" "Anorexia" is not, never has been, and never should be a synonym for "skinny" ": A discourse analysis of pro-anorexia website

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COMPULSORY DECLARATION

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

Signature:_____ Date:_____

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ABSTRACT

Anorexia has the longest duration (5-7 years) of any Eating Disorders (Crow, Mitchell, Roerig, & Steffen, 2009) and the highest mortality rate (≥10%) among all psychological illness (Arcelus, Mitchell, Wales, & Nielsen, 2011). The person finds himself or herself unable to stop because it has become one's identity. Recovery is seen as a process of drawing upon alternative positions to the anorexic voice and finding the "authentic" self (Weaver, Wuest, & Ciliska 2005). In recent years, pro-anorexia websites have emerged over the Internet. These websites have been criticised by health professionals for glamorising anorexia as a lifestyle choice, promoting unhealthy behaviours and normalizing, validating and reinforcing the person's anorexic identity (Gavin, Rodham, & Poyer, 2008). Influenced by post-structuralist feminist theoretical framework, the present study employs Foucauldian discourse analysis as an analytic technique and examines the texts on the pro-anorexia website, the discursive constructions of anorexia and the (anorexic) body. The analysis revealed that there is no "authentic" self to be found. By challenging or supporting multiple discourses, pro-anorexia users form positive subjectivities. The findings of this research also highlighted the repeated utilization of "pathologized" categories to claim and declaim the anorexic identity, to empower themselves and resist socio-cultural control. Paying attention to the socio-culturally specific discursive context in which anorexia arises and the potential benefit of pro-anorexia websites for health professionals, it allows more effective therapeutic interventions for those experiencing anorexia.

Keywords: anorexia, pro-anorexia, identity, power, discourse

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Chapter One
Introduction

Anorexia Nervosa (AN), together with Bulimia Nervosa and Binge Eating Disorder, are three main Eating Disorders (EDs) ("Eating disorders", 2014). AN has the longest duration (5-7 years) of any EDs (Crow, Mitchell, Roerig, & Steffen, 2009; Hock & van Hoeken, 2003) and the highest mortality rate among all psychological illness (≥10%) due to the complications of malnutrition and the high rate of suicide (Arcelus, Mitchell, Wales, & Nielsen, 2011). Only one out of ten people who experience an eating disorder seek treatment ("Eating disorders statistics", 2014). With treatment, the mortality rate of those with a serious eating disorder reduces from 20% to two to three percent ("Statistics: How many people have eating disorders?", 2011). Steinhausen (2009) found that amongst those diagnosed with AN, only 46% fully recovered from it, about 30% improved partially and still possess residual characteristics of the disorder and, 20% remained chronically ill. AN is also the most common psychiatric diagnosis in young women (0.3% -2.2%) ("Eating disorders statistics", 2014), with the highest incidence rates in the 15 to 19 year age group (Herpertz-Dahlmann, 2009). However, evidences suggested that the prevalence of anorexia is increasing. AN, which was seen to be a western culture syndrome occurring mainly in white, middle-class, young women (Hock & van Hoeken, 2003), is now apparent in other populations. There is also evidence suggesting that the incidence of anorexia in men is increasing (Soban, 2004), as well as amongst people from other age groups (Rosen, 2003), people of lower social classes (McClelland & Crisp, 2001) and people from other ethnic and racial backgrounds (Simpson, 2002). Hence, further research into understanding anorexia is essential.

1.1 The Experiences of Anorexia Nervosa

Healthcare professionals often perceive anorexia as a problematic state to be treated and cured (Fox, Ward, & O'Rourke, 2005). The Diagnostic and Statistical Manual of Mental Health Disorders (5th ed.; *DSM-5*; American Psychiatric Association [APA], 2013), published by the American Psychiatric Association is the primary diagnostic tool used by professionals worldwide in the assessment, treatment and understanding of AN. According to DSM-5, AN is characterized by three criteria: (a) excessive

restricted energy intake leading to significantly low body weight: Body Mass Index[1] (BMI) is used to specify the level of severity[2]; (b) intense fear of becoming fat or gaining weight, even if underweight; (c) distortions in body image, self-evaluation based largely or entirely in terms of weight and appearance, or denial of the seriousness of the current low body weight (APA, 2013). AN is further divided into two subtypes, restricting type and binge-eating/purging type. With the restricting subtype, weight is lost through excessive restriction of food intake or exercise. Regular binge-eating or purging behaviours are lacking in this type of AN (APA, 2013). With the binge-eating/purging subtype, periods of food intake are compensated by self-induced vomiting, misuse of laxative, diuretics or enemas abuse, and/or excessive exercise (APA, 2013). In this subtype, the person alternates between restrictive dieting and intermittent binging and purging episodes (Sadock, Kaplan, & Sadock, 2007).

AN causes a number of negative outcomes, categorized as medical, psychological and social in nature. The medical complications of the self-starvation cycle are often irreversible, as evidenced in the extremely high mortality rate associated with AN. This medical symptomology includes cardiovascular problems, stomach ulcers, constipation, osteoporosis, kidney failure, dizziness and fainting ("Anorexia Nervosa", n.d.). Furthermore, changes in neurochemicals such as serotonin, norepinephrine, and dopamine may result in various psychological and emotional difficulties. For example, low self-esteem, depressed mood, mood swings, occasional suicidal thoughts, distorted body image, obsessive thoughts about food and weight, as well as intense fear of fatness (Sadock et al., 2007). There is also high psychiatric co-morbidity between AN and other psychological disorders, in particular, anxiety disorders (>50%) (Bulik, 2002), depressive disorders (20-80%) (O'Brien & Vincent, 2003), obsessive compulsive disorders (26%) (Sadock et al., 2007), and personality disorders (O'Brien & Vincent, 2003). In terms of social influences, people with AN often lose their friends, family, social life, and/or career prospects because of the disorder.

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[1] Measure of relative weight based on an individual's mass and height

[2] Mild: BMI less than or equal to 17
Moderate: BMI between 16 and 16.99
Severe: BMI between 15 and 15.99
Extreme: BMI less than 15

On the contrary, anorexia is seen positively and valued by those experiencing it. From their perspectives, anorexia is not something to be treated, but something to be maintained due to the ego-syntonic and functional nature of anorexic symptoms. It provides individuals with a sense of control and identity. Control plays a vital role in people living with anorexia. When uncontrollable life events occur, biologically or socially, it triggers the urge to seek to retain a sense of control (Bruch, 1978, cited in MacSween, 2013). By controlling one's food and body, it provides a false sense that he/she is in control of other aspects of his/her life (Dignon, Beardsmore, Spain & Kuan, 2006). In addition, the need for control cannot be separated from a person's sense of self (Duker & Slade, 2003). The person finds himself or herself unable to stop because it has become one's identity. Both early psychodynamic theories and modern cognitive approaches recognize anorexia as being rooted in deficits in overall identity development as a result of a lack of autonomous self-definition during adolescent development (Stein & Corte, 2003). When one is faced with assorted social, biological and psychological challenges as a child, it could lead to feelings of vulnerability, worthlessness, powerlessness and lack of self-control. In an attempt to cope with these negative feelings, adolescents focus on body weight, which is salient and culturally valued, as an alternative source to redefine the sense of self. Specifically, the boundaries of the body symbolize the boundaries of the psychological 'self'. Self-starvation is a way of preventing any substances from entering or leaving the body, solidifying the body boundary, and hence redefining the boundary of the self. Thus, anorexia provides an identity for the person, and he/she becomes the anorexic. Such views articulate that anorexia is not an illness but a positive motivator for improvement in one's life, both internally and externally (Pipher, 1997).

The understanding of anorexia held by some individuals with anorexia contrast sharply with those from healthcare professionals. The hegemony of the DSM's conceptualization leads to a disparity between how anorexia is actually experienced and the available medical, biological language with which it is described. This discursive constraint leads to social stigma and marginalization, which in turn results in feelings of isolation and disconnection in diagnosed individuals. Patients' perspectives are often disregarded and misunderstood by healthcare professionals.

Individuals with anorexia often feel misunderstood, attacked and judged by healthcare professionals thereby reducing their tendency to seek medical assistance. Dias (2003) states that one of the reasons that treatment of AN is largely unsuccessful is because healthcare professionals have imposed a stigmatized identity on the patient unempathically based on a limited awareness other than their clinical perspective of AN (Tierney, 2006). It suggests that the patient's view of anorexia is paramount in effectively treating and initiating the recovery process. Thus there is a need for healthcare professionals to better grasp the perspective of the individual and to move beyond the clinical perspective of anorexia in order for interventions to be successful, empathic and accepting (Dias, 2003).

1.2 Anorexia Nervosa and the Internet

In recent years the Internet has become an important tool for obtaining health-related information (Johnsen, Rosenvinge & Gammon, 2002). The Internet also enables various kinds of online communities to form, in that it links people with shared interests to a common, global network (Creeber & Martin, 2009). The Internet also provides a popular space for finding support for someone who lacks understanding from people in an offline environment (Rich, 2006). Individuals with anorexia may turn to the Internet for support because anorexia is a condition that is often unrecognized and misunderstood in offline environments (Davison, Pennebaker & Dickerson, 2000). Furthermore, the Internet is also a place to express one's own identity or create a new one. Individuals with anorexia tend to struggle to consolidate a solid sense of identity and are prone to over-identify with this online group (Sadock & Sadock, 2007). Moreover, Tierney (2006) suggests, "virtual communication means the body does not have to assume such a prominent role in discussions" (p. 184). It is for this reason that a person experiencing body image issues, such as individuals with AN, may be drawn to an online environment. One such type of emerging web-based community is pro-anorexia websites. Harper, Sperry and Thompson's (2008) study suggest that the Pro-anorexia phenomenon has increased in recent years.

Pro-anorexia is a genre of websites where individuals with Eating Disorders (EDs), primarily AN, provide and obtain online support, discuss and share information on different aspects of anorexia, with the purpose of continuing and advancing anorexic

behaviours. Pro-anorexia websites have existed for more than a decade and, as a phenomenon, they have an exclusively online presence (Giles, 2006), in the form of static websites but also, and increasingly, blogs, forums and communities on social networking sites. Given their fleeting presence, it is difficult to know how many such websites/groups there are, but early as well as recent studies found between 400 and 500 instances (Laurence, 2012; Reaves, 2001). Pro-anorexia sites tend to contain common features. Over 90% of them contain "thinspirations", images or content and motivational quotes which encourage and emphasize thinness. Two-thirds of them post "tips and tricks" where site users can share information on dieting ideas, food avoidance, exercises and ways of hide their anorexic behaviours from others. There are also forums and chat rooms so that site users can communicate with one another. Most pro-anorexia sites also include some kind of warning statement, informing potential users of the content within.

For several years the pro-anorexia community has been threatened by a number of external sources. Pro-anorexia websites first emerged in the 1990s and are referred as "first-wave pro-ana" (Conrad & Rondini, 2010). They were known for their roles in promoting and supporting anorexic behaviours for individuals who demonstrate them. These first-wave websites rejected the medical label, instead describing anorexia as a "lifestyle choice" (Lawrence, 2008). In addition, these websites perceive recovery as a negative consequence (Kosut, 2010). Pro-anorexia websites have caused great turbulence in the media, among health professionals and parents of anorexics (Dias, 2003). The websites are criticized for causing and promoting a "deadly disease" as a lifestyle. Healthcare professionals and popular media worry that being part of a pro-anorexia site may increase the person's negative affect, decreases self-esteem and body image, and increase body dissatisfaction, resulting in longer durations of an ED, an increased likelihood of hospitalization, and impaired interpersonal relationships and functioning. These sites also aid in creating and reinforcing the isolation of individuals with anorexia from their outside environment. Moreover, participation in the pro-anorexia community also normalizes, validates and reinforces the person's anorexic identity (Gavin, Rodham, & Poyer, 2008) and contributes to treatment resistance (Csipke & Horne, 2007). Due to a lack of non-verbal cues such as facial expressions and tonality on pro-anorexia websites, information regarding certain

dangerous behaviours such as bingeing, dieting and the use of laxatives are often misinterpreted.

As the result, many websites were banned by web service providers in 2001. Following the shutdown, most websites re-emerged under different names and domains. They are referred to as the "second-wave pro-ana" websites. These websites contain the same content, but to a lesser extent than the first-wave pro-ana websites. In addition, the second-wave websites acknowledge both the medical side of anorexia, as well as emphasize the idea of choice (Conrad & Rondini, 2010). Following the launching of these websites in 2012, two fast-growing online social networking services, Tumblr and Pinterest, announced their decision to ban all content related to "thinspiration", which is a distinctive characteristic of pro-anorexia websites (Casilli, Pailler & Tubaro, 2013).

Casilli, Pailler and Tubaro (2013) have suggested that censoring pro-anorexia websites might have negative consequences. Despite the media backlash against pro-anorexia, recent studies published within academia suggest that these websites may be the only medium where individuals with anorexia can talk about their experiences without the fear of being judged or stigmatized (Gavin et al., 2008; Williams & Reid, 2007). Individuals with anorexia often feel misunderstood by their teachers, peers, and loved ones and they often emphasize that the only individuals they can connect with are others with eating disorders (Rich, 2006). Pro-anorexia websites may be the only dialogical space where anorexics are unconditionally accepted and supported (Williams & Reid, 2007). In addition, as it is difficult for individuals with culturally stigmatized identities, such as individual with anorexia, to find opportunities for identification in the public sphere (McKenna & Bargh, 1998). This form of support found online may alleviate the loneliness, and provide the opportunity for attachment and a sense of connectedness and in doing so, pro-anorexia websites seem to provide a sanctuary for them in the form of an online community (Csipke & Horne, 2007; Dias, 2003).

The banning action may turn the surviving websites inward. They reshape the structure of their social network in dense, less interconnected clusters. In other words, they exchange information, links and images among themselves and exclude other

information sources. As the pro-anorexia community become more entrenched, these websites become more inwards-oriented. Consequently, it becomes increasingly difficult for health information, awareness campaigns, health professionals and families to reach out to individuals with anorexia. It is argued that every healthcare professional who works with individuals with anorexia should be aware of the presence and nature of pro-anorexia websites (Y. Kadish, personal communication, August 15, 2011). Baker and Fortune (2008) suggest that in order to develop a better understanding of anorexia, healthcare professionals need to abandon simplistic classifications of these sites as either "good" or "bad", pro-anorexia or pro-recovery. This can be achieved "by encouraging professionals to respect the functional features of anorexia and to recognize it as more than a medical complaint defined by weight and calories" (Tierney, 2008, p. 341). They need to understand the reasons why people use pro-anorexia sites rather than blindly attempt to shut the sites down (Csipke & Horne, 2007; Tierney, 2006). It is suggested that healthcare professionals should use information posted on pro-anorexia websites to offer insight and understandings to the issues that are important to the people that they treat (Fox et al., 2005; Tierney, 2006; Williams & Reid, 2007).

1.3 Research Aims

To date, research on pro-anorexia websites is relatively underdeveloped (Bardone-Cone & Cass, 2006), especially research into the views of those who use pro-anorexia websites in order to understanding their condition and themselves (Williams, 2009). Dias (2003) suggests that "almost absent in every study are the patient's own words" (p. 17). Paying attention to a patient's view of anorexia may help intervention to be more successful, empathic and accepting (Dias, 2003). In response to these, the current research has adopted Foucauldian Discourse Analysis, based on a post-structuralist feminism framework, to explore the specific notion and form of knowledge about anorexia that is shared by the pro-anorexia site users. Furthermore, AN is a severe and chronic health condition and is very difficult to treat because the person takes on an anorexic identity. Recovery is seen as a process of drawing upon alternative positions to the anorexic voice and finding the "authentic" self (Weaver, Wuest, & Ciliska 2005). However, previous studies tell us little about the relation between the "self" and the "illness" (Lavis, 2011). Examining how an individual

relates to their "illness" may have a significant impact upon treatment outcomes (Higbed & Fox, 2010). This research therefore aims to explain the experiences of the "self", in relation to anorexia, through choice, power, agency and subjectivity. Lastly, the anorexic body online is thought to be a more genuine and better representation of the "self" than the offline body as it is very susceptible to being controlled through the selective use of photographs and texts. However, few studies have focused on how the body is discursively made evident in the disembodied interactions that take place on pro-anorexia websites (Boero & Pascoe, 2012). Therefore, the present research also aims to explore the self-representation and self-construction of the anorexic body.

1.4 Outline of the Thesis

The first chapter introduces the experiences of living with anorexia and the value of researching pro-anorexia websites. Chapter Two reviews literatures pertinent to multiple discursive constructions of anorexia and anorexic bodies. Chapter Three provides an overview of the methodology for this research. It outlines the research design and its relevance to the theoretical framework adapted for this research. This chapter also elaborates the sampling strategy, data collection and analysis, as well as ethical considerations. Chapter Four presents the findings of this research with an analysis of the various discourses that pro-anorexia website users draw from. Finally, in Chapter Five, the findings of the research are summarized, overall contributions of the research are assessed and recommendations for treatment programmes are provided. The thesis concludes with a discussion of the limitations of the research and recommendations for future research.

Chapter Two
Literature Review of the Conceptualization of Anorexia and the (Anorexic) Body

2.1 Introduction

This chapter provides a rationale for the theoretical approach adopted, and the focus of study, for the present research. It starts with a critical review of the different frameworks on anorexia from various theoretical perspectives. It is followed by an examination of previous studies concerned with the construction of anorexia and the (anorexic) body. Finally, the chapter will conclude with a discussion of the limitations of previous studies and the location of the present research.

2.2 Framing Anorexia

The complexities of anorexia have drawn considerable attention from the healthcare profession and other groups to explain the manifestation of perceived destructive behaviours. Several competing understandings have been developed, including the biomedical approaches, which perceive anorexia as an individual pathology related to psychological and biological causes; the feminist approaches, which focuses on the importance of sociocultural forces and gender power relations in understanding anorexia; and the post-structuralist feminist approach in terms of which anorexia is understood to be discursively constructed.

2.2.1 Biomedical approach. DSM (APA, 2013), as the primary diagnostic tool, is in favour of a biomedical approach to mental disorder (Healy, 2011). It defines mental disorder as:

> A syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress in social, occupational, or other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. Socially deviant behavior

> (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above. (APA, 2013, cited in Maisel, 2013)

According to the biomedical model, anorexia is an organic or mental disease (Halse, Honey, & Boughtwood, 2007). Various studies have found factors such as biological, genetic influence (Grice et al., 2002), and psychological factors such as certain personality and behavioural traits including low self-esteem, perfectionism, cognitive rigidity, emotional restrained (Bachner-Melman, et al., 2007; Fairburn, Cooper, & Shafran, 2003; Wade et al., 2008) increase the risk of anorexia. Complex social factors, such as fashion and modernization, are also considered. However they are not considered to be the cause of the disease but only related to the condition (Robinson, 2000). In addition, anorexia is seen as a condition that needs to be treated and cured (Fox et al., 2005). The primary goal of the treatment of anorexia is weight restoration, with psychological and behavioural changes being secondary (Fenning, Fenning, & Roe, 2002). Some commonly used psychotherapies are Cognitive Behavioural Therapy (CBT), family interventions, Interpersonal Psychotherapy (IPT) and Focal Psychodynamic Therapy (FPT). Hence, from a biomedical perspective, anorexia is perceived as an individual pathology, as revealed both by its causes and treatments. It implies that the person and/or the family is the origin of the problem and "essentially flawed" (Lock, Epston, Maisel, & Faria, 2005, p. 321).

