about its meaning.

Posters used a variety of criteria for the classification of “pro-ana,” including the ways the site may be searched for, its inclusion of non-recovery-focused discussions, and its distance from both first-wave and recovery sites. One member emphasized the importance of self-labeling, informing me: “I don’t know if you’re aware of this, but I don’t think that [SB2] is technically a pro-ana site, in fact I’m
almost certain that it isn’t.” She went on to mention an alternative site that does present itself as pro-ana. Here, the label of pro-ana originates with the site’s self-presentation, whether or not it categorizes itself as a pro-ana site. With her use of “technically,” the author also enforced the authority of the site owners in crafting its image and using labels. Several other members noted the subjectivity of the pro-ana categorization. A second poster agreed with the first, stating that Slim Beauty 2 was not a pro-ana site, “the way I see it anyway.” In emphasizing her personal perception, the poster implicitly acknowledged that her stance is not universally held. Another poster referred to pro-ana as a sort of spectrum and subject to a range of interpretations: “There are certainly [sites] a LOT more ‘pro-ana’ than this one, and due to the variation in definitions of pro-ana itself, I’m sure that some people would argue [SB2] is pro-ana anyway.” There is an apparent tension between how Slim Beauty 2 members conceive of the site—as distinct from true “pro” sites—and its commitment to open discussion of eating disorders. The label “pro-ana” takes on a great deal of historical and emotional significance, being stretched and redefined to convey a variety of attitudes toward eating disorders.

Many members invoked the evolution of the term, arguing that “pro ana isn’t just ‘pro anorexia’ anymore,” but that the term may apply to support- and discussion-based communities. Placing Slim Beauty 2 in opposition to earlier versions of “pro”-eating disorder sites and mainstream recovery groups, one poster wrote: “We have, in time, molded into a pro support site, meaning we support anyone in any type of relationship with an ED. And we are not 100% recovery orientated. And many people outside this site would view that as pro ana. / Anything that is not totally recovery
based is frowned upon, like they don’t quite get the idea of harm reduction and support.” Members did acknowledge the existence of a “pro ana tag,” used to assist those “who are trying to find support communities that use the broader definition of pro-anorectic-support or anti-traditional-recovery, second generation pro-ana etc.” In this regard, Slim Beauty 2 is said to provide an alternative to websites that promote eating disorders as well as to strict recovery sites. It allows members to openly discuss the “messiness” of eating disorders while the site’s mission officially discourages (but does not forbid) tip seeking. The site, at least as some members interpret it, occupies a sort of interstitial space between the first-wave concept of pro-ana sites and mainstream group therapy. Described as “neutral territory,” “an interesting in between site,” and “a midstream Pro Ana site,” Slim Beauty 2 embodies a form of pro-ana that is at once distinct from earlier forms and still in flux.

In many ways, the negotiations surrounding the term reflect current members’ efforts to distance themselves and the sites they frequent from those of the early 2000s. Much as the front-page warnings “likely…reflect an attempt to protect the website from the kinds of pressure and harassment that closed down most of the first wave websites” (Conrad and Rondini 2010:111), debates about pro-ana work to differentiate current sites from earlier, more radical versions. At the same time, these sites must retain some elements of earlier sites, such as a pro-ana tag, in order to remain legible and accessible to those who are seeking an uncensored community. Inhabiting a contested space and bearing a name that has been targeted by mainstream media and medicine, pro-ana sites have had to make changes. The shift toward a pro-anorectic focus and a more “ambivalent relationship with medicalization” appear to
be central to second-generation sites (ibid. 2010:112). Those who speak with the most authority on these sites—long-term users, administrators, and veterans of earlier sites—tend to claim that the “pro-support” attitude is the culmination of debates about the current role of these sites. However, even this broader second-wave ethos is not universal, nor does it go unchallenged within these sites despite the knowledge sharing that occurs between more experienced members and newcomers. Members continually enter and exit these sites, bringing their individual desires, experiences, expectations, and ideas about eating disorders to the forums, and each person engages with the concept of “pro-ana” somewhat differently. In reality, pro-ana’s evolution is less of a unidirectional leap and more of an ongoing negotiation of manifold community needs when confronted with external pressures. Even now, almost a decade into the “second-wave ethos,” definitions are frequently contested; as they negotiate their positions as both threatened and threatening alternative groups, pro-ana communities are actively engaged in a process of collective “self-making” through discourse.

Pro-Ana’s Enactment of Freedom

On pro-ana websites, the topics of stigma, societal expectations, control, and medicalization coalesce and intersect, brought to the fore through “body talk.” Feminists and Foucauldians have long acknowledged the body as a product of discourses, as “a material site of power struggle” (Malson 1998:31). In Discipline and Punish (1977), Michel Foucault analyzes how bodies, minds, and behaviors are disciplined though a web of institutions and technologies; in his later work, Foucault has emphasized what he calls “governmentality,” the relationship between the
institutionalized disciplinary technologies for the domination of others and the
operations that an individual exercises upon himself by means of “technologies of the
self” (1997:225). These relations of power are constant, pervasive, and invisible,
often practiced as a form of ethical self-making. Foucault traces the “principle that
says that ‘one must take care of oneself’” back to ancient Greek and Roman culture,
when, he argues, it implied an ethical practice toward others, a mode of attending to
the self that is also a mode of attending to others; whereas for the ancients, knowledge
of self was subordinated to care of self, this relationship was reversed in early
Christianity, and care of self became knowledge of self (Foucault 1984:43).

According to neoliberal theorist Nikolas Rose, with the development of liberal
political theories, an individual’s autonomy became directly associated with an ability
to govern oneself and to be governed (Rose 1999). According to Rose’s interpretation
of modern practices of self-care, the individual was newly expected to participate in
and discipline himself in the service of the aims of the state. He writes: “for the first
time the arts of government were systematically linked to the practice of freedom”
(Rose 1999:68). When Nikolas Rose wrote about the “psy knowledges” and
“psychotherapies of normality” in 1999, it is unlikely that he was aware of the
nascent network of pro-anorexia websites and their ambivalent relationship to
normalizing discourses. Still, his theories of neoliberal governance are useful for
positioning and understanding these controversial communities relative to dominant
sociomedical norms and narratives.

It seems intuitive that anorexia, a condition that requires immense self-
discipline and restriction, would be analyzed using Foucault’s theories on
normalizing power. Indeed, a number of feminist theorists have made this connection, decrying the societal and institutional pressure placed on female-bodied individuals to meet unrealistic standards of beauty and thinness (see Bordo 1993 and Malson 1998, among others). Less frequently theorized are the ways in which eating-disordered individuals may be, rather, actively rejecting or subverting norms of health, beauty, and rationality. Pro-ana communities, while not necessarily representative of all eating-disordered individuals, offer a glimpse into how members negotiate normative constructions of the mind and body. These negotiations are shaped by the dominant ideologies, values, and aesthetic ideals of the larger communities within which participants exist, including those associated with (neo)liberalism.\(^5\)

**Duties of the Neoliberal Subject**

In his genealogy of the notion of freedom, Rose outlines the decentralized regulatory techniques that have been established in accordance with neoliberal ideology. These techniques assume and produce a certain kind of citizen subject, who desires to be free and enacts autonomy in rational ways that align with and contribute to the “free-market” system. Thus, in the last quarter of the 20\(^{th}\) century, “modern individuals are not merely ‘free to choose,’ but *obliged to be free*, to understand and enact their lives in terms of choice” (Rose 1999:87).\(^6\) This freedom is not a passive

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\(^5\) The nature of the Internet (far-reaching and anonymous) makes it difficult to pinpoint the specific national contexts in which pro-ana members reside; however, based off of discussions of national health care systems and some available site visits data compiled by administrators, it seems as though most users of the sites I observed reside in the U.S., U.K., and Canada.

\(^6\) Of course, this valuing of autonomy and its connection to public goals did not originate with neoliberalism, but has been observed since the rise of capitalism and the early emphases of liberal theorists such as John Locke on individual rights and responsibilities. However, given the prevalence of neoliberal thought in the present moment, and the corollary focus on the role of experts, it is useful to consider pro-ana through these theories.
state, but must be enacted through self-improvement efforts, which paradoxically entail submission to expert discourses. As determined and enforced by “independent experts,” “…competent personhood is thought to depend upon the continual exercise of freedom, and where one is encouraged to understand one’s life, actually or potentially, not in terms of fate or social status, but in terms of one’s success or failure acquiring the skills and making the choices to actualize oneself” (Rose 1999:87). Keeping with the neoliberal move toward privatization, social concerns and their solutions are placed onto the individual, whose duty it is to craft her body and character. The incorporation of “techniques of the self” into structural “techniques of domination” is, as Foucault would also argue, central to the conception of governmentality (Burchell 1993:20). The bringing together of individual and state objectives demands the naturalization of rational, market-oriented behavior, as “the rationality of these individuals’ conduct is precisely what enables the market to function optimally in accordance with its nature” (Burchell 1993:23). The construction of this proper subject, who is oriented toward social progress, requires particular assumptions about people’s desires, namely that they should, and do, fall within governable norms of appropriate conduct.

Perhaps because of its connection to the values of autonomy and productivity, and to the centrality of consumption in a free-market economy, these theories assume that health, in terms of physical and mental well-being, is given priority by neoliberal subjects. Health, as an objective of specific actions and attitudes, is taken up by most citizens as a personal project aided by experts. This leads Rose to claim that its enforcement “no longer require[s] state bureaucracies inspecting and instructing”
Health and the avoidance of illness are, for individuals, “rational” pursuits, appropriate objects of free expenditures of resources. Rose analyzes how the web of dispersed neoliberal institutions intersect to facilitate individuals’ efforts toward health: “In the new modes of regulating health, individuals are addressed on the assumption that they want to be healthy, and enjoined to freely seek out the ways of living most likely to promote their own health. Experts instruct us as to how to be healthy, advertisers picture the appropriate actions and fulfillments and entrepreneurs develop this market for health” (Rose 1999:86-87). Although couched in terms of a discourse of choice, psychotherapeutics also promotes the reorientation of objectives toward rationally obtained happiness, in a way that can align psychological “health” with market efficiency. In other words, although the methods utilized may vary from person to person, it is assumed that the subject of therapeutic intervention wishes to progress in ways defined by a tutelary power. Rose writes: “psychotherapeutics elaborates on an ethics for which the way to happiness, or at least the conquest of unhappiness, can be specified in terms of apparently rational knowledges of subjectivity and where life conduct is to be shaped according to procedures that have a rational justification in terms of psychological norms of health and contentment” (1999:93). The means by which individuals seek and achieve their personal happiness are varied, but not all methods are equal in terms of their benefit to social progress. For example, feminist critics of the “slender body ideal” perceive disparities in the relative validity of self-making projects, arguing that the “extreme regimens” of self-improvement, including diet and exercise, “all too often become all consuming to the detriment of more socially relevant projects” (Reischer and Koo 2004:301). “Proper”
subjects as imagined in neoliberalism should rationally aspire to narrow definitions of happiness, stability, and health—rather than pursue other priorities—, paving the way for their contributions to market efficiency. In neoliberal constructions of self and society, it appears that subjects’ rights to “life, liberty, and the pursuit of happiness” are compulsory, even as individuals may not have the means or desire to acquire them.

**Pro-Ana’s Relation to Conventional Treatment**

As mentioned above, the term pro-ana does not unilaterally entail a single position with regard to recovery or definitions of “help.” Support in pro-ana is primarily delineated by the goals of the original poster asking for assistance or camaraderie. When members don’t wish to continue eating-disordered behaviors, and when other members offer resources or encouragement, it becomes clear that pro-ana is not wholly incompatible with treatment. It does stand, however, in opposition to compulsory medical treatment, like that which may be ordered by the parents of a minor and/or by a doctor for an individual who exhibits severe symptoms.

Because of this anorectic-focused approach, pro-ana community members view these forums as “safe spaces,” insulated from the “judgment” or scrutiny of outsiders. Notably, these forums are contrasted with medical therapeutic support groups, which limit what participants are allowed to discuss (for fear of triggering others or glorifying eating disorders) and which channel conversation toward more “productive” ends. For example, in their ethnographic study, Fox and his fellow researchers (2005) spoke with one participant who believed that the communities “offered support ‘in a non-judgmental way’, rather than a ‘politically-correct’

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7 I will discuss the affective dimension of the Internet in general and pro-ana specifically as safe spaces in Chapter 3.
approach in which support was given to achieve recovery” (59). This assessment is confirmed by the opinions of many in the communities that I observed; posters in multiple threads attributed the atrophying of Slim Beauty’s membership in part to its administrators’ move toward broader censorship, specifically limitations regarding tip-sharing, potentially upsetting information, or triggering posts. One Pro-Ana Space member wrote of Slim Beauty, “it got more focused on recovery and we weren’t allowed to be as open as we are here there were a lot of rules and what not.” Pro-ana websites allow for discussion topics that do not fit within medical frameworks but that are very much a part of the experience of having an eating disorder.

The openness of pro-ana sites is contrasted with the surveillance of those within medical and psychotherapeutic establishments. Participants consider pro-ana websites to be insulated from the scrutiny of those who might not understand the experience of having an eating disorder or those who might intervene without an anorectic’s consent. In her article “The Ana Sanctuary: Women’s Pro-Anorexia Narratives in Cyberspace,” Karen Dias refers to the Internet as a potential “sanctuary from the surveillance and regulatory mechanisms of the public sphere” (2003:31). In pro-ana online spaces, individuals may opt not to abide by the norm of health, instead critiquing the biomedical correctional techniques used to treat eating disorders.

