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# Phenomenological approaches to understanding pro-anorexia.

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# Phenomenological Approaches to Understanding Pro-Anorexia

**Elina Hailey Telford B.Sc, M.Sc.**

Submitted to the University of Wales in fulfillment of the requirements for the degree of Doctor of Philosophy.

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# Thesis Summary

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Full title of thesis: Phenomenological approaches to understanding pro-anorexia.

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**Background/aim:** Pro-anorexia is a relatively new internet phenomenon. Few papers have been published on the topic; however, these have largely focused on the content of the sites and the effects of viewing them. The studies presented in the thesis were designed to inform our understanding of both the lifeworld and lived experiences of pro-anorexia, with a view to informing both academic and clinical understanding of the phenomenon.

**Design:** Interpretative phenomenological analysis (IPA) was employed to explore the lived experience and descriptive phenomenology (DP) was utilised to investigate the lifeworld of the pro-anorexic user.

**Methods:** Eight females were recruited to interviews, which were later transcribed and analysed with IPA. Two pro-anorexic blogs were identified one of which was written by a female and the other a male; these were analysed using DP.

**Results:** The IPA study identified sub-ordinate themes: 'trajectory', 'boosting of the self' and 'thinspiration', each with their own independent subordinate themes. The blog studies produced differing themes; however, the studies collectively demonstrated similarities which contributed to the understanding of why people may use these and subsequently disengage from the websites across the stages of eating disorder illness.

**Conclusion:** Pro-anorexia clearly has a significant meaning and is very consuming for its users who present with eating disorder symptoms across the spectrum of illness. Clinicians should adopt a clinical stance (Geller, Williams and Srikameswaran, 2001) which fosters curiosity and acceptance, whilst suspending judgment when working with clients with eating disorders, specifically those who use pro-ana. In doing this it is anticipated that shame associated with use will be reduced and in being heard, users will be less likely to resort to pro-anorexic materials. It has been found that where services fail to work with the clients current stage of change (Prochaska and DiClemente, 1983) then pro-anorexic use is likely to re-occur.

The findings of the studies included in this thesis also demonstrate a need for contributors to both popular and academic media alike, to engage in wider consultation to establish the most useful way in which to present pro-anorexia in the public and academic domain and hence, provide warnings on the topic, rather than signpost those who are vulnerable to eating disorder symptomology.

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# Declaration and Statements

## Declaration

This work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree.

Signed ....                                      ............................. (candidate)

Date: Friday 17ᵗʰ May 2013

## Statement 1

This thesis is the result of my own investigations, except where otherwise stated. Where correction services have been used, the extent and nature of the correction is clearly marked in a footnote(s).

Other sources are acknowledged by footnotes giving explicit references. A bibliography is appended.

Signed .....                                     ........................... (candidate)

Date: Friday 17ᵗʰ May 2013

## Statement 2

I hereby give consent for my thesis, if accepted, to be available for photocopying and for inter-library loan, and for the title and summary to be made available to outside organisations.

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Date: Friday 17ᵗʰ May 2013

# Contents

# Dedications

For Mum and Dad, their ongoing support (through gritted teeth) has been invaluable. I suspect I now owe you some new dentures!

For Dr. Steve Edwards who has been an outstanding source of sanity, strength and knowledge from start to finish.

For my God Son, William Montgomery Darby.

For my friends who have recovered and those who continue to battle with the eating disorders. My thoughts are always with you.

# Acknowledgments

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Application and Approval Ethics Forms: Descriptive phenomenological analysis and the internet.

# Chapter 1

# Literature Review

The aim of the research undertaken in this thesis was to address the lifeworld and lived experience of those who use pro-anorexia. Pro-anorexia is recognised as a relatively new phenomenon which is a product of like minded internet users utilising the technology available to them (Richardson and Cherry, 2005). Pro-anorexia emerged in the mid to late nineties (Bell, 2009) but did not attract media attention until 2001 (Davis, 2002) and took even longer for academics and health practitioners to become aware of its existence (Pollack, 2003). The lack of awareness of such sites has been reflected in scholarly papers such as Juarascio, Shoaib and Timko (2010) who proposed that pro-anorexia had only emerged in the last six years.