The biomedical model of anorexia provides a helpful way to understand the condition, however, it has several drawbacks. Firstly, it fails to take into account sociocultural factors. The emergence of anorexia is multi-determined, with environmental factors such as socio-cultural forces and individual factors such as familial, psychological and/or biological influences working together in various ways to contribute to the development of the condition (Polivy & Herman, 2002). Therefore, it is problematic for the biomedical model to target only individuals for the treatment of anorexia. It assumes "that once women's behaviour is 'fixed' by experts, they [the women] will be able to readjust to the (unproblematic) 'normal' world where the behaviour began in the first place" (Dias, 2003, p. 20). Following from this, the biomedical model focuses on the individual's body as a faulty machine in need of repair, for its analysis

and treatment. The disturbing eating behaviours are considered to be the effect of the body malfunctioning. The experience of the self is regarded as distorted as the result of the faulty body, hence is completely eclipsed. Brain (2003) argued that this perpetuates the Cartesian mind/body dichotomy, which is considered the essence of anorexia. Similarly, the biomedical model adopts abstract theories of the self, producing a "disembodied self". While the self is claimed to be gender-blind, it has been re-inscribed with the gender characteristics of the dominant group (Lester, 1997). In Bruch's (as cited in Lester, 1997) study, anorexic patients' assertions that their illness stems from conflicting gender expectations were used as evidences for their being "manipulative", "immature", "illogical" and "deceitful" as compare to the "scientific" and "logical" reasoning of the (male) standard (p. 480). Finally, the biomedical model's narrow definition of individuals' experiences with anorexia contributes to the control of women's behaviours by constraining the discourse that individuals can apply to themselves. Likewise, the dependence on the biomedical model as the dominant framework to explain anorexia also resulted in the use of a biomedical discourse in the language of the layperson and consequently affects the lived experiences of those with anorexia (Rich, 2006). In contrast, the conceptualization of anorexia from a feminist perspective offers a contrasting perspective to the biomedical model. The feminist perspective takes an "integrated" approach, where the gender and sociocultural factors are prioritized over the biomedical pathologies.

2.2.2 Feminist approach. According to DSM-5 (APA, 2013), fat phobia is the central diagnostic criteria of AN. This over-concern around weight and body size is seen as being triggered by socio-cultural forces, namely society's idealization of slimness and its derogation of fatness amongst women. Moreover, radical feminists (e.g. Lawrence, 1984, as cited in Hepworth, 1999; Orbach, 1993) argue that anorexia is "expressive of gender-political issues" (Malson, 1995, p.78). Hence, gender is central to an understanding of anorexia (Malson, 1995). From this perspective, eating disturbance is not located in the individual body, but is a result of women's oppression, which is located in patriarchal gender relations. The feminist perspective thus released one from self-blame as well as feelings of separation and embarrassment about one's "sick" thoughts and behaviours. "We are not crazy – we are merely

women trying to survive in a crazy world" (Lester, 1997, p. 481). From this perspective, anorexia is a gender-bound as well as a culture-bound phenomenon.

Orbach (2005), MacSween (2013) and MacLeod (1981, as cited in Hepworth, 1999) argue that the emergence of anorexia is a result of role conflict and "identity crises" on the part of women. The contemporary society places conflicting expectations and constraints on women, and it is thus difficult for women to develop an adequate, autonomous identity (MacLeod, 1981, as cited in Hepworth, 1999). These authors argued that anorexia is the result of integrating these conflicting expectations through women's bodies. By incorporating a disciplined and independent self (defined by the refusal of food) into a thin, feminine body, a woman is able to express "what it means to be a woman in the modern world" (Chernin, 1986, p. 17, as cited in MacSween, 2013). In this sense, the anorexic body signifies a woman's striving for a clear identity as a person. However, Malson (1995) argues that the contradictions in prescribed femininity are not new. The concept of feminine identity within patriarchy is fundamentally problematic (Mitchelle & Rose, 1982, as cited in Malson, 1995). Ussher (1991, as cited in Malson & Ussher, 1996) for example, demonstrated a long historical link between femininity and illness, arguing that anorexia may be "both consequences of women's oppression and expressive of patriarchal pathologizations of femininity" (p. 72).

MacKinnon (1989, as cited in Allen, 1998) argues that power defines gender differences. In other words, "women/men is a distinction not just of difference, but of power and powerlessness…power/powerlessness is the sex difference" (p.123). It implies that by definition, men are powerful and women are powerless. MacSween (2013) argued that according to dominant patriarchal ideology, women's fleshy bodies are regarded as jeopardizing the social order. As a thin body is perceived to be a small body, it poses little threat to the patriarchal social order. Thus, a woman is expected to acquire a thin body. This places women in a subordinate position and sustains the power imbalance between men and women in the society (Orbach, 1993). Chernin (1983, as cited in MacSween, 2013) similarly argues that prescriptive stereotypes of the female body as slim and child-like reflect gender power-relations. Likewise, Bartky (1990) argues that the popular belief that women must be beautiful, and must be thin in order to attract men also maintains the power imbalance between

men and women in the society. This is done through objectification. Woman perceives and experiences herself as an object, and it must be modified in order to meet men's requirement and please them. Wolf (1991) added that as women's isolation to the home sphere has slowly waned, the woman's body has become the new prisons that the home can no longer be. A cultural fixation on the female thinness is an obsession about female obedience conformity (Wolf, 1991). Therefore, anorexia is a result of over-internalization of the prescription of femininity as beauty/thinness, passivity, dependency, a "need" for validation of self by a man, and a desire to please (Boskind-Lodahl, 1976).

Conversely, Orbach (1993) asserts that anorexia reflects not only an unquestioning acceptance but also a rebellion against femininity. As Bordo (1993) similarly argues: "Female slenderness…has a wide range of sometimes contradictory meanings…suggesting powerlessness…in one context, autonomy and freedom in the next" (p. 26). Wolf (1993) argues that fat signifies feminine sexuality, thus the ultra-thin/anorexic body represents a denial of sexuality and femininity. Hence, food restriction behaviours can be regarded as a way of eliminating the culturally prescribed feminine body (Orbach, 1993). It represents a form of rebellion against patriarchy and women's experiences of oppression and lack of self-control (MacLeod, 1981, as cited in Hepworth, 1999). Therefore, through the body, women express their self-deprivation and self-hatred for being a woman in a patriarchal society.

In summary, radical feminists focus on how sociocultural forces and patriarchal gender power relations contribute to the emergences of anorexia. The disturbance is not located in the individual women, but in the socio-cultural context. There are, however, a number of criticisms associated with this perspective. Firstly, radical feminists are criticized for being essentialists (Hepworth & Griffin, 1995). Their arguments were built based on the notion of "woman", suggesting that there is a specific quality about being women - all women (including women who experience eating problems) are passive "victims" of sociocultural forces, of imbalanced gender relations in patriarchal society, and ignores the experiences of other women from different racial backgrounds and classes (Hepworth, 1999; MacSween, 2013; Orbach, 1993). Even though the aim of the feminism movement is to enhance women's status and power, it adversely positions women as victims of sociocultural forces. Likewise,

feminists adopt the term "Anorexia Nervosa" from the biomedical model, retaining the definition that anorexia as a recognizable, definable disease, positioning women who self-starve as passive victims of disease (Hepworth & Griffin, 1995). Secondly, although feminists, as a critical response to the reproduction of Cartesian mind-body dualism in the biomedical model, try to produce an embodied self in a gendered, sociocultural-specific context, they inadvertently reproduce the Cartesian self and body dichotomy, a de-selfed body – the split between cultural body and the self (Lester, 1997). Lester further argues that anorexic women often speak about having an independent, self-assertive "male self" inside the weak and vulnerable female body. Hence, what a woman wants to punish is her femininity, which "write" on the "female body". It fails to take into account the deep psychological configurations of the self. In contrast, the conceptualization of anorexia from a post-structuralist feminist perspective recognizes the interaction of sociocultural, political and historical factors in influencing women's experiences. It seeks to deconstruct the pathologized categories, and moreover, bridges the gap between the self and body.

2.2.3 The Post-structuralist feminist approach. Understanding anorexia as individual psychopathology or as a simple over-internalization of cultural prescriptions about ideal body weight and shape, and the necessity of dieting, "only begins to understand how our socio-economic, cultural and political contexts are implicated in the production of 'anorexic' subjectivities, experiences and body-management practices" (Malson, 1999, p. 138). It does not form a comprehensive understanding of "anorexia" as a complex and heterogeneous culturally-produced category of distress (Malson, 1998, 1999; Malson & Ussher, 1996). In response to this, the present research employs a post-structuralist feminist theoretical framework to examine the topic as this approach constructs anorexia as phenomena within the socio-historically specific discursive context (Gremillion, 2002; Hepworth, 1999).

Post-structuralist feminism draws from post-structuralist theory, which focuses on "language, subjectivity, social processes and institutions to explain existing power relations and to identify areas and strategies for change" (Weedon, 1987, p. 40, as cited in Letts, 2006). A discourse is a "historically, socially, and institutionally specific structure of statements, terms, categories, and beliefs that organize the ways in which we think and act" (Scott, 1988, as cited in Barrett, 2005, p. 82). Reality is

formulated through the eyes of discourses. Furthermore, there are multiple discourses and different discourses construct "reality" in different, sometimes contradictory, contextual and, thus, partial ways (Potter & Wetherell, 1987). Both biomedical and feminist approaches, for example, provide constructions of anorexia from a particular perspective, and are not objective descriptions of anorexia. From the biomedical perspective, anorexia is constructed as an individual pathology that originates in internal dysfunctions, whereas from the feminist perspective, anorexia is constructed as practices that are inseparable from wider sociocultural forces of a patriarchal society. Hence, post-structuralist feminists posit an anti-essentialist view that there is no absolute, objective truth to be unveiled or ultimate, authentic self to be discovered (Jorgensen & Phillips, 2002).

Post-structuralist feminists claim that subjectivities are constantly changing and fragmented as they are constructed by multiple and competing discourses (Willig, 2000). Discourses offer a variety of subject positions. When an individual enters into a particular subject position, subjectivities arise, which is "what can be felt, thoughts and experienced from within various subject positions" (Willig, 2003, p. 180). People move through multiple positions as the discourse shifts or as one's positioning within, or in relation to that discourse, shifts. As such, subjectivities are constantly under the process of reforming. This characteristic of post-structuralist feminist analysis can be beneficial in explaining the complex and conflicting feelings experienced by anorexic women, such as feeling ambivalent about recovery, wanting to stop the behaviours but feeling addicted to them (Dias, 2003; Gavin et al., 2008; Mulveen & Hepworth, 2006). Moreover, identities, which are defined as "a multiplicity of different, shifting and contradictory positions", are active and dynamic, as they are constituted by competing and conflicting discourses (Walkerdine, 1993 as cited in Malson, 1995, p. 106).

Bulter (1999) argues that an unstable subjectivity is necessary in order to articulate new appreciations of difference, of possibility and hence, of politics. Post-structuralist feminists have a particular interest in power. Foucault (1979, as cited in Malson (1998) argued that discourse is a site where knowledge and power are linked. "In constituting a field of knowledge, a discourse rules out other truths" (Malson, 1995, p. 108). Thus discourses, as social practices, are said to have powerful social

consequences which favour a certain point of view, constituting a particular "truth" about "reality", normalizing particular practices, and positioning and constituting people as "sick" or "normal". For example, the biomedical model positions individuals as targeted victims of medical disciplinary control. Feminist analyses similarly position girls and women who experience anorexia as "passive victims" of socio-cultural forces and gender expectations. Both approaches position anorexic women as oppressed objects of discourse around this (Robertson, 1992). A post-structuralist feminist approach is beneficial here because it argues that power both represses and produces the individual and objects (Foucault, 1979, as cited in Malson, 1998). Hence, "local processes of knowledge production have the potential to subvert and overthrow more widespread and institutionalized discourse" (Day & Keys, 2008, p.4). Such ability to disrupt dominant discourses is referred by post-structuralist feminists as agency (Davies, 1991). Pro-anorexia websites are often criticized for constructing anorexia as a chosen lifestyle and emphasizing the value of control and choice. From a post-structuralist feminist perspective, this illustrates a sense of agency by resisting and conforming to dominant conceptualizations of anorexia as a disease. Instead, they use an empowering language, speaking of their eating disorder as a choice of which they are in control and problematizing dominant constructions of the gendered body (Kleyn & Clark, 2009). By employing a post-structuralist feminist approach to anorexia, one is able to inquire into the specific power relation that has created a specific "relational discourse", and authorized it as the absolute "truth" (Hoskins, 2002, p. 239). By doing so, one is able to uncover the interest and purposes it has served and disrupt limited choice (Gannon & Davies, 2007).

Discursive practices link the power and bodies (McNay, 1992, as cited in Malson, 1995). Post-structuralists hold an anti-essentialist view of the body as a "historically and culturally specific entity", which multiplely produced in and regulated by discourses and discursive practices, instead of being tightly connected to a static essence (McNay, 1992, as cited in Malson, 1995, p. 110). Riley (1988) argues that the body is not an originating point. The body that we know is a result or effect of discourses because it is "always already produced within discourses and discursive practices" (McNay, 1992, as cited in Malson, 1995, p. 110). Foucault (1997, as cited in Malson, 1998) defines the anorexic body as a site of convergence for a multiplicity of discursive currents. Bodies are never fixed as they articulate and sustain a

multiplicity of often conflicting meanings (Malson, 1998). Post-structuralist theory thus enables one to question those scientific "truths" that have constituted women as (biologically) inferior and defective (Ussher, 1992). At the same time it provides a theoretical framework within which to analyse the "real" effects of these truths that "fiction" women in a multiplicity of socio-historically specific ways. As mentioned above, power/knowledge function through discourses, thus the body is a site of power struggle (Foucault, 1977, as cited in Malson, 1998). This idea is beneficial here as the anorexic body is often described in a multiple and conflicting manner, signifying hyper-femininity and boyishness/androgyny, conformity and rebellion, self-production and self-destruction (Malson, 1998).

Moreover, the body is both an effect of power and its vehicle, an agent in forming or constituting power. Both biomedical and feminist approaches construct anorexia in a dualistic way, that the self is not the body. The biomedical model treats body and the self as characteristically different entities and created the disembodied self. The feminist approach reproduced the Cartesian problem and produced the de-selfed body. However, post-structuralist feminist theory bridges the gap between the self and body, proposes that anorexia is the effect of understanding that the self is the body. It provides the possibility for girls and women "to 'rewrite' gender ideologies, their actions and identities in beneficial way" (Day & Keys, 2008, p. 4). The primary obsession in anorexia nervosa is the "self-transformation" (Lester, 1997, p. 486), which can be achieved through bodily practices. Obsession with weight, which is believed to be the core of the illness, is the result of this compulsive focus on the body. Bodily practices such as starvation solidify the body boundary, which also implies the boundary of the self. Hence, the anorexic woman may literally redefine the boundaries of the self, and produce a less vulnerable, more superior, powerful individual. Furthermore, Frye (1983) argues that "total power is unconditional access; total powerlessness is being unconditionally accessible" (p. 103). By controlling access, for example, food intake, women can gain power to define themselves and their lives.

In sum, post-structural feminism examines the key concepts of discourse, power and body, as well as the potential for resistance or agency (Weedon, 1997). It does not aim to discover the objective truth or unveil the "authentic" self; instead it aims to

analyse the ways in which one's experiences and subjectivities are discursively constituted and with elucidating the socio-historical specificities of gender power (Bordo, 1990). In the next section of the chapter, I demonstrate how anorexia and the (anorexic) body are multiplely constructed in the academic literature.

2.3 The Constructions of Anorexia

Malson (1998) argues that anorexia is a "plural collectivity, signifying a multiplicity of shifting and often contradictory subjectivity" (p. 157). In this section, previous studies focusing on the construction of anorexia as a lifestyle are reviewed, suggesting that the disease and lifestyle constructions are often used inter-changeably or in combination. It is followed by the examination of studies constructing anorexia as an identity. The relationship between anorexia and the "authentic self" is discussed.

2.3.1 Anorexia as a lifestyle. Social media and health professionals often criticize pro-anorexia websites for viewing anorexia as a "lifestyle" rather than a disorder (Giles, 2006). A number of studies (e.g. Csipke & Horne, 2007; Strife & Rickard, 2011) found that there are two distinct understandings of "lifestyle" on pro-anorexia websites. The first one refers to "lifestyle" as a "chosen manner of living one's life" and emphasizes the value of control and choice (Csipke & Richard, 2011, p. 15). Anorexic women who follow this lifestyle often challenge the medical professions and position themselves as the originators who choose to starve, as opposed to passive victims who suffer from the disease (Strife & Rickard, 2011). In a study conducted by Strife and Rickard they revealed that 43% of the sampled pro-anorexia websites constructed their eating disorder as a chosen lifestyle. Whereas in Csipke and Horne's (2007) study, only 7% of respondents stated their eating disorder was a lifestyle in this sense. Similarly, participants in Mulveen and Hepworth (2006) and Santos' (2012) study also construct anorexia as a lifestyle choice. Participants in Mulveen and Hepworth's (2006) study described anorexia as an "extreme weight loss method that deliberately uses similar techniques as those used by individuals with anorexia nervosa" (p. 290). Here, anorexic women portray themselves as an "elite" or even enlightened group who are able to accomplish what others cannot do, namely restrict. They often feel pride, rather than embarrassment, in practicing anorexic behaviours. Likewise, participants in Santos' study describe anorexia as an ideal

lifestyle, focusing on the "positive" outcomes that can be gained, such as ideal body images. The negative outcomes such as uncomfortable, painful physical symptoms of anorexia are denied and are described as harmless and acceptable. They are enjoyable because they are evidence that one is underweight. Moreover, anorexia is construed as a god-like entity (Santos, 2012). It implies that living an anorexic lifestyle means that one is living for something that is greater than oneself or transcends oneself, as one participant commented, "when you feel empty, it means that you are empty of your sins" (p. 37). The objective of the pro-anorexia websites is to advocate and celebrate anorexic behaviours.

The second understanding of "lifestyle" understands anorexia as a way of life that "pervades every aspect of the person's thought, perception and action" (Csipke & Horne, 2007, p. 15). This understanding is compatible with the medical view of anorexia as a disorder. For example, 57% of the sampled pro-anorexia websites in Strife and Rickard's (2011), and 54% in Csipke and Horne's (2007) study understand anorexia from a medical perspective. The authors of these websites described anorexia using the terms from the DSM-4 (APA, 2004). Although they acknowledged the negative health consequences associated with food restriction and emphasized it as an illness or disorder, nevertheless, the pro-anorexia websites authors in Strife and Rickand's study for example, still reported that they were not attempting to recover. They tend to distance themselves from the medical view and focus on anorexia as a way of life. Pro-anorexia websites users in Fox et al.,'s (2005) study for example, adopt this second understanding of "lifestyle". They saw anorexia as a symptom of a more deeply psychological, emotional and social conflict. Anorexia therefore acts as a coping mechanism for them. Following from this, it thus makes no sense to "cure" anorexia. Instead what these users advocated was to reduce the risk and damage associated with extreme low weight and anorexic behaviours. The objective of this pro-anorexia website in Fox et al., 's study is to support its members through life problems, helping them manage anorexia safely in the pursuit of anorexic routines.

In sum, previous studies suggest that the disease and lifestyle constructions are often used inter-changeably or in combination. Anorexia can be constructed as a chosen lifestyle emphasizing the value of choice and control. For others, this lifestyle may be unsustainable and develop into a disorder in the end. However, although the negative

health consequences were acknowledged, recovery is not always attempted. For these anorexic women, anorexia is constructed as a way of life, helping them to manage anorexia safely in the pursuit of anorexic routines. Strife and Richard (2011) argued that although anorexic women in the reviewed studies experience anorexia in different ways, they appear to behave in response to "a perceived lack of power" (p. 216). The construction of anorexia as an identity, as discussed below, illustrated another response to the inadequate sense of self and associated feelings of powerlessness.

