

THE ANA SANCTUARY: WOMEN'S PRO-ANOREXIA NARRATIVES IN CYBERSPACE

by Karen Dias¹

In this paper I explore cyberspace as a space where women who are struggling with anorexia can potentially find sanctuary from the surveillance and regulatory mechanisms of control in the public sphere. I explore the narratives of women who create and visit pro-anorexia or pro-ana websites in order to listen to these women's experiences of anorexia and rationale for inhabiting these spaces.² Taking seriously the voices of these women can be viewed as a transgressive act, in contrast to hegemonic biomedical and psychiatric discourses of anorexia that portray women with eating disorders as 'irrational' and 'in denial' of their behavior, and pathologize and medicalize their experiences. Through their narratives we see how dominant cultural scripts about their bodies are reproduced, negotiated and/or resisted. We can also observe women's engagement in the interpretation of their own experiences. 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. Just as the body is a site of struggle (and resistance), so too there are struggles over where and how women's stories of their body can be told.

Background

Given that women's bodies and experiences of embodiment are subjected to relentless surveillance and regulatory mechanisms of control in the public sphere (Bray and Colebrook "The Haunted Flesh"), cyberspace can potentially provide a space that is safer for women to meet than traditional public spaces and places in the built

environment.³ Cyberspace can be conceptualized as an alternative space for women with eating and body issues, one that may serve as a sanctuary.⁴ Since the public realm is regulated by banishing from sight behaviors that are considered abnormal, repugnant or deviant (Duncan), cyberspace can provide a space to escape the scrutiny of others (though perhaps not self-scrutiny), as well as the opportunity to interact with other women struggling with eating disorders who offer non-judgmental support. This could be helpful since the early stages of anorexia are usually marked by extreme isolation, secrecy, and disconnection. Ironically, cyberspace is a public space. While in contemporary Western culture not interacting within the public spaces of society is considered abnormal and unhealthy, occupying public spaces and revealing one's abnormality or deviance is considered equally if not more unhealthy (Bankey). The backlash these websites have received from the media and professionals in the field, which I will discuss later in this paper, has been extensive.

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. "With such labels as 'disorder' we...unconsciously create barriers to real support, add to personal embarrassment and shame, and foster discrimination and isolation" (42). In contrast to the dominant discourses of anorexia and eating disorders in general, my research is informed by these women's narratives in an attempt to access alternative definitions and understandings that they may have of their own mental states (Parr 183).⁵ Narratives may embody, reproduce, and/or alter cultural scripts; they may also push at the boundaries of what is unsayable and untellable in particular contexts (Chase 24). What women struggling with anorexia may not be able

(or ready) to say to family, friends or professionals, they may be able to say in the safer and less confronting space of cyberspace.

Third Wave Feminism

The issue of body image has been named as a central issue in Third Wave Feminism because all women, feminist or not, “offer heartfelt and complex emotions on the topic” (Richards 198).⁶ Third wave feminists have directed much of their attention to the impact that popular culture has on their subjective experiences, rather than adopting legal or political strategies (Carter 119), because they see “the media and entertainment industries [are their] most visible ‘oppressors’” (Richards 198) and an analysis and critique of popular culture as important to the political struggle towards female empowerment (Heywood and Drake 51). Popular culture, “fueled by feminist backlash and capitalism, has focused a great deal of attention on young women and their bodies,” propagating contradictory messages (that often use co-opted feminist language) of female control and agency alongside images of unattainable feminine beauty (Carter 121). For many young women their bodies have become “arenas for feelings [they] don’t deal with, for unresolved traumas and injustices” (Edut xx). The epidemic of eating disorders and body dissatisfaction among women in Western industrialized countries (and increasingly globally) reflects the consequences of these contradictions. Third wave feminists’ narratives, like those of pro-anorexics, illustrate the dilemmas young women today face in negotiating culture’s stifling emphasis on hegemonic feminine beauty ideals while trying to enact agency through negotiations of their identities (Carter 120).

A question I grapple with in my research is whether women’s behavior on these

websites may be considered feminist without being overtly political, and conversely whether it can be considered political without being overtly feminist. I see this dilemma as a central tension in third wave Feminism, especially in regard to second wave feminists' critiques that young women today are self-absorbed and inactive (Baumgardner and Richards 86) and apathetic to the work of the second wave (Walker xxxi). Third wave feminists are attempting to "contest a politics of purity that would separate political activism from cultural production" (Heywood and Drake 51) and recognize the importance of individual experiences and personal narratives to speak to social and political dynamics. Third wave feminists address the "need for greater acceptance of complexities, ambiguities, and multiple locations, and highlight the dangers of reduction into dichotomous thinking" (Pinterics 16). They locate their theory in everyday experiences, involving the negotiation with and recognition of multiple identities and femininities. Though third wave feminism may not have a clear definition of itself or of feminism, it is a movement that is encouraging and creating solidarity among women on the basis of challenging dominant power relations. My interest for the purposes of this paper lies in how the connection and solidarity being created through pro-anorexia websites may serve to challenge and subvert these power relations.