These therapeutic technologies exemplify Rose’s model of the decentralized “government of subjectivity,” taken on by both state-sponsored clinics and private inpatient or outpatient treatment centers (1990:213). Having established norms in terms of “healthy” weight minimums-per-height as well as of mental “competency,” treatment clinics admit and release patients according to their deviation from and
compliance with these standards. These methods instantiate Foucault’s disciplinary power, of which Pat O’Malley (1996) writes that:

the central technique is that of normalization in the specific sense of creating or specifying a general norm in terms of which individual uniqueness can be recognized, characterized, and then standardized. Normalization in the disciplinary sense thus implies ‘correction’ of the individual, and the development of a causal knowledge of deviance and normalization (189).

Treatment techniques, including pharmaceutical intervention, refeeding, monitoring of weight and diet, and counseling, are oriented toward corrective goals that eradicate the symptoms of the disorder—symptoms that have themselves been established by a normalizing eye. The frequently critiqued Diagnostic and Statistical Manual of Mental Disorders constructs the diagnostic criteria of anorexia as relative to expectations and averages, while the description of bulimia nervosa refers to “inappropriate compensatory behavior to prevent weight gain” (American Psychiatric Association, italics added). These criteria assume an external gaze that evaluates and classifies individuals according to their (non)compliance with socially constructed norms of body size and dietary behavior. Such language aligns with Burchell’s description of “campaigns,” tied up with the neoliberal project, that are “aimed at the moralization and normalization of the population through practical systems situated at the interface of society and the State, private and public (medical,

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8 Refeeding is the gradual reintroduction of normal amounts of calories and nutrition following a period of starvation-level consumption.
9 The DSM IV defines anorexia nervosa in part as a “refusal to maintain body weight at or above a minimally normal weight for age and height, for example, weight loss leading to maintenance of body weight less than 85% of that expected or failure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected” (American Psychiatric Association 1994). The newly updated DSM V, released in 2013, requires for diagnosis a display of “persistent restriction of energy intake leading to significantly low body weight (in context of what is minimally expected for age, sex, developmental trajectory, and physical health)” (“DSM-5”).
psychiatric, education, philanthropic, social...)” (1993:25). Through the establishment of diagnostic criteria and subsequent therapeutic technologies, the psychological community seeks to enforce proper subjectivity in the arena of health.

Here, I realize that I run the risk of portraying pro-ana as an oppositional political project or the medical system as an invariably oppressive power; but as I have been arguing, individuals’ relationships with and reactions to expert authorities are more complex than the framework of “disciplinary power” might suggest. Even as neoliberal discourses may seek to redirect individual aspirations toward certain ends, they do not fully obscure or eliminate alternative objectives. Room exists for unconventional aspirations or pursuit of extreme versions of mainstream ideals, of which pro-ana is one example. Additionally, pro-ana sites are not wholly subversive of expert authority; users develop their own modes of expertise, often incorporating tactics used by medical and psychotherapeutic authorities. Conventional treatment (including the support-group model emulated by pro-ana forums) has been developed in an attempt to mitigate bodily harm and address the high risk of mortality associated with eating disorders—goals shared by most pro-ana members. Pro-ana is not uniformly resistant to a totalizing dominant power, but inhabits an ambiguous position that both utilizes and refuses or evades expert perspectives on disorder, health, and happiness.

**Negotiating Neoliberal Subjectivity**

Pro-ana websites resist assumptions about the desirability of attitudes, behaviors, and certain aesthetic qualities associated with health, asserting that other aspects of life—feelings of security or control, physical appearance, or external
perceptions of some personality traits—might be of higher priority. These communities allow for forms of self-making and self-representation that do not align with individualistic entrepreneurship, even as they depend upon self-management. Rather than focusing on compliance with health norms and the efficient removal of bad feeling, “the pro-ana movement rejects the assumption that recovery is the sole objective, and allows the anorectic space to play out routines and rituals that are valued and provide comfort” (Fox et al. 2005:959). Pro-ana thus privileges the autonomy of individuals who according to medical models may not be well equipped to care for themselves. As such, pro-ana’s priorities appear irrational to outsiders, as the refusal of subjects to be governed by psychotherapeutic technologies that focus on efficient rehabilitation. Fox and his colleagues argue that pro-ana stands apart from not only the medical community, but any framework in which eating disorders necessitate external intervention:

The pro-ana movement challenges and rejects medical, social and feminist models that regard anorexia as a condition to be ‘cured’. In a disturbed life, the ‘anti-recovery’ stance of the pro-ana movement offers its participants a safe and positive place to share experience and gain further insight into their condition, away from the judgement, gaze and scrutiny of parents, boyfriends, husbands and the medical profession (Fox et al. 2005:945).

Although I have argued that pro-ana rejects the mandatory character of treatment rather than being strictly “anti-recovery,” these sites certainly do present alternative models that challenge dominant frameworks for evaluating eating disorders. Emma Rich (2006) describes cases in which anorectics, through relationships with other sufferers online and in person, create sets of meanings that “[afford] them not only alternative subjectivities but relations of power and knowledge” (298). In pro-ana
communities, members construct alternative notions of what it means to engage in eating-disordered behaviors, focusing on the continual management of the condition rather than its alleviation or elimination through treatment.

Pro-ana sites serve as repositories of alternative knowledges, accumulations of medical and informal advice that may facilitate members’ efforts to maintain their eating disorders. Although many individuals exhibit eating-disordered behaviors over an extended period of time, this experience does not necessarily involve a mad-dash toward radically reduced daily intakes of calories or lower numbers on the scale; many members strive to find a balance that limits the physical and social consequences of their disorder while allowing its continuation. The various forms of non-recovery-focused support from their peers provide members with resources and encourage relatively safe practices. For example, in Slim Beauty 2, one forum included a “stickied” post titled “Harm Reduction for Eating Disorders.” The post offered a number of tips that neither encouraged nor discouraged behaviors like purging, but rather suggested ways to pursue them safely. Unlike the psychotherapeutic experts in the mainstream regime of professional healthcare, on pro-ana sites knowledgeable members “[set] out an alternative, underground perspective that enabled and enhanced a life choice. It offered an alternative sense of ‘health’ in which a body size that the mainstream would consider unhealthy and morbid was to be managed pro-actively to sustain life” (Fox et al. 2005:966). While remaining dedicated to or trapped within—depending on their personal perceptions of
their own agency—an inherently risky method of eating, exercising, and losing weight, pro-ana members seek to mitigate the dangers involved.\textsuperscript{10}

Pro-ana users tend to accept an interpretation of eating disorders as biologically underpinned and/or as a coping mechanism for social and emotional stresses. Yeshua-Katz and Martins (2012) interviewed thirty-three pro-ana bloggers; of those, only three bloggers described their eating disorders as a “lifestyle,” despite the dominance of this explanation in academic accounts (506). Instead, most of their interviewees (twenty-four) characterized their eating disorders as a “mental illness,” with another six referring to it a “coping mechanism” (502). Based on my observations, these latter two constructions are not necessarily mutually exclusive, as a predisposition to mental illness may contribute to which coping methods are developed. It is common for members to discuss the factors that contributed to the advent of their eating disorders, as in threads with titles like “What caused your ED?” (ED Haven). Users’ replies referred to the development of an “eating disordered mind” or low serotonin levels, and many cited abuse, familial “turmoil,” or pressure from others to lose weight as factors that resulted in or contributed to an eating disorder. For many, an eating disorder is a way to distract from or cope with difficult life circumstances, sometimes facilitated by biological factors. Like some of Yeshua-Katz and Martins’ interviewees, members across sites refer to their behaviors as coping

\textsuperscript{10} By demonstrating the ambivalent relationship that pro-ana has with health and medicine, this practice of harm reduction complicates (but does not negate) the reading of pro-ana as resisting neoliberal subjecthood. In accordance with this approach, many (though not all) members avoid the most dangerous practices for weight loss, like taking the syrup of ipecac to induce vomiting, and use tips to minimize the negative effects of their behaviors, like ingesting a baking soda solution to neutralize acid in the mouth and stomach post-purging. Thus, understandably, members do not completely isolate themselves from the medical community; rather, they utilize medical knowledge in order to “render anorexia a relatively ‘safe’ lifestyle” (Fox et al. 2005:945).
mechanisms that lend a sense of peace or quiet to tumultuous lives. Members claim that turning to ED behaviors can help them cope with daily struggles “no matter what happens.”

For those who represent eating disorder behaviors as based largely in societal and interpersonal concerns, conventional recovery methods may appear insufficient, “a simplistic solution to a symptom that leaves the underlying pain and hurt unresolved” (Fox et al. 2005:967). In other words, addressing the eating disorder may not solve the deeper problems—biological, psychological, or social—that led to the development of the disorder in the first place. In contrast, the pro-ana framework in some ways takes the social and feminist models to more logical conclusions, refusing to rely on a medical solution when some of the underlying causes lie outside of the medical sphere. For pro-ana users who choose not to seek recovery, conventional treatment focused primarily on body weights or caloric intakes does not promise to fix individuals’ most salient concerns.

Although inconsistent with the dominant prioritization of expert-defined health, pro-ana does not altogether reject elements of proper subjecthood; it can be argued that members are likewise engaged in a practice of self-making, abiding by the expectation that proper citizens use their freedom to work on themselves (Rose 1990:213). As evidenced by pop-cultural and medical discussions of diet and exercise, it becomes clear that in neoliberal discourse, “those who undergo ‘revolution from within’ are citizens doing the right thing…[M]ost importantly, [they] work on and improve their self-image” (Cruikshank 1993:234). Pro-ana members’ practices may be read as more extreme versions of self-improvement methods that are regularly
promoted in women’s magazines, anti-obesity rhetoric, and common discourse about bodies and diet. Although it would be overly simplistic (and I think incorrect) to suggest that eating disorders are primarily about physical appearance, the crafting of the internal and external self—to be slender, strong, desirable, self-disciplined—is central to many personal eating disorder narratives and is pervasive in mainstream discourses. Fox and his colleagues, for their part, state that how their informants conceived of anorexia in fact exemplifies neoliberal self-improvement efforts: “[anorexia] represented a haven; a piece of life, the self, the body, experience that could be owned, moulded, shaped and presented as a pure and worthwhile achievement” (Fox et al. 2005:958). It is not difficult then to interpret the efforts of pro-ana members as aimed toward a form of self-improvement that appears to correspond with suitable neoliberal citizen ventures.

Nonetheless, even as pro-ana members are engaged in a form of self-actualization, they cannot qualify as proper subjects because the nature of their bodywork deviates from what experts dictate. The refusal to comply with the imperatives set out by tutelary powers precludes pro-ana’s inclusion into notions of neoliberal self-improvement. The exercise of freedom in the case of pro-ana is “inappropriate,” as members who decline recovery do not “accept the responsibility to subject their selves, to voluntarily consent to establishing a relationship between one’s self and a tutelary power such as a therapist, a social worker, a social programme, a parenting class or what have you” (Cruikshank 1993:234). This voluntary subjection to regulatory institutions is a necessary condition of appropriate citizenship; in this way, the form of self-making undertaken by pro-ana members
works to subvert the medical model by not corresponding with governable techniques of self.

Even so, reinterpretations and assertions of the self are incomplete, reliant to some degree on the dominant discourses and perspectives that they seek to counter. Victoria Pitts (2003) considers the argument made by women body modifiers that their practices of marking the body symbolically reclaim it from victimization or objectification within a patriarchal culture (49). Like those of pro-ana members, body modifiers’ discourses of the self are in conversation with external inquiries about participants’ agency and well-being. By engaging in these countercultural practices and asserting their own interpretations of their significance, both groups challenge the evaluative authority of experts. Pitts argues:

by engaging in, naming, and defending their practices, women have produced a new site for dealing with the effects of victimization and violence outside the group therapy session, the clinic, the counselor’s office, the consciousness-raising group, or the courtroom. They have challenged the status of experts to be the interlocutors of, and have targeted everyday embodiment as a significant space for interpreting, their experiences within patriarchal culture (ibid. 85-6).

However, individual subjects are not capable of exerting complete control over the way that their bodies are read by others; even the language used by anorectics to discuss themselves is subject to “discursive constraint” (Ronai 1997:125, cited in Rich 2006), structured by dominant interpretations of anorexia. Take for example the user who, in posting her account of how her ED developed, referred to herself as a “textbook case”; her conception of her behaviors was influenced by knowledge of typical eating disorder cases (ED Haven). Those who offer interpretations of their body modification, including pro-ana members, may offer alternative ways and
spaces for understanding and responding to cultural pressures; still, their ability to do
so is limited by the available discursive frames and the “intersubjectivity” of marking
and reading the body (Pitts 2003:78).

Pro-Ana as Social Problem

Pro-ana’s failure to align with dominant definitions of “proper” conduct and
its members’ refusal to comply with ideal subjectivity are confirmed by the anxiety it
causes among the media and general public. Pro-ana sites are constantly at risk of
being reported and shut down, even after most have adjusted the nature of their
content, added disclaimers, and established barriers to entry. The massive media
outcry against pro-ana sites, condemning them for supposed evangelizing practices
(seeking to convert vulnerable young women to the pro-ana camp) and promotion of
anorexia as a desirable lifestyle choice, is indicative of the anxiety surrounding non-
normative groups. About the consequences for those who do not align with
society’s ideal subjectivity, Barbara Cruikshank (1993) writes: “Those who have
failed to link their personal fulfilment to social reform are lumped together as ‘social
problems,’ are diagnosed as ‘lacking self-esteem’ and are charged with ‘antisocial
behaviour’” (234). This irrational refusal to fulfill what Monica Greco (1993) calls
the “duty to be well” constitutes, according to neoliberal ideology, a moral failure of
the individual to embody appropriate subjectivity. Eating-disordered individuals do
not follow acceptable courses of action toward the end of medically defined health.