2.3.2 Anorexic identity

2.3.2.1 Anorexia as integral to a single self. A number of studies construed anorexia as an identity, as integral to a single self (e.g. Malson, 1995; Williams, 2009). Weaver et al. (2005) suggest that anorexia is often employed as a coping mechanism, however, as the illness progressed, the person soon took on the anorexic identity that took over one's own mind/self. It is for this reason that many anorexic women resist recovery because it involves stripping off the anorexic identity, which is essentially who the person is entirely. Participants in Williams' (2009) study for example, expressed that before restricting, their identities were flawed and inadequate. The anorexic identity thus provides a solution for them. Food restriction provided them with a sense of superiority, difference and power that they can identify with, which in turn provided them with a sense of identity and increased their self-esteem (Williams, 2009). As one participant commented, "I wanted to re-create myself into a different person because who I already was would never be good enough" (p. 250). Likewise, Malson (1995) argued that anorexia is construed as providing an otherwise lacking identity. Many participants in Malson (1995) expressed the idea that anorexia is an "all-consuming identity", that without it one would be a "shell", or a "big bad blob" or "nothing" (p. 296). Hence, the construction of anorexia as providing an identity for the "self" not only implies that the self now has an (anorexic) identity, it also implies that, conversely, the self would be identity-less. Hence, anorexia is construed as providing an otherwise lacking identity.

Other authors suggest that the pro-anorexia community plays a contributing role in the development and maintenance of an anorexic identity. Sadock and Sadock (2007) added that adolescents who struggle to consolidate a solid sense of identity tend to over-identify with a group, for example, the pro-anorexia community. Similarly,

Santos (2012) suggests that the pro-anorexia websites may provide a sanctuary for individuals with culturally stigmatized identities, such as individuals with AN. Gavin et al., (2008) argue that the pro-anorexia websites provide the opportunity to strengthen the anorexic identity by validating pro-anorexic thoughts and behaviours as normal and acceptable. A common theme within the pro-anorexia forum in Gavin et al.'s (2008) study is failure. When a forum member articulates this theme, others reassure her that it is a common experiences for others: "I think all us girls screw up on the weekend from reading the posts LOL" (p. 328). Through the process of normalization, the members' identities as anorexic are maintained and protected. This is illustrated in another members' responses that a pro-anorexia forum is the only space in which their identity is "supported, accepted, and understood" (p. 328). Likewise, Santos (2012) argues that the content of pro-anorexia websites assist in the development and maintenance of an anorexic identity by redefining the integral feature of self-discipline in anorexia as an acceptable and necessary part of the anorexic identity. As one participant says, "eating is for the weak. Starve for self-control; self-control makes you strong" (p. 34). Here, self-discipline behaviours such as starving are the stepping-stones to be the ideal anorexic self, a powerful, controlled individual.

In sum, previous studies have constructed anorexia as providing an identity for someone who has an inadequate sense of self, and/or other who is identity-less. The pro-anorexia community was argued as playing a contributing role in strengthening the anorexic identity. Nevertheless, as illness progressed, participants in Williams and Reid's (2012) study stated that they experienced a split between their disorder and the self. The construction of anorexia as one's identity leads to people to question whether the anorexic self is the authentic self, or is the self a combination of the anorexic self or the primary self.

2.3.2.2 Anorexia as a separate self. Various studies suggest that anorexia is a separate entity from the 'self', but simultaneously forms part of one's identity. Participants in Dehler (2012), Hope, Tan, Stewart, & Fitzpatrick (2011), and Williams' (2009) study for example, commented that there are two selves, two conflicting mind-sets and two sets of cognitions: "It feels like there's two of you inside, like there's another half of you, which is my anorexia and then there is …the

real me" (Williams, 2009, p. 31). Participants in these studies also commented on the critical, illogical and irrational characteristics of the anorexic self/mind/thoughts that battled against and controlled their rational, authentic self. It illustrates that anorexia, as a separate self, is an autonomous mental entity with its own thought, emotion and will. This is also evidenced in the term 'ana', which is a pro-anorexia website terminology that refers to anorexia. The term resembles the girl's name 'anna', which gives the concept an identity, more specifically, a female identity due to the feminine name. Furthermore, Bruch (1978, as cited in Malson, 1995) theorizes that anorexia, the "other self", is part of the self that the person disapproves of. It is the reason that negative thoughts are often externalized and attributed to the anorexia rather than to their primary self. Furthermore, the power struggle or strength between the two selves was described by some participants in Hope et al.'s (2011) study as being weight depended: the lower the weight, the stronger the anorexic part of the self. Most participants, however, described their experiences as being that of ambivalence and conflict.

Dialogical theory (Hermans, 2002) proposes that people's minds consist of multiple "positions"/voices and that healthy mental functioning involves an internal dialogue between various positions with an over-arching personal identity, the "dominant position". In comparison to the previous construction of anorexia as a separate entity, the idea of multiple positions does not imply that different positions are necessarily autonomous mental entities. Drawing on this theory, Weeks (2011) and Williams and Reid (2012) argue that the conflict between the anorexic voice and the primary self is dysfunctional because it is rigid. The anorexic voice tends to dominate inner dialogue, controls, criticizes and questions the primary self's own ability. In doing so, this prevents the primary self from shaping its own existence and increases its dependency on the anorexic voice. (Weeks, 2011; Williams & Reid, 2012). In Williams and Reid's (2012) study, the participants' experiences of anorexia were characterized by a "battle" between two conflicting positions. If the participant tried to move on from the conflict (and try and recover), the anorexic position tried to reclaim its control by getting louder or more intense. This conflict essentially becomes ones' identity.

To summarise, studies reviewed in this section illustrate that anorexia is multiplely constructed as a chosen lifestyle, as a disease, as a way of life, as integral to a single

self, and/or as a separate self within the mind, battling with the primary self. Moreover, like the construction of anorexia, individuals' experiences of the body may be multiplely produced (Malson, 1998). As illustrated in the next section, the (anorexic) body sustains a multiplicity of meanings.

2.4 The Constructions of the (Anorexic) Body

This section provides a review of previous studies concerning the constructions of the (anorexic) body as "the controlled body" and as "the disappearing body". The implicated relationship between the (anorexic) body and the self/mind is also discussed.

2.4.1 Controlled body. The issue of control is an essential characteristic of anorexia. In the literature, a number of authors (e.g. Ascari, 2013; Bolsover, 2011; Malson & Ussher, 1996; Malson, 1997) construed the body as an uncontrollable body, and the thin/anorexic body as a controlled body, signifying strength, success and perfection. One way in which the anorexic body is construed as controlled is in terms of its restriction of over eating. For example, drawing on Cartesian dualism discourse, Malson and Ussher (1996) construct the body as an "eating body" and the anorexic body as a controlled body. Within this discourse, human existence is essentially divided into the mind and the physical. "Mind" is privileged and identified as the "self" whereas the body is construed as an alien and uncontrollable entity that needs to be controlled (Bordo, 1993). Following from this, women in Malson and Ussher's (1996) study construed eating as a bodily urge and not a conscious choice of the mind/self. It is the result of when the body successfully "takes over" the mind/self (p. 274). In contrast, the thin/anorexic body is construed positively as evidence of self/mind's control over the eating body, and signifies controlled, powerful and independent subjectivity (Malson & Ussher, 1996). Furthermore, such control is argued to go beyond the body and food, symbolizing a total control of one's life (Malson & Ussher, 1996). As one participant commented, "if (she) lost weight then everything else'd be solved as well … coz (she)'d be in control" (Malson & Ussher, 1996, p. 241).

Similarly, framed by the Cartesian dualism approach to mind and body and drawing on biomedical discourses on the body, Ascari (2013) refers to the body as "the biological body". In comparison to the "eating body", whilst the biological body still retained the notion that the body is an uncontrollable entity, separated from the mind/self, it is more containable in relation to the eating body, hence relatively controllable (Ascari, 2013). The biological body is described as "a machine-like system of in-built, self-regulated biological processes, and, specifically, metabolic mechanisms" (Ascari, 2013, p.110). Following from this, it seems like the biological body hinders individuals' weight-loss efforts, as it always interrupts them with its self-compensating reactions. However, it appears that, while the disruption is biologically based hence unavoidable, this very systematic body with known cause-effect relationships simultaneously makes them relatively more predictable and controllable (Ascari, 2013). For example, in explaining eating in terms of the biological, self-regulatory functioning of the body, participants in Ascari's study see it not so much as the result of uncontainable bodily impulses (as in "the eating body") as more of a "logical reaction on the part of the body in terms of its 'natural' need for nutrition" (p.122). Such knowledge was used by anorexic women in Ascari's study to manipulate these automatisms for their weight-loss potential and to find solutions to deal with those bodily processes that may hinder weight loss. Therefore, the (anorexic) body is discursively constructed as a controllable body in terms of its predictable functioning.

Therefore, the anorexic body symbolizes that the "self" has successfully asserted control over the body, and implies that the person is producing a controlled, independent "self". The idea of self-production is also illustrated in a number of studies. For example, participants in Bolsover's (2011) study for example, express dissatisfaction about their physical bodies in that the body is not an adequate representation of the positive "self". The body is construed as a prison, which holds the "real" body to which their mind/self is connected. It implies that the person's inner sense of inadequacy and awfulness are connected to the body, not to the "self". Hence, weight loss through self-starvation was believed by these participants to be a way to "escape/control" the "prison" (body) and reveal the real "self", a self-production process. Therefore, the anorexic body is construed as a controlled body that signifies a power, independent identity.

To summarise, the anorexic body is construed as a controlled body, signifying the mind/self's control over the uncontrollable eating body. In addition, the (biological) body is also construed as a controlled body because of its predictable machine-like process. These constructions of the (anorexic) body as a controlled body signify self-production. By controlling the body, one is able to produce/release the "self" that is powerful, controlled and independent. Moreover, the intensified desire to control the body has produced a disappearing body.

2.4.2 Disappearing body. A number of authors (e.g. Bolsover, 2010; Malson, 1995, 1999; Malson & Ussher, 1996, 1997) construed the anorexic body as a disappearing body, signifying self-destruction at both a physical and symbolic level. For example, Malson & Ussher (1996) suggest that the anorexic body is discursively constructed as a disappearing body, a non-body ideal. Participants in Malson and Ussher's (1996) study described the body around the theme of fat, as "excessive", "completely alien", and "something to be got rid of" (Malson & Ussher, 1996, p. 275). Fat is described both as "excess weight", and "the human body and its physical" (Malson, 1995, p. 250). In other words, fat comes to symbolize excess of flesh, of the body as a whole, thus the fatness signifies bodilyness. Following from this, a non-body is described as an ideal, "no tummies, "no great bottoms", signified by the possible thin/anorexic body, a "complete" reduction of the body (Malson, 1995, p. 256). This explains that no matter how emaciated one might be there is still a desire to lose more weight, to become impossibly thin, to be ethereal. Hence, the anorexic body is constructed as a disappearing body signifying a non-body ideal, a body that is disappearing.

Likewise, Malson and Ussher (1997) construed the anorexic body as a disappearing body, as a body that is fading away. Getting smaller is not so much about being feminine or attractive, but it is relate to the desire of becoming less visible thus avoiding "disciplinary, individualizing procedures of observation, examination, surveillance and normalizing judgments" (Malson & Ussher, 1997, p.51). This construction may thus be read as signifying both a resistance to social control and normalization but also to be individualizing effects of discipline. Paradoxically, participants in Malson's (1995) study, for example, argue that the anorexic body may

become more visible to social and medical scrutiny and to the women themselves who monitor their bodies and food intake. Thus, the anorexic body is a body that "appears to disappear" (Malson & Ussher, 1997, p.51). It simultaneously escapes and courts an individualizing disciplinary gaze, as both a resistance and conformity to social control, and is both self-destructive and self-productive (Malson, 1995). Hence, whilst the anorexic body is physically getting smaller it may equally be discursively construed as becoming less, and more, visible (Malson, 1995). As with the anorexic body, Bell (2009) and Dehler (2012) argue that pro-anorexia websites are a place that appear to disappear. These authors argued that pro-anorexia websites are a way to negotiate anorexic women's experiences of medical surveillance and authority. The online space, a disembodied environment, allows anorexic women to escape from the "meat" of the body. This resembles the goal of users of pro-anorexia websites, which is to enter this disembodied space to liberate themselves of the bodies with which they struggle (Bell, 2009). Nevertheless, these websites also court the eyes of the medical profession and are silenced by socio-diagnostic censure (Bell, 2009).

At a symbolic level, Malson (1997) construed the (female) body as a site and source of feminine excess, signified by female body fat, whereas the anorexic body as absence of feminine excess, stripped of its flesh/fat, is construed as a disappearing body. Being "in excess" of male reproductive capabilities, women's reproductive capabilities are inscribed within patriarchal discourse as excessive, signified by women's body fat. This is illustrated in participants' account where "the mother" is constructed as entirely bodily and "mindless" (Malson, 1997, p. 237). It is compared to a "cow", uncontrollable and excessive (p. 237). Hence, the "maternal body", like the body of dualist discourse, is construed as the antithesis of the mind (Malson, 1997). In addition, "the mother's" maternal role (feeding and breeding) is also described as entirely bodily, uncontrollable, excessive, mindless and selfless, as lacking in subjectivity. Therefore, within the discourse of Cartesian dualism, the female (reproductive) body is a site and source of uncontrolled bodily excess and specifically feminine excess signified by female body fat (Malson, 1997). Following from this, the anorexic body is described as a disappearance of feminine excess, signified by the reduction of body fat.

Dehler (2012) and Malson (1999) argue that the anorexic body, as a disappearing body, is literally suicidal and is related to self-hatred, unhappiness and punishment. Weight loss through self-starvation therefore signifies a way to reduce the awfulness resided deep in the person. Wanting to disappear is associated with "the fear of being me" - a problematized identity (Malson, 1999, p. 147). Bruch (1988, as cited in Malson, 1995) argues that anorexic patients have in common a "severe dissatisfaction about themselves and their lives" (p.4). The "self" is constructed as defective and undeserving and this self-hatred is transferred into something tangible, to the body (Dehler, 2012; Malson, 1995). Participants in Dehler's (2012) study, for example, felt that by eliminating the body, it would in turn eliminate the awful self residing deep within the person. The previously undefined pain and distress is now concretized and transformed into a tangible body and becomes a solvable problem (Dehler, 2012). Hence, control/denial of the body here is not so much an assertion of the "self" but a way to destroy/punish the "self". Similarly, participants in Malson's (1995) study described purging as an emptying process. Within the framework of a discourse of individualism, the identity is constructed as something internal and purging may be read as an obliteration of one's internality (Malson, 1995). Hence, the anorexic body is constructed as an identity-less, empty shell, signifying the disappearance of one's internality.

To summarise, the anorexic body is construed as a disappearing body at both a physical and symbolic level. As a physical body, the anorexic body symbolizes the reduction of the fat/flesh/body, as a non-body ideal. It also symbolizes a body that is fading away to avoid disciplinary gaze. At a symbolic level, the anorexic body symbolizes the evasion of feminine bodily excess and evasion of self.

2.5 Summary of the Chapter

The review of the dominant biomedical and feminist approaches to anorexia revealed that while they contribute greatly to the understanding of anorexia, there are a number of limitations. Firstly, these two approaches position a woman who experiences eating problems as a "passive" victim of social and medical disciplinary forces. Secondly, they perpetuate the Cartesian dualism of body and self through the production of dis-embodied self and de-selfed body. Thirdly, they have been criticised for being

essentialist and retaining the pathologised categories. In response to these drawbacks, a post-structuralist feminist approach provides a solution to these limitations. It acknowledges that power is oppressive as well as productive. Hence, the person is able to deconstruct the pathologised categories, disrupt the dominant discourse, and challenge the uncontested truth. Moreover, subjectivities are fragmented and identities are active and dynamic since they are constituted by competing and contradictory discourses. People move through multiple positions as the discourse shifts or as one's positioning within, or in relation to, that discourse shifts. Hence, there is no authentic self to be revealed. In addition, a post-structuralist feminist approach bridges the gap between the body and the self. It proposes that the body is the self, and the body is also an agent in constituting power. In this sense, the body serves to constantly reinforce or re-inscribe one's identity.

The review of literature suggest that anorexia is constructed as "lifestyle" and identity. There are two distinct understandings of "lifestyle" construction: a chosen lifestyle, a disease and/or a way of life, often used interchangeably or in combination. As a lifestyle choice, the concept of anorexia is understood as a chosen manner of living one's life, highlighting the value of control and power. As a disease, the inevitable decline of health as a result of performing anorexic behaviours are recognized. However, they tend to distance from this view, and construct anorexia as a way of life and attempt to strike a balance by means of promoting safety in the pursuit of anorexic routines. In addition, anorexia is also construed as an identity, as integral to a single self. It implies that the anorexia is the authentic self. Other authors construe anorexia as separate from the authentic self, as a dominant, self-critical position within the "self", or the "other self"/ "inauthentic self", which is theorized as parts of the self that the person disapproves of. One's identity is essentially about the conflict between the anorexic self and the authentic self.

Like the construction of anorexia, the anorexic body sustains a multiplicity of often-contradictory meaning. It is construed as the controlled body and the disappearing body. Within the discourse of Cartesian dualism, the anorexic body is constructed as a controlled body through controlling the eating urge, signifying a powerful, controlled and disembodied subjectivity. Within the discourse of Cartesian dualism and biological discourse, the anorexic body is construed as a controlled "biological body"

through controlling bodily processes. In addition, the anorexic body is also construed as a disappearing body. A disappearing body represents a non-body ideal. As fatness symbolizes bodilyness thus anorexia as a non-body signifies a total reduction of fat/flesh/body; a disappearing body represents a body that is fading away. As the body becomes less visible, it thus avoids the disciplining and individualizing gaze; a disappearing body represents the absence of femininity. It is because within patriarchal discourse, women's reproductive capabilities are deemed as excessive; a disappearing body also represents an identity-less, empty shell, signifying the disappearance of one's internality.

2.6 The Present Study

As illustrated above, previous studies have provided multiple constructions of anorexia and the (anorexic) body. From a post-structuralist feminist perspective, the self is seen to be incoherent, disunified, and in effect "decentred", as a multiplicity of different, shifting, and contradictory subject positions. The constructions of identities are active and dynamic, indivisible from the social context, and fluid, as they are constituted by competing and conflicting discourses. However, previous studies assume that there is an "authentic/primary self" and that anorexia or the (anorexic) body is understood in relation to it. Moreover, previous studies tell us little about the power struggles between multiple discursive constructions of anorexia to inform about the "self". The present research aims to fill in this gap and examine how the multiple constructions of anorexia and the (anorexic) body are managed to explain the "self", through choice, power, agency and subjectivity.

2.7 Research Questions

The research questions of the study are the following:

RQ1: How is anorexia discursively constructed on pro-anorexia websites?

RQ2: How is the anorexic body discursively constructed on pro-anorexia websites?

RQ3: How are the multiple constructions of anorexia and the anorexic body managed to explain the 'self'?

Chapter Three
Methodology

This chapter will outline the methodology used for this research to answer the research questions. It begins with a focus on the research design and its relevancy to the theoretical framework adapted for this research. This will be followed by an overview of the sampling strategy, a brief description of the sample, data collection and analysis procedures. Thereafter an examination of ethical considerations will be presented as well as an indication of how this research should be evaluated.