Methods

The parameters of ethical internet research is a current and ongoing topic of debate. The internet provides many "gray areas" in terms of what constitutes ethical research of widely accessible material. Because many on-line sites are openly accessible to the public, the obtaining of informed consent is often not done.⁷ However, care needs to be

taken to exercise the “fair use” of contributions to public forums that respects participants’ privacy and protects them from harm. My ongoing research is a feminist poststructuralist discourse analysis of the data I have collected from various pro-ana websites since September 2001. For the purposes of this article I have chosen to highlight narratives that illustrate one major theme that emerged continually on these websites: alternative discourses of anorexia and eating disorders in general. In order to guarantee participants’ confidentiality, I have removed all names and pseudonyms from the narratives I present. I have only accessed publicly available information from pro-ana websites; that is, I have not accessed any forums or chat rooms that required a password, pseudonym or my participation. I have not asked participants any direct questions, nor have I directly interacted with them in any way. Though most of the links to the websites I am referencing are no longer active – for reasons I will address later in this article – I have chosen not to provide any links in referencing my sources in order to further protect the women’s privacy. Instead, I have referenced them as “Anonymous.” I have referenced (with links) some narratives that derive from a forum provided by an eating disorder support organization that discusses pro-anorexia websites. This organization is not connected with, nor allows, links to any pro-anorexia websites.

I want to acknowledge the controversial nature of the subject matter I am discussing and the skills I believe I bring to this research. I have several years of professional work experience as a counselor working with this population, as well as personal experience with disordered eating. I have developed sensitivity and empathy towards women struggling with eating disorders, which I bring to my work as a social scientist and researcher. My intent, by putting these women’s narratives at the center of

my research is to listen to and take seriously their voices; voices which are subversive because they exist.

Pro-anorexia Websites

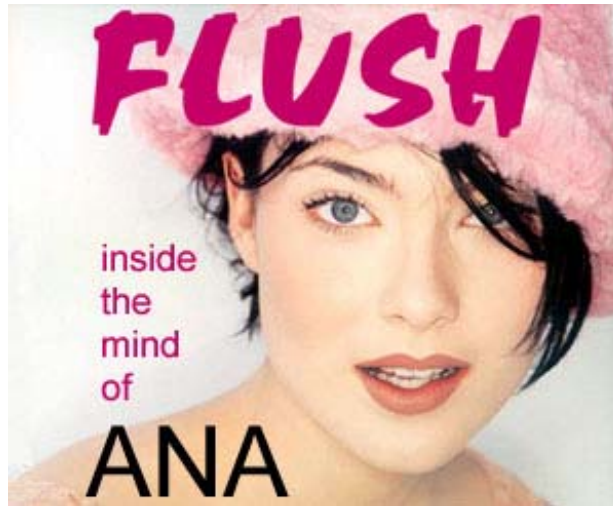


Figure 1 - Homepage for a pro-anorexia website.

Pro-anorexia (also known as pro-ana) websites are a genre of websites disseminating information about eating disorders, primarily anorexia nervosa, providing girls and women with a forum to discuss and share information about ana.⁸ There is usually a warning on the first page (see Figure 2) alerting viewers that the site contains pro-anorexia information, to enter at their own risk, and not to enter if they are recovering from an eating disorder.

Welcome to this Pro-Ana (Mia)⁹ Support Group. We are about encouragement, support, and assistance, to others like us who live with an ED and suffer with the problems that go along with it...This site does not encourage that you develop an eating disorder. This is a site for those who ALREADY have an eating disorder and do not wish to go into recovery.

Some material in here may be triggering. If you do not already have an eating disorder, better it is that you do not develop one now. You SHOULD leave.

(Anonymous, Pro-Anorexia Site, 25 Oct 2002)