11 In media portrayals, pro-ana is often positioned as a threat to the rational response to
illness—discouraging eating-disordered individuals from “getting the help they need”—and
to the well-being of otherwise healthy individuals who might come across a site and succumb
to its allure. See McLellan (2010) for a critique of the popular anxiety surrounding pro-ana
sites, a response that she argues “reflects a larger cultural impulse to respond fearfully to
voices that reveal the fictional quality of dominant cultural narratives” (225).
And, as Greco aptly puts it, “if the regulation of lifestyle, the modifications of risky behavior and the transformation of unhealthy attitudes prove impossible through sheer strength of will, this constitutes at least in part a failure of the self to take care of itself—a form of irrationality, or simply a lack of skilfulness” (Greco 1993:361). Thus, in their failure to care for themselves according to dominant norms of wellness, pro-ana members demonstrate their inability or refusal to act in rational, governable ways. Although the pro-ana ethos relies on liberal ideals of autonomy and individualism, and its members engage in self-making projects, these communities do not properly exercise freedom to the benefit of Western neoliberal society.

Rather than buy into the “the languages of empowerment, self-help, and self-esteem, which… now function as neoliberal ‘liberation therapy’” (Cruikshank 1996:233)” pro-ana members reject therapy and positive thinking as essential elements of their self-creation (Sharma 2008:17). What agency individual members exert is not oriented toward the goals of “liberation therapy” or the medical community—or at least is not mandated by them. To the extent that pro-ana members do abide by neoliberal dictums, they may take both practices and body ideals to extremes that are not anticipated by normative discourses; their overly “successful” self-fashioning may prompt a backlash akin to that faced by individuals who are seen as resisting self-improvement altogether (consider discourse surrounding obesity or poverty). Generally speaking, members take advantage of pro-ana communities to the extent that the communities offer elements of support for their goals that are not available in their offline lives or through official group therapy.
Pro-ana members utilize the anonymity and reach of the Internet both to facilitate their non-normative bodily practices and to cope with the stigmatization of their disorders. Pro-ana communities stress alternative priorities from those of the dominant ideology, allowing freedom to be interpreted in ways that allow for “unhealthy” or even “dangerous” techniques of self-making. Deciding to live, at least temporarily, with an eating disorder entails some degree of self-harm, shame, or other negative experiences that are frequently hidden from view or silenced. An element of freedom touted as a benefit of pro-ana, outside of mainstream medical frameworks or home life, is the ability to openly discuss the types of non-normative choices that members make. This is achieved in part through the particular ways that sites are structured, ideally insulated from “outsiders” and evading closure while remaining safe for those who can stake a “legitimate” claim to membership.
Chapter 2: Negotiating Boundaries of “Normal”

In 2011, Slim Beauty had over 40,000 members and more than 10,000 daily visitors; today, the pro-ana website is home only to outdated plain-text announcements and defunct hyperlinks. Any attempts to access the links prompt an apologetic Internet browser to state that the page cannot be found. Once a highly trafficked eating disorder community, Slim Beauty declined in popularity due to a combination of administrative neglect, the introduction of new rules limiting discussion topics (such as a prohibition of posts seeking “ana buddies”), and frequent structural and domain changes. The remaining text on the home page attests to a series of such changes effected in 2012, warning of platform shifts and potential domain expirations and acknowledging site errors. Amid this apparent chaos, members moved to the sister site Slim Beauty 2, which is run by former members and administrators of Slim Beauty and was established in April 2013. Slim Beauty 2 now has over 3,000 members and, according to a January 2014 post on the home page, draws between 200 and 250 visitors each day.

By September 2013, the original Slim Beauty website no longer functioned, and a post on the group’s Facebook page from July 1 inquired: “…if [SB] closed down, would you care? I’m thinking, for many reasons, the answer would now be ‘no’ where once upon a time it was ‘yes.’ But I have to ask. This may be [SB]’s final week. Would you care?” Ultimately, it appears that the person in charge of the site opted to close it down. The closure occurred shortly after I had started visiting the site. Instead
of the vibrant community promised by Slim Beauty’s legacy as a hub for pro-ana discussions, I found a bare webpage that serves as little more than a memorial to the discourse that unfolded within its forums over many years. Left in its wake are posts on social media sites and in other pro-ana forums wondering why the site isn’t loading and whether the closure is permanent. Some members implore the administrator to re-form the site, citing the many people it has helped and claiming to be lost without it. Remaining pro-ana communities, namely Slim Beauty 2, have spread the news of Slim Beauty’s demise and continue to advertise themselves as alternative locations where displaced members can connect with one another.

These replacement sites display their own vulnerabilities. A September 6, 2013 post on the Slim Beauty 2 homepage titled “The Recent Site Freeze” describes the 24-hour hold placed on the site by its host, Webs, in response to an accusation of a violation of the terms of service. The administrator writes: “This means someone took the time to report the site and found our site offensive. I requested to know the reason for the report and have yet to receive any information. We have all recalled in the past the issues that surround an eating disorder site and staying online. This may happen again, it may not.” The post continues to outline the preventative measures and contingency plans created by members to ensure the community’s viability. A disclaimer directly under the Slim Beauty 2 banner at the top of the page declares: “This site does not condone or encourage unhealthy or harmful behaviors. SB2 serves as a ‘virtual support group’ in that we provide community support for the day-to-day struggles of individuals with mental illness (primarily eating disorders).” Beyond insulating the site from being reported and subsequently frozen, members have
established back-up sites to be used “just in case something like this happens again.” The message offers reassurance to members that in case of technical difficulty or an externally induced freeze, a location exists for the community to re-form. The “Site Freeze” post ends with a statement of gratitude: “Thank you guys for being patient, and, most importantly, thank you for keeping a site like this a safe place. It’s a fine line to walk and we’re f*cking own that line.”

Pro-ana sites attempt to stake a claim as legitimate extramedical networks for those who experience the symptoms of eating disorders; at the same time, they must distance themselves from association with an ethos that historically had more explicitly promoted disordered eating. Members must be flexible in order to navigate varying expectations for pro-ana sites and retain community bonds should a forum be found in violation of host site regulations. Dias (2003) writes: “The transient and fluid nature of pro-ana websites (in response to the backlash they receive) also illustrates the resilience of the women who seek them out and (re)create them” (31). Members demonstrate their determination as they continue to circumvent outside efforts to shut down pro-ana forums.

Hosting sites like LiveJournal and Webs, and social media sites like Tumblr, Facebook, and Twitter, are under political and legal pressure to ban pro-ana content. Loosely worded terms of service prohibit use of “the Service to post, disseminate or communicate any obscene, lewd, excessively violent, harassing, sexually explicit or otherwise objectionable subject matter” (“Our Terms & Policies”). Such subjective terminology places pro-ana content in a tenuous position, as the Slim Beauty 2 administrator noted in the post cited above. Many sites have explicitly banned pro-
eating disorder discussions—though pro-ana material remains prevalent even in those cases—leading ED-focused pages to display prominent disclaimers in order to distance their communities from the negative reputation of pro-ana’s earlier waves.

Individuals, aware of the possibility that pro-ana websites can close down under this pressure, often have memberships in multiple communities. Continually monitoring the security and stability of each of the sites, members ask each other for recommendations for other quality sites and engage in discussions about the trajectory and content of other communities. Given the intense connections formed in these chat rooms and forums, such posts take on a nervous air, acknowledging the fragility of the websites that so many members call “home.”

Pro-anorexia communities thus exist precariously, dependent on technical cooperation and subject to external “reporting” all while attempting to maintain an intimate community of geographically separated members. As evidenced by Slim Beauty’s decline, any combination of those factors may result in the dissolution of a community, or at the very least pose challenges to its security. Hakim Bey’s concept of the “Temporary Autonomous Zone” (TAZ), which eludes a formal “apparatus of Control” (the State), provides a useful point of comparison with pro-ana’s position on the Internet. For Bey, the transient nature of the TAZ is critical to its relationship with outside forces:

The TAZ is like an uprising which does not engage directly with the State, a guerilla operation which liberates an area (of land, of time, of imagination) and then dissolves itself to re-form elsewhere/elsewhen, before the State can crush it. Because the State is concerned primarily with Simulation rather than substance, the TAZ can ‘occupy’ these areas clandestinely and carry on its festal purposes for quite a while in relative peace.
Though his conception of the TAZ as a “conscious radical tactic” is more explicitly political than are pro-eating disorder communities, their positions vis-à-vis threatening entities are similar. Pro-ana communities similarly occupy the Web “clandestinely” and manage to carry on their intended purpose for some time with relatively little direct intervention. According to the announcements page of Slim Beauty 2, the site made it five months without being reported, and even so, the freeze was only temporary, as the host site must have ultimately determined that the terms of service had not been violated. Mechanisms are already in place to allow the community to “dissolve itself to re-form elsewhere/elsewhen” in the event of another closure, moving from its current location to a new, dormant site. Inasmuch as these communities challenge to some degree the dominant constructions of anorexia and anorectics, they spark a great deal of criticism. The continued existence of pro-ana over the past decade, despite negative exposure in the media and tenuous relationships with host sites, speaks to their flexibility.

The administrator’s post on Slim Beauty 2 congratulates members on their ability to “f*cking own that line,” referring to their ability to continue offering a “safe space” to pro-ana community members within the constraints of the regulated online sphere. This balance is difficult to establish, pursued largely through such tools as disclaimers or password-protected forums. The label “pro-ana” places communities in the middle of an argument about their very right to exist, which pits those who fear

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12 Bey’s discussion of the TAZ is intentionally abstract; he opts not to explicitly outline its characteristics, on the grounds that the concept would be “self-explanatory” in practice, “understood in action.” He writes: “In fact I have deliberately refrained from defining the TAZ—I circle around the subject, firing off exploratory beams.” Tactics and tools contributing to the TAZ include “psychic nomadism,” “the Web,” and “psychological liberation.”
consequences of exposure to pro-ana content against those who emphasize pro-ana’s communal aspects and defend members’ right to free speech. As they negotiate the desire to be understood by outsiders and the need to safeguard themselves from negative responses, pro-ana communities straddle the boundary between public and private. These communities use a combination of secrecy (by requiring an active account in order to view most content) and disclosure (through disclaimers for new visitors) to remain protected yet accessible.

Bey argues that the TAZ pursues a similar balance; though the ability to evade state control is a necessary component, it requires that certain benefits of consistency be sacrificed. He concedes that “the TAZ, because it is temporary, must necessarily lack some of the advantages of a freedom which experiences duration and a more-or-less fixed locale.” Pro-ana communities require some degree of stability so that their services are accessible to members over time and so that the sites have the potential to grow. Boero and Pascoe (2012) reference a 2008 Newsweek article which suggests that “at the same time as these groups have gone ‘underground’ to avoid being taken down, they have also become more interactive and the discussions have become more personal and less focused on weight-loss tips than their predecessors” (28). The more community- and discussion-based pro-ana sites have become increasingly popular, yet they have simultaneously been forced to limit their visibility in return for security. So long as these sites are subject to external scrutiny, they must move “underground” in order to ensure a “safe space” that does not constantly dissolve in order to defend itself. Pro-ana communities struggle to find a mode of presentation and location that
insulate them from threats of closure, yet allow them to remain visible and accessible to new members.

Pro-ana is not the only marginalized or stigmatized group that faces this tension between visibility and insulation from judgmental or oppressive forces. Dick Hebdige (1988) famously described the interstitial position of youth subculture, which “forms up in the space between surveillance and the evasion of surveillance…it is a hiding in the light” (35). For Hebdige, subcultural formations could not be neatly categorized as counter-cultural or subversive; rather, they—and pro-ana may be considered one such formation—maintain a nuanced relationship to the dominant culture. A ‘subcultural response’ “is neither simply resistance against some external order nor straightforward conformity with the parent culture. …Subcultures are both a play for attention and a refusal, once attention has been granted, to be read according to the Book” (35). Pro-ana, in seeking to be recognized as an alternative to a norm (in this case, a strict recovery-centric view of eating disorders), cannot exist completely underground, out of sight. Pro-ana communities must “walk a line” between visible compliance with and covert, partial rejection of the dominant culture, a form of “hiding in the light.”

The particular strategies pursued by these communities are linked to the dynamics of the Internet. On the Web, where security is an illusion and connections are digitally mediated, it is challenging for communities to guarantee any stability. This porousness is even more prevalent for contested pro-ana spaces. Yet the Internet allows for communication and information sharing among individuals who might otherwise never have had access to one another. Bey emphasizes the Internet’s
distinctive ability to facilitate alternative groups: “The Web not only provides logistical support for the TAZ, it also helps to bring it into being; crudely speaking one might say that the TAZ ‘exists’ in information-space as well as in the ‘real world.’ The Web can compact a great deal of time, as data, into an infinitesimal ‘space.’”

The Internet offers boundless possibilities for communications within these zones, allowing, for instance, tens of thousands of scattered individuals to “gather” with a shared purpose or interest. The balancing act negotiated by members of these networks is rooted in the experience of the Web itself. By opening up great potentialities for alternative groups, the Internet imposes upon them its own extreme fragility and openness.