3.1 Qualitative Research Design

The exploratory nature of the present research lends itself to a qualitative research design, as this enables an in-depth understanding of anorexia, rather than generalizing the findings to a broader population or explaining behaviour (Babbie & Mouton, 2007). Qualitative research emphasises the importance of language itself, and its power in constructing reality (Kerry, 2006). This is consistent with post-structuralism, which appreciates that language is highly significant in that it is through language that meaning is constituted. Qualitative research aims to explore human action from the participants' perspectives (Babbie & Mouton, 2007). This may be particularly relevant to the present research as it was believed to be an essential contributing factor towards the understanding and treatment of AN.

In addition, qualitative research acknowledges that people's experiences and behaviours cannot be understood in isolation from the specific social, cultural and historical context in which it occurs (Babbie & Mouton, 2007). It further assumes that there is fluidity in reality and there is no fixed truth. Interpretation is a process that continues as one's relation to the world continues to change. Therefore, it focuses more on how one portrays the perspective of his or her experiences through the use of words, and less on presenting an "objective" reality or absolute truth. This is consistent with the feminist post-structuralist framework, which understands people as moving through multiple positionings as the discourse shifts or as one's positioning within, or in relation to, that discourse shifts. There is no essential or universal quality

of anorexia. Hence the fluid nature of a feminist post-structuralist framework complements the fluid nature of the qualitative approach.

Qualitative research is beneficial as it allows one's research to "fit into the real world" therefore containing high ecological validity (Banister, Burman, Parker, Taylor, & Tindall, 1994, p. 17). Ecological validity is further retained in this qualitative study through the use of the Internet as a source of information, in that it is used by individuals all over the world (Young, 1997). In addition, pro-anorexia websites were argued to be a safe and supportive community where users can express themselves without the fear of judgement from others. In this case, pro-anorexia websites provide a more valid understanding of the subjectivities of women or girls with anorexia who participate in these forums. Furthermore, qualitative research also allows one to generate rich data from a limited number of materials which enhances the value of the data (Walker, 1985).

3.2 Sample and Sampling Strategy

The researcher identified the website that would be included in the study by searching for the keywords "pro-anorexia", "pro-ana" and "pro-ana sites" in popular search engines, namely Google. The rationale behind this strategy was to use basic search engines and to find available websites which are easily accessible to the general public without requiring technical expertise. The choice of search engine was determined by its popularity and range of use by the general public. This was analysed by Nielsen Net-Ratings (Sullivan, 2006), which is a leading Internet analysis service. In addition, Grilo (2006) suggested that one of the most popular search engines on this subject (pro-anorexia websites) is Google. The specific search terms were selected based on the results obtained from the Keyword-Discovery Search Term Suggestion Tool (Trellian, 2009). The selected terms were the most recent counts of search activity related to the keyword "pro-ana". In conjunction, pro-anorexia sites explored in previous literature were also searched. However, most of them had disappeared or been replaced by new ones. Following the ethical guidelines produced by the Association of Internet Researcher (AoIR, 2002), the inclusion criteria included only websites that are openly accessible to the public on the web. Thus, websites that require passwords upon entry or permission from a site owner

were excluded. The results yielded a very small number of sites. In determining what site to choose, the researcher compared the number of total members, total posts, and recent posts. The website with the most extensive information was finally chosen for analysis in this thesis. Furthermore, the Google search engine generates results based on popularity, and the above site was the first site to be generated, suggesting a high number of users. For ethical reasons, the name of the website has been removed. It will be referred as *Pro-ana* in the remainder of this dissertation.

Pro-ana is a relatively new and fast growing pro-anorexia community. The language used by the site is English. It was established in December 2012, and it accumulated more than 70,000 members in over a year. *Pro-ana* encompasses a wide range of members who may or may not be "pro-ana". The site claims to be a welcoming supportive, inclusive community for people who have been touched by the pro-anorexia "lifestyle". It is open for those who are pro-anorexia, for those who are in recovery or trying to recover, and for those who are looking for general weight loss advice. Members' profiles were unavailable to the researcher or any guest. For the purpose of data collection and analysis, the researcher assumes *Pro-ana* users are women or girls struggling with ED, unless otherwise specified by users. This assumption is based on the statistics that about 85% - 95% of people with anorexia or bulimia are female ("Eating Disorders", n.d.). I am nonetheless fully aware that I can never know the exact demographic profile of the individuals I am studying. Although this is not entirely problematic, given that I am studying constructions of anorexia and not individuals' experiences of anorexia, conclusions about individuals are still somewhat tentative, until they can be confirmed in future studies.

The *Pro-ana* site consists of various functions. Members can participate in the forums on a wide range of topics, from general pro-ana discussions to diet questions; create their own personal blogs; create and share their own photo albums; and chat in an online chat room. To aid in identifying data relevant to my research questions, I focused on two functions: Forums and Blogs. These two features are the only anorexia-related functions that were accessible to the researcher as a guest. "Forums" are the most active areas on the website where users can ask questions, offer advice, and give opinions on all aspects of eating disorders. The researcher focused on General Discussion and Ana Discussions in particular. It is a place to discuss anything

related to eating disorders, specifically related to anorexia. “Blogs” is a web diary or journal which consists of discrete entries displayed in reverse chronological order by a single individual. Furthermore, since the aim was mainly to collect data that demonstrated discourses and discursive resources in which anorexia is constituted, I was selective about which posts to include. First of all, because the research aims to examine the collective construction of anorexia on the Internet, the researcher focuses only on those “HOT” posts (more than 49 replies), to understand the common interest among *Pro-ana* users. Secondly, the researcher concentrates on posts that demonstrate constructions of anorexia and anorexic bodies.

3.3 Data Collection

In order for data saturation to take place, the data were collected over a period of eight weeks, which formed the data corpus for the research (Da Rocha, 2010). The first wave was from the 1 June 2013 to 1 July 2013 as a preliminary collection. The second wave was from 15 December 2013 to 15 January 2014. This period was selected because it was within the Christmas and New Year holiday, and it was expected that as part of festive celebrations, a lot of food would be consumed in this period. The inclusion of two collection waves allowed the researcher to monitor the site regularly and add new information. Information was accessed twice a week on a Friday evening to document the activities throughout the week, and on Monday morning to document the activities during the weekend (Da Rocha, 2010). The relevant data was gathered and printed on a weekly basis.

3.4 Data Analysis

Data were analysed using Foucauldian Discourse Analysis (FDA), which focuses on how language was used. In accordance with the post-structuralist feminist approach, FDA identifies discourses not as truth, but as “one truth held in place by language and power” (Parker, 1992, p. 22). It is within the context of discourse that language gains the power to produce meaning. FDA enables the researcher to examine some of the discursive resources used in a text and the subject positions they contain, and to explore their implications for subjectivity and practice (Willig, 2001).

People come to understand anorexia and experience it through discursive constructions of anorexia. The dominant discourse of anorexia plays a vital role in the construction of individual identities and subjectivities (Farvid & Braun, 2006). In this sense, FDA provided a suitable platform from which to examine the ways in which they drew upon discursive resources in their construction of anorexia, positioning themselves in relation to various discourses, forming subjectivities and either reproduced or challenged discourses (Parker, 1992). Moreover, by focusing on the way their language was conveyed, FDA also allowed identification of power structures.

Willig (2001) provided a set of guidelines with analysing data according to the FDA approach. These guidelines highlight six stages of the process:

1. Discursive constructions: concerned with the way in which the discursive object is constructed.
2. Discourses: focuses on the difference between these discursive constructions.
3. Action orientation: "What is gained by constructing the object in this particular way at this particular point within the text?"
4. Positioning: the subject positions that the discourses offer are examined.
5. Practice: the relationship between discourse and practice are examined.
6. Subjectivity: explore the relationship between discourse and subjectivity (Willig, 2001, pp. 109-111).

Willig's (2001) six stages of analysis were used as a guide which assisted with answering the research question. It helped in uncovering the discursive constructions of anorexia and the (anorexic) body available on the *Pro-ana* website within wider discourses (Willig, 2008). Moreover, by explore the action orientations, the analysis also draws attention to the power relations of multiple discursive constructions and practices, and their implications in constructing selfhood and subjective experience, for example as "sick"', "normal", "empowered" or "victimized" (Willig, 2008).

3.5 Ethical Considerations

Many online websites are openly accessible to the public, thus obtaining informed consent is not common practice. Thus, there are many ambiguous areas provided by

the Internet in terms of what constitutes ethical research of widely accessible material. Internet researchers need to take care to exercise the "fair use" of contributions of public forums and to respect members' privacy and protect them from harm.

Ethical approval for the present research was obtained from the Ethics Committee of Psychology department, University of Cape Town. According to the British Psychological Society's (British Psychological Society [BPS], 2006) guidelines for online research, observation of public behaviour needs to take place only where people would "reasonably expect to be observed by strangers", unless consent has been sought. In order to comply with this, the research uses a website that is openly accessible to the public on the Internet and non-password protected to avoid breach of confidentiality. Furthermore, the researcher only read and downloaded materials on the website and will not post or interact with the users of *Pro-ana* sites in any manner. In this study, careful consideration has been given with regard to presenting the data. According to the BPS:

> Researchers should avoid using quotes that are traceable to an individual's posting via a search engine unless the participant has fully understood and consented to this. Instead, they could consider the use of composite 'characters' for analysis, and the paraphrasing of quotes, if this is consistent with the research design. Specifically, the address of the website or discussion forum from which any data is gathered should not be published alongside any analysis of communication sourced from that same site. The pseudonyms used by posters to communication forums should be treated with the same ethical respect as a research would treat a person's real name. (BPS, 2006, p. 4)

In order to comply with this guideline, site usernames were replaced by pseudonyms to ensure anonymity. I have not provided names or any links to the sites visited to further protect site users' privacy. Moreover, the use of *Pro-ana* is voluntary as there are no formal arrangements with individuals to participate in the research, therefore, voluntary participation is not of concern to this study.

3.6 Evaluating Qualitative Research: The Demonstrating of Validity

Yardley (2008) asserted that addressing issues of validity appear to be essential ethical considerations for qualitative research. In other words, validity issues question the "trustworthiness" of the research. However, the current research is located within the post-structuralist feminist theoretical framework and therefore acknowledged reality to be socially constructed. In other words, there is no fixed "truth". As a result, the establishment of validity for the current research may be a challenging task. Yardley (2008, p. 239) provides a "validity toolbox" which presents the essential criteria necessary to produce sound qualitative research. Six of these "toolbox items" are discussed below.

The first criterion is "coding" and appears to be one of the most important validity measures for qualitative research (Willig, 2008; Yardley, 2008). It refers to the use of a second researcher to verify that emerging themes are correct, and to validate interpretations (Yardley, 2008). Therefore this guarantees that the analysis is not restricted to one perspective and that other people are able to understand it (Babbie & Mouton, 2001). In addition, the inclusion of a second researcher might also diminish the effects of researcher bias. In the current research, the author worked closely with a university supervisor in the analysis and writing-up process to ensure that potential researcher bias was diminished.

Once the initial coding process is completed, the researcher should explore the potential "disconfirming cases" to search for themes that might oppose the expected patterns (Yardley, 2008). This leads to Yardley's (2008) second criterion of "disconfirming case analysis", which aims to aid in minimizing the researcher's assumptions and interests (Yardley, 2008). The current research fulfilled this criteria by employing discourse analysis as a method of data analysis. Discourse analysis highlights that because individuals' subject positions are constantly shifting and contradictory at times, such instances should also be acknowledged in the analysis (Gavey, 1997). Discourse analysis emphasises that social worlds and realities of participants are less likely to be orderly and fixed and more likely to be ambiguous, inconsistent and paradoxical.

The third criterion is to validate qualitative research through participant feedback to ensure that their views are clarified and not misunderstood (Yardley, 2008). The present research does not interact with the site users in any manner, thus it was impossible to ask them to comment on the researcher's analysis. The fourth criterion is to measure whether the research has a full comprehension of the context of a phenomenon (Yardley, 2008). In other words, contextualise the research in relation to theoretical perspectives and results of similar studies. In the current research, confirmation of this criteria is evidenced in the literature review, as well as the discussion of the findings.

The fifth critical measure of validity in qualitative research is "reflexivity and power" (Yarley, 2008). Willig (2001) described reflexivity as the researcher's reflection on the various ways in which both researcher and participants effect the construction of meaning and knowledge throughout the research process. It needs to be recognized that the results from the research process are the result of a co-construction of knowledge between researcher and the data. Qualitative research emphasizes that the researcher is not detached and objective, but plays an active role in shaping the research process. While it is emphasized that reflexivity does not remove bias, the researchers will nonetheless continually examine her impact on the research (Boonzaier & Shefer, 2006), particularly in relation to her own constructions of anorexia.

Historically, researchers were people with power. Usually they were men, with access to privilege and good education (Burman, 1990). Research participants were the passive object of investigation, particularly when women were involved in research. The relationship between researcher and participants resembles the doctor-patient power relationship. In the case with individuals with anorexia, as suggested by previous research, anorexia is often understood through biomedical discourse which "medicalises" eating behaviour and embodiment, establishing under-eating as a suitable subject for medical analysis. It also locates individuals with anorexia in a relatively passive position. On the other hand, my position as a researcher carries connotations of power, as "expert', "powerful", and "knowledgeable". The researcher makes choice in constructing and interpreting the participants, thus maintaining the power imbalance inherent in any research.

Although the researcher may occupy a more powerful position than the participants, according to the Foucauldian perspective, power is not static and shifts throughout the research process (Burman, 1994). The Internet provides an inclusive environment where people who have been overlooked or have felt unable to contribute to the world, now can. They are now able to express themselves freely without judgement from others, such as researchers. Moreover, individuals on pro-anorexia websites reject the biomedical discursive construction of anorexia as an illness. They perceive anorexia as a chosen lifestyle, emphasizing the concept of choice and control, a way of life, and emphasizing the attempt to strike a balance by means of promoting safety in the pursuit of anorexic routines. In this sense, individuals on pro-anorexia websites subvert the "traditional" construction of anorexia, and position themselves as the authority in their own experiences. Hence, it positions participants on *Pro-ana* websites as someone who is "powerful", "knowledgeable" and the "expert" – a more powerful position than the researcher.

In order to address the limits that institutions place on questions that can be asked and the ways in which they can be answered, I acknowledged that the research methodology is influenced by the underlying theoretical framework. The researcher in this dissertation is located within a feminist post-structuralist framework, which affected the research question and methodology employed. In addition, it is acknowledged in terms of the choices the researcher made regarding the choice of website. It was acknowledged that the researcher's choice to analyse one particular pro-anorexia website has implications for the research process by excluding other potential participants who may not have access to this particular site. In addition, the choice of website also has implication on the composition of site users' characteristics.

After examining the role the researcher plays in the construction of knowledge, it is also important to examine the power relations amongst participants as the research process is the result of a co-construction of knowledge between researcher and participants. Jones (1995) points out that the Internet environment is structured by in-house boundaries and hierarchies, which controls the interaction. For example, typing skills in forum discussions may affect participation, status of users and domination of

the interaction. Such problems may be compounded when English is a second language. These users may prefer only to read most of the time and contribute when necessary. In addition, the longevity of the Internet may also affect users' participation. Having a history on *Pro-ana* or experience with anorexia places individuals in powerful positions of authority (Lawly, 1992). On the other hand, new users or those simply pursuing the diet routine are often criticised for displays of ignorance or inexperience, hence being less willing to participate in the discussion (Lawly, 1992).

The sixth validity measure intends to evaluate the impact of the research in making a difference in the knowledge base of a particular phenomenon. In the current research, the findings contribute to making recommendations for AN treatment as well as recommendations for future research, which are discussed in the concluding chapter.

3.7 Summary of the Chapter

This chapter has evaluated the research design employed for this research. This qualitative research design was informed by a feminist post-structuralist approach. A description of the sample and sampling strategy, data collection and analysis tools were also provided. An emphasis was placed upon the importance of ethical considerations relevant to the research. Finally, the chapter ended with a discussion of the ways in which qualitative research and the current research should be evaluated. The next chapter will present the results of the analysis of data from the *Pro-ana* website and discuss its implications.

Chapter Four
Discursive Constructions of a Powerful Subjectivity

Influenced by post-structuralist feminist theoretical framework, the present study employed Foucauldian discourse analysis as an analysis technique. The analysis of the texts on *Pro-ana* websites revealed various discursive constructions of anorexia and the (anorexic) body. The analysis also revealed that by drawing up various discourses, *Pro-ana* users form subjectivities that reproduce or challenge those discourses. This chapter presents three main discourses, namely, *biological discourse*, *hegemonic gendered discourses* and *the discourse of self-production.* Related discourses that emerge from the main discourses were also discussed. These are the *discourse of agency*, *psychological discourse*, *a discourse of liberation*, *the discourse of empowerment* and the *discourse of self-destruction.*

4.1 Biological Discourse

Biological discourse focuses on the biological root of a condition. Medical problems are biological and physical manifestations of the individual, diseased human body, thus non-organic factors associated with the human mind are considered unimportant or are ignored altogether. From a biological perspective, the aim of treatment is to restore or normalize the problematic body (Foucault, 1973, as cited in Malson, 1998). Drawing on *biological discourse*, anorexia is constructed as a physical disease. Pro-anorexia websites have long been criticized by medical professionals to be problematic because of their rejection of the biological model of anorexia and the claim that it is a lifestyle (Fox et al., 2005). It was noted that users of the sampled pro-anorexia website challenge the *biological discourse* and redefine their experiences by drawing on the *discourse of agency* and *psychological discourse*. Paradoxically, users were also found to support the *biological discourse*.

4.1.1 The discourse of agency. The biological approach to anorexia has been criticized for pathologizing the individual's "faulty" body and aiming to control and normalize it into a socially acceptable shape and size (Brain, 2003; Ward, 2007). In the excerpt below, *Pro-ana* users talk about their experiences of being ignored by others because they do not look physically anorexic:

> I know just the feeling, I was in a crisis once and told a professional and people around me what was happening and guess what they ignored me.
> I tried to tell them how I felt . . . it was getting out of control and now look where I am . . . in way to (too) deep where I am petrified of eating a single thing, if food touches me I set off in a panic.
> No one does care or helps until your (you are) just skin and bones and then it's far to (too) late. Your (you are) in to (too) deep.

> I'm severely sick with this disorder, but just because I am not noticeable emaciated and sick looking its treated like its not even that big of a deal.

> I feel exactly the same. Nobody knows most of us Ana's are going through because we don't "look like it."