Although the definitions of pro-anorexia vary between academics, users, journalists and laypersons alike, it is generally recognised that it emerged through the medium of the internet and is designed to support others who seek to lose weight in a way that is deemed pathological; that is, the cohort appear to support one another in aspiring to and obtaining unhealthy ideals of thinness through emulating eating disorder symptomology. Hence, pro-anorexia is assumed to employ a non-recovery model of the eating disorders (Boero and Pascoe, 2012). Initially pro-anorexia was viewed as static and associated with individual websites; however, media interest in 2008 demonstrated that pro-anorexia users had utilised developments in internet technology to engage with social networking systems to build a like minded community (Boero and Pascoe, 2012). The pro-anorexia support networks have been found to help users to evade detection from family, friends and health care professionals (Williams and Reid, 2007).

Investigations of pro-anorexia sites have suggested that users view their decision to engage in behaviour akin to an eating disorder and seek support for these goals, as a life style choice (e.g. Lipczynska, 2007). Williams and Reid (2007) articulated that 'pro-anorexia ... has two meanings: advocating anorexia and/or deliberately choosing anorexic behaviours' and it is these interpretations of pro-ana which have lead the media to express concerns about the implications of the existence of these sites (Mulveen and Hepworth, 2006). The communities sometimes referred to as a

movement, have developed their own language referring to pro-anorexia as 'pro-ana', 'ana'; there is also a separate vein which is less popular known as 'pro-bulimia' or 'pro-mia', or simply 'mia' (Dias, 2003; Mulveen and Hepworth, 2006). Other terms have also emerged such as 'thinspiration' or 'thinspo'. These terms are used interchangeably throughout the thesis. Other short hand terms have also emerged on the sites, such as 'AW' (actual weight) and 'GW' (goal weight).

The discovery of pro-anorexia, led to shock and revulsion in mainstream society and attracted criticism from health organisations and the medical profession alike (Bardone-Cone and Cass, 2007; Bell, 2009). The sites were described by academics as 'glorifying anorexia' (Grunwald, Wesemann and Rall, 2008) and as 'anorexia cult[s]' (Lichfield, 2008); it was also suggested that many pro-anorexics viewed their behaviour as a lifestyle choice, rather than an illness (Davies and Lipsey, 2003). Whilst the media also conveyed a sense of moral panic, suggesting that the sites actively recruited young people to engage in eating disorder communities and as a consequence, anorexic behaviours (Boero and Pascoe, 2012).

Research in to pro-anorexia is still in its infancy, with only fifty seven articles being published between 2000 and 2010 (Casilli, Tubaro and Araya, 2012); early research sought to identify the nature of pro-anorexia, detailing the messages conveyed and the contents of the sites. Research to date however, is yet to address the lived experience and lifeworld of the pro-anorexic users.

However, before the research which has attempted to understand pro-anorexia can be discussed, the literature review will first briefly introduce the eating disorders and the internet as separate entities. It is essential to discuss both the eating disorders and the internet in order for the reader to understand why social networking and mental illness have become fused and how as a consequence, this impacts on society at a wider level with regard to legislation, freedom of speech on the internet, clinical practice and those who are vulnerable to the eating disorders.

# The Eating Disorders

A brief overview of the eating disorders is given, because the eating disorders and the emergence of pro-anorexia are inherently linked; thus the presentation of the following information will act as a context for the in-depth discussion on pro-anorexia which is presented later on in the chapter. All the eating disorders are discussed, because despite the name 'pro-anorexia' the experiences described on the sites suggest that users also meet some, if not all of the criteria for both bulimia nervosa and eating disorder not otherwise specified. However, it is beyond the scope of this thesis to provide a literature review of the theories that underpin and contribute to our understanding of the eating disorders.