Online communities, which allow otherwise isolated individuals to form groups with little if any direct contact or grounding in the offline world, entail a reliance on a medium that is vulnerable to closure. In contrast to most offline alternative communities, it is possible that pro-ana members, having remained anonymous and physically distant from one another, would have no other means of retaining contact with any other members if the virtual community were to dissolve suddenly. This risk is perhaps less a feature of online groups than of groups in which the members retain a significant amount of privacy or do not disclose their full names or contact information. This may be the case in some offline communities—for

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13 Bey’s work is useful for thinking about the Internet’s potential for assisting in the formation of “underground” collectives, and he does emphasize the role of the Web in his work. However, he offers contradictory statements about whether or not the Web is crucial for the creation of the TAZ. He writes: “clearly [the TAZ] must also have "location" in the Web” in addition to its “temporary but actual location”; however, he later adds, “The TAZ has occurred, is occurring, and will occur with or without the computer.” Bey seems to suggest that the Web is important for the fulfillment of the TAZ, but that the TAZ can be practiced offline.
example, decentralized groups like Anonymous or political movements like Occupy—, and may be less pronounced in pro-ana or other websites where members exchange emails, phone numbers, or links to social media accounts. However, visitors who primarily “lurk”—observing pro-ana content without contributing or communicating with others directly—or those who heed administrator’s advice to avoid sharing any identifiable information, could well lose touch with the virtual community if the known URL shuts down.

One thing Bey does not address is what happens when members of these communities are left behind, when the temporary community re-forms and moves on. Scattered within pro-ana forums are anecdotes about having lost touch with the community as one or another site went under. Individuals chronicle their memberships to now-defunct websites, describe an interim period isolated from a group, and express a sense of relief upon having come across the community again. As opposed to Bey’s emphasis on the empowering aspects of evasion, these experiences demonstrate the anxieties aroused by transience and the importance of stability for support-based groups. For pro-ana sites, the skill of evading regulation is only useful insofar as the community remains accessible and coherent—safe for members and from outside threats.

**Defining Membership**

In the introduction to *Geographies of Exclusion*, David Sibley (1995) argues: “It is necessary to examine the assumptions about inclusion and exclusion which are implicit in the design of spaces and places. The simple questions we should be asking are: who are places for, whom do they exclude, and how are these prohibitions
maintained in practice?” (x). Indeed, pro-ana members constantly negotiate the boundaries of their communities, striving to minimize potential danger for individuals and the group as a whole. Central to pro-ana’s purported goal of enhancing the autonomy of its members is protecting them from outsiders who might pose a threat, those who do not belong. In determining from whom they are attempting to insulate themselves, pro-ana communities must also consider to whom they need to be accessible; essentially, members must (and do) ask, “Who are potential members of our community?” The identification of “insiders” and “outsiders” is complicated by the anonymity of the Internet and the lack of a consensus on the definition of pro-ana. Still, members attempt to strike a balance between inclusiveness and safety, outlining the boundaries of pro-ana communities according to shifting criteria that exist in conversation with medical diagnoses and media characterizations.

At the core of forum membership is a shared identification with a particular embodied state, that of having a so-called “eating disorder.” In his ethnographic analysis of Ndembu “cults of affliction,” Victor Turner (1967) describes how associations may be formed on the basis of shared modes of illness. In the Ndembu case, Turner argues, such cults help to unify an otherwise decentralized and fluid secular society as members attribute their experiences of suffering to being “seized” by deceased cult members (362). In other contexts, to claim identification with an affliction may separate the afflicted from the larger society. In the case of eating disorders, as with other attributes that “are incongruous with our stereotype of what a given type of individual should be,” stigma taints those who identify or are identified as having the condition (Goffman 1963:3). As the individual internalizes societal
standards and comes to perceive some attribute as “defiling,” she may come to experience shame, a feeling likely exacerbated by interaction with those who do not deviate from the normative expectation—“normals” (ibid. 7). A “displeasure in being exposed” to intrusive comments or unwanted assistance from normals, or even “the very anticipation of such contacts can of course lead normals and the stigmatized to arrange life so as to avoid them” (ibid. 16). The stigmatized individual may instead seek social situations in which she is not marked as different and received in light of the stigmatized attribute.

Erving Goffman (1963) identifies as the first group of “sympathetic others” those who share the individual’s stigmatized attribute. Indeed, part of the benefit of accessing pro-ana sites is the “sense of belonging [that] derives from coming into contact with other bodies that are like one’s own” (Ferreday 2003:285). The benefits of this shared identification are both informational and communal: “Knowing from their own experience what it is like to have this particular stigma, some of them can provide the individual with instruction in the tricks of the trade and with a circle of lament to which he can withdraw for moral support and for the comfort of feeling at home, at ease, accepted as a person who really is like any other normal person” (Goffman 1963:20). Pro-ana members seem to hold such a conception of their community as a space of refuge and understanding. One member commented: “if someone seeks [pro-ana space] for any reason, wether its losing weight fast, they have.ana or mia, they’re BED, they’re most likely already desperately seeking some type of reprieve and its our job to be there” (Pro-Ana Space). For these individuals,
this shared space offers an escape from the experience of stigmatized communication, as a new “normal” is created under the assumption of a shared affliction.

Goffman’s stigmatized–normals framework assumes a degree of visibility that allows for the identification and classification of individuals. In practice, with regard to mental illness and with online communications, it may be more difficult to map such labels onto individuals; in many cases individuals who possess a stigmatized attribute may be able to pass as “normal,” thus avoiding the undesirable aspects of “mixed contacts,” but also complicating group membership. Such is the case with pro-ana communities, which, having been constructed for the benefit of a particular group apart from outsiders, must negotiate who does and does not belong.

**Establishing Boundaries**

As a baseline, David Giles (2006) refers to the “macro-level” of pro-ana sites, in which members are contrasted with those who do not have eating disorders (471). In the sites that he observed, Giles writes that the non-eating-disordered out-group was referred to as “normals”; more commonly used terms on the sites I visited were “other people” or “normal people.” Many members make a distinction between those who have experienced an eating disorder and/or who abide by a pro-ana ethos and those who do not. In practice, this division is much less clear than it appears: individuals’ histories or experiences of disordered eating are not obvious—even when (unlike online) visual cues are present. The location of these communities on the Internet places much of the burden of appearing to belong on the individual or newcomer, who must cultivate evidence of an embodied identity through a disembodied mode of communication. The invisibility of online interaction requires
individuals to deliberately craft a sense of legitimacy, rather than relying on stereotypical physical attributes (such as an exceptionally thin body) as signifiers.¹⁴

New users adopt particular terminology and discursive styles to demonstrate their similarity to current members and thus their belonging to the in-group. Individuals may seek acceptance by overtly distinguishing themselves and their behaviors from what is “normal,” whether that means claiming a status as atypical, deviant, or exceptional. Some posters express their appreciation for pro-ana websites as spaces “where being anorexic isn't something abnormal” (Slim Beauty 2) or note that pro-ana forums may serve to “normalize” behaviors that might otherwise not be acceptable to discuss publicly (Slim Beauty). Both of these statements position pro-ana as something marked as not normal in the broader mainstream society and portray forums as an insulated place in which members do not necessarily need to act to rectify any perceived difference.¹⁵

A differentiation between pro-ana members and “outsiders” does not dictate a particular perspective on the latter; “normalcy” may be coded as either positive or negative. Some posters comment disparagingly on the habits of “normal” people and the apparent moral laxity evinced by their eating habits. For example, an unattributed

¹⁴ Because it is possible for users to join a pro-ana site without this body-based visual screening process, individuals who have a higher BMI but who exhibit eating disorder symptoms may gain access to pro-ana communities even as they are disallowed from receiving medical attention. Based on BMI, such an individual might have difficulty getting an official or accurate diagnosis (based on behaviors) or accessing treatment, as many health care companies may not cover patients who are above a certain BMI (“Securing Eating Disorders Treatment”). In these cases, pro-ana communities can be more inclusive and perhaps the only available option for some individuals to access relatively “expert” information or interact with peers.

¹⁵ I will discuss this idea further in Chapter 3, in the context of atypical affective responses. Members’ opinions on the normalizing impact of pro-ana spaces vary, as they both appreciate and are wary of the community’s allowance of eating-disordered behaviors that some members consider harmful.
quotation that has spread throughout many pro-ana sites defends lower-calorie diets as what is “normal,” in contrast to the “gluttony” of the majority population: “I do eat normally: only what is needed for survival. I can’t help it that we live in a piggish society where gluttony is the norm, and everyone else is constantly stuffing themselves.” Such comments serve to affirm pro-ana practices and reject the imagined mainstream eating or dieting habits. In contrast, other posters emphasize the more difficult aspects of maintaining eating disorder behaviors, including the emotional strain of keeping them hidden. For example, one poster described her intermediate position between an official diagnosis and what she perceived as normal: “I’m undiagnosed, but I know something is really messed up with eating, my thoughts about eating, and my fear of gaining weight. I feel fat, I restrict, I purge, I hate myself... Not normal. So I might not be diagnosed, and not underweight either, but I’m not normal.” Awareness of stigmatized difference leads some members to seek resources for recovery, whereas other members use the pro-ana site as a place to acknowledge abnormality or suffering without seeking a remedy.

Furthermore, not all posters ascribe to the belief that a distinction between “pro-ana” and “normal” can or should be made at all; some members believe that behaviors or feelings classified as “disordered” exist on a spectrum with those that are considered “normal” or desirable. These posters highlight what they see as hypocrisies in cultural messages that promote self-restraint and slim bodies as ideal, especially for women, while admonishing those who pursue those qualities and attributes to an “extreme.” Debra Ferreday (2003) comments on one such double standard in a discussion of authors who react negatively to the use of “thinspiration”
photos on pro-ana sites: “What I find interesting is the assumption that certain practices, such as retouching and using pictures of models for inspiration while dieting, are normal in some hands, but become dangerous, obsessive and pathological in others” (287). Her point in this particular case is echoed in many posts: Why is it that only under certain conditions are discussions and practices relating to diet and weight problematic, requiring intervention?

Delineating the boundaries of the pro-ana community becomes increasingly urgent in the face of pressure to close down these sites as examples of pages that “promote self harm.” Giles (2006) observed: “The [pro-ana] community exists in a state of heightened awareness about the danger of interlopers and so any outsiders, even people with seemingly impeccable membership criteria, are treated with a certain amount of suspicion” (474). Defense of pro-ana sites often entails disclaimers or introductory posts that emphasize their role as support sites for those already experiencing eating disorders. These notes serve to counter claims that pro-ana sites seek to promote eating disorders to those who do not presently engage in such behaviors. Even if an “official” statement is not made, members may discourage newcomers from participating if they do not already exhibit disordered behaviors or thoughts. These posts range from the more hostile to gentler warnings like the following, addressed to “those of you who are here seeking diet tips”:

It is your body and there’s nothing we can do to really stop you from doing any of this--from reading the forums, from taking tips--and we’re not going to try. If you are going to do this, we’d like you to do it as safely as possible, and we can help you with that. We just want you to understand the risks of what you’re doing, and to consider the fact that you will be harming your body, and that this could kill you (Pro-Ana Space).
In this particular post, those “seeking diet tips” are contrasted with “long-standing members,” who are urged to be supportive even while warning newcomers of the dangers of developing an eating disorder. The author also argues: “By telling someone without an ED who comes here to find diet tips to ‘leave’ and that they are ‘stupid’ or ‘not welcome here,’ you’re doing far more harm than good.” Even as she reinforces the distinction between the two groups, the author acknowledges that strict policing of group boundaries may compromise other priorities. The tension that exists between maintaining a supportive space and protecting their community from negative media coverage or potential closures forces members to navigate questions of authenticity and inclusion.

Members are continually negotiating their own statuses with reference to one another, the community as whole, and medical diagnoses, attempting to stake a claim to a shared physiologically based identity even in an anonymous space. For instance, scholars such as Giles have documented the category of “wannarexics” or “wannabes,” individuals who are perceived to be emulating a pro-ana “lifestyle” without having a “real” eating disorder. Though according to academic research they have been prevalent in many pro-ana communities, hierarchal distinctions between “true” members and “wannabes,” as well as among different eating disorder groupings, were openly discouraged on the sites that I observed. Administrators and members frequently initiated posts forbidding users from making distinctions between “real

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16 A number of authors have suggested that there is a sense of hierarchy of eating disorders according to the related behaviors and associations often made with them (Hornbacher 1998, Giles 2006). Although I have not observed much of this dynamic within communication between members, I have seen individual comments acknowledging these stereotypes. As one poster comments: “when it comes down to it, it’s just a label. people want to slap on a title to make themselves sound important. plus, anorexia is ‘cooler’ to have than ednos and people seem to take it more seriously” (Pro-Ana Space).
anas” and “fake anas” (including perceived “wannarexics” or those diagnosed with EDNOS). Prompted by past pro-ana forums and threads in which these dichotomies were enforced, such bans illustrate members’ fatigue with evaluative judgments involved in such classifications. Alternatively, rules against challenging “realness” also reflect members’ complex relationship with community qualifications and practices. Members seem to have ambivalent feelings about the “experience” cultivated over time and in these forums, finding it difficult to valorize the well-practiced anorectic even as pro-ana knowledges are valued. Some posts also suggest that simply seeking out a pro-ana community may be sufficient to indicate a viable claim to membership; in short: “anyone that comes here certainly belongs here” (Pro-Ana Space). To some extent, more recent posts regarding “wannarexics” constitute a move away from a method of policing and toward self-identification as having an eating disorder being sufficient to claim a status as a proper “insider.” Given the difficulty of forming consensus on proper “membership criteria” and subsequently enforcing them, this approach is practical even as it allows these sites to avoid claiming responsibility for those who join.