As illustrated above, much of other people's monitoring is linked to a larger biological focusing on physical signs, which was rejected by *Pro-ana* users in these examples. These users criticize the notion that being anorexic is "just skin and bones", and "emaciated", and anorexia is a recognizable condition that can be identified by "look(ing)". *Pro-ana* users argue that ""Anorexic" is not, never has been, and never should be a synonym for skinny". They also argued that their inner experiences and feelings ("out of control", "if food touches me I set off in a panic") were being "ignored" or denied by others, suggesting that their understandings of anorexia are deemed unimportant and faulty, hence silenced and ignored. As illustrated in the extract below, *Pro-a*na users overthrow the dominant biological understanding of anorexia as being weight-dependent, and position themselves as the powerful expert in the field by drawing upon the *discourse of agency*:

> I believe no. . . . Doctors seem so ignorant . . .
> Doctors are bullshit. Society is bullshit. Everything is bullshit. You shouldn't have to be "15% underweight" or have "amenorrhea" (loss of period) to be classified as anorexic. In my opinion, if you are starving yourself to the point of extreme sickness or even death, that's anorexia. If you have an unwavering fear of food, if food causes you incredible distress, if you are obsessed with weight

> and image, that's anorexia. Not the fake-ass criteria people who think they know disorder create. They don't know what it's like.
>
> I believe your weight doesn't define whether or not you are anorexic. Doctors never listen to me when I try and talk to them so I gave up. To them, you have to be scary thin before you have a problem but as far as i'm concerned, anorexics can be 300 pounds, Everyone starts somewhere.
>
> You know what I hate most, and always have hated. . . . "I know how you feel" from doctors/parents and the like
> NO YOU BLOODY WELL DONT!!!
> Just because you read about something in a book doesnt mean you know who i am or how i think and feel! I am NOT in a book! Sorry to disappoint you

The above accounts suggest that the common understanding that anorexia is defined by one's body size ("scary thin") and weight ("15% underweight"), drawing on *biological discourse*, is resisted. Note here, these individuals also challenged doctor's authority by criticize them as "ignorant", "bullshit", "don't know what it's like", and "think they know the disorder". When positioned in an expert subject position, these individuals have re-defined anorexic as someone who is "starving yourself (him or her) to the point of extreme sickness or even death", someone who "have (has) an unwavering fear of food, if food causes you (him/her) incredible distress", someone who is "obsessed with weight and image", but is not necessarily underweight. This disrupts the doctor and patient power relationship. Zeeman and Simons (2011) write within *biological discourse*, "human conditions come to be defined as medical conditions and problems . . . fall under the authority of doctors and others health professionals to identify, diagnose and treat. Mental health service users or patients as the recipients of care" (p. 715). In the above account, instead of positioning the person as a silent object, a patient, as in the case of *biological discourse,* under the control of medical professionals, the person is positioned as the expert of her condition, a more powerful subject position, signifying a self-determinate, self-controlled subjectivity. This is consistent with the post-structuralist feminist notion that the subject has the ability to disrupt dominant discourse and take up alternative discourses (Barrett, 2005).

Similarly, drawing upon *discourse of agency*, some *Pro-ana* users position themselves as being active agents in managing their conditions. For example, *Pro-ana* users in the present study express that he/she has neither willingness (want) nor "need" to recover.

> I don't WANT to recover, I don't NEED to recover, I'm fine the way I am, thanks. . . . I don't WANT OR NEED those extra 5 tbsp of peanut butter with breakfast or the 500 cal. disgusting whoopie pies for snack. I already eat AT LEAST 1000 calories a day BY MY OWN CHOICE and my vital signs are perfectly normal. . . . I don't need to be force fed to 93 lb to be healthy, I'm happy at 79. I've already gained 13 freaking lb through recovery and I'M DONE.
>
> How do I get out of this situation before the stupid clinic people succeed in balloning me up?? I HATE having the pressure and stress being placed on me that if I don't gain weight, then they'll take me out of school and place me in inpatient or the hospital.

The words "succeed in balloning me up" suggest that recovery means putting weight on the patient, that *biological discourse* is weight-centered. These words also suggest that there is a battle between the "clinic people" and the person, and recovery is when the "clinic people" succeed or win. It implies the person's passiveness and doctors' power over the patients. Moreover, the biological model deprives one's agency and treats a person forcefully, "I HATE having the pressure and stress being placed on me that if I don't gain weight, then they'll take me out of school and place me in inpatient or the hospital". The user in this extract, however, positions himself/herself as an active agent in managing anorexia by stressing the importance of doing things as her "OWN CHOICE". Within this subject position, one is able to choose to recover when one is ready, determine one's desired weight and food intake, as well as assessment and diagnosis. It signifies a powerful and self-controlled subjectivity. It suggests that *Pro-ana* users are supporting the *discourse of agency* and resisting the *biological discourse.*

In the extract below, however, *Pro-ana* users paradoxically support the *biological discourse* that the physical sign is an essential criteria in identifying what "full ANA" is. It is consistent with the post-structuralist feminist theoretical framework, the ways in which individuals draw upon discourses might be perceived of as contradictory and ambiguous (Gavey, 1997).

> My BMI is 16.16, but it just feels like it's never ever enough. And I really don't look it, I have a short, stalky muscular.

> I am a perfectly intelligent woman. I know that judging by my measurements and weight, I am already "thin". The thing is . . . I don't want to be "thin"..i want to be 'ana thin'. I am not ana thin, therefore I am fat.

> I used to be full ANA-as in you could tell I had it just by looking at me-now not so much. I'm only a few kg underweight. I have a lot of weight to lose.

> I feel like a fail ana too. My BMI is 20.1 and I tend to binge more than once a week. I don't think I deserve to be ana.

The above extracts indicate that some users on the *Pro-ana* website construct anorexia as something that can be recognized through physical appearance, by "looking", that being a "full ANA" is being "ana thin" or being emaciated. Hence, a differentiator between "full ANA" and "fail ana" is purely body weight/size, supporting the *biological discourse*. Therefore, weight requirement thus determines what does or does not count as anorexic. The extracts below illustrate that some *Pro-ana* users actively negotiate their behaviours to fit into what is perceived as appropriate:

> I have actually LOWERED my UGW (Ultimate Goal Weight) because of NHS (National Health Service) levels of 'severity'…they do not consider you a 'risk' until your BMI (Body Mass Index) is < 15.

> I just think . . . you go to your doctor 'Please help me, I'm desperate, I've been starving myself, exercising until I faint, I can't eat over 200 calories a day and I

> weigh myself twice daily, I obsess over calories, I keep a strict diary . . . this is ruinning my life. . . . Doctor: 'Oh but you weigh 140 lbs. You only have EDNOS (Eating disorder not otherwise specified), you can't have Ana until you weigh 100 lbs'.
> That makes it like a goal like . . . you're not ill enough to have ana until your scale says so.

The extract above illustrates that whether or not someone is anorexic depends on the BMI score and weight. Most likely, people with anorexia will see these criteria as a challenge by reaching those numbers. Hence, reaching ana-thin thus becomes a way to prove the authenticity of their condition. It proves that they are worthwhile, "Yep, I have had people say that to me (look anorexic) and I love it. It makes me feel like I have achieved something. It makes me feel worthwhile." As Weiss (1995) argued, the institutional systems that serve to identify and treat eating disorders are engaged in the process of promotion of eating disorders. By setting strict diagnostic criteria, it reinforces others to meet these criteria. The medical gaze is thus not only diagnostic, but also disciplinary (Bell, 2009). People with anorexia equate sickness with strength. The sicker one is, the more weight one loses, the thinner one gets, the more self-discipline one has, the more worthy one is. It implies that looking "ana thin" has the connotation of being anorexic. It links physical characteristics with personal qualities. Hence, drawing upon *discourses of agency* and *biological discourses*, by actively reaching for the weight requirement, *Pro-ana* users position themselves as anorexic, signifying power, self-worth and strength. Even though they might consider themselves to be worthless in their lives, at least they are worth being an anorexic. Consequently, by claiming the "realness" of one's anorexia, it further legitimates one's behaviours.

To summarize, *Pro-ana* users challenge the *biological discourse* in an attempt to avoid being a silent object of dominant discourse, instead they actively negotiate between a *biological discourse* and a *discourse of agency* to form a powerful subjectivity. Hence, the *biological discourse* allows *Pro-ana* users to construct themselves as a subject as well as an object of control and power. In the present research, *Pro-ana* users went further to draw upon *psychological discourse* to divert the focus from physical signs to psychological matters. This introduces the next

section where anorexia is constructed as a mental illness by drawing on *psychological discourse*.

4.1.2 Psychological discourse. *Psychological discourse* focuses on process of the mind. Physical characteristics of the illness are deemed as one of the symptom manifestations of psychological issues. As illustrated below, drawing on *psychological discourse*, anorexia is constructed as a "mental disorder". It is a "disease" of the mind, not the body:

> Yes, definitely. It's a mental disorder, not a body size or clothing size. You can most certainly be anorexic without being underweight, there are so many factors that weight depends on that it's unreal and you certainly can't judge a person's mental state by their physical appearance.
>
> EDs are mental disorders with physical side effects. Not a weight
>
> I think it comes down to a person's mindset, and is a lil' of both. the disorder has to be there to begin with, b/c no one who isn't "disordered" would think any of these methods are healthy for the body.

The extract above illustrates *Pro-ana* users' rejection of *biological discourse* that anorexia is weight-dependent. Drawing upon *psychological discourse*, anorexia is constructed as a "disordered" "mindset", hence a "mental disorder". These *Pro-ana* users argue that monitoring health via physical signs may overlook the fact that many young women who appear to be a normal weight might still be struggling with anorexia. They present physical signs such as underweight as "side effects" of anorexia, rather than anorexia as the result of being underweight. It suggests that the disordered mind "has to be there to begin with", in order to trigger anorexic behaviours, eventually resulting in weight loss. Constructing anorexia by drawing upon *psychological discourse* may permit more people, such as those who do not meet the weight requirement of anorexia, to claim the authenticity of their condition. This is consistent with Hardin (2003), who suggests that structuring the category of anorexia nervosa by drawing upon *psychological discourse* results in young women claiming and declaring their own psychopathology in order to be identified as

"authentic" anorexics. In so doing, they reinforce the psychological discursive construction of anorexia as illustrated below:

> I think if you are just starving as a way to lose weight and plan on stopping once you get to your ideal weight than that's not really a eating disorder, but if you are "addicted" to restricting, b/p, chew/spit, fasting, if you feel fat when you are skinny, if you are distorted reality about your health, if you just cant bring yourself to eat because you feel like a failure no matter what you eat, then you most likely have a disorder.

The extract above illustrates that the difference between fake anorexics (fakeorexic/wannarexic) and authentic anorexics lies within psychological factors. Whereas fakeorexics are "just starving as a way to lose weight and plan on stopping once you get to your ideal weight", authentic anorexics have serious psychological issues such as "distorted reality", "cant bring yourself to eat because you feel like a failure no matter what you eat". In opposition to discourses operating to exclude admittance into the category, discussions about non-weight requirements are categorically inclusive; permitting more people to take upon the subject position of "the anorexic". The subject position of "fakeorexic" has radically different effects than the subject position "anorexic" surface as the result of psychological and emotional problems. The former identity implies volition and choice, whereas the latter implies lack of conscious choice and unaccountability. Hardin (2003) suggests that the availability of medical and psychological treatment for acts of self-volition is often associated with some level of stigmatization. The reinforcement of *psychological discourse* by individuals diagnosed with AN legitimates their disorder, not as something they choose, but as the result of something that is wrong within/inside of them or their families. Thus, drawing on *psychological discourse*, anorexia becomes an important aspect of one's identity that distinguishes one from others. Furthermore, the effects of this discourse are that individuals maintain a "disordered" identity, and in so doing, reinforce the (disordered) discursive construction.

The construction of anorexic as someone lacking in conscious choice contrasts with the idea put forward by *Pro-ana* websites that anorexia is regarded as lifestyle, which

emphasizes the value of control and choice (Csipke & Horne, 2007; Mulveen & Hepworth, 2006; Santos, 2012; Strife & Rickard, 2011).

> I agree whole-heartedly that anorexia is a mental disorder, and I hate when people say "I'm trying to become anorexic!" you can't BECOME anorexic, it's not something you can choose to be. People who eat a very restricted amount of calories, but do not experience the mental side of anorexia, like the self hate, fear of food, etc. are not anorexic, they're just living a calorie restricted lifestyle.

> I really believe eating disorders can be a lifestyle. The only difference is whether you can control the shitty behaviours. A lifestyle can become a disorder. Just like drinking can turn into alcoholism and purging now and again can turn into bulimia. It's ultimately you that makes that difference. Can you or can't you control it?

The extracts above illustrate that the people who regard their anorexia as a lifestyle are "just living a calorie restricted lifestyle" and they "do not experience the mental side of anorexia". The difference between lifestyle and anorexia is choice and control. By constructing anorexia as a mental illness, it emphasizes that anorexia is not something that you can control or choose. This positions the anorexic as a helpless sufferer or victim, signifying overwhelming, uncontrollable subjectivities. In comparison to Malson's (1998) construction of the anorexic body as a controlled body, both the *discourse of Cartesian dualism* and *psychological discourse* emphasize the dichotomy between mind and body. The former constructs the anorexic body as a result of the mind having control over the body, whereas the latter constructs anorexia as a state in which "the self"/mind may lose control (to the anorexia) (Malson, 1998).

Similarly, the person's lack of control over anorexia is also illustrated in the context where the self is being controlled by the anorexic voice. *Pro-ana* users often report that they hear an anorexic voice that is not their own. They often personify anorexia as a real person, for example:

> Personally, Ana has always looked like Victoria Beckham to me. Ana is thin, neat, willowy, and graceful. She's gorgeous with high cheekbones and jutting collarbones. But she is also tough, disciplined, serious, and unforgiving - so she doesn't smile often, but when she does it's rare and beautiful. To me this is what I see when i hear Ana's voice.

> I do pretend Ana is a person. Ana to me is a friend, she's always with me, she's perfect, and a bit of a bitch. . . . Just saying. In my mind she's that snotty friend who isn't afraid to push u too hard or say the truth
> Ana is my enemy, she follows me everywhere and is constantly telling me I'm not good enough, she's a bully.
> I don't know exactly what I think of Ana. . . . She's there when she wants to be and there's nothing I can say to stop her, she doesn't want to hear me.

As illustrated above, anorexia has been assigned an identity, a person called "Ana", who is controlling, "tough, disciplined", constantly criticizing and bullying the person and telling them that they are not good enough. By personifying anorexia, the person can much more easily blame it and use it to rationalize what they do, think and feel. It removes any responsibility, power and potential to change from the person so that the illness becomes something that's being done to them, which enables individuals to regard themselves – and to be regarded – as fundamentally sound and healthy, hence liberating them from the culpability associated with an alternative, *moral discourse* that explains their deviant behaviours. Hence, Ana/anorexia acts like a safety mechanism, keeping the person in false safety – the bubble – of their eating disorder. Moreover, when framed in *psychological discourse*, anorexia is constructed as something that "invades" and affects the mind/self, but simultaneously separates from the mind/self. The discursive relationship between "self" and "anorexia" also parallels a biological discursive construction of disease in which disease invades and affects the body but is not considered to be part of the person: a patient generally has, rather than is, an illness. As Salmon and Hall (2003) argue, disease "belongs" to the doctor, in that the doctor has the responsibility and privilege to name, predict and treat it. Although individuals have acquired the subject position of the "patient" who is powerless, miserable and suffering from the disease, the payoff is great and appealing. As a "patient", the person is a passive object diseased by anorexia, and cannot make

an active choice in terms of choosing to have anorexia or recover from it. Therefore, the person feels less blame, less responsibility and less guilt for having such a disease. It becomes legitimate for the person to continue with anorexic behaviours and they would feel a sense of relief. This in turn provides the person with a sense of power. This is consistent with the post-structuralist feminist theoretical framework that people move through multiple positions as the discourses shifts. As such, subjectivities are constantly under the process of reforming. Paradoxically, anorexia provides a sense of control to people as much as it controls people.

> Control is how most develop an eating disorder and why we submerged in it for so long, and it obviously is form of control but as soon as you're in that state of mind. You're never in control no matter how much you try to convince yourself otherwise.

> Your eating disorder is. You're just letting it take over you, and destroy the willpower you previously owned. If you are far enough in your ED, you should know that you cant eat a piece of cake happily. You cant eat with a smile on your face anymore, cause you feel like your 'control' is slipping through your fingers. Your feel like a fatness. That is a terrible place to be.

The relationship between the person and anorexia is mutually beneficial. "It (anorexia) is so destructive but at the same time, I (the person) couldn't live without it or I (would) just crumble". As much as anorexia infests the person, the person also clings to anorexia. The person is no longer positioned as the sufferer, but rather is now the master of anorexia, signifying a powerful, self-controlled subjectivity. By depicting anorexia as something that is needed by the person instead of a burden, there is less feeling of hatred toward it and less urge to recover. The extract below illustrates that anorexia is a way to coping with one's life.

> Binging is when I can no longer control the anger and hurt and pain caused by external environments, like my parents fighting or after being beaten physically or verbally. Either way, it's a way for me to think I have hope - that's what binging is, not giving up the hope that I can have that "happy family".

> Restricting and ignoring food is denying that hope. Knowing and accepting I can never have that happy family I've always wanted, knowing that my parents fight and I am beaten and insulted and kicked out and that i'll never be good enough. So to feel empty I just fast until the dam breaks and I binge and cry and the cycle starts again. The control of intake is what keeps me sane, seeing as I cannot control anything in my own life without some major blowup that makes me emotionally drained or is just too disturbing to deal with in reality, so I just take it out by fasting and trying to be numb.

> Control. My life has been getting so unbelievably crazy (in just one year, my parents got divorced – were still friends - , and now two months ago my father died), to much to handle for a fifteen year old girl. This seems to be the only way to keep control. Also, I guess I'm really self-conscious and a perfectionist. Everything has to be perfect, and I can and will go to extreme.

Anorexia is constructed as a coping mechanism by drawing on *discourses of agency* and *psychology*. It is used for emotional comfort, or to numb one's emotions, or to keep control over one's life. This is consistent with Serpell, Treasure, Teasdale, and Sullivan's (1999) findings that anorexia provides control, willpower, or structure to the person's life. These authors also describe anorexia as acting as a guardian to anorexics by protecting them, looking after them and keeping them safe from life's challenges. The person has taken control back from anorexia and is actively managing or controlling her life, even if this is a delusional control and will soon be lost. It still provides the person with a sense of control and feelings of comfort and security which is what anorexics need. It thus signifies a powerful and self-determinate subjectivity. Anorexia is constructed positively as the remedy to one's life, thus "cure" is not an appropriate strategy. Anorexia is no longer conceptualized as an individual pathology. It is the problematic socio-cultural context that causes distress in the person. Anorexia is no longer constructed as a recognizable, problematic and treatable condition, but a response or remedy to the turbulence in one's life, and a way of life that serves to eliminate their feelings of ineptness and inadequacy. This is consistent with Fox et al., (2005) where anorexia is perceived as a way of life. Their study suggests that anorexia is a symptom of a more deeply psychological, emotional and social conflict. It therefore acts as a coping mechanism for them. Following from this, it thus makes

no sense to "cure" anorexia. Instead what these users advocate for is to reduce the risk and damage associated with extremely low weight and anorexic behaviours.

In summary, the dominant *biological discourse* constructs anorexia as a physical disease. The website users challenge the *biological discourse* by drawing upon *discourse of agency*, which positions the anorexic as the expert in the field, actively managing her condition, and a *psychological discourse*, which constructs anorexia as more than a physical disease or a medical complaint. It is constructed as a mental illness and suggests that physical signs are only symptoms of mental illness therefore should not be considered a differentiating criterion. Paradoxically, the *biological discourse* was supported by *Pro-ana* users and, together with *psychological discourse*, was employed by them to claim and declaim the authenticity of their anorexia which provides the self with a sense of powerfulness, strength and self-control. *Pro-ana* users similarly challenge the *hegemonic gendered discourses* which positions woman as a silent object of male desire. This was done by drawing upon a *discourse of liberation* and the *discourse of empowerment* to reinforce their powerfulness and agency. These are discussed below.

4.2 The Hegemonic Gendered Discourses

Traditional femininity is often characterised by "nurturing, caring and selflessness" (Boonzaier & de la Rey, 2004, p.454). Similarly, various *hegemonic gendered discourses* depict "femininity as subordination" and "masculinity as authority" (Boonzaier & de la Rey, 2004, p.452). For example, the languages of the *romantic discourse* typically involve idealizing the male partner or lover, and women are responsible for achieving their masculine desires, signifying *emphasised femininity* characterised by nurturance and selflessness (Connell, cited in Boonzaier & de la Rey, 2004). A *discourse of Cartesian dualism* reproduces patriarchal dichotomies of male/female, mind/body, good/bad, controllable/uncontrollable (Malson, 1995). Within this dichotomization, woman is constructed as the alien, uncontrollable "body" of dualist discourses. It was noted that users of the *Pro-ana* website challenge *the hegemonic gendered discourses*, and redefine their experiences by drawing upon *discourses of liberation* and *empowerment.*

4.2.1 A discourse of liberation. This discourse entails "an understanding of the interlocking ideas, practices, and institutions which perpetuate subordination and those that set us (women) free" (Ferraro, 1996, p. 89). *Pro-ana* users in the extracts below talk about how they refuse to be sexual objects:

> Looks like I'm not alone at all. Its funny cause I started out losing weight cause I wanted to look more attractive. Now after developing anorexia if people find me atteactive (attractive) I assume its cause I've gained. I guess I don't mind if girls think I'm pretty cause girls generally think thin is beautiful. But men like girls like Kate Upton . . . and that is NOT how I want to look!