## The Classification of the Eating Disorders

The eating disorders are recognized as psychiatric disorders and are therefore, conceptualised as illnesses by both the leading diagnostic classification systems: the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition, Text Revision (DSM-IV-TR: American Psychiatric Association (APA), 2000) and the Tenth Revision of the International Classification of Mental and Behavioural Disorders (ICD-10: World Health Organization (WHO), 1992). Within the thesis the term 'illness' has been used to describe the illness of the eating disorder(s) rather than used to refer to illness *per se*. The systems identify and outline the definitions of the eating disorders as 'anorexia nervosa' (AN) and 'bulimia nervosa' (BN). Both diagnostic systems recognize two further branches of the eating disorders; however, the diagnostic label and criterion differ. The DSM-IV-TR (2000) refers to this additional eating disorder as 'binge eating disorder' (BED); in contrast the ICD-10 identifies similar symptomology as 'overeating associated with other psychological disturbances.' Further to this the DSM-IV-TR identifies a disorder called 'eating disorders not otherwise specified' (EDNOS), where in contrast ICD-10 (1992) recognizes these disorders as 'atypical anorexia nervosa' and 'atypical bulimia nervosa.'

The two manuals therefore, define similar disorders; however, present different diagnostic criteria, thus the DSM-IV-TR (2000) and ICD-10 (1992) require different symptoms for a diagnosis to be given. This reflects not only the challenge of cultural differences, but also that of temporality, individual differences and diagnosis. This,

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however, is also recognized by the editors of such diagnostic tools: Norman Sartorius (1992), the Director of the Division of Mental Health for WHO, highlighted 'a classification is a way of seeing the world at a point in time. There is no doubt that scientific progress and experience with the use of these [ICD-10] guidelines will ultimately require their revision and updating'; reminding us that diagnostic labels and definitions are never static rather constantly evolving with society, technology and cultural norms. A similar yet more extreme stance is assumed by pro-anorexics who assert that pro-ana is a lifestyle choice. Some pro-ana users draw parallels between the psychiatric classification of homosexuality and the eating disorders, asserting that 'once upon a time homosexuality was considered a mental illness... then gays and lesbians began to ... educate society that theirs was a lifestyle choice and ought to be accepted as such' (Mulveen and Hepworth, 2006). However, before such assertions can be explored in relation to empirical data surrounding the pro-ana phenomenon, the psychiatric classification of the eating disorders needs to be addressed.

**Anorexia Nervosa**

Anorexia nervosa is characterised by the refusal to maintain body weight above 85% of the expected body weight for age and height. A person's body weight who is below a body mass index (BMI) of 17.5 may have AN. BMI is calculated using the following equation:

$$\frac{weight\ (kg)}{height^2(m^2)}$$

It is used to categorize whether an adult is underweight [BMI <18.50] (severe [BMI: <16.00], moderate [BMI: 16.00-16.99] and mild [BMI: 17.00-18.49] thinness), normal weight [BMI: 18.50-24.99], overweight [BMI: $\geq$ 25.00], pre-obese [BMI: 25.00-29.99] and obese (BMI: $\geq$30.00 class I, 11 and 111) (WHO retrieved 14/01/2012). The World Health Organization (WHO) informs that BMI can provide an accurate measure of weight for both men and women, regardless of age; however, does not necessarily indicate fatness, as the measure cannot account for different sized frames and muscle mass. Also the WHO recognizes that BMI is not a helpful or accurate measure for some ethnicities (WHO, 2012).

Maintaining a low weight in AN, is accompanied with a pathological fear of gaining weight, body image disturbance and amenorrhea in post-menorrhoeal women. In a fifth of all cases, this latter symptom has been found to occur prior to excessive weight loss (Gelder, Gath and Mayou, 1994). AN can be further broken down in to two subtypes, as in the mid-nineties the DSM included AN restricting type and AN binge-eating/purging type, which are differentiated by the use of compensatory behaviours such as laxative misuse and vomiting (Eddy, Keel, Dorer, Delinsky, Franko and Herzog, 2001).

The prevalence of AN has increased over the last century, with more women being given a diagnosis of the disorder between 1935 and 1999. Life time prevalence of females developing the eating disorder has been reported to vary between 0.3% (Wijbrand Hoek, 2006) and 1.9% (Pawluck & Gorey, 1998), with girls between the age of 15-19 being at greater risk from developing the illness (Smink, van Hoeken and Hoek, 2012). Further to this, there have been reports of girls as young as the 10 years old developing AN, although it is rare (Currin, Schmidt, Treasure and Jick, 2005). The incidence of males experiencing anorexia nervosa is somewhat lower than females, with 2 in 100,000 being affected by the disorder (Pawluck and Gorey, 1998). However, prevalence rates should always be treated with caution as the data produced sometimes varies as a consequence of studies employing different methods and criteria, often including differing demographic information (Hoek, 2006).