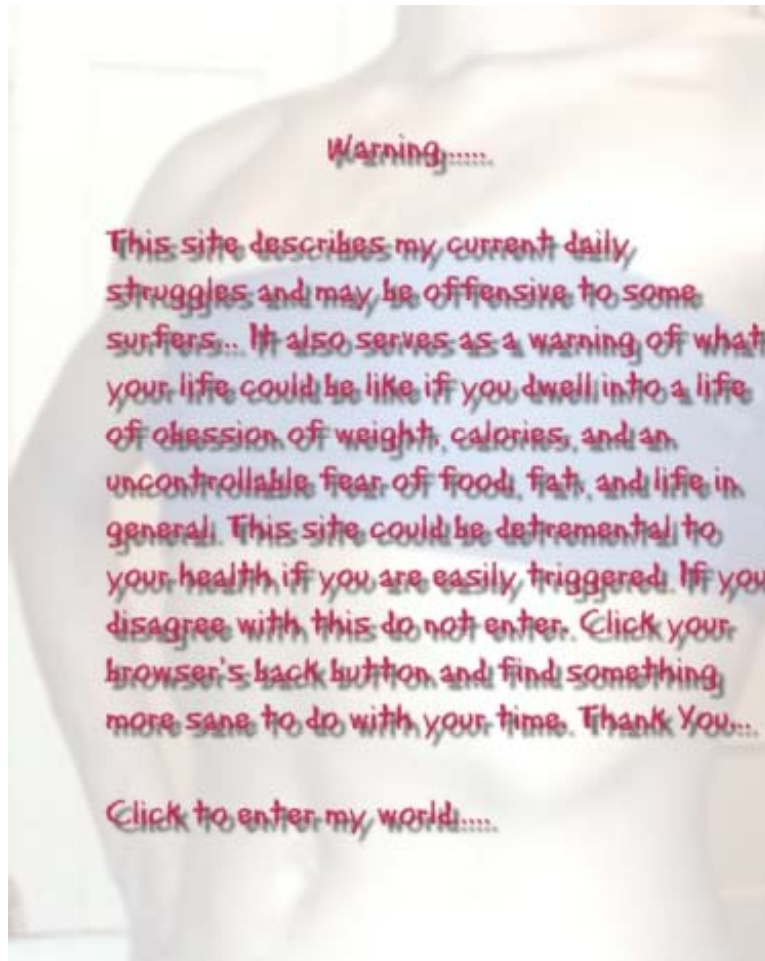


Figure 2 - The warning page on a pro-anorexia website, alerting surfers to the potentially triggering contents of the site.

Most sites make it quite clear that their purpose is to support those who are struggling with an eating disorder, and to provide a space, free from judgment, where they can share ideas and offer encouragement to those who are not yet ready to recover. Some of the homepages of these websites display shocking images of emaciation and skeletal bodies (see Figure 3).

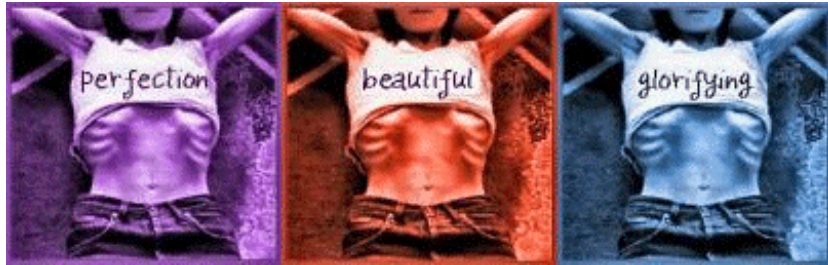


Figure 3 - Homepage of a pro-anorexia website.

The primary purpose of these sites seems to be, upon first contact, to promote and support anorexia, including detailed “how to” sections. These sites tend to have common features such as¹⁰: bulletin boards and chat rooms (where visitors can post messages to each other, ask advice and share ideas); diaries (website owners post their own diaries online, often keeping viewers up-to-date daily on calorie intake or avoidance, relapses, recommitments to ana’, etc.); tips and tricks (ideas for dieting, food avoidance, distractions from hunger, etc.); trigger pics or thinspirations (pictures of ultra-thin, emaciated women to inspire loyalty to the regime and distractions from hunger); and, links to other pro-ana sites, often in the form of web-rings.¹¹ Some also have poetry, song lyrics, autobiographical stories, treatment information and general information about anorexia, other eating disorders, and related issues.

Most of the images of thinness and emaciation common on the sites are mainstream pictures of celebrities or fashion models, sometimes collages of both (see Figure 4).



Figure 4 - A collage of mainstream images of celebrities and fashion models.

Some images mimic themes commonly found in advertising, such as dismemberment, where bodies are hacked apart, and certain body parts are focused upon (see Figure 5).



Figure 5 - A collage of images allegedly created as a self-portrait of the website owner.

If some of the models and celebrities were not familiar to us, it would be very difficult to discern between the “deviant” bodies of the anorexics and the “normal” and “acceptable” bodies of the models. All of the images highlight the glaringly contradictory messages

women receive about appearance and their bodies.

Backlash & Flaming

Pro-anorexia websites have caused a huge uproar in the media, the medical community, among parents of anorexics and among recovering anorexics. In July 2001 an American eating disorder advocacy group, ANAD (Anorexia Nervosa and Associated Disorders), made pleas to servers such as Yahoo to take down these sites, and 115 sites were shut down four days later (Reaves). Many other servers have followed suit, with several sites disappearing daily. It is very difficult to locate pro-ana sites consistently – sites found one day are often shut down the next. All the original twenty-seven sites I have been researching since September 2001 are now gone. Yet new sites keep emerging, sometimes only accessible to those that apply directly to the site-owner – one strategy these women use to avoid having their sites shut down. The women visiting these sites are well aware of the animosity towards them and the backlash that is occurring. Many sites post letters from the media that condemn their behavior, sometimes as a form of inspiration to keep going. The ability to resist and subvert the policing of web servers and critics attests to the fluidity of these spaces and the resilience of their users. The paradox of theorizing these sites as potential safe spaces for these women to meet and support each other is that they are not safe at all - ultimately these women do not have control over these spaces.