> I see so many people saying their doing this too be pretty, and skinny, and for people to be jealous of them and fancy them and shit, and it confuses me tbh (to be honest). Don't get me wrong, I'm not stupid, I want the guy I like to be attracted to me, but I don't want to be attractive, if that make sense? I don't want girls to 'whisper' about me when I walk down the street, i don't want people to be jealous of me, I don't want guys to want me, I don't want people to starve or wolf whistle, I don't want To be hit on, I don't want ANY attention, especially not for my looks. I want to be invisible and completely blend in, I don't want anybody to even look at me twice, I'm so insecure even somebody glancing at me gives me anxiety..but that's just me.

The above extract illustrates that *heterosexual femininity discourse* is both supported and resisted. The person wants "the guy I (she) like to be attracted to me (her)", supports the *heterosexual femininity discourse*. Paradoxically, the person refuses to be physically (heterosexual) attractive, resists the *heterosexual femininity discourse*. This is consistent with post-structuralist feminist theoretical framework that the ways in which individuals draw upon discourses might be perceived of as contradictory and incoherent (Gavey, 1997). Hence, subjectivities are constantly changing and fragmented as they are constructed by multiple and competing discourses (Willig, 2000). The extract above illustrates heterosexual attractiveness is a connotation of fatness, "if people (men) find me attreactive (attractive) I assume its cause I've gained". As the body fat signifies "a sexualized femininity" (Malson, 1998, p. 138), it

implies that the (fat) body is constructed as an exposed object, like a woman's naked body, to be scrutinized by men, attract unwanted attention.

> I'm so sick of random guys on the street whistling at me or staring me down. I want to be so skinny that they're instantly repulsed because they can see my bones protrude through my clothes. I want to be so flat chested that people mistake me for a guy if they didn't see my face, because I would never ever want to be even remotely sexy.

> I'm fairly sure I like being attractive
> but not 'sexually' attractive.
> I like it when people find my mind, spirit, personality attractive.
> I hate it when men or women look at me just as a sex object.
> I dress in such a way as to a avoid lust stuff coming my way

The unwanted attention can be explained in terms of street harassment. Woman's body is constructed as an uncontrollable "sex object" exposed to the trained eyes of the men on the street. If found attractive, the woman is left feeling vulnerable, powerless and unsafe in public. In this sense, the anorexic body, which is "so skinny that they're (men) instantly repulsed because they can see my bones protrude through my clothes", represents a way of avoiding the unwanted sexual gaze as it is "fat-less" therefore "sexy-less". The anorexic body also signifies regaining ownership of one's body, as illustrated below:

> After I was abused the guy who did told everyone that I had done sexual things with him and I became known as a slut no one wanted to be friends with me and I was asulted and numerous times because guys thought I was easy I started to feel like everyone was looking at me in a sexual way and like my body belonged to everyone but me I just wanted to have some control over my body and to stop being woman like or "sexy" I believe that if I have perfect control than nobody will be able to hurt me I also used to believe that I was a slut and therefore I didn't think that I deserved to feel any pleasure through my body.

The woman in the above extract expresses that she has lost control over her body, that her body "belonged to everyone but me (her)". Having a thin/anorexic body is a way to "stop being woman like or 'sexy'", and to "have some control over my (her) body". Thus, drawing upon the *discourse of liberation*, the anorexic body is constructed as a controlled body, suggesting that the body belongs to the woman and not the sexual object that others play with, liberated from the masculine control. It resists the *hegemonic gendered discourses* and *romantic discourse* which position a woman as a passive object subject to masculine control. It also resists a *Cartesian dualistic discourse* which produces woman as a de-selfed body. Drawing upon the *discourse of liberation*, the anorexic body signifies an interaction between self and body, signifies a controlled, powerful and independent subjectivity (Malson & Ussher, 1996). Following from this, women's avoidance of male sexual attention is an effort to avoid the individualizing, disciplinary gaze. Foucault (1977, cited in Malson, 1995) argues that "'the examination' plays a central role in the exercise of discipline, in the process of producing disciplined individuals" (p. 330). The public gaze is constructed as disciplinary and normalizing. Such power relationships are also parallel with doctor-patient power-relations. Drawing on *biological discourse,* pathology is constructed as an appearance. The biological construction of anorexia as a physical disease can also be understood in terms of a normalizing gaze. Hence, the anorexic body is a body that is trying to become less visible in order to avoid this disciplinary surveillance.

> I feel so trapped and helpless. Whenever someone brings up my ed or says something like 'you need to gain weight" I instantly have this strong urge to get up, go into a corner, curl up in a ball that's so small then disappear. It's like when things get tough to talk about, my first thought is to go into a cute little ball and hopefully die there. It's like the smaller and more secluded I am, the safer I am. I want people to leave me alone.

The above extract illustrates that the anorexic body signifies a way to avoid criticism by being small, invisible and non-existent. "It's the smaller and more secluded I am, the safer I am". It is constructed as a detached body, separated the self from the "visible, judgeable body", signified a self-controlled subjectivities. It thus supports a *discourse of liberation* and resists the *romantic discourse*. This is also consistent with Malson and Ussher's (1997) study which suggests that the anorexic body is a

disappearing body, a body that is fading away. Getting smaller is related to the desire of becoming less visible thus avoiding "disciplinary, individualizing procedures of observation, examination, surveillance and normalizing judgments" (p. 51).

Moreover, drawing upon the *discourse of Cartesian dualism*, fat symbolizes excess of flesh, of the body as whole, thus fat signifies bodiliness, which symbolizes femininity. Therefore, by resisting the body fat, anorexic women are resisting the traditional femininity – nurturing, caring and selfless, supporting the *discourse of power and resistance*. This is consistent with Malson's (1997) study which suggests that the (female) body is a site and source of feminine excess signified by female fat. In this sense, the anorexic body was described as a disappearance of feminine excess, signified by the reduction of body fat. As illustrated below, some *Pro-ana* users want to look "less female and more androgynous".

> i'm agender and the main reason i want to be skinny is so that i can look less female and more androgynous. does anyone else feel this way? it's almost impossible not to be immediately classed as female when your boobs and hips are obvious.
>
> Genderfluid. Months lived as a woman, months lived as a guy. Frequently I am just in the middle, both and no gender at once.
>
> being agender isn't about looking androgynous it's about feeling like you shouldn't have reproductive organs and most of the time feeling like you shouldn't have sex characteristics (which means ur trans)
> but yes, my dysphoria plays a huge part in my eating disorder. since I can't get my ovaries and uterus removed, I need to starve myself to lose my period and get a flat(ter) chest.

The extracts above illustrate these *Pro-ana* users' desire to be "agender" or "androgynous" in order to eradicate markers of their femininity, "sex characteristics", "reproductive organs" and to "look less feminine". It permits anorexics to escape some of the negative connotations of femininity produced in sociocultural discourses, where femininity involves passivity and dependence on the approving gaze of

another. It was noted that some *Pro-ana* users do not want to be masculine either. Thus, the desire to be gender-neutral also signifies a liberation from stereotypical gender roles, which is restricting, and signifies a resistance to social control, supports the *discourse of liberation*. Moreover, the fluctuating gender identities may open a new "version of being", as illustrated below:

> I am asexual, identify as mostly male but sometimes completely genderless, and present myself on the masculine side of the androgynous spectrum. I wear guys' clothes and accessories but also long hair and eyeliner. My entire eating disorder stems from the desire to make myself nothing but a skeleton in fashionable clothes. Sexless, genderless, completely neutral. I do not want to be viewed as a sexual being. I want to transcend stereotypical gender presentations and personas and create my own version of being.

The extract above illustrates that one's gender identity is fluid, "I identify as mostly male but sometimes completely genderless . . . but also long hair and eyeliner". An anorexic body signifies a "sexless, genderless, completely neutral" subject. The liberation from the stereotypical gender presentations allow the person to "create my own version of being". In this sense, anorexia thus provides them an identity, a genderless identity, signifying a powerful, disembodied subjectivity. This is consistent with a post-structuralist feminist theoretical framework that identities are active and dynamic as they are constituted by competing and conflicting discourses (Walkerdine, 1993, cited in Malson, 1995). This is also consistent with the post-structuralist feminist belief that anorexia is the effect of understanding that the self is the body. Through bodily practices the person is able to transform the self, to form a new identity.

Similarly, the extracts below illustrate some *Pro-ana* users' resistance of femininity, "I don't want to look womanly or curvy", and want a gender-neutral body - a childlike body, as it is lacks womanly curve and more androgynous. It thus signifies a resistance of the *hegemonic gendered discourses*.

> Also children are more androgynous and I have a terrible fascination with androgyny. Having thing doe like legs and a flat chest would just make me feel

> better. I like boobs. . . like a lot but I don't want boobs. But boobs, hips, all these things are just there for reproductive reasons. But a child just has the necessities, arms, legs, a flat body. I want to have a body without a reason.

The exact above illustrate the reason for women's existence is merely to reproduce, her biological "use". The construction of the anorexic body as a childlike may signify a resistance of traditional femininity, as above. In addition, as "boobs, hips, all these things" also symbolize sexualized femininity. Therefore, a rejection of these signifies a resistance of sexualized femininity. The female organs such as breasts and hips differentiate the person from being a man or a woman. The desire to be childlike is actually the desire to return to the most basic form, which signals childhood.

> I can definitely relate! The main reason I think I see myself as "fat" when I look in the mirror is because I'm seeing the curves and hips and boobs that really shouldnt be on me. I don't want to look womanly or curvy. *shivers visibly* I wouldn't mind looking like a kid because as a kid, a lot of the time outward appearances can be entirely gender-neutral. Adulthood is confusing as fu*k.

> I'm about twice your age and I HATE bring an adult. It never felt natural or normal to me. I want to disappear . . . lose anything womanly about my external appearance because I don't feel inside the way I look. I feel like a child forced to "behave" like an adult. Therefore, I want to LOOK like a child.

Drawing on a *Cartesian dualism discourse*, a man is valued by his mind, the ability to reason and propensity for cognition, and a woman is valued by her body, her child-bearing ability and attractiveness. Following from this, by constructing the anorexic body as a childlike, it implies that there is no difference between a women and a man as it is difficult to differentiate between girls and boys from a childlike body. Hence, by getting rid of the body, rising above one's physicality (body), a woman is left with the mind, which makes her equivalent to a man. Here, a woman is no longer constructed as the alienated uncontrollable body, but the superior mind/self, signifies a kind of powerful subjectivity. It resists the patriarchal dichotomies reproduced by a *Cartesian dualism discourse*. This is also consistent with the post-structuralist feminist theoretical framework that the body is a result of discourses or discursive

practices. The body is the site where, for example, the *hegemonic femininity discourses* and the *discourse of power and resistance* converge and fight to constitute the body.

In summary, on the *Pro-ana* website, the anorexic body is construed as the disappearing body, signifies an escape from disciplinary gaze, traditional femininity and masculine control. It signifies a resistance of traditional femininity and *hegemonic gendered discourses*, signifying a powerful, controlled, genderless subjectivity. Furthermore, some *Pro-ana* users also drew upon the *discourse of empowerment* to resist the *hegemonic gendered discourses*. The construction of the anorexic body as childlike leads to the next section where the image of a petite, fragile girl is discussed.

4.2.2. Discourse of empowerment. Heterosexual femininity is traditionally associated not just with physical appearance but also with a variety of psychological characteristics, such as being fragile, dependent and needing security. Drawing on this discourse, Malson (1998) argued that "the thin body can thus be understood as culturally over-determined in its signification of feminine 'perfection', since it is not only 'beautiful'; it is also small and therefore petite and inferior" (p. 109). The dependency and inferiority of "the petite woman" are further consolidated by constructions of the anorexic body as fragile and sick. It implies that traditional femininity is produced as inferior to masculinity and supports the *hegemonic gendered discourses*. The extract below illustrates that some *Pro-ana* users reject the idea that looking emaciated and breakable is feminine and beautiful, resisting *hegemonic femininity discourse*:

> About boys approach,
> This thing gives me anxiety, because for me flirt it's the same as harassment, but socially accepted.

The above extracts illustrate a resistance of the *hegemonic femininity discourse* and the *romantic discourse.* Romantic love relationships are deemed as uncontrollable experiences as women are positioned in a passive position waiting to be loved, to be gazed upon, "this thing give me anxiety". Here, the flirt in romantic love relationships

is compared with harassment and is regarded as the same. They both position women as an object of men's desire, supporting the *discourse on male proprietary rights over women*, signifying a powerless, controlled subjectivity. Some *Pro-ana* users in the present study argue that the anorexic body may be physically small, but the quality of being small is not inferior, but powerful. In the extract below, *Pro-ana* users talk about their explanations of wanting to look fragile:

> I do it to be delicate. No fragile, but delicate. I want to send a message to the world that I'm easily broken, easily fractured. That people should be careful with me.

> actually, while im sure we can all agree that a fragile person is physically weak, the thing that has always struck me about fragility--and fragile people specifically is the power that they can have over others--not a physical power, but actually even stronger than that--the power to get people to treat them a certain way, to evoke certain emotions from people, heck, the power to get away with saying certain things or behaving certain ways. . . . I think people say 'fragile' and leave it at that and can forget how much POWER fragility can have, power to control, influence, etc.

These *Pro-ana* users suggest that to look fragile is "not to be seen as sexy or beautiful", to "feminize" oneself, but to "have (power) over others". It is to "want people to be afraid of touching me", "to scare people, for them to keep their distance in the way you keep your distance from breakable items or a fresh corpse", or "be careful with me", or "to get people to treat them a certain way, to evoke certain emotions from people, heck, the power to get away with saying certain things or behaving certain ways". Here, the anorexic body is constructed as a powerful body, positioning the person in a controlling subject position, with the ability to manipulate others through its delicate body, signifying influential, dominant subjectivity. It supports the *discourse of empowerment* and resists the *hegemonic gendered discourses*. In contrast to *romantic discourse* where beauty is constructed as thinness, here, beauty is constructed as control and power. It contrasts with Malson's (1998) argument that "femininity is small, and small is inferior" and of lesser importance.

In summary, *Pro-ana* users challenge the *hegemonic gendered discourses* and the *romantic discourse* which positions them as an object subject to disciplinary gaze. Instead, by drawing upon a *discourse of liberation* and *empowerment discourse*, the anorexic body is constructed as a controlled and powerful body. It was noted that through bodily practices, the person is able to transform the self, and re-produce her identity. This is consistent with post-structuralist feminist approach that anorexia is the effect of the understanding that the self is the body. By modifying the body boundary through bodily practices such as starvation, one is able to modify the boundary of the self. It leads to the section that constructs anorexia as a process of self-production.

4.3 The Discourse of Self-Production

Bruch's (1981) argument that the women or girls turns to body weight, a highly salient, personally controllable and culturally valued domain, as a viable source of identifying the self in order to compensate for the lack of a clear identity and the associated feeling of powerless. Drawing upon the *discourse of self-production*, anorexia is constructed as an identity. It was noted that *Pro-ana* users both support and challenge the *discourse of self-production*. The former constructed anorexia as providing an identity to the person and producing a positive sense of self, whereas the latter constructed anorexia as a way to punish the hated self by drawing upon the *discourse of self-destruction*.

It was noted that the online characteristics of *Pro-ana* websites may be a good place for identity formulation. In the face-to-face clinical environment for example, health professionals ascribe beliefs and opinions to patients on the basis of visual cues. This might affect the power dynamic and results in the "small is inferior" equation. This power relation is more complex when the health professionals possesses a dominant powerful position in relation to participants. The online environment, on the other hand, loses the physical cues and frees participants from visual cue-based prejudices. Therefore, health professionals are not confronted with the smallness of anorexics and the disembodied person can re-produce her "self". This resembles Bell's (2009) argument that "the disembodied specialization of the Internet – idealized as an escape from the "meat" of the body – closely aligns with the goals of 'pro-ana's: they enter

this disembodied venue to rid themselves of the bodies with which they struggle" (p. 151). It was noted on the *Pro-ana* website, some members paradoxically bring their bodies online. Most members write their weights and heights in their signature box. It represents a discursive construction of the body in a disembodied space. It was also noted that the way weight is depicted is in the form of progression. There is often a highest weight (GH), lowest weight (LW) and a number of goal weights (GW), and sometimes an ultimate goal weight (UGW). Some *Pro-ana* members use a progression bar to symbolize how close they are to the UGW. This form of discursive body construction can be read in terms of a way to discursively reduce and reproduce the body and thereby the self. Anorexia can thus be read as a process of searching for one's identity, a self-production process. As illustrated below, for example, on the *Pro-ana* website, anorexia is constructed as regaining ownership over one's body and self, thereby reproducing an identity:

> I like planning and seeing how little I can eat in a day but I also like that it's mine. My ED is mine and I've perfected it to fit me. Its like a part of who I am.

The extract above illustrates that anorexic behaviours ("planning and seeing how little I can eat in a day") allow them to reclaim their bodies in a deeply personal way that cannot be tampered with by intrusive external sociocultural forces. The control over the body is extended to control over who they are, who they want to be – to regain ownership of the body/self. Anorexia thus represents a "taking back" of selfhood threatened by external forces by taking back one's body/self, a process of re-producing the self, signifies a powerful, independent subjectivity. It signifies a resistance the "self" discursively produced by *hegemonic femininity discourse* and a resistance of the "female body" discursively produced by a *Cartesian dualism discourse*. This construction confers on her greater rights over "her anorexia" than would be the case within a *biological discourse*. Drawing upon *biological discourse*, the individual's body is diseased by anorexia. To resist this, the person positions oneself as the owner of anorexia, as the owner of one's body; a more powerful subject position than that of a patient whose illness/body is under the remit of the medical profession. This is consistent with Malson's (1998) argument that, since "anorexia" is presented here as a member's property rather than as an illness to be controlled and cured by the medical profession, hence recovery is not a viable option. In addition, the

data revealed that one's identity is defined by where they belong, as illustrated in the extracts below:

> Sometimes I feel like I just don't belong anywhere. I don't belong with my friends because they are all "normal" and just don't get what it's like to live in constant self hate. Then the last few days I feel like don't belong here Bc (because) I have been failing at restricting so I have gone back to purging and that just makes me feel dirty. I want to get back to restricting where I can feel clean!!
>
> Im feeling pretty similar right now.
> Where do I belong, who am I, what am I
> Why am I

The above extracts indicate that if they fail at anorexic behaviours, i.e. restricting, they do not belong to anorexia. This is suggesting that anorexia is where they belong; anorexia is who they are and what they are, hence defining the person. The label provides the person with a sense of belonging and comfort. It signifies that what the person is suffering is real, that other people suffer from it as well. Hence, it provides an identity for the person. Moreover, as illustrated in the extract below, anorexia is what the person is good at:

> . . . (text omitted)
> my mom is a great cook & a great artist. She can do horoscopes & puzzles
> And me…
> Well….I'm great at loosing weight, counting cals, "being pretty" as my mom put it
> It's my talent, my skill, who I am
> No one was impressed when I was the only daughter to graduate, the only one to go to college, the first one to buy my car with my money . . . (text omitted)
> But, when I went from fat to skinny OMG! "Congratulations", "I'm really proud of you", "I'm not used to seeing the skinny you yet", "you'll have to get used to the fact that you're beautiful", "I hear you cause a stir when you go out", "your hair looks so pretty", "look at that teeny-tiny waist"

> This is so me, I don't have anything that I'm specifically known for, I'm not good at anything and I honestly don't know what life would be without my eating disorder. My mind and thoughts are taken up by my ed, there would be nothing left of me if I didn't have it.