Expressions of self that take place within forums cannot be fully isolated from either members’ offline lives or the group’s relation to “outsiders.” As Jeff Gavin and colleagues (2008) state, differentiating between an in-group and an out-group has consequences for how members form and present a “pro-ana identity.” They write: “This dichotomy encourages a greater reliance on the forum itself and heightens the in-group/out-group positioning, belittling outsiders of the pro-ana community while protecting and maintaining the in-group identity. The pro-ana forum therefore
provides an ideal space for maintaining and validating a pro-anorexic identity” (331). Even when not directly confronted with challenges to their individual membership status, posters make appeals to legitimacy that collectively construct signifiers of group belonging.

One such appeal relies on the use of medical categories, which help structure participation in forums. Each of the sites that I observed included forums dedicated to discussions relating to specific eating disorders: anorexia nervosa, bulimia nervosa, binge eating disorder/compulsive over-eating, and eating disorder not otherwise specified (EDNOS). Participation in these forums is not regulated, and they are not the only ones intended for a limited group; forums also exist for those of different age groups, gender expression, or starting BMI, among others. Even if members do not need to prove their “right” to post in one of these eating disorder-specific forums, the boundaries of these pages are delineated largely by diagnostic criteria. Slim Beauty 2 implicitly grounds other pages in diagnostic benchmarks by labeling the “EDNOS and others” page as an area “meant for people who suffer with an eating disorder that manifests in a non-standard diagnostic criteria (EDNOS, Anorexia Athletica, Orthorexia, etc).” The other spaces, in this case “Anorexia,” “Bulimia,” and “COE and BED,” are constructed as available only to those who meet the criteria for diagnosis in a medical setting. In practice, if this expectation exists, it is not strictly policed; however, the more narrow focus of these forums (in contrast to forums dedicated to “General Eating Disorder Topics”) instructs members to demonstrate their qualifications for participation.
Related to the debate about “wannarexics,” discussions about medical diagnosis have apparently been common on pro-ana sites, to the point where some members are frustrated when the topic arises. In response to a thread titled, “A Difference Between Those Who Have Been Diagnosed And Those Who Have Diagnosed Themselves” one poster responded that she had reported the thread (flagged it for deletion by an administrator). She wrote: “just...why? why do people keep trying to stir things back up??,” suggesting that, like “real” anorexia and what pro-ana means, the topic was rife with controversy. Another poster, responding to the original poster’s inquiry, wrote: “i see it as kind of a gray area. some people who are undiagnosed legitimately have anorexia or some other eating disorder and others just think they’re anorexic because they run a ‘b&w depression blog’ on tumblr and want a thigh gap. and a lot of people who self-diagnose dont meet the requirements in the dsm iv/v” (Pro-Ana Space). This statement illustrates the complex relationship between the pro-ana and medical communities. The poster acknowledges that a lack of diagnosis does not necessarily prevent someone from making a “legitimate” claim to an eating disorder. However, she also rejects some identity claims (a “black and white depression blog” and the mere desire for thighs that don’t touch) in favor of the official DSM requirements. The segmentation of eating disorder discussions reinforces the legitimacy of medical categories as identity signifiers and grounds for group formation, incorporating the psychomedical model into the workings of pro-ana websites.

However, at the same time as they use these categories for logistical ease and stake claims to belonging on the basis of diagnostic criteria, members also undermine
the significance of these boundaries. Members contest the legitimacy offered by official diagnosis by a medical professional, claiming that “doctors really hand out diagnoses like candy today” and that “many doctors tend to just hand out diagnoses of ana or mia, thus ignoring that many variations [exist]” (Pro-Ana Space). Another poster noted, “If one doctor wont give [a diagnosis] to you, you can just go doctor shopping until you find one who will,” but challenged the importance of official recognition of an ED: “It doesn’t take a doctor to tell you that you have a fucked up relationship with food or your body. You should know that yourself” (Pro-Ana Space). One poster highlighted the perceived inaccuracies of her official diagnosis: “I’m a diagnosed bulimic, but that’s bullshit. i binge once a month at most. just cause i purge and my bmi isn’t clinically anorexic doesn’t mean I’m a bulimic. if i got reevaluated by someone who knew how to talk to people i would probably be EDNOS. i still identify as an anorexic, just not the clinical definition.” From these comments and many like them, it is clear that pro-ana community members do not use medical categories uncritically. Pro-ana sites are in part structured around these distinctions, and as a result, some significance is assigned to the ability to “officially” claim an identity as eating disordered—whether that label is granted by a medical authority or from a self-diagnosis according to DSM criteria. However, statements like “I’m technically anorexic” are not the only way for individuals to demonstrate their legitimacy to other pro-ana members.

Although this tactic is used with relative infrequency within the discussion-focused pro-ana sites, members have the ability to upload photos that can be viewed and commented on by others. These images may be presented without context, or
placed side by side in a before-and-after format. In these photos, members offer segments of their body for public scrutiny, requesting criticism to inspire further weight loss or displaying evidence of accomplished goals. Members tend to retain their anonymity by excluding their faces from these photos, focusing the camera on common areas of scrutiny such as the stomach and waist, thighs, and collarbones.

These photos “present a deliberately staged version of the self,” as members “[frame] their bodies to reflect and re-create the values of the pro-ana movement” (Fox et al. 2005:955). Some members proudly depict progress in muscle building or fat loss, while others show decreased bloating from successful limiting of binge eating.

Sometimes posters will upload pictures of themselves that they feel display their least flattering attributes and request advice from other members. Captions on photos range from more positive—“Progress!”—to self-deprecating—“Still so fat”—and allow members to visually represent their efforts while still confirming continued dissatisfaction or dedication. These captions further prompt other members to respond to the photos, most frequently with encouragement or compliments, but occasionally with suggestions for areas of improvement. Of course, “improvement” is subjective and the responses varied; some posters will respond by mentioning areas of the body they believe should be more toned or slimmer, while others will warn the original poster to moderate her weight loss so as not to get “too thin.” By posting images, members visually represent their body work, their efforts toward perfecting techniques of the self, and therefore open themselves up to validation from or critique by other members.
Unlike in face-to-face communication, becoming visible to others (and therefore vulnerable to judgment) on pro-ana sites is voluntary. Many members opt not to upload photos and do not even include a photo of themselves as their user image. The decision to post personal photos is, I expect, influenced by members’ ability to control if, when, and how their body is presented, as well as the recognition of pro-ana as a safe space—features made available by pro-ana’s location on the Internet.\(^{17}\) As Gavin and his fellow researchers argue: “Visual anonymity, in particular, plays an important role in eating disorder forums as concerns about one’s size and appearance are largely negated” (2008:325-26). The potential for “bodiless” interaction makes pro-ana spaces particularly appealing; members are insulated from judgments of appearance unless they decide to make their image available (Walstrom 2000:761). Perhaps due to anxieties about judgment, the photo sections of the sites that I observed were smaller than and set apart from the main forum page, which focused more on textual communication.

Forum threads offer their own opportunities for members to claim their place within the pro-ana community and affirm the shared pursuit of a corporeal identity on which their group cohesion is founded. Discussions often center on topics like weight, physical symptoms like thinning hair or perpetual coldness, and calories ingested or burned through exercise. Most members have a signature, which appears at the end of every post that they make, in which they present popular quotations related to their goals or chronicle their progress. Often, members note their current weight (CW),

\(^{17}\) Interestingly, this is often not the case on other more individualized websites, like Tumblr or Instagram, which are very photo based. To speculate, on those sites, members make personal profiles or blogs, so the desire for anonymity might be less prevalent for such users; alternatively, members who wish to more openly display their body might gravitate to those sites because they offer a better medium for photo-sharing.
high weight (HW), low weight (LW), and goal weight (GW). Some members include a list of weights in descending order with numbers crossed off to denote progress, emoticons to depict feelings about particular weights, or rewards that they will offer themselves for reaching milestones. These numbers, aspirations, and expressions of satisfaction or dissatisfaction with the body serve as indicators of belonging.

Importantly, these signifiers of identity are to some degree dissociated from bodily reality. Gavin and colleagues (2008) argue that “[b]ecause communication [on the Internet] is limited to text, it is possible for individuals to construct an identity—or even identities that exist independently of those in the real world and reveal only what they wish to reveal to others” (326). Jenny Sundén (2003) describes the process through which people craft their online presence as “typing themselves into being” (cited in boyd 2014:37). The Internet certainly does afford this opportunity, but users don’t necessarily take advantage of its fictionalizing capabilities, or may do so to varying degrees. For members on pro-ana sites, this “better” version may be one that is divorced from an unsatisfactory physical reality, or it may be one that proudly displays attributes that must be hidden offline lest someone notice extreme weight loss and intervene. Members use the online space to discuss the offline body in what is, according to them, a more honest way than how they communicate offline; in this case, “typing themselves into being” may mean that individuals can construct what they see as a more accurate depiction than their offline persona. Although this information is theoretically grounded in physical experience, the lack of in-person accountability allows members to have control over how they and their bodies are perceived (or hidden from view). This holds a distinct appeal for many individuals.
with eating disorders, who may experience social anxiety stemming from a fear of judgment of their deviation in either direction from a narrow range of acceptable weights. The ability to share information about the body solely through numbers or words instead of visual indicators is a unique feature of Internet- or otherwise mediated communication.

Members’ ability to craft online bodies through language, numbers, and crafted images calls into question which bodies form the basis for the pro-ana community—the material body or the virtual body constructed in forums. Members, by working to appear to belong, assist in the construction of norms that then form the limits of belonging. On pro-ana forums, as danah boyd (2014) writes of other social media websites, “norms…are shaped by network effects; peers influence one another about how to use a particular site and then help collectively to create the norms of that site” (39-40). Online bodies, presented as claims to legitimate membership, shape and are shaped by members’ expectations for each other and themselves. The pro-ana participant’s body “is a discursive construction, yet this construction remains rooted in the material body in complex ways that create a reciprocal relationship between the pro-ana community, members’ representation of their bodies online and their offline bodily practices” (Boero and Pascoe 2012:31). Pro-ana communities, like their members, cannot exist fully on or off the Internet, in public or in private; what happens online is rooted in the body even as members take advantage of cyberspace to creatively produce a virtual self.

According to Ferreday (2003), many arguments in favor of the Internet assume that “participation in [online] communities involves the erasure of
characteristics that are assumed to be visible attributes of the body, such as gender and race” (281). However, in practice, online communication is not so wholly divorced from the “real world” as to fully obscure difference, nor is this necessarily desirable (ibid. 282). The disembodied quality of Internet communication, touted for its potential for equalization, is challenged by individuals’ claims to pro-ana membership, which are grounded so much in bodily experience. Participants, through their “insistence on making the anorexic body visible, perform a defiant refusal to take on the work of self-erasure” (ibid. 287). On a medium where social bonds can remain distinct from one’s physical appearance, the pro-ana community still relies on the ability to prove ones conformity with a particular set of norms. With regard to pro-ana websites, “the ideal community is not that in which the body is transcended, but one where ‘different’ ‘sick’ bodies are made visible and where it is possible to speak out about one’s experiences of embodiment and of encountering abuse and prejudice as a result of being positioned as other” (ibid. 287). Being able to noticeably inhabit a bodily or psychological condition, and to speak openly about that experience, is central to pro-ana communities even as it runs counter to the apparent benefits of online interactions.
Chapter 3: Safe Spaces and Alternative Narratives

In her ethnography of teen usage of social networking websites, danah boyd (2014) defines “networked publics” as “simultaneously (1) the space constructed through networked technologies and (2) the imagined community that emerges as a result of the intersection of people, technology, and practice” (8). The concept of networked publics links the technological environment to users’ engagements with one another as well as with the online space. Although not deterministic, the way that spaces are designed makes possible certain forms of interaction. Boyd writes: “The particular properties or characteristics of an environment can be understood as affordances because they make possible—and, in some cases, are used to encourage—certain types of practices, even if they do not determine what practices will unfold” (ibid. 10). The types of communication that take place on a website depend on the tools and atmosphere present therein.

Pro-ana discourses are structured and facilitated by their location on the Internet and by the format of the site, which contribute to what John Suler (2004) refers to as “the online disinhibition effect.” One element of online communication that Suler explores is the “invisibility” afforded by text-driven sites, which allows members to speak without concern for their appearance or the physical reactions of those who receive the communication. As mentioned previously, the ability to

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18 For more on the Internet’s potential for community building, see Justin Pottle (2013).
19 Suler also discusses the “asynchronicity” of communications that don’t take place in real-time; “solipsistic introjection,” in which textual communication that does not occur face-to-
communicate via text and to upload (or not) self-taken photos gives members a degree of control over their appearance that they may not have offline. In cultivating a form of virtual selfhood or identification with a community, these features allow members to communicate with fewer inhibitions. Internet forums provide all users with a platform from which to speak to large groups of people while, in theory, protecting them from scrutiny behind a shield of invisibility.