In mainstream media critiques of pro-ana sites, the website owners are blamed for causing and promoting a deadly disease,” and the “horrors” of the contents of their sites are displayed and discussed. The dialogues in multiple articles are between the articles’ authors and medical or eating disorder experts. Absent are the women’s own voices, as well as mention of the

broader and more complex historical, political and social factors contributing to the epidemic of eating disorders in the first place (Ellmann; Katzman and Lee; Nasser *et al.*; Thompson, “A Way Outa No Way”; Thompson, *A Hunger So Wide and So Deep*; Wooley). The following narrative comes from a forum user, not a journalist:

You people are seriously sick! You're nothing but slaves to the media. You say you do this for YOU to make yourself feel better. Bullsh*t. You wouldn't feel bad about yourselves if you didn't have a distorted perception of perfection. You people need to do a hell of a lot more than lose weight, you need to get some self-esteem. Go to counseling. Being thin is not going to make you happy. Everyone has problems and you think being anorexic is going to make them easier??...The makers of this site ought to be ashamed of themselves. (S.C.a.R.E.D. Forum User, 2001-2002)

Congruent with medical and psychiatric discourses about the “irrational” and “distorted” (individual) thinking patterns of those with eating disorders, we are left with the impression that the problem lies here, in these individual women and the “outrageous” practices that they endorse via the Internet.

The assumption, evident in most popular notions about eating disorders, is that these women are conforming to dominant notions of femininity. The American Psychiatric Association’s diagnostic criteria for anorexia nervosa outlines women’s refusal to maintain a “normal” body weight, intense fear of gaining weight or becoming fat, and disturbance in the way body weight or shape is experienced.¹² Yet what is not acknowledged is the extreme fat prejudice in Western society, and the intolerance for a diversity of sizes and shapes that may drive women and girls to extreme behaviors to

avoid discrimination:¹³

Let me tell you something... I've been fat all my life (it hasn't been that long, I know. I'm only 15), but now I'm trying to change that. People with ED's are everywhere. I realized this when I had one (bulimia). I know two girls, not including myself, that are bulimic, and at least one that is anorexic. I live in a TINY town, and it is very uncommon to find so many people in the same age group that are suffering from the same things. I never knew about my friends' problems; and even though I do now, we never talk about them. Being overweight and being teased, left out, criticized, etc. can screw up a little girl's mind. I wouldn't tell anyone to do what I do, but if they do it on their own, they have their reasons. All my friends with ED's, including myself, are happier thin than they were fat. Insults and cruelty are easier to handle if they come from yourself. (S.C.a.R.E.D. Forum User, 2001-2002)

What is also not discussed are the normative dieting and weight loss behaviors that may also be viewed as conforming to hegemonic notions of femininity, but in ways that are socially sanctioned and seen as legitimate.

Let me tell you girls, I am in great shape, but NOT anorexic. I am 5'4 120 lbs. There is not an inch of fat on me. I eat healthy and work out regularly. I have a wonderfully fit & curvaceous body. I am proof that you can have a great body and not starve yourself into a bony skeleton. (S.C.a.R.E.D. Forum User, 2001-2002)



FOR THE RECORD A Feb. 12 Southern California Living story on pro-anorexia Web sites referred to a closed Web page called Thinspiration. That

page has no relationship to www.thinspiration.com, which is a legitimate weight-loss site sponsored by Weight Watchers. (Marcus)

Rarely mentioned or taken into consideration in mainstream interpretations of these websites are other possible causes of their behavior, aside from conformity and “slavery to the media,” such as sexual or physical abuse, oppression, discrimination, harassment, violence, or trauma (for more on this see Herman; hooks; Kearney-Cooke and Striegel-Moore; Lovejoy; Thompson, “A Way Outa No Way”; Thompson, *A Hunger So Wide and So Deep*; Wooley).

Pro-anorexia Narratives

What does it mean that these women are exposing very personal narratives of their struggles with their bodies, in a very public space?

Why am I doing this, letting my self be vulnerable to the world wide audience of the web? because I want to help people battle this, and I want to win my own battle. I don't know if this will actually help anyone, and I don't expect too many people would be that interested in my insanity but I don't care what people think I am going to say my peace. ***Plus I can be totally anonymous*** (Anonymous)

These women, unlike the portrayals of them as being in denial, are actually quite articulate and seemingly aware of their circumstances:

What does pro-ED (pro-ana) mean to me?