The above extract illustrates that anorexia is the only thing that they feel accomplished in and this provides them with an identity. By constructing anorexia as an identity in this way, it legitimates and motivates anorexic behaviour – to define oneself. This is further evidenced in *Pro-ana* users' constant referral to how much they eat, how little calories they eat, how much they exercise, how many laxatives they take. It is because one's "mind and thoughts are taken up by my (her) ed" that anorexia is who the person is.

> I guess I feel you too. With what I do, I feel like it's one of the things I know best. Perhaps not a good thing, but that's just how it is. I don't want to be the one below everyone in EVERYTHING. It's like . . . at least I have this. Which is why I don't necessarily want to let it go yet, and (as selfish as it is) why I don't want anyone to be the same.

In addition, by describing anorexic behaviours as something that the person is good at, it differentiates the person from others. It makes one different and provides one with an identity. Therefore, anorexia may be positively construed as marking an identity for oneself as itself constituting an identity. Yet these accounts also indicate a concomitant negative construction of the self as otherwise lacking an identity. The construction of "anorexia" as identity suggests not only that one has an (anorexic) identity but also, conversely, that without "anorexia" one would have no identity at all.

> Im not ready for it and it feels like IT'S THE only thing that really kinda is Mine and that I can kinda trust and rely on

> I feel like it's the only identity I have anymore

The extracts above illustrate that anorexia is the "only" identity one has and the "only thing that really kinda is Mine", but there is also another text running through this account, in which "the self" seems lacking in identity, "as my ED is so entwined with my identity I hardly know who I am without it". It is also suggesting that anorexia is all consuming, it takes over one's entire identity. Without anorexia one would be devoid of identity. The extract below, for example, illustrate that recovery is not possible, as it would take away everything from them:

> I choose not to recover because this is me. That fat girl who always felt guilty after every meal but kept shoveling it in? that's not me. She had no way to cope, I do. She had no control, I do. This comes too naturally to me now, and the alternative is too ghastly to think about.
>
> We've been told so many times that it's the anorexic voice telling us not to recover but honestly I feel like I've died and this shell is just me consumed by anorexia, but this shell was at its strongest when it was a skeleton, fragile yet untouchable . . . (text missing) without anorexia I feel like I will die.

The extract above illustrates that the "self" is a dead "shell" consumed by anorexia, thus "this (anorexia) is me". Without it one is "nothing" but a "shell", "no way to cope" and "no control", just like a "fat girl", which is not "me". This is consistent with the Cartesian dualism discursive construction of a fat body as signifying a lack of definition of the self, a lack of identity, that one is merely an amorphous "blob", whereas to be thin/anorexic signifies that one has a clearly defined identity. Thus, anorexia is a process of identification, a process of formation of one's identity.

It was noted that the *Pro-ana* website contribute to the declaration of the anorexic subject position. As discussed above, *Pro-ana* users support the *biological* and *psychological discourses* to claim the authenticity of their conditions and to find a sense of belonging. As illustrated below, the subject position of "wannarexic" is also deemed "anorexic". The subject of "wannarexic" is talked about so much on the *Pro-ana* website that it has become a taboo topic on the *Pro-ana* website. It is because, to accuse someone's condition as not "real", is offensive, as illustrated below:

> people who say they say want to become anorexic are already involved somewhat in anorexia and the mindset. Just because you don't hate your eating disorder or acknowledge it doesn't mean you don't have anorexia.
>
> I hate the term wannarexic. It sounds to me like you were just in the beginning phase of anorexia - that doesn't mean you weren't truly anorexic, just perhaps not full-blown at this point.
>
> I just wanted to [not so] quickly respond to the "becoming anorexic" comments by putting it out there that I was one of those people who googled tips/tricks for becoming anorexic. I was willing to do ANYTHING to lose weight even though I was a healthy weight. I thought anorexia was the perfect solution for me. So yes, even before I started restricting I was sick; sick because I had twisted, desperate, and self-hating mindset. I didn't see it that my thought.

The extracts above illustrate that people who want to become anorexic but do not have the psychological problems, "don't hate your eating disorder", or meet the weight criteria, "I was a healthy weight", are not in the beginning phase of anorexia, but are still considered anorexic "that doesn't mean you weren't truly anorexic". What is a common denominator for those people are "the predisposed mindset", and the "twisted, desperate, and self-hating mindset". Anorexia is the little seed inside the person, with that seed planted in, "wannarexic" is considered "anorexic", but not yet full-blown. It supports the *self-production discourse* and resists the *biological* and *psychological discourse*. The above extract illustrates that the "wannarexics" do not just want to be thin, but they want to become anorexics because they envy the feeling of "self-control and perfection".

> I've always believed that Wannarexics come looking for answers because they're of a predisposed mindset. I searched for how to become anorexic and I followed the tips. But I already had the idea in my head and it was there for a reason, y'know? I didn't just want to lose the weight, I wanted to be anorexic. And that's not a normal thing to want.

> I don't know about anyone else, but that's exactly how I got myself into this shit . . . seeing thin girls, envying what I thought of as self-control and perfection

> Exactly like you. Pretending to be anorexic because I used to like that feeling, and I admired anorexic people. Now I am just depressed. Don't even care about the weight, I just don't eat.

The above implies that the supportive, all-inclusive environment of anorexia actually includes more people to take up the "anorexic" subject position. This is consistent with Williams' (2009) study which suggests that the person's identity is flawed and inadequate. Food restriction provides them with a sense of superiority, difference and power with which they can identify, which in turn provides them with a sense of identity and increases their self-esteem.

> I believe it (anorexia) is a matter of experience. I think there is a tendency to look for continuity in ones's life--to be able to trace personality traits through one's history to solidify his or her sense of identity. Labels and identity go together, By adhering to the label "anorexic", one might find existential comfort, more direction, meaning, or justification for mental turmoil. This label can direct behaviors and create a new state of operation within a person.

Similarly, in the extract below, *Pro-ana* users talk about the eating disorder misconceptions:

> okay idk (I don't know) if this thread is already made, but Idk (I don't know) I'm tired of all these misconceptions about each eating disorder and it's to make anyone with an eating disorder not feel alone or that their ed isn't "real" bc (because) they don't fit the stereotypes. I thought I wasn't a true anorexic or had an ed at all bc of these stupid things sooo:
> I have anorexia b/p subtype BUT:
> -I don't weight myself every single day (once a week)
> -I don't cry after I eat and I don't take an hour to eat something
> -I am an adult
> -I allow myself to eat junk food when I want it (to avoid binges)

> -I HATE exercising and don't do it compulsively. It's actually extremely boring to me.
> -I will drink hundreads of liquid calories-they don't scare me
> -I don't want to be skinny so guys will like me I don't live to please me . . .

The above extract illustrates that the *Pro-ana* website is a supportive community where all experiences are validated as "real" anorexia and not considered to be a fraud or a failure. It provides *Pro-ana* users with a sense of belonging to the broader "anorexia" community and alleviate the sense of loneliness, and position themselves in an anorexic subject position. The extract below illustrates that anorexia is like "an exclusive club" that everyone want to get in"

> A lot of anorexics seem to treat (in my opinion, don't kill me) anorexia like an exclusive club. Many people with depression also seem to do this (ever been to those dark corners of tumblr or instagram?) It's like every online disordered person send the message of "we're all sick, we all have this glamorous problem together and you don't, you little 'wanna-be-rexic'! Go away, you don't know what it's like." Well, at least that's the message I was receiving from online anorexics such as Felice Fawn. As sick as it is, I wanted to a part of this club. I saw an amazing community of thin girls who all had this shared secret and I wanted to join.

The above account illustrates that by setting criteria, it actually excludes people, making anorexia like a special club and glamorizing anorexia in a sense. Conversely, by taking up an anorexic subject position on the *Pro-ana* website, it provides the "self" an identity, an identity that signifies power, self-control and belongingness subjectivity, supporting the *discourse of self-production*. Therefore, the *Pro-ana* website, by supporting member's experiences, implicitly "promotes" the anorexic subject position.

However, some *Pro-ana* users suggest that even though the subject position of anorexia provides a powerful, strong and self-controlled subjectivity, anorexia is only one part of one's identity.

> Personally I'm like you and only think of it as a part of my own identity but perhaps it would be a little healthier to think of it as a separate being, as my ED is so entwined with my identity I hardly know who I am without it.

The extract above illustrates that anorexia is "a part of my own identity", suggesting that there is still "I", the other self that is also part of one's identity. This is consistent with Dehler (2012), Hope et al., (2011) and Williams' (2009) research which suggests that there are two selves. Anorexia is a separate entity from the "self", but simultaneously forms part of one's identity. It was noted that the "I", although forming part of the identity, is identity-less and non-existent.

> I feel like I have three persons inside of me: a person that wants to eat, a person that wants to be thin, and me
> The person that wants to eat and the person that wants to be thin are having a war inside of me. They have taken over my body. The me-person doesn't nearly exist anymore.

The extract above illustrates that there are three parts of one's identity. "The me-person doesn't nearly exist anymore" implies that it does not have its own mindset, thoughts and preferences. It is like a blank canvas takes on the identity of the winning one, the person that wants to eat or the person that wants to be thin. The identity of the "me-person" is constantly changing as the two persons are constantly fighting. Consequently, the conflict itself defines who the "me-person" is. This is consistent with the post-structuralist feminist theoretical framework that there is no ultimate, authentic self to be discovered and identities are active and dynamic (Jorgensen & Phillips, 2002).

However, as illustrated in the extract below, although the subject position of anorexia provides a powerful, strong and self-controlled subjectivity, some *Pro-ana* users paradoxically rejected it, resisting the *discourse of self-production*:

> anorexia isn't a game I know this because I know everything about it I read and watch movies and documentary's about it and I obsess over it but I honestly think im not good enough to be but this isn't something u should

> want but all I think about is getting thin I notice skinny girls so much and I have no self esteem I have always been fat and when I say fat I mean it I never payed attention to my weight when I was younger I was bullied all the time I just thought I was ugly and I ran to food for comfort I always felt ugly and I was fat but I never noticed I knew it but I chose to ignore it but at some point I noticed that this is a problem and it needs to stop so now I restrict or if I binge I cant get the guilt out of my mind im still not skinny and I feel like I never will be its so hard to live being so unhappy. I used to self harm...And I just want to be happy and how I see it then will be the answer but I already know I will not be happy with myself im not and over achiever I have always tried to be good at school and life but I continue to fail and I let everyone down and I feel like no one understands am I not human? am I not like everyone else? . . .

The above account illustrates that some *Pro-ana* users do not see themselves as anorexic because they feel they are "not good enough to be" anorexic. There are two underlying meanings. Firstly, it implies that she is "still not skinny" enough to be anorexic. Secondly, by saying "I (she) cant get the guilt out of my (her) mind", it suggests that she is blaming herself for losing control over her weight and her unhappy life at this stage, thus suggesting that she, the self, is not good enough, implying a sense of self-hatred. The sense of self-loathing is common among *Pro-ana* users that anorexia is often suggested as a way to punish the hated self. This leads to the next topic which is the *discourse of self-destruction*.

4.3.1. The discourse of self-destruction. This discourse centers on the process of destroying the body, thereby the "self". In opposition to the *discourse of Cartesian dualism* where the "self" was positively constructed as separated from the eruptive, bad body; the *discourse of self-destruction*, however, when the mind/body dichotomy is collapsed, the "self" too becomes negative: hatred of the body becomes hatred of oneself, the "self" too is bad and hated. Thus, destruction of the body is equated to destruction of the self. Furthermore, within the *discourse of Cartesian dualism* anorexia was frequently construed as a technique of self-production, a means of searching a defined and powerful identity. Yet, within the *discourse of self-destruction*, anorexia is portrayed as a form of self-punishment.

Bruch (1973, as cited in Malson, 1995) suggests that anorexia often stems from self-loathing or a lack of sense of self as well as poor self-image and low self-esteem. The discursive construction of "anorexia" as an identity providing a structure to the otherwise fragile identity clearly converges in part with this interpretation. *Pro-ana* users frequently illustrate such negative constructions of the self, associated with profound psychological distress and self-loathing.

> I just hate myself so badly. I hate that I know I'm not normal, I hate my body, I hate my life. I hate that I push everyone away and isolate myself. I hate every single decision I make.

> Before posting this I was about to kill myself with an overdose of insulin (i'm a type 1 diabetic) but I stopped because I'm a fucking coward. If I binge again or screw up again or piss everyone off again I don't think I'll be able to stop. I'm a fucking moron, I'm an animal, a disgusting out of control piece of shit and I'm trying so hard to hang on right now. I can't eat anymore, I can't let myself eat again. If eat one more fucking thing I'll do it. Everyone would be less angry without me, whenever I get stressed like this everyone gets angry at each other and me because I'm such a fuck up. I have to starve because I'm such a fuck up, I can't eat I don't get to eat, I don't deserve food. I hate myself I hate myself I hate myself so much. One more thing and I'll do it.

The extracts above illustrate that the self is construed as useless like a "coward", worthless and "don't deserve food". The self is implicitly constructed so negatively that it deserves punishment. The extracts below, for example, illustrate that anorexic behaviours are discursively (and materially) contextualized as self-punishing behaviours:

> I punish myself all the time too – mainly walking, restricting, laxatives, avoidance of anything potentially pleasurable or enjoyable, self harm (I don't cut, but I scratch, dig my nails in and try and make myself as uncomfortable as possible) I'll also set myself more rules/challenges while I'm walking.

> I'd say I generaly (generally) take it too far.

> I have cut myself about 300-400 times, but only around my hips because no one can see them there.
> Purging and restricting are also forms of punishment for me, i feel.
> Punishment for screwing up, not living up to expectations, being unworthy, for not being good enough, for being a disappointment to to others, a failure. It's all about the self-hatred and low self-esteem i have.

The above extracts illustrate that the self is negatively constructed as "unworthy", "not being good enough", and "a failure". Anorexic behaviours, such as purging, "walking, restricting, laxatives, avoidance of anything potentially pleasurable or enjoyable" are forms of punishment for me (hatred of self)". Hence, obsession with anorexic behaviours do not provide the self with a positive identity, rather it is way to destroy the self. It thus supports the *self-destruction discourse* and resists the *self-production discourse*. Similarly, the extracts below illustrate that the anorexic body does not signify heterosexual femininity, but it is constructed as a way to destroy or punish the hated self:

> It's that self-hatred in me, that violently dark area in my heart, that craves self-destruction and giggles when I cut my arms and cover them in my own blood. I seek after things that'll hurt me, break me - fragility on the outside is just another way to physically manifest the inside. I don't crave fragility for the beauty others will see in it, but the beauty that I'll find it gives me. It'll translate as control, overpowering my own physical form, and it'll be a sign that I'm closer to the death that I can't help but lust after.

> Feminism is not about telling women what to do. It's about giving them the choice to do whatever they want….my wanting fragility has nothing to do with feminism. I don't want to be fragile so that I can rely on some (non-existent) man for my wellbeing, protection or what have you. I don't want to be fragile so that I appear more feminine. My desire to be fragile is fuelled by strong and lingering hatred towards myself and my existence. Reaching for "fragility" is just one step towards breaking myself, maybe permanently.

The above accounts illustrate that the self is negatively constructed as a "dark area in my heart", "hatred". The anorexic body signifies a way of "breaking myself", to "hurt me" and eventually to "death". Beauty is not constructed as heterosexually attractive, as it is in the *heterosexual femininity* and *romantic discourse*. Instead, beauty here indicates "control, overpowering my own physical form", which implies that the person is able to reach total destruction of the physical body – death. As long as the person can feel the pain, it means that the person is in control:

> Anyone else like this? If I feel hungry through out (throughout)the whole day and go to bed hungry I feel safe. Like I'm still losing weight and I'm in control. I love feeling my hunger and it comforts me. If I don't feel it I get scared and fast. I always have to feel my hunger there. It lets me know I'm doing great and I'll be at my goal weight in no time.

> Like, I love it when I feel hungry. Like when my stomach is grumbling and it feels empty. I idk it feels like.. clean. I feel like I'm successful. On the other hand, I absolutely hate feeling full.

The above extract about feeling hungry is proof that the self is in control. It provides a sense of comfort to the person. Following from this, feeling empty signifies that the inner hated self is being destroyed. The empty and clean feelings indicate that there is nothing left, and signifies the ultimate death of the self. Thus self-destruction behaviour signifies control and success in destroying the body and the self. Here, physically destroying the body is translated into destroying the self, "fragility on the outside is just another way to physically manifest the inside". Therefore, the anorexic body signifies a negatively constituted self. It supports the *self-destruction discourse* and resists the *heterosexual feminine* and *romantic discourse.* This is consistent with Dehler (2012) and Malson's (1995) suggestion that self-hatred is transferred into something tangible, the body, hence weight loss through anorexic behaviours signifies a way to reduce the awfulness resided deep in the person. It was noted that the self is constructed so negatively that it deserves the ultimate death:

> For me, my eating disorder is honestly my chosen form of suicide. I'm waiting for it to kill me. In the meantime it gives me goals to strive for and helps me to achieve the look I am after. I can't express my emotions to those around me, so it will let me bring them to light: weak, disgusting, childish, and ultimately dead on the inside, right? So why not in the outside?
>
> I've kind of been having suicidal thoughts recently...and i was wondering if anyone else has ever just thought about it. Its slow and painful, just like i deserve, and I'd die skinny. And id be dead. win-win-win, right?

The above extracts illustrate that the self is constructed so negatively that it does not deserve a quick gun shot, but rather to slowly starve to death. Thus, anorexia is constructed as a "form of suicide", a slow-suicide, "slow and painful". Moreover, the inner self is constructed as "weak, disgusting, childish, and ultimately dead", thus the anorexic body signifies a dead body so that it matches the inner self. Hence, the anorexic body is a manifestation of nothingness, of the self that has died.

It was noted that self-loafing is the core issue underlying anorexia. Many *Pro-ana* users suggest that self-hatred and anorexia are closely linked and they form a vicious circle, as illustrated below, for example, one's sense of self-hatred feeds into anorexia which feeds back into self-hatred:

> abuse and hatred by other people as child >leanred to hate myself (because if I weren't awful why would they have treated me that way) >gained a little weight from comfort eating and wanting to be sexually attractive > got tormented for it > leanred to starve myself > realized I LOVE to starve myself and feel proud and in control when I do > learned to hate myself for messing up the starvation by eating/binging > became a fucked up mess caught in unending ana/mia/bed cycle > 33-yrs-old and have accepted this is "normal" for my life
>
> For me it was kinda
> Self-hate ---> Self harm ---> Can't self harm anymore ---> Eating disorder develops ---> More self-hate

The extracts above illustrate that eating and binging are considered "messing up the starvation" and the person feels like a failure at having an eating disorder, which leads to more self-hate, which promotes anorexia as a self-destruction technique to punish the hated self. It is also noted that drawing upon *self-destruction discourse*, the self is constructed so negatively that it does not deserve to feel anything good, for example, as the extracts below illustrate:

> Am I? Of course! That is my worst addiction . . . . cause I don't wanna stop. Cause, If I stop….well, I would feel good. And I am self-destructive, so I don't want to feel good. Oh, man, even I couldn't understand myself:/ I like topics like this.