Pro-ana members take advantage of another factor related to this invisibility that Suler calls “dissociative anonymity,” which affords individuals “the opportunity to separate their actions on-line from their in-person lifestyle and identity” (322). Members use usernames and avatars to protect themselves from identification, to keep distinct online and offline identities. Thus, openness about eating-disordered behaviors or the voicing of non-normative opinions becomes less worrisome as individuals don’t fear recourse in their offline lives. Because the Internet allows for the combination of invisibility and anonymity, it is a prime host for communications that may be unwelcome or difficult face-to-face. One Pro-Ana Space member introduced a lengthy post about addiction and the loss of a friend by writing: “I can’t really share my current feelings with anyone, or on a social network where people who actually know me. So I figured I’d do it here.” Being able to communicate anonymously protects members from the risk of being “found out” as having an eating disorder.

face may allow individuals to fictionalize and internalize to some degree another individuals’ persona; “dissociative imagination,” which allows for the “dissociation of online fiction from offline fact” (323); and an equalizing “minimization of status and authority.” All of these factors may interact and influence members’ comfort on pro-ana sites to varying degrees.
The rise in online communication and pro-ana websites has vastly increased the likelihood that eating-disordered individuals will “meet” and form sustained relationships. Gavin and colleagues write: “Online forums provide a space in which users can access support anonymously, thereby reducing the risks associated with making direct contact with similar others” (2008:325). This is particularly useful for members of stigmatized groups, for whom speaking out is risky or who may face censorship in other arenas from potentially disapproving family or friends. By contrast, the Internet offers the promise of sociality with minimal risk; it “has facilitated the coming together of once isolated and marginalized individuals with others like them in a place that offers the safety of physical distance and anonymity” (Boero and Pascoe 2012:34). The ability of members to express their difficulties, frustration, and insecurities without negative consequences or censorship makes the site a “safe space.” Ann Cvetkovich (2003) notes: “the power of the notion of safe space resides in its double status as the name for both a space free of conflict and a space in which conflict and anger can emerge as a necessary component of psychic resolution” (87).

Threads related to why members frequent their site demonstrate the high degree of reflexivity and self-awareness characteristic of pro-ana communities. Posters inquire: “What is it about [Slim Beauty 2] that you like?” or “How do YOU use [SlimBeauty]?,” encouraging members to respond with examples of how they engage with the site. A recurring theme in responses is the construction of the pro-ana site as a space to “vent” or as a sounding board for emotions that are unwelcome in other spaces. Pro-ana sites are seen as places of understanding and support,
particularly when discussing painful personal histories or experiences. But threads in pro-ana forums address a wide range of topics, including everything from difficult emotions to diet challenges to favorite television shows. Members share personal information regarding their mental and physical states, caloric intakes, habits, and relationships. The ability to publicly and safely express experiences is critical to the supportive mission of pro-ana sites and to their continued use. The result is a complex assemblage of personal accounts of the experience of all varieties and stages of eating disorders. Pro-ana sites provide a safe space in which members may honestly “narrativize” their experiences through a mediated form.20

Lars-Crister Hydén comments on the capacity of “illness narratives” to “formulate and express a central aspect of being ill in modern society, namely the difficulty of giving voice both to suffering and to the lifeworld context of illness” (64). In Depression, Cvetkovich (2012) describes her own process of writing a narrative of depression for an academic readership: “I’ve been surprised…by how difficult it is to go public” (74). Both Hydén and Cvetkovich highlight the hardships involved in expressing experiences of personal suffering publicly. Because of their ambiguous location between public and private, online communities allow members to gradually “go public” and mitigate some of this difficulty. Pro-ana sites in particular provide a forum for collective discussion of the everyday “insidious traumas” associated with mental illnesses that are often isolating, stigmatized, and silenced (Cvetkovich

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20 Psychologists have in recent years recognized the value of written communication for allowing patients to articulate difficult experiences or emotions. This is demonstrated in the rise of “online therapy,” in which individuals interact with a therapist through “chat” functions. Conducting therapy sessions in this medium has the added benefit of allowing patients to refer back to statements made during the session (Kessler et al 2009, Landau 2009).
2003:32). One poster commented that, whereas being anorexic may be “pushed under the rug in ‘proper’ society,” pro-ana forums provide a space “where it's okay to be living a day to day struggle” (Slim Beauty 2).

In pro-ana forums, members allude to an apparent dearth of safe spaces offline. Pressure to self-censor is associated with the public realm, which Dias (2003) argues “is regulated by banishing from sight behaviors that are considered abnormal, repugnant or deviant” (31). Cyberspace, as a collection of mediated and networked publics, offers to some degree a reprieve from the normalizing power of mainstream discourse and gives pro-ana members greater access to others who have had similar experiences. The pro-ana space, which allows for free discussion of behaviors and feelings, is portrayed as better equipped to help members moderate their eating disorders than is offline interaction. For some members, the act of sharing their struggles helps them avoid “falling down the rabbit hole,” or pursuing their eating-disordered goals unchecked. One poster wrote: “I use [sb] to vent and it helps being able to talk openly about it because for me anyway the secrecy of the disorder helped perpetuate it” (Slim Beauty). The secrecy required in “real” life for the maintenance of an untreated eating disorder is contrasted with the “cathartic ventilation” offered by pro-ana forums (Yeshua-Katz and Martins 2012:504).

Particularly for those who are not willing to pursue treatment, informing friends and family about an eating disorder poses a threat to their decision to live with illness. On pro-ana sites members can speak openly, with minimal “real world” impact, about the mundane trials, discomforts, and anxieties of having an eating disorder. They can complain or seek advice regarding their struggles when face-to-
face disclosures are not a viable option. One poster appreciated that, on a pro-ana site, “you are allowed to share and discuss how it is to live with and having ED, to be who you are and get that space” (ED Haven). Despite the absence of identifying information, on pro-ana sites individuals say they can “be who they are” and share their day-to-day experiences, regardless of whether or not they are actively seeking a cure. Within the forums members are able to present narratives of “liv[ing] with” a disorder indefinitely (although not necessarily with an assumption of permanence), rather than utilize a mainstream narrative that posits disorder as a temporary state to be transformed through intervention. The claim that members can “get that space” specifically on pro-ana sites implies that, for many, such opportunities do not exist outside of them.

Members often emphasize the ability of a pro-ana site “to give us the comfort and support we know we cannot get elsewhere” (Pro-Ana Space). Prevalent on pro-ana sites is the “concern from those who use these sites that without these contexts they would have no alternative space through which to share experiences” (Rich 2006:294-95). The specific benefits of pro-ana communities are placed in direct opposition to conventional treatment methods or to the advice proffered by people who do not have eating disorders. Shared experience thus trumps expert knowledge. Contrary to “normal” websites, which allow only a narrow range of “appropriate” sharing, on pro-ana sites others respond to accounts of disordered eating with understanding and advice. One member offered this example:

If i post what I went through on a normal website like facebook i’d have people jump down my throat telling me i shouldn't purge and I should eat right now and i shouldn't exercise as much or take laxatives and whilst people here certainly don't encourage that and i’ve seen
people say ‘oh maybe instead of purging do xyz to distracte yourself’ or ‘just try and eat a tiny bit to get some strength’ no one jumps down your throat about it (ED Haven).

One benefit of pro-ana forums, contrary to mainstream social networking sites, is the ability to frankly discuss the decision to continue eating disorder behaviors without criticism—no one will “jump down your throat.” Members who are too afraid to seek advice from “outside” sources are more likely to request guidance from their pro-ana peers, who can provide a perspective informed by personal experience (Dias 2003).

The reliable source of comfort that pro-ana sites provide allows eating-disordered individuals to, as Heather Love mentions with regard to queer texts, “describe what it is like to bear a ‘disqualified’ identity, which at times can simply mean living with injury—not fixing it” (2007:4). Rather than being encouraged to “fix” the daily suffering associated with these mental illnesses, to seek a “cure,” pro-ana members are offered expressions of solidarity and reassurance. Thus, posters on pro-ana sites are granted the freedom to manage their suffering and marginalized subject position; as Katelyn McKenna and John Bargh address in their study of “identity demarginalization through virtual group participation,” members acquire a “positive group identity where there was formerly only isolation and feelings of being different” (1998:691). Advocates of pro-ana sites argue that the communities do not create negative feelings, but rather provide a comfortable space for the expression of feelings produced by the anxieties of social existence.

**Responding to Stigma**

As mentioned in the previous chapter, the creation of pro-ana spaces as semi-insulated communities appears to be in part a response to stigmatization of mental
illness. Dias (2003) argues that the societal conditions outside of pro-ana sites are
directly related to their creation as alternatives to medical options: “The stigma and
shame that come with both diagnostic labeling and society’s misunderstanding of
eating ‘disorders’ contribute to women’s need to find creative ways to connect and
find support” (32). Feelings of difference, shame, or confusion about emotions or
behaviors may prompt even those who have not yet identified as eating disordered to
seek out information and camaraderie outside of a medical setting. As individuals
begin to identify as somehow “different” from offline peers, they pursue and help
create alternative ways of understanding, coping with, and/or improving upon pro-ana
behaviors.

Pro-ana members emphasize the utility of forums as places for open discourse
about otherwise stigmatized topics. One member commented:

It’s a safe place for me to go. I don’t feel like I have to censor myself or watch what I say, because all too often in real life I can’t say “I’m really struggling, I feel like purging” without facing judgement that isn’t constructive. If I were to say that here, I can get support. People here understand that it is something deeper. They’ll ask what’s bothering me, why I feel like purging. Offer alternatives and ways to distract myself. [SB] has many times saved me from falling deeper into my ED (Slim Beauty).

This statement highlights the difference between supposedly judgmental offline
spaces and pro-ana spaces, where expressions of suffering are met with empathetic,
useful responses. Notably, in the example offered here, the poster receives assistance
in resisting inclinations toward a so-called disordered habit (purging); this both
contradicts traditional representations of pro-ana as uniformly promoting EDs and
demonstrates members’ willingness to engage with stigmatized topics. In other
settings, the desire to purge might be a difficult topic to broach. Pro-ana websites allow members a space for discussions that might be “taboo” in offline life.

Neither the sense of commonality shared within groups of eating disordered individuals nor the type of communication that results are entirely unique to the online space. Emma Rich (2006), who wrote about eating disorder clinics in the UK, described how “in the safety of the clinic, where they are surrounded by other girls with eating disorders and those who might better understand them (than say other friends, families, teachers, etc.), many of the young women in our study felt more able to express these feelings and talk about the anguish of the relationships with their body, self, food and eating” (291-2). According to the women in the clinic, those without direct experience with eating disorders silenced such personal expressions.

The pro-ana space may be seen as a more loosely regulated and accessible version of the support group model. Pro-ana extends the benefits of community support to those who are unwilling or unable (for example, due to financial constraints or BMI\(^21\)) to access support groups in clinics. Pro-ana websites also transcend physical limitations that make it harder to establish in-person connections, rendering one’s geographical location or ability to travel largely irrelevant in the formation of bonds.\(^{22}\) This is particularly significant for younger members, whose parents may monitor where and with whom they spend their time. By allowing eating-disordered individuals to form relationships with each other with greater ease

\(^{21}\) See footnote 14
\(^{22}\) Of course, using pro-ana sites does require access to technology and Internet access, particularly as many individuals may be hesistant to visit pro-ana pages in a public location; thus access may be unequal on class lines.
and without committing to treatment, pro-ana websites make it less likely that they will remain isolated.

In addition to the distance from potentially judgmental peers or authority figures and the relatively low risk of seeking information online, the comparatively unrestricted communication that pro-ana sites permit makes them appealing locales for eating disorder-related discussions. On pro-ana sites, even an “official” request to avoid tip sharing is not enforced, and members are allowed to discuss their own day-to-day experiences, regardless of the effect they may have on other members.\textsuperscript{23} By contrast, although the clinic space may allow for the sharing of certain elements of personal experiences, others are off limits.\textsuperscript{24} In treatment centers, patients are often prohibited from discussing specific routines, tips, or behaviors because of the risk that other members will be triggered or learn more effective methods, placing their recovery in jeopardy (Sams 2013).

According to posters, sharing one’s story in a non-pro-ana context, particularly in a medical setting, entails some degree of self-censorship for the protection of others, primarily the elimination of specific numbers and glorifying language. For example, the NEDA website offers recommendations for the

\textsuperscript{23} A couple of exceptions to this rule might be in “recovery” sections of the forums or in live chat rooms (where they exist). In these sections, there is more regulation of discussion topics in order to provide space for individuals in all stages of their eating disorders on the site. These sections are relatively small compared to sections that allow more graphic discussions.

\textsuperscript{24} The communications that take place within clinics include some of the same tip sharing that is warned against in the pro-ana context (Warin 2004, Rich 2006). It might be useful to think of pro-ana sites and medical settings as existing on a type of spectrum, with one pole representing tolerance of tip sharing in an effort to allow free dialogue, and the other representing more limited communication for the sake of preventing members from learning ways to “perfect” their eating disorder. Both clinics and pro-ana sites exist somewhere in the middle, with, in my estimation, pro-ana sites inhabiting a spot closer to the former pole and clinics occupying one closer to the latter.
“responsible” sharing of eating-disorder stories. The organization advises people not to “focus on graphic images or physical descriptions of the body at its unhealthiest point,” “provide ‘tips’ or play the numbers game,” or portray those with eating disorders “as people with ‘astounding will-power’ or ‘incredible self-control’” (“Guidelines for Sharing Your Story Responsibly”). These guidelines are aimed at producing “proper” narratives oriented toward the allegedly necessary transformation of the individual (body and character) through medically legitimated treatment methods. To glamorize an eating disorder as requiring “incredible self-control” would risk legitimizing a more open-ended pro-ana narrative in which the anorectic can be heroic. The organization’s recommendation that stories “emphasize the seriousness of eating disorders without portraying them as hopeless” constructs eating disorders as a source of suffering (with pleasure notably absent or outweighed by risks) while retaining the potential for improvement—likely with assistance (ibid.). Even for severely ill individuals, the mainstream perspective promises hope for reintegration into “normal” society, if they are willing to submit to treatment, and reintegration constitutes resolution or closure in the official narrative. The dominant narrative positions medical and psychological experts as the agents of transformation, the active saviors of a more passive patient-victim who might be unfit to make healthful decisions for herself; the framework of eating disorder as addiction—an overpowering biological condition that can be overcome only by following the medically prescribed steps—is one example (Hesse-Biber 1996:43). Media articles outside of the medical sphere also contribute to this dominant narrative, more often by emphasizing the disgust provoked by pro-ana sites or the sickness of eating-
disordered individuals (McClellan 2010:224). These narratives, reinforced and defended by posters who assert the perversity of pro-ana in comment threads across the Web, delineate what is considered appropriate to include in discussions about eating disorders in mainstream society. A reliance on medical authorities (and their patient charts, diagnostic manuals, or BMI matrixes) or media representations of eating disorders entails a “narrative surrender” on behalf of affected individuals and results in an incomplete picture of lived experiences (Frank 2005:6).