People with eating disorders are isolated and surrounded by people who don't understand what we think or feel. Without anyone to talk to and empathize

with we turn more and more inward, which only makes things worse. Eating disorders are a coping mechanism. We don't choose to be this way, and we can't simply decide to stop. Some of us need our EDs still and aren't ready to recover. Eating disorders are dangerous, and ignorance compounds that. We can't go ask for safe advice from non-EDs without a risk of being hospitalized or shunned. Pro-ED to me means understanding that there's no shame in how we are, and acceptance that this is how we will continue to be for an indefinite period of time. It means support for us so we don't have to deal with this alone. It means nonjudgmental help so we can survive and remain as safe and healthy as possible while maintaining the behaviors we still need to keep. Pro-ED to me does not mean recruiting, encouraging or teaching others to be anorexic, encouraging excessively dangerous practices, or starving to death. (Anonymous)



I'm pro-ED and I've been maintaining a pro-ED website since my most recent serious bout of anorexia/bulimia ten months ago. I've been contacted by the media, and I've seen my friends put themselves at risk in the media hoping for the chance to get someone out there to see us as the humans we are instead of the sick, evil monsters we are not. I've seen what reporters write about us and thought, "Oh my god, that's my people they're talking about." I know these women. I know how much they hurt and how fragile their sense of peace is right now. I know how deeply wounded and betrayed they feel when their struggles for life-in-death are ripped apart in these cruel ways. (S.C.a.R.E.D. Forum User, 2001-2002)

Some of the themes illustrated in these narratives came up repeatedly on pro-anorexia websites: not feeling understood by those around them; feeling out of control (even though they were trying to control food and their weight); feeling isolated and in pain; using the eating disorder as a form of coping and a security blanket; recognizing that they still need that security blanket even though they are aware of the potential dangers of anorexia; needing support and connection; feeling ambivalent towards both ana and recovery; and, resisting dominant interpretations of their experiences of disordered eating.

In speaking about this phenomenon with therapists who work with this population and women who have recovered from eating disorders, I have heard such comments as:

- “Well, it is not like this has not been going on behind closed doors anyway. It is probably shocking to those who were not previously aware of this behavior.”
- “Even before these websites it was possible to get plenty of tips and tricks from books, movies, magazines, biographies, and other girls.”
- “When I was going through my eating disorder it certainly would have been comforting to have people to talk to before I was ready to get help.”
- “These websites seem to defy the behavior typical of anorexics, who usually keep their behavior very secretive.”

In the therapeutic community it is increasingly recognized that there are different stages of readiness for change.¹⁴ In the early stages of anorexia, before a person is ready to accept help, treatment is usually not very successful. This means that women typically do not get any support unless they are forced into treatment or until they summon up the courage to speak to a professional. The support that these women provide one another on

the Internet around this issue is something quite new.¹⁵ Women can access less intimidating support before they are ready to take the step of seeking face to face support.

One of the assumptions evident in the hostile critiques of these websites is that the young women's "deviant" behavior is going on because they are not under the supervision of legitimate and supportive authorities. However, it is widely known by professionals and those suffering with eating disorders that tips and tricks are widely available through autobiographies, textbooks, health care practitioners, and the media, and that competition, comparison and tips flourish in endorsed treatment settings such as hospitals, therapy groups, and online "pro-recovery" groups. The following extract is from an interview between a researcher and a pro-ana website owner:

Q: Many of your sites have links to pro-recovery websites...Do you find that even pro-recovery websites can be triggering, or helpful in maintaining your disorder?

A: Yes...as a matter of fact, the first site i went to was [website name removed]. by far that is the most triggering site i've been to, its made by an EX-anorexic. and it's a RECOVERY site. i learned more from that site than any PRO site could offer. (Anonymous)

Another major paradox with eating disorders is that in order to access treatment women have to be clinically diagnosed by a physician and often have to meet rigid criteria for diagnosis and admittance. In other words, if their health is not seriously compromised and their weight is not low enough, they do not qualify for and will not receive treatment unless they are able to afford private services, which tend to be very costly. Many girls and women I have worked with were well aware of this pattern, and many actually

avoided seeking treatment for fear of rejection, especially if they feel they have no where else to turn. Many who are quite ill are turned away from services because doctors determine that their condition is not critical enough or immediately life-threatening. The success rate of treatment programs for anorexia is very low – not solely the result of the failure of specific treatment techniques (though some of them are certainly questionable), but largely because once anorexia reaches a critical and chronic stage it is much harder to recover from.

Studies of recovery from disordered eating have been conducted almost exclusively within a medical model which seeks causes for, and evaluates treatment of, clinically diagnosed eating disorders.¹⁶ The studies assume that there must be causes for eating disorders and that their discovery will solve the problem of recovery. They also assume that professional intervention is essential to the recovery process. However, many recovered anorexics say the events, people, and processes outside therapy were generally those most relevant to their recovery (Beresin *et al.*). What is almost completely absent from the literature is a focus on positive outcome indicators, that is, the factors that are most likely to assist recovery. Instead, the focus has always been on the negative, that is, what might prevent recovery. This is because positive outcome indicators tend to resist measurement. They are most likely to come in narrative form, with all its complexities (Garret). Also absent in almost every study are the patients' own words. Clinical studies of anorexia and recovery which have trusted patients' ideas and given them voice have provided far richer understandings (for more on this see Beresin *et al.*; Bruch *The Golden Cage*; Bruch *Conversations with Anorexics*; Chernin).