> I wouldn't way it is a deliberate addition. I think it is more a force of habit. I do not get a high out of self destruction like some people do, but the very thought of allowing myself to be healthy, or creating opportunities and scenarios for myself wherein I can be happy, scares me and somehow becomes unwanted and unsought for. . . (text omitted)
> I don't get a high from it, I get unwanted, uncomfortable pain, but I deserve that.

The extracts above illustrates that the person "don't want to feel good" about the self. It is "unwanted and unsought for". Even if the person takes on various other discourses and provides one with a positive sense of self as powerful, independent and self-controlled, because the self is constructed so negatively it does not deserve these good feelings, so that good feeling will soon be gone, as illustrated below:

> i dont think i deserve anything, let alone to be thin. I dont deserve or need to be forced into treatment (happening tomorrow).
> I dont deserve to let myself be happy about anything or feel as though i've succeeded because I only end up being disappointed or proved wrong

> I'm just curious because I thought about this topic a lot recently.
> Personally I believe that I don't deserve happiness in life. And that's probably one main reason why I'm stuck over and over in binge cycles. On the one hand

> my biggest wish is to lose all the excess weight but on the other hand I don't believe that I deserve being thin again.
> I can't help myself.

The above accounts illustrates that the *Pro-ana* users do not deserve happiness and success, even thinness. They believe that they do not deserve to feel positive about the self because "I only end up being disappointed or proved wrong". Anorexia, as a self-punishment, is constructed here as an "addition" and a "force of habit" that is repeated regularly. The self is constantly destructing, "I can't help myself".

> . . . they think we're doing this because we want to or something when really its because we need to. i mean, i cant explain or give them tips on how to have the "self control"because its not something i want to or practiced doing, its just something i need to compulsively do out of fear or anxiety or something.

The extract above illustrates that self-control is something that the people "need to compulsively do" in response to a perceived sense of powerlessness and loss of control. In this sense, constantly re-forming a positive subjectivity by drawing upon various discourses is also a compulsive behaviour in response to a sense of self-hatred. Furthermore, because the self is constructed so negatively, it implies that even if one recovered from anorexia, the self will still be bad and is likely to trigger a relapse, hence recovery is not a viable option.

> I don't really know, even if I lose weight I'll still be me, if I gain weight I'll still be me, if I go on some kind of medication I'll still be me. Maybe its just self hatred.
> I don't know but I'll just carry on plodding through life.

The above extract illustrates that neither going into recovery nor continuing anorexic behaviours can change the negative self because "I'll still be me". Drawing upon the *discourse of self-destruction*, the negative self is the core pathology underlying eating disorder problems, which challenges the *biological* and *psychological discourse*, as well as the *discourse of Cartesian dualism*.

4.4 Summary of the Chapter

This chapter highlighted the various discourses *Pro-ana* users employ when constructing anorexia and the (anorexic) body on the *Pro-ana* website. This chapter discussed three main discourses, namely, *biological discourse*, *hegemonic gendered discourses* and *self-production discourse*.

A closer examination of the main discourses identified the way in which *Pro-ana* users produce a powerful subjectivity for the self. The *discourse of agency*, a *discourse of liberation*, and the *discourse of empowerment* allows them to challenge the dominant *biological* and *hegemonic gendered discourses* which position them as silent objects of a disciplinary gaze. It allows them to re-write their actions and identities in a beneficial way, producing a powerful, controlled, genderless subjectivity. The employment of *biological discourse*, *psychological discourse* and the *discourse of self-production* allows participants to claim and declare the authenticity of their condition as anorexic, which provides them with a powerful subjectivity, signifying strength, self-control and success. The *discourse of self-destruction* provides website users with a powerful, self-controlled subjectivity signifying that the person is successfully destroying the hated self. Drawing upon the *discourse of self-destruction*, the constant re-forming of a powerful subjectivity by drawing upon various discourses is a response to the sense of low self-esteem. The next chapter will address the implications of these research findings, as well as limitations and recommendations for future studies.

Chapter Five
Summary, Recommendations and Conclusions

The primary objective of this study was to explore the discourses about anorexia and the (anorexic) body that are shared by *Pro-ana* website users. The key findings of this study illustrate that *Pro-ana* users actively take on the "disordered" anorexic subject position to form a powerful "self" and to legitimize their behaviours. This chapter will present a summary of the findings, followed by the theoretical and methodological implications. Following this, the limitations of the current study and recommendations for future research on pro-anorexia websites will be addressed. Finally, the chapter will end with a final conclusion of the study.

5.1 Summary of Findings

This section will present a summary of the discourses that the *Pro-ana* users drew upon. This will be achieved through outlining the findings of three main sections: *biological discourse*, *hegemonic gendered discourses* and *the discourse of self-production*. Related discourses of *the discourse of agency*, *psychological discourse*, *a discourse of liberation*, *the discourse of empowerment*, and *the discourse of self-destruction* will also be highlighted.

5.1.1 Biological discourse. The *biological discourse* constructs anorexia as a physical disease and pathologises the individual's body. It positions the person as a silent object of medical disciplinary force and reinforces discursive constraints. *Pro-ana* users negotiate relationships between the *biological discourse*, the *psychological discourse* and the *discourse of agency* to gain control and power. For example, by resisting the *biological discourse*, and supporting the *discourse of agency*, the individuals position themselves as anorexia experts. This allows them to gain control over their condition, breaking the restriction of discursive constraint, challenging the doctor's authority and knowledge and disrupting the doctor-patient power relationship. Website users are positioned as agents, signifying a powerful self-determined, self-controlled subjectivity. Moreover, *Pro-ana* users paradoxically place themselves back in the powerless relationship by drawing upon the *biological discourse* and *psychological discourse*. Both discourses construct anorexia as an ill-

health condition. The former construct it as a physical disease whereas the latter construct it as a mental illness. In this sense, although they appeared as powerless patients with a lack of conscious choice and accountability, it adversely enables the person to carry out the anorexic behaviours in a legitimate manner, signifying a powerful subjectivity. In addition, the label itself allows *Pro-ana* users to prove the authenticity of their condition. They actively work toward the criteria to prove their sickness, self-discipline and worth. The reinforcement of the biological and psychological criteria further legitimizes the anorexic behaviours. Therefore, by constructing anorexics as the object of power it in turn positions them as the subject of the power.

5.1.2 Hegemonic gendered discourses. In parallel to *biological discourse* where the physical body is constructed as a silent object, subject to medical normalizing gaze, *hegemonic gendered discourses* similarly position a woman as a passive object, subject to masculine control. Drawing upon a *discourse of liberation*, *Pro-ana* users are able to escape the body and to form a controlling powerful self. As "woman" is constructed as bodiliness, anorexic body therefore signifies an eradication of the body, thereby excess femininity, to escape some of the negative connotations of femininity produced in *hegemonic gendered discourses*, where femininity involves passivity and dependence on the approving gaze of others. It thus signifies a powerful, self-controlled subjectivity. Similarly, by constructing the anorexic body as a genderless body, it liberates women from the stereotypical gender presentations and provides them with a new identity, a genderless identity, signifying a powerful, disembodied subjectivity. Moreover, in contrast to heterosexual femininity discursive construction of the small, fragile body as inferior, dependent and passive, *Pro-ana* users drew upon the *discourse of empowerment* and construct the seemingly small anorexic body as a powerful body. They position themselves in a controlling subject position, one who has the ability to manipulate others through her delicate body, signifying influential, dominant subjectivity.

5.1.3. The discourse of self-production. It was noted that the *Pro-ana* website, a disembodied space, may be a good place for identity production. It allows the person to escape from their physical bodies and re-define their identities as a powerful subject. Anorexia is constructed here as a process of formulating one's identity. It

provides identity to the otherwise identity-less self. Anorexia, as a subject position, provides one with a sense of superiority, difference and power that the self can identify with. Therefore, drawing upon the *discourse of self-production*, recovery is not possible as it means to take away who the person is, the meaning of one's existence. It was noted that the supportive, all-inclusive nature of the *Pro-ana* website unintentionally prompts people to take up the "anorexic" subjective position, an identity that signifies power, strength and self-control. It provides *Pro-ana* users with a sense of belonging to the broader "anorexia" community and alleviates the sense of loneliness. Therefore, anorexia is a process of producing a positive self. Paradoxically, anorexia is constructed as a process of destroying the self. Drawing upon the *discourse of self-destruction*, anorexia stems from self-loathing. The person thus takes on various discourses to form a positive, powerful self. However, as the self is constructed so negatively that it does not deserve to be this powerful person, so the self is punished, and then the person draws upon other discourses trying to compensate and reproduce a powerful self. It thus forms a vicious cycle. Following from this, as the self is constructed so negatively, thus weight gain or any sort of treatment would be meaningless, as it would not change the hated "self", which is the root of anorexia.

In summary, this study suggests that *Pro-ana* users drew upon discourses that justify and legitimize the anorexic behaviours. Anorexia is a desirable condition because it provides them with a powerful subjectivity. The *Pro-ana* website allows its users to escape from the physical body and form a disembodied, powerful self. The next section will discuss the theoretical and methodological implications of the study.

5.2 Theoretical and Methodological Implications

Post-structuralist feminist theoretical framework is thought to be able to provide the opportunity to supplement the understanding of anorexia in a simplisitc, reductionist manner that appears to be found in a positivist, psycho-medical approach adopted by most of the previous studies. By employing the post-structuralist feminist theoretical framework to understand anorexia, the study is able to theorize gender in a more adequate way and contextualize anorexia within a socio-culturally specific and gender-specific discursive context. The first part of this section will thus discuss

implications in terms of clinical practices and wider socio-political issues surrounding anorexia and women's bodies. The second part of the section will discuss the implications of utilizing pro-anorexia websites. Pro-anorexia websites are often perceived as the supportive environment by their members as they allow them to talk freely without judgment. However, health professionals often argue that pro-anorexia websites encourage non-eating disordered people to become disordered. The second part of the section will discuss the damaging effect of pro-anorexia websites and practical implications arising for utilizing websites.

5.2.1 Theoretical implications. The issue of anorexia need to be examined at multiple levels. From a post-structuralist feminist perspective, anorexia can only be adequately understood within its socio-cultural discourses and discursive contexts that pervade this (patriarchal) society. In other words, it is a problem produced by socio-culturally specific discourses and discursive practices, a social problem manifested in individual women. For example, the present study illustrates that the anorexic body is a result of women's resistance to masculine disciplinary control and hegemonic femininity. This illustrates that anorexia is a social problem embedded in the disordered self-other relationship, that femininity is construed negatively as the other of the masculine self (Hoskins, 2002). Examining the self-other relationship leads to the wider socio-cultural context and gendered power relationships. In this sense, the prevalence of *hegemonic gendered discourses* compromises the effect of individually-focused interventions as these discourses constitute and regulate women. The convergence of these power/knowledge and *hegemonic gendered discourses* upon the female body elicit the need of feminist political action in order to resist gender power imbalances.

Secondly, the present study illustrates that the *Pro-ana* user draws upon multiple discourses to construct anorexia and the (anorexic) body. This in turn produces a number of different and sometime conflicting subjectivities and desires, demonstrating the heterogeneity of the category of anorexia. It may be helpful for clinicians to think about anorexia in a feminist post-structuralist way to deconstruct the concept of the "typical anorexic", and work with women in their own specificities instead of tending to "treat" the (typical) anorexia. Moreover, as the results of the present study illustrates, there is possibly no ultimate self to be discovered. Hence,

recovery should not be a process of finding the "authentic" self (Weaver et al., 2005). Instead, by understanding the various ways in which pro-anorexia websites users draw upon discourses to form a positive subjectivity, clinicians and therapists should acknowledge these positive subjectivities and understand the ways in which anorexia and the anorexic body is discursively constituted and thereby experienced, and make available alternative ways in which these positive subjectivities and experiences can be constituted and maintained.

Thirdly, in each society certain discourses function as regulatory and restricting criteria that standardize ways of being. (Hall, 2001; Willig, 2001). This study has identified discourses *Pro-ana* users draw upon to talk about anorexia as something that is desirable, acceptable and "do-able". It was found that some of the discourses identified, such as the *biological discourse* and *psychological discourse*, were employed by health professionals to construct anorexia in a way that serves to reinforce the disorder and promote the "anorexic" subjective position. The anorexic subjective position has powerful social effects that normalize the anorexic behaviours. It is thus necessary for clinicians and therapists to pay attention to the benefits and consequences of an "anorexic" position/label. One argument that *Pro-ana* users presented was that the strict diagnostic criteria, rather than the pro-anorexia website, glamourise eating disorders.

5.2.2 Methodological implications. One of the ongoing debates with regard to pro-anorexia websites is its damaging effect claimed in the media and by health professionals. The present study illustrates that although the website claims not to encourage people to further their eating disorders, its supportive, all-inclusive environment may conversely promote its members to take up the "anorexic" subjective position as it signifies success, self-control and power. The researcher argues that clinicians and therapists need to be aware of this contradiction and not reject pro-anorexia websites completely.

The present study also illustrate that *Pro-ana* users try to eradicate their bodies by constructing the anorexic body as a disappearing body. For example, by supporting the *psychological discourse* and resist the *biological discourse*, *Pro-ana* users construct anorexia as a disorder of the mind, distanced from the physical body.

Moreover, by drawing upon a *Cartesian dualism discourse*, anorexia is constructed as a way to eliminate their bodies in order to resist masculine control. Furthermore, by drawing upon the *discourse of self-destruction*, anorexia is constructed as a way to destroy the body, and thereby the self. This is, however, consistent with the goal of pro-anorexia websites which is to "enter this disembodied venue to rid themselves of the bodies with which they struggle" (Bell, 2009, p. 151). This may be that their bodies are already an effect of *hegemonic discourses*. Thus pro-anorexia users utilize websites, a disembodied space, a place where the individualising disciplinary gaze is not possible, to re-write their identities. Therefore, it was argued that pro-anorexia website may be a good place for identity production. These perceived "benefits" of pro-anorexia websites need to be acknowledged by clinicians and therapists in formulating treatment interventions. Pro-anorexia websites, a disembodied space, loss of physical cues, thereby diminishes the imbalanced doctor-patient power relationship. It does not only make pro-anorexia websites an important research tool to produce valuable data with regard to anorexia, but also a bridge for clinicians and therapists to better communicate with them and provide the appropriate kind of support.

In summary, this section highlighted some ways forward with the research findings in terms of theoretical implications and methodological implications. The next section will address some of the limitations of the study and recommendations for future research concerning pro-anorexia websites.

5.3 Limitations of the Study, Suggestions for Future Research and Final Remarks

There are a number of limitations to the present study, which have made further research and theory necessary. Firstly, the present study employed Foucauldian Discourse Analysis, based on a post-structuralist feminist theoretical framework to analyse the *Pro-ana* website forum and guide the discussion of the findings. It was noted that the analysis of the current study provided only one possible representation of the data, of the discourses and discursive practices surrounding anorexia. Like the analysed texts, it produces rather than reflects its objects. It is not intended to provide an objective account of anorexia. Rather it aims to demonstrate the socio-cultural,

discursive nature of anorexia. Nevertheless, there are two limitations with the use of Foucauldian Discourse Analysis: the assumption that a sense of personal identity can be formed on the basis of discourse alone, and the assumption that discourses construct reality (Willig, 2001). With regard to the first limitation, it is argued that the emotional investment and attachment to these multiple discursive positions cannot be fully explained with the mere presence of the subject position. In other words, it does not consider factors such as the individual differences in preferred subject positions and the incentives to position themselves in ways that limit their opportunities for action. With regards to the second limitation, it is argued, FDA does not consider the extent to which discourse is constrained by social and material reality (Willig, 2011).

The other limitation of the study is that it only focuses on one pro-anorexia website. The researcher acknowledges that it is possible that some websites may have contained different information that is not addressed in the present study. Thus the findings cannot be generalised to a broader context. However, as the pro-anorexia websites have become more secluded and inward-oriented (Casilli et al., 2013), it becomes increasingly difficult to find them. Out of the small number of potential websites, *Pro-ana* was selected as it was the most comprehensive website at the time. Nevertheless, it is recommended for future researches to expand this study by analysing more pro-anorexia websites and using different search key words. It is possible that the more developed pro-anorexia websites may dissimulate proscribed keywords in order to avoid being detected. The inclusion of more pro-anorexia websites will not only produce richer data but also allow comparison between websites. Moreover, the data of the present study was limited to two months of observation of the *Pro-ana* website. The researcher tried to separate the time periods into two waves to get a broader range of data. However, due to the time constraints this limitation could not be avoided. It is recommended for future research to analysis the pro-anorexia website for a longer period. This would allow the researcher to examine the dynamic and norm of the website and how it influences what can or cannot be talked about on the website. Furthermore, the present study only focuses on pro-anorexia websites and fails to examine other forms of social networking existing on the Internet, such as blogs or Facebook. Future research can look into those forms of social networking sites.

It is also recommended for future research to focus on the use of the Internet, as it still remains an underutilized area. One of the limitations of the current research is a lack of interaction with pro-anorexia users which limits the researcher's ability to probe further into the topic. Therefore, it would be beneficial for further research to employ various online data collection methods with users of pro-anorexia websites. It was noted that the pro-anorexia website, a disembodied space, produce and reproduce the self. Thus, future research needs to take into account the researcher-participant power relationship in a face-to-face research context. Methods such as emailed interviews, online instant messenger applications or posting open-ended questionnaire, are more likely to create a comfortable safe environment for pro-anorexia users to talk about themselves. However, one needs to bear in mind that pro-anorexia users are a sensitive research population, thus ethical standards associated with Internet research need to be noted. Moreover, as the effect of pro-anorexia websites as positive or negative remain a complex issue, it would be beneficial for future research to study the most frequently used content of pro-anorexia websites. It was argued that pro-anorexia users may initially be attracted by the supportive nature of pro-anorexia websites, however, as their illnesses progress, they may be drawn to the more negative side of the website, such as tips or thinspirations. It is recommended that future research examine how pro-anorexia websites are being utilized by its members. This would shed light on how to best manage pro-anorexia websites so that they can be utilized by health professionals to better understand their patients, and by pro-anorexia users to provide a safe space for emotional support.

The treatment of anorexia is often difficult, thus it would be beneficial for future studies to involve health professionals such as clinicians and therapists. It would be interesting to see health professional's perceptions of the discourses pro-anorexia users may draw upon to construct anorexia and the (anorexic) body to form the self, and how this differs from the present research findings. This will bridge the gap between health professionals and pro-anorexia websites users' understanding of anorexia, and help with the treatment process. The other limitation of the study is that the study was conducted during the time when DSM-5 was released. There are several essential changes from the older version including a change in the under 85% of their ideal body weight into "significantly low weight", and the inclusion of BMI to determine the severity of the disorder. Moreover, amenorrhea is no longer listed as a

diagnostic criterion in DSM-5. However, the data from the present study revealed that not all *Pro-ana* users have adapted to the newer version of DSM. It is recommended that future studies of pro-anorexia websites make reference to the newer version of DSM.

In conclusion, the present study employed a post-structuralist feminist theoretical framework, drawning attention to the positive subjectivities *Pro-ana* users produce by challenging or supporting multiple discourses. This investigation also explored the ways in which socio-culturally specific constructions of femininity were implicated in these discursive constructions. While health professionals tend to disempower women with anorexia, the result of the present study suggests that *Pro-ana* users conversely take on the "pathologised" category to empower themselves and resist sociocultural control. Without overlooking the socio-culturally specific discursive context in which anorexia arises and the potential benefit of pro-anorexia websites for health practitioners, it allows more effective therapeutic interventions for those experiencing anorexia.

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