**Pro-Ana Narratives and Archives**

In pro-ana forums, by contrast, members are free to speak about (and even express pride in) graphic aspects of the eating disorder experience, the voicing of which may be considered “irresponsible” in other group settings. As the protagonists in their own stories, members are able to construct more varied goals apart from recovery. The pro-ana ethos assumes the presence of ambivalent feelings, but does not demand their attempted resolution or eradication through mechanisms that merely address the *symptoms* rather than the root problems. As mentioned in Chapter 1, many pro-ana users describe their eating disorder as a response to or coping mechanism for abuse, neglect, or disapproval by people in their offline lives. For example, a common theme in members’ stories of how they developed eating disorders is interaction with someone (parent, friend, significant other, etc.) who regularly made derogatory comments about their bodies and enforced patriarchal standards of beauty. Sharlene Hesse-Biber (1996) explains how one of her interview subjects “acted out her personal trauma through her body, and adjusted her food intake as a way to exert some power over her own small corner of the world” (83-84).
Posters incorporate their personal histories of maltreatment by others or their sense of societal oppression into narrative explanations of how their eating practices became disordered, sometimes alongside mentions of other mental illness symptoms or diagnoses. Pro-ana forums allow for the expression of discontent with members’ offline interactions and/or with the state of contemporary society. As Love (2007) argues with respect to valuing the painful history of gay experience currently threatened by erasure: “Backward feelings serve as an index to the ruined state of the social world” (27). Accounts of marginalization, therefore, are useful in that they bring into the present the lived effects of painful pasts and social exclusion. These narratives do not necessarily require resolution in the form of alignment with the “normal” society that contributes to their suffering; rather, they play important roles as open-ended alternatives that represent what it is like to live in a “disturbed” state without seeking to end it. Pro-ana members’ stories may document their struggles without necessarily making the hopeful narrative turn toward an expert-guided “cure.”

In her work on depression, Cvetkovich encourages “accounts of depression that can embrace alternative medicine and healing practices as well as alternative ways of understanding depression (including other vocabularies) as the product of a sick culture” (2012:102). The pro-ana project is similar, expanding discussions of eating disorders beyond what is allowed by conventional understandings, nearly all of which (including social and feminist explanatory models) end up asserting the importance of medical treatment. The privileging of certain interpretations of eating disorders, which are seen as incomplete by many pro-ana members, affirms Arthur Frank’s claim in *The Wounded Storyteller* (2005) that there is a gap between the lived
experience of ill individuals and the “institutionally legitimated stories that are told about their experience” (Frank 2006:422).

In his work, Frank calls for attention to be paid to the first-person accounts offered by ill individuals and describes the value of the story-telling and -witnessing process. According to Hydén (1997), the act of narrativization allows individuals to interpret, construct, and even collectivize illness through its articulation and presentation. Through the writing of their personal accounts, members “[enable] other people to comment on the narrative and to offer new interpretations and suggestions” (Hydén 1997:53). Individuals share stories to “work out their own changing identities” and “guide others” in turn by witnessing others’ self-formation. For Frank, this reciprocal relationship involved in storytelling and witnessing is immensely valuable for those experiencing and seeking to negotiate illness. Driven by a sense of communal responsibility, “the moral genius of storytelling is that each, teller and listener, enters the space of the story for the other” (Frank 2005:17-8). When the stories told by ill persons are privileged above the stories told about them, their experiences are validated and they are able to reclaim their narrative from its eclipsing by the dominant medical perspective.

Through their ability to house the illness narratives of their members, pro-ana sites play a constructive role in allowing individuals to negotiate and make sense of their conditions by “giv[ing] voice to suffering in a way that lies outside the domain of the biomedical voice” (Hydén 1997:49). By narrativizing mental illness, pro-ana members open up possibilities for alternative understandings that incorporate (or exclude) to varying degrees existing diagnostic criteria, prognoses, and treatment
goals. Rather than portraying their eating disorders as an obstacle to be overcome, posters may describe them in more utilitarian terms, as a tool for emotional coping or cultural acceptance (Hesse-Biber 1996:68). These individuals, aware of dominant narratives that assert “self-regulation” and the subordination of bodily desires as means to acquiring power, depict eating disorders as aligned with mainstream values, even if their tactics are somewhat extreme (McClellan 2010:227). Posts on pro-ana sites often exhibit an ironic sensibility, as members recognize that their actions at once reflect common standards and are pathologized (ibid. 231). Pro-ana narratives thus acknowledge external perceptions as they negotiate the intermingled positive and negative elements of eating-disordered experience. Members comment on pleasures, satisfactions, compulsions, anxieties, pain, and sadness that are produced by their eating practices; however, contrary to dominant narratives, these accounts do not necessarily privilege one feeling state over another because there is no need to establish a clear evaluative stance on eating disorders. For many members, living with an eating disorder is another way of moving through the world; it does not necessarily indicate any flawed character or call for curative transformation. As a result, pro-ana accounts may utilize a narratological device of “deferral”; rather than pressing towards a resolution, participants seek to devise the most tolerable or safe ways to manage and prolong a “disordered” condition.

As a collection of individuals with a counter-cultural perspective on eating disorders—namely that medical treatment is not necessarily the appropriate response—pro-ana communities serve as spaces for alternative narratives of suffering that break from the institutionally legitimate, closed narrative of progress and
rehabilitation. The dominant, medically legitimized narrative entails a sequence in which the ill individual may, by following particular regimes like behavioral therapy, overcome the suffering caused by an eating disorder and experience resolution through “cure.” Contrarily, pro-ana communities acknowledge the ambivalences associated with eating disorders—which may be experienced as simultaneously painful and pleasurable—that complicate members’ decisions regarding recovery. Significantly, for many members, eating disorder recovery would not offer the promised narrative closure, because many of the social or environmental triggers would persist. Participants draft posts that incorporate a spectrum of feelings, from despair to panic to pleasure to anger—all of which may be seen as legitimate ways of interpreting and experiencing an eating disorder within the pro-ana context. Member-initiated discussions about the purposes and benefits of their communities indicate the centrality of shared affects to individuals’ interactions with each other and the space.

Much of what new members seek and find in pro-ana sites are the eating disorder narratives of others, models for possible ways of maintaining, recovering from, and perhaps most important, understanding their eating disorders. One member of Slim Beauty came to the site once she began to relapse: “i was looking for other opinions and ideas about eating disorders and to read other stories so i didn’t feel so alone.” Reading other members’ accounts gives a reader a feeling of companionship when she feels distanced from family or friends who lack first-hand experience with an eating disorder. One member commented that pro-ana helps fulfill a human desire for social connection: “ED makes us more or less hermits (as most social events includes eating for some stupid reason). Trying to hide less, hide the eating problems
less, makes social things less complicated” (Slim Beauty 2). For many pro-ana members, the communication on forums helps fill a void of sociality that results from the isolation of eating disorders and lack of understanding on behalf of outsiders.

Forum archives offer first-person accounts of the highs and the lows of having an eating disorder. With the uncensored nature of pro-ana sites comes a sense of authenticity—the stories presented are apparently “uncut,” “honest,” and “real” in a way that standardized medical explanations cannot be. When insulated by anonymity, members paradoxically are able to form extremely intimate bonds with one another through the sharing of personal stories. Pro-ana websites provide a space not just for calorie counts or exercise logs, but also for individual narratives rich with emotional complexity. Pro-ana spaces and content are affectively charged, comprising emotional accounts that could not be adequately expressed offline and provoking responses of all varieties within those who discover them.

The accumulated record of accounts of illness and injury documents the lived experience of eating disorders, including both its mundane and heavily affective dimensions. These narratives, which vividly demonstrate the immense emotionality entailed in the maintenance of or recovery from eating disorders, form a collectively authored “archive of feelings.” In An Archive of Feelings: Trauma, Sexuality, and Lesbian Public Cultures, Cvetkovich (2003) argues that “cultural texts [are] repositories of feelings and emotions, which are encoded not only in the content of the texts themselves but in the practices that surround their production and reception” (7). Pro-ana posts are similar, as texts that are inextricably linked to stigmatization and eating-disordered practices or desires, and that are received by others in whom
they are likely to produce an affective response or at least invoke memories of earlier experiences. Their collection into threads, forums, and sites forms an archive into which individuals seeking support or solidarity may enter and form affective ties to like-minded others.

**Affect and Pro-Ana Regimes of Evaluation**

Some sites, like Pro-Ana Space, allow members to post individual “statuses,” which are added to a feed and give up-to-the-moment updates on how members are feeling. What results is a stream of unrelated emotional remarks that, when combined, create an image of the site’s emotional present. The feelings expressed on pro-ana forums are as diverse, complex, and fluid as the sites’ membership. One commonly proclaimed feeling is shame, often mentioned in reference to eating-disordered behaviors like binge eating or purging, which are often practiced in secrecy. Another common feeling is guilt, felt in response to eating habits—“Sometimes out of nowhere this wave of guilt comes over me and I think ‘I should be eating less than this’ or ‘I shouldn’t be hungry I’ve eaten enough’” (Pro-Ana Space)—or the effects of behaviors on loved ones—“...all [my mum] wants is for me to be okay and for me to recover. Problem is I don’t want to, she gets really upset and cries. It makes me feel awful, but I just don’t want to eat” (Pro-Ana Space). Yet another frequently expressed feeling is satisfaction or pleasure, as when members reach a goal weight, sustain a fast, or resist the desire to purge or self-harm.

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25 The distinction here is a messy one, as it is not always possible to clearly delineate between feelings of guilt and shame, and two individuals may describe the same action as provoking different feelings. In general, I consider guilt to be more of a concern with the direct effects of actions on self and others, whereas shame is more externally conditioned or based in the internalization of expectations for acceptable behavior.
To include examples of all of the emotions expressed on pro-ana sites would be impossible. Instead, I have focused primarily on a few general categories of feeling: first, a “badness” or “darkness” that may encompass fear, sadness, anxiety, depression and even numbness; next, non-normative affective reactions, namely the mixed feelings that arise from finding pleasure in self-harm.

As we have seen, pro-ana spaces are understood as places for the licensed expression of extreme feelings. Speaking to an audience of like-minded and self-proclaimed non-judgmental individuals makes it easier for members to “go public” with stigmatized or confusing feelings. One member wrote:

[Slim Beauty] gives me a place i don’t feel alone, where other people understand my pain and suffering and what I’m going through and don’t judge me in the slightest. / I can talk about my deepest darkest secrets here, and my fears and my worries. [SB] has helped me countless times when I’ve contemplated suicide, at one point a member even called 999 and saved my life.. / I would be lost without everyone on here.

The pro-ana forum becomes a communal place that allows members to voice their “deepest darkest secrets.” Although many members may use pro-ana sites solely to document more mundane occurrences, other posters do write about traumatic experiences such as assault or abuse or express desires to self-harm that they may not discuss otherwise. Able to speak openly, members can overcome feelings of isolation or combat the risks associated with harboring such secrets through some sort of cathartic expression. The above poster claims that another member “saved [her] life” by calling emergency services and preventing a suicide attempt. Pro-ana sites serve as mediated, intermediary spaces in which members are able to express pain, suffering,
fears, and worries publicly yet anonymously\textsuperscript{26} and receive assistance or advice from peers rather than medical officials.

A number of posts associated the eating-disordered experience with “darkness,” a term that may include a range of negative emotions. Pro-ana offers a space in which to manage this darkness, which may be a reference either to the illness itself or external factors to which the eating disorder is a response, such as a difficult home life or rejection by peers. Another poster referred to a site as “a place I can call my home. Friendly environment and lots of support through the darkest days of my life” (Slim Beauty 2). Pro-ana sites grant members a space and an audience for their concerns during times of hopelessness or desolation. In contrast to the darkness of offline life, the pro-ana community can serve an illuminating role, clarifying confusing situations and lessening the pressure of maintaining total secrecy.