One phenomenon I have discovered to be quite common on these websites is a

practice common in Narrative Therapy – the externalization of the “eating disorder voice” (Epston *et al.*). In this form of therapy, clients are sometimes encouraged to separate the voice that encourages the destructive behavior of the eating disorder from themselves, in order to gain some psychological distance and recognize that the eating disorder does not define them. This is done, without therapeutic intervention, on pro-anorexia websites by naming ana, a friend (and enemy) that they all have in common, and to whom they feel ambivalent towards. This is often illustrated, as is sometimes the case in narrative therapy, in the form of letter writing:

Allow me to introduce myself. My name, or what I am called by so-called doctors, is anorexia. Anorexia nervosa is my full name but you can call me ana. Hopefully we will become great partners. In the coming time I will invest a lot of time in you, and I expect the same from you...I make it possible to stop thinking of emotions that cause you pain. I will fill your mind with thoughts of food, calories, weight and things that are safe to think about. Thoughts of anger, sadness, desperation and loneliness will decrease because I take them away and fill your head with methodological calorie counting. I take away your struggle to fit in with people your own age, the struggle of trying to please everyone as well. Because now I am your only friend, and I am the only one you need to please.

Sincerely, ana. (Anonymous)



This is a letter I wrote to my Anorexia. I’ve never posted here before, and I think this pretty much sums up my problems, my thoughts and feelings. Please post a reply. I feel so alone and attacked. I need someone to

understand.

Dear Ana,

I feel trapped by you... Where is the love you promised? The acceptance? When will I feel like I'm finally in control? Why is it that the more I control what I eat and weigh, the more out of control I feel? As I peel away the layers of fat, the old problems resurface...the depression, the loneliness, the cutting, the insomnia. Why can't I just be normal? Lose another pound, wear a smaller size, feel a new bone...you are all I have left... And now...now I'm addicted to you. You are a mirage. A vision of something that doesn't exist...You are my only friend, my biggest enemy. I worship you, and you destroy me... (S.C.a.R.E.D. Forum User, 2001-2002)

These narratives illustrate that the eating disorder is about much more than attempts to lose weight and be thin – it is clearly a strategy for dealing with emotional pain. The second narrative shows that this woman sees through the illusion of control that Ana promises; the more she tries to control what she eats and weighs, the more out of control she feels.

Many of the narratives demonstrate that even though the women recognize that they are not yet ready to recover, there is some ambivalence about recovery.

[W]e don't need to be attacked...we attack ourselves enough already and we certainly don't need any more help...[there is a] conflict within us between our needing our EDs and wanting to survive. It becomes harder and more tiring every single day to fight to balance myself-who-lives with myself-who-is-just-in-pain. Sometimes I want to never think like this again. But more often I'm

too scared to risk this ED security blanket. Right now I need it still. I support those of us who are ready to recover. I hurt when I see how much hurt we carry and how we cling to our EDs as our only current way of dealing with that pain. I tell people what they're getting into, how EDs will damage their bodies, what to do when they slip up and cause themselves damage. I want to know that if there are people like me out there then at least they know they're not alone and they're not freaks. That they have someplace to go where they'll be accepted, and that there are people who will tell them to drink water, take vitamins, say away from laxatives and diuretics, be as safe as they are able. (S.C.a.R.E.D. Forum User, 2001-2002)



Since the original Sanctuary was wiped out I've kinda let things slide again... I'm working on starting all over again...I'm going to avoid the 'tips and tricks' angle because of the controversy and because there are enough sources of this already on the internet...What I'd like to see this place become is a kind of meeting ground. Those of us with EDs know what it's like living with them and we also know just how lonely keeping all of this inside us can be. I'd like to see this become a place where we can meet each other, offer support and a shoulder, joke around, etc... What I don't want to see is a place where you have to pretend, argue, justify behaviors, defend yourself. We do enough of that in everyday life. (S.C.a.R.E.D. Forum User, 2001-2002)

What comes through these narratives most of all is the desire to find a space in which they can meet, free from judgment, to support each other and break the isolation they feel.

Unlike the mainstream interpretations of these women's behavior as sinister, pathetic, or malicious, and as attempts to harm themselves and others, these narratives paint quite a different picture. They illustrate these women's struggles, emotional pain and searching for acceptance and connection, as well as an ambivalence towards recovery that are common among women with eating disorders. Some show us that these women are very aware of their own situation, as well as looking out and caring for others. The very discussion of "still" needing a security blanket and not being ready for recovery tells us that recovery is a possibility that is considered. There is also evidence of the tension between the desire to go public with their stories (in this case via the media) in order to effect some change in societal awareness, and the fear of how these stories may be distorted and misrepresented as deviant. The contents of these websites and the women's narratives illustrate the contradictions and paradoxes inherent in their situation. The boundaries of the "safe space" are constantly threatened.

Anorexic Nation has been shut down, yet I bet within seconds you could find a site that tell you how to make a bomb, or has child pornography or about a million other crimes. Yet, sites like "Anorexic Nation" are eliminated. What's wrong with this picture? I like this site and hope it stays up, and to hell with the people who don't get it or won't get it. (S.C.a.R.E.D. Forum User, 2001-2002)

Anorexia is certainly not to be taken lightly as its effects can be extremely harmful and potentially fatal. However, considering the high failure rate for traditional biomedical treatment methods and the paradoxes around access to treatment, perhaps it is time to reexamine the approach we take as a society to these "disorders."

Feminist theories of eating disorders that address women's agency have a great deal to contribute to the reconceptualization to the meaning of eating and body disturbances in women. Elizabeth Grosz has called anorexia a protest against the social meaning of the female body. Contrary to popular notions of anorexia as the result of slavish observance to patriarchal feminine ideals, Grosz asserts that it is "precisely a renunciation of these 'ideals'" (40). She even goes so far as to label feminine practices in certain contexts as "modes of guerilla subversion of patriarchal codes, although the line between compliance and subversion is always a fine one" (144). Feminists have also argued that the anorexic ultimately harms herself; that these women are getting ill rather than getting organized (Bordo, *Unbearable Weight*; Bordo, "Feminism, Foucault and the Politics of the Body"; Ellmann). Certainly this is ultimately true, and anyone working in this field or who has been affected by an eating disorder is only too well aware of the very real dangers of eating disorders to body, mind and spirit. Yet anorexic behavior, though contradictory, serves a greater purpose than simply self-abnegation or compliance to hegemonic ideals.

Third wave feminists offer further insight because of the contradictory nature that has come to define this supposed wave of feminism. "Contradiction [is]...a fundamental, definitional strategy, a necessary, lived, embodied strategy" (Heywood and Drake 8), as young women's experiences today are "diverse, fragmented, and embody a lived messiness" (*ibid* 2). Many women, in trying to make sense of this messiness, have turned the focus inward, to the body, and have started from a place where they hold a degree of power and control (Richards xxii). The narratives in third wave collections, like the narratives on pro-anorexia websites, describe individual women's struggles with their identities as well as the contradictory nature of what each of them finds empowering. As

Edut states, “in a world that still tries to assume our identities, we rebel with an outward expression of self...in all its messy complexity” (xxi). Thus, although pro-anorexia website users do not (overtly) declare their motives to be either feminist or political, their behavior can be read as strategic acts of agency.

Through this article I have demonstrated, through women’s pro-anorexia narratives, that there is much more depth and meaning to their experiences than may be obvious by listening to dominant interpretations of their messages. Biomedical and psychiatric discourses can no longer point the finger at individual psychopathology in the face of mounting evidence of the broader historical, sociocultural and political connections to this increasingly global cultural epidemic. If we look beyond the supposed individual pathology of such “deviant” behavior, we can detect alternative discourses of resistance. We can also see individual agency in these women’s attempts to reach out to one another and create safe, nonjudgmental spaces. Though pro-ana sites do appear to visually reinforce hegemonic norms (by showing mainstream images of acceptable female beauty alongside images of deviant bodies) their very presence in public spaces and their ability to resist and subvert pressures to behave creates something of a parody of these impossible norms and demonstrates their agency in spite of the backlash.

In terms of clinical practice I have become increasingly disturbed by the judgmental and moralistic responses of practitioners in the field of eating disorders. I believe that if we separate the girls and women who do not want help from those who are ready to seek help, we are simply reinforcing dominant binaries of good (or compliant) girl/bad (or resistant) girl that have been used to pathologize and silence women historically. Instead, my hope is that the emergence of these websites might open up areas of discussion and

debate, and be read as products of how Western culture has produced an epidemic of eating problems, rather than continuing to target these women as causes of eating disorders. From there we can begin to better understand what drives women in our society to need to seek out alternative spaces for safety, understanding and support. Cyberspace may offer women struggling with anorexia temporary sanctuary. However, it is obvious that in order to shift the nature of our public (as well as private and intrapsychic) spaces to ones that may be safe for women's bodies to inhabit, we have to change our perceptions and take more seriously the women who are speaking loudly with their bodies and voices.

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² Because of the discussed fluidity of these spaces and the frequent shutting down of these websites, obtaining copyright for the images used in this paper has been impossible. All of the images were obtained from websites that are no longer accessible. Anyone who comes forward with copyright for any of the images used will be acknowledged.

³ This new alternative public space is not available to everyone. Technology is shaped by existing relationships and embodies social relations. Access to technology and necessary skills effectively replicate class divisions within virtual spaces, tending to reinforce existing inequalities and propagating already dominant ideologies. As well, the cost of access to the Internet contributes towards class divisions as well as racial ones; the vast majority of the Internet's users are white and middle class. A study on "Women and the Internet" found that 66.4 percent of Internet users were men, leaving only 33.6 percent women on-line, and that 87.5 percent of females on the Internet were white. This leaves merely 12.5 percent of female users who are of color (Kennedy).

Moreover, because of the mutable boundaries of the Internet, the "real" identities of its users can never be fully known. In cyberspace it is possible to represent yourself as a different age, race, or sexual orientation. This provides users with unprecedented possibilities for controlling the conditions of one's own self-representations in ways impossible in face-to-face interactions. Virtual reality encounters provide an illusion of control over reality, nature, and, especially over the unruly, gendered and race-marked, essentially mortal body (for more on this see Balsamo; Kolko *et al.*; Stone; Turkle). For the purposes of this paper, I assume that, for the most part, the narratives collected are from girls and/or women struggling with eating disorders. I will use the term "women" throughout the paper to include girls and women. At the same time I am mindful that I can not know the demographics of the women I am studying with any certainty.