In addition to explicitly negative feelings, the safe pro-ana space allows for the expression of emotions (or lack thereof) that do not fit with “normal” reactions. For instance, upon being confronted by a concerned family member with the comment that she looks “too thin” or even “sick,” an anorectic may experience a sense of pride or validation. On the other hand, being told that she looks “healthy” may have a triggering or upsetting effect. One member lamented her current wellness: “I wish I was sick like that time where I couldn’t eat or even drink anything w/o

\textsuperscript{26} It’s unclear to me how another poster might have called an emergency telephone number without having had knowledge of the original poster’s whereabouts or identity. It is likely that the caller had requested additional information from the poster who expressed a desire to commit suicide, or that the two had exchanged personal information previously. It’s impossible to determine how frequent such information sharing occurs through private messages.
throwing up and just sucked /slowly/ on ice cubes just to stay hydrated... And that is really fucked up of me” (Pro-Ana Space). The poster recalls enviously a time when she was sick enough that eating or drinking was not possible, even as she comments that desiring to be so ill “is really fucked up.” Another poster, returning to a pro-ana community after two years of recovery, writes: “I miss the hunger […] I feel so ugly at a recovered weight. I maintained, eating a normal amount and being a normal amount active. But I’m not happy with it. I need...thin, you know?” (Slim Beauty 2). She expresses dissatisfaction with her life during recovery, eating and exercising in “normal amounts”; instead, the poster suggests that she is not happy without the hunger and thinness that result from eating-disordered behaviors. Both members recognize that the behaviors and aesthetic standards that cause them pleasure or displeasure are to some extent not “normal.” Interestingly, aesthetic evaluations on pro-ana sites do not oppose those of the mainstream, but are rather an intensification or exaggeration of normative standards. This further complicates affective reactions to apparently abnormal behaviors, as the boundaries between “normal” and disordered regimes of exercise or diet are not clear. Confronted with coexisting mainstream discourses of both valorization of and disgust toward bodies of varying thinness, pro-ana members may find it difficult to pinpoint which ideals are “normal” and which are “extreme.”

Acknowledging their somehow atypical reactions to activity, food, and bodies may lead pro-ana members to feel like what Sara Ahmed calls “affect aliens” (2010:49). Discussing “happy objects,” she writes: “We become alienated—out of line with an affective community—when we do not experience pleasure from
proximity to objects that are attributed as being good” (ibid. 41). Pro-ana members may feel “out of line” with mainstream society when they cannot enjoy food, exercise, or socializing in “normal” ways or even determine what a “normal” experience is. Online forums connect these otherwise alienated individuals through the formation of an alternative “affective community.” This experience of isolation and belonging was articulated by one member, who wrote, “reading about other people’s struggles helps me to feel that I’m not alone, I don’t feel so alienated from ‘normal people’ and overwhelmed by my disorder” (Slim Beauty). Pro-ana sites render non-normative responses relatable (and therefore less anomalous), perpetuating a status as “affect aliens” from the general public.

This feature of pro-ana sites, which allows for the formation of a communal identity in opposition to “normal” pleasures, is not seen as universally positive even among members. Within threads affirming how supportive and understanding pro-ana communities are, a member will occasionally raise a concern about how creating a space for atypical feelings might discourage efforts to change. One poster clearly articulated the appeal and potential detrimental effect of the acceptance of atypical regimes of evaluation:

Every site on the [Internet] creates it’s own mini-culture of what is acceptable and what is not. I think these places have an allure to some because it’s a place where you can feel that it’s okay to be doing something wrong you would normally not be highly looked upon on for doing. Lets face it, a lot of us deal with isolation and feeling worthless in our daily lives because of our eating disorders. To be able to go to a place where you are praised for losing weight and not scolded- to have it all out the open I think some are comforted with. It gives the strong feeling of identity, perhaps. So that’s why, I can see that some “parts” of the site might be desirable. / However I find most of these types of sites very hypocritical, with no integrity and lacking
in substance. They praise you for losing weight, for doing something harmful to yourself (Slim Beauty 2). This poster offers a nuanced explanation of the “allure” of pro-ana as a community that can counter the negative feelings produced by eating disorders even as they can perpetuate self-harm. Moreover, a semi-insular community of similar individuals, like pro-ana, may serve to naturalize and reinforce alternative aesthetic judgments and standards. This statement represents a view of pro-ana communities as potential enablers of damaging behavior, a perspective to which not all members subscribe. Individuals differ on whether this “mini-culture” is dangerous and to what degree, and this evaluation of risk may also vary from site to site. However, what remains is that the creation of a space where atypical affective responses become the norm may allow members to feel a greater degree of comfort and affiliation with a pro-ana community than with offline sociality.

Although the virtual assembly of similarly minded affect aliens and their acceptance of non-“normal” feelings is central to pro-ana’s sense of communal understanding, the sharing of even mundane, “normal” emotions also aids in community formation. The everyday emotions that people experience have great potential for bonding humans to one another. As Kathleen Stewart (2007) writes: “A world of shared banalities can be a basis of sociality, or an exhausting undertow, or

27 This comment comes from a particular perspective, likely that of a thin individual who would face scrutiny for losing additional weight. In fact, there are many individuals (including some who have eating disorders) who would expect and receive praise in their offline lives for losing weight: those who are considered to have already exceeded an acceptable weight. This poster’s point about pro-ana as differing from mainstream society is applicable under certain conditions and for certain individuals, whose weight loss efforts would cross over from “acceptable” self-improvement efforts to “extreme” practices; for others, the claims made about a pro-ana community’s willingness to praise weight loss would also apply to offline interactions.
just something to do. It can pop up as a picture of staged perfection, as a momentary recognition, or as a sense of shock or relief at being ‘in’ something with others” (27). Simple moments of banal circumstance, relating, and reacting can draw people together, creating links where they did not previously exist. Stewart describes the flow and punctuation of what she terms “ordinary affect” of the everyday, which “permeates politics of all kinds with the demand that some kind of intimate public of onlookers recognize something in a space of shared impact. If only for a minute” (ibid. 39).

Stewart’s work focuses on affective moments shared in a physical space, and how some of the power of ordinary affect is lost without the real-time reaction and communication that occurs between the “intimate public of onlookers” offline. However, it is possible to experience through textual online communication the “potentiality” that she discusses, the “layering to the ordinary” that “engenders attachments or systems of investment in the unfolding of things” (ibid. 21). The accumulation of accounts of the mundane on pro-ana sites, to which other members responded and related, generate similar attachments as those that occur offline—albeit without necessarily possessing the same sense of immediacy due to time lag or physical distance. Still, as members continually provide updates on events, interactions, and emotions experienced offline, pro-ana forums contain thousands of opportunities for sociality on the basis of everyday affects.

Because of a common foundation of feeling, individuals may join together to construct their own norms of thought or evaluation, in which “affective experience [may be] a mode of participation in public life” (Cvetkovich 2003:39). Rather than
resulting in isolation, negative feelings like shame, sadness, or anxiety may draw individuals together and encourage the creation of alternative collectives that allow their expression. Forums filled with affective accounts, which range from the extreme to the alienating to the banal, form the backbone of pro-ana sites and are essential to their position as extra-medical communal spaces. The interpretation of otherwise stigmatized emotions not as mere symptoms of an illness but as a basis for social interaction allows for the enactment of Stewart’s potentiality. Cvetkovich in turn posits that a depathologizing queer approach “opens up possibilities for understanding traumatic feelings not as a medical problem in search of a cure but as felt experiences that can be mobilized in a range of directions, including the construction of cultures and publics” (2003:47). Here, backward feelings may not necessitate medical intervention, but can instead be utilized as the basis for forging communities. The affective states associated with eating disorders have drawn geographically dispersed individuals together to share their stories and become invested in one another’s lives. The result is a persistent community or “movement,” an alternative public in which eating-disordered individuals may perform their “real” selves.

**Fluid Feelings**

Despite having been able to build a community based on shared affect and desires for agency, pro-ana members do not constitute a unified collective. Within the broad categories I have drawn of bad, alienating, or ordinary feelings exist a multitude of experiences and subsequent responses that vary from person to person. Thus, these communities are constantly shifting collections of intimate narratives, shaped by the members who are active in the present moment. Ahmed comments on
the dynamism and omnipresence of feeling in spaces: “If bodies do not arrive in neutral, if we are always in some way or another moody, then what we will receive as an impression will depend on our affective situation....the atmosphere is not simply ‘out there’ before it gets ‘in’: how we arrive, how we enter this room or that room, will affect what impressions we receive” (2010:40). Our own life stories and present situation shape our interpretation of our surroundings; our current affects shape our future feelings.

Indeed, I am certain that my presence as a researcher on these sites altered the emotional content that I observed. Entering with my outsider academic status invoked fear in some, anger in others, while still others were intrigued and expressed interest in and appreciation for my efforts. My personal experiences with disordered eating meant that I entered these sites with some preconceptions of what I would find there, as well as some apprehension about my project. My observations predictably did produce in me affective responses of relief, melancholy, and empathy, shaped in part by my history, but also by my current commitment to recovery. A consideration of affect has been important for my reflections on my role as a researcher, contributing to the archive of stories and prompting ripple effects among the members who reacted to my project. As Ahmed notes: “To receive is to act. To receive an impression is to make an impression” (2010:40). In a community based entirely on call-and-response communication, expressions of feeling are inherently interactional. These websites’ true power— as safe spaces, archives of non-normative feeling, illness counter-narratives, and alternative collectives—depends on their function as meeting places for feeling individuals.
Conclusion: Considering Online “Para-ethnography”

Online ethnography complicates the trope of the classic “ethnographic arrival scene.” Rather than disembarking from some train or plane into a foreign location, the ethnographer simply types a few characters into a search engine or login box and clicks “enter,” often from the comfort of her own home. Along with the spatial distinction between home and away, the distinction between ethnographer and subjects has also been muddied, as became particularly evident to me in navigating pro-ana spaces that were at once familiar and strange. Given my own history of engaging in anorexic practices, my study of these sites was a sort of “ethnography of home,” necessitating an estrangement from the “most intimate” that facilitates understanding (Gandolfo 2009:viii). Through an academic approach, a critical distancing, I was able to engage in a new way with articulations of an experience that dominated so much of my own life. I entered into these sites as a newcomer, even as many of the feelings and viewpoints I encountered were intimately recognizable. Users who responded to my initial post subtly inquired about whether I had personal knowledge of disordered eating, and I found myself hoping to claim legitimacy through my affirmative response. Like regular users of the site, I declared my history in order to validate my presence on the forums. For my purposes, I tried to indicate that I was at least more of an “insider” than others who might seek to conduct research on these sites. In response, members engaged with me on both terms, as both researcher and eating-disordered individual. I was simultaneously a threat to and
threatened by their sites: dangerous as an outsider and potentially endangered insofar as I still identified as recovering. As I proceeded to further remove myself from the practice of my own disorder, I recognized that I was neither completely inside nor outside of this loosely defined pro-ana community.

As I introduced myself and my project on forums, it also quickly became clear to me that, beyond the institutional support for my project, my interests did not distinguish me from all other users of these sites. Although the academic motivation for my presence certainly positioned me as an outsider, the questions that I was asking of members and of myself were not new. Members brought up the ethical and methodological issues that I had considered in the course of proposing and revising my project. After initial reactions to my introductory post, the responses on Slim Beauty 2 shifted to the question of why I had bothered announcing myself—wouldn’t it taint the “results”? Other posters replied that such announcements and consent seeking were mandated by anthropological ethics. A couple of posters stated that they would have preferred I just “lurk,” while others said that they appreciated the transparency and openness. Members speculated that their reactions were likely related to their desire for control.

Also significantly, the topics in which I was interested—What did “pro-ana” even mean? What brought new members to these sites? What is the significance of a diagnosis? What qualifies someone to participate in a pro-ana forum?—were already being discussed without my intervention. Pro-ana members did not need the inquiries of an outside researcher to prompt their own interest in the inner workings of their community. Douglas Holmes and George Marcus (2008) write of a “refunctioning”
that should take and is taking place in contemporary ethnographic research in recognition of the work already being done by insiders to examine, understand, and document their thoughts, feelings, and behaviors. They recommend “drawing on the analytical acumen and existential insights of our subjects to recast the intellectual imperatives of our own methodological practices, in short, the para-ethnographic practices of our subjects” (Holmes and Marcus 2008:82).

Pro-ana members were not passively waiting for me or any other academically motivated researcher to arrive and make sense of their practices. Rather, many of them conduct “para-ethnography” and “operate [as] reflexive subjects whose intellectual practices assume real or figurative interlocutors” (ibid. 82-3). Posters engaged in debates about what qualified as a pro-ana site (perhaps ad nauseum, judging by some exasperated comments) and offered their own interpretations based on how the community benefited them. Forums are filled with personal introspection as members evaluate their social, cultural, and psychological context and consider what factors underlie their eating disordered behaviors.

The archives of affective narratives that are accumulated within these sites represent a narrative practice that informs and interacts with ethnography. User-initiated discussions and administrators’ posts provide much of the backing for and content of my work here. Frank writes of his own text, where he gathers a number of illness narratives, that, rather than “data” used to further his theories, “the stories are the materials that I use to model theorizing—and living—with stories” (2005:23). My goal here has been similar; the accounts cited in this essay are not data for theory-
building, but embody the efforts of those who live with eating disorder to represent and understand their own experiences.

Reflecting on the process of observing and writing this project, the role of the online ethnographer in the future seems uncertain. As the boundaries between researcher and subject are transforming, what does it mean to conduct research among researchers? Holmes and Marcus argue that contemporary ethnography should be a more collaborative process; having observed the thoughtful analyses taking place in the everyday of pro-ana sites, such a move seems inevitable. Again, Frank’s discussion of witnessing stories seems pertinent, not just to the interactions between members within pro-ana sites, but also to those who wish to study them: “Listening is hard,” Frank argues, “but it is also a fundamental moral act; to realize the best potential in postmodern times requires an ethics of listening” (2005:25). To the degree possible, future studies of the pro-ana community and of other online sites should make efforts to include the narratives of users, affirming subjects’ position as active agents in their own self-definition.