⁴ In fact, one pro-anorexia site is titled "The Anna Sanctuary," suggesting a safe space where women who are pro-anorexia can meet without the judgment they would receive in a "real" public space.

⁵ This is one of many ways that these new cultural texts may be read, and in doing so I have chosen to focus on narratives taken from these sites that illustrate these alternative discourses.

⁶ The concepts of first, second and third wave feminism(s) are constructions culturally relevant primarily to Western women. In future work with transnational and non-Western women I plan to be more

sensitive and work both with and beyond the concepts of “waves.” As the group of women I am currently researching come from Western countries (as much as can be determined in internet research), I am employing these terms for the purposes of this article.

⁷ For the purposes of this paper I follow the Canadian national standard, the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* which outlines specific instances in which informed consent (an ethical review) is not required:

- (1) for information is collected indirectly from subjects from existing records in the public domain. (Appendix 1)
- (2) for research about “a living individual involved in the public arena...based exclusively on publicly available information, documents, records, works, performances, archival materials or third-party interviews....Such research only requires ethics review if the subject is approached directly for interviews or for access to private papers.” (Appendix 2, Article 1.1c)
- (3) for research involving “observation of participants in...public meetings...since it can be expected that the participants are seeking public visibility.” (Appendix 2, Article 2.3) (Medical Research Council of Canada).

⁸ Because of the mutable boundaries of the internet, it is difficult to know at any given time just how many of these websites exist. The Eating Disorders Association estimates that the internet contains at least 400 pro-ana sites (Reaves).

⁹ Some websites also refer to mia, which is short for bulimia, or coe, which is short for compulsive overeating.

¹⁰ Websites about eating disorders fall into three general categories:

- (1) Medical: those that disseminate medical, psychiatric and psychological information about eating disorder diagnosis and treatment, etc., (generally for professionals), or details about professional organizations.
- (2) Support: individuals (who are struggling with an eating disorder, in recovery, or have recovered) or organizations that provide information and/or support around eating disorders.
- (3) Pro ED: sites dedicated to providing non-judgmental support for individuals currently engaged in eating disorders and not in recovery. Presumably most of these sites originate in North America, although some posts have come from New Zealand, Holland, Germany, Australia and the UK.

¹¹ Web-rings are clusters of websites that have information on similar topics. Through a web-ring you can connect directly with other topically-related sites without going through a search engine.

¹² The diagnostic criteria for Anorexia Nervosa, according to the *Diagnostic and Statistical Manual of Mental Disorders*:

- (1) Refusal to maintain body weight at or above a minimally normal weight for age and height (*e.g.* 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).
- (2) Intense fear of gaining weight or becoming fat, even though underweight.
- (3) Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.
- (4) In postmenarchal females, amenorrhea, *i.e.* the absence of at least three consecutive menstrual cycles (American Psychiatric Association).

¹³ The beauty ideal in Western societies is also intolerant of other forms of diversity – the ideal woman presented in the media is white, middle to upper-class, heterosexual, and able-bodied. Women of color featured in advertising usually conform somewhat to European notions of beauty. Research has shown that women of marginalized groups are also afflicted with eating problems, not usually as a result of conscious attempts to achieve the ‘ideal’ but as a result of discrimination, oppression, trauma, violence, poverty, etc. (Thompson 1992, 1994).

¹⁴ A set of therapeutic techniques increasingly used in the treatment of eating disorders (and addictions) is “Motivational Enhancement Therapy,” which recognizes various stages of “readiness for change” (Prochaska *et al.*). In the earliest stage - pre-contemplation - the anorexic is not yet ready to take steps towards “recovery.” It is widely known that at this stage traditional treatment is not very effective; most women do not reach out for any support during this stage, which may mean suffering in secrecy and isolation (since seeking support may lead to being confronted with her “illness”).

¹⁵ There are a number of autobiographies and memoirs that describe the experience of anorexia and other eating disorders (Apostolides; Hornbacher; Liu; MacLeod). While these texts do provide insight into

the anorexic experience, they differ in a number of ways. First, they are often written in retrospect or post-recovery, which provides a different, and perhaps smoother, narrative. Second, the women on these websites may not have access to connections or resources that enable them to get their story into the mainstream through endorsed and privileged means such as publication. Third, these stories are not welcomed or encouraged and are often choppy and disjointed due to the backlash these websites receive and the subsequent shutting down that occurs.

¹⁶ Recovery studies in the psychiatric and psychological literature on eating disorders are accounts of long-term follow-up studies of patients treated for anorexia nervosa. The earliest example of this genre was written by in 1954 and the latest review article I could find counted 30 such studies since then. Follow-up studies of bulimia nervosa have only recently begun to appear in the literature (Herzog *et al.*).

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