Anorexia nervosa has long been considered a disorder of Western societies (Keel and Klump, 2003), because the incidence of eating behaviour disturbance, has been found to increase in conjunction with media exposure and an emphasis on body ideals (Becker, Burwell, Gilman, Herzog and Hamburg, 2002; Vaughan and Fouts, 2003; Keel, 2005). However, evidence suggests that eating disorders are developing across cultures and thus is not exclusively a culture bound syndrome; although, little is known about the prevalence in other cultures such Asia or South America (Treasure and Schmidt, 2002).

Anorexia nervosa has profound effects on the body causing changes to physical appearance, such as discolouration of skin and nails, dry hair, loss of hair, lanugo (the growth of fine downy hair over the body): and disturbances in physiological equilibrium causing strain on kidneys, liver and cardiovascular system. The disorder can also lead to changes in blood chemistry and brain structures, including enlarged ventricles (Krieg,

Pirke, Lauer and Backmund, 1988) and reduction in white and grey matter of the brain, not all of which is necessarily recovered after weight restoration (Lambe, Katzman, Mikulis, Kennedy Zipursky, 1997). Sufferers may also experience weakness and depletion of muscles. People with the disorder also, often experience vitamin, nutrient and mineral deficiencies, extreme cold and tooth cavities. Furthermore, anorexia nervosa is commonly associated with poor prognosis, with statistics demonstrating a high mortality rate (the highest out of all psychiatric illnesses) specifically among adolescents. This has been found to be a consequence of high resistance to treatment and thus starvation and medical complications, and also high rates of suicide. Howlett, McClelland and Crisp (1995) reported that at ten year follow up, 6% of patients had died; and at twenty year follow up the mortality ratio was found to be between 13% and 20%.

Further to this, it has been reported that gender and associated factors have been found to affect mortality ratios. Men have been reported to have a later age of onset of disorder (mean average of 20.78 years), a history of premorbid obesity and fewer suicide attempts than women (4% vs. 29%). Death in men with AN has been associated with a diagnosis of the restrictive AN subtype. Furthermore, they have been found to die sooner after hospitalisation than women (Gueguen, Godart, Chambry, Brun-Eberentz, Foulon, Divac, *et al* 2012).

**Bulimia Nervosa**

The second disorder outlined in the diagnostic manuals is 'bulimia nervosa' (BN), which is categorized by an individual placing disproportionate self-evaluation on body shape, size and weight and features binge eating that is accompanied with compensatory behaviours. Binge episodes are recognised by the different diagnostic systems as eating a large amount of food in a discrete period of time which is (or is not) accompanied with a sense of a loss of control; and is commonly followed with compensatory behaviours such as vomiting, excessive exercise, laxative, enema and diuretic abuse. The DSM-IV-TR (2000) also distinguishes between two subtypes of BN: purging type and non-purging type.

Unlike the diagnostic criteria for AN outlined in the DSM; diagnosis of BN requires that all behaviours occur collectively twice weekly, for three months. The difference in

criteria occurs, because it is assumed that menses will cease to occur after a three-month starvation period. However, this approach creates a gender bias in the diagnostic systems.

BN has been reported to emerge during late adolescence and early adulthood (Klump, 2005). The incidence of the illness has been reported as higher than that of AN; with the average life time prevalence calculated between 0.9% (Hudson, Hiripa, Harrison, Pope and Kessler, 2007) and 1.5% among women (Preti, de Girolamo, Vilagut, Alonso, de Graaf and Bruffaerts, 2009). In contrast, it is reported that the life time prevalence of BN among men has been found to lie between 0.1% (Hudsen *et al*, 2007) and 0.5% (Preti *et al*, 2009). People who suffer with bulimia nervosa similarly to those with AN, have also been found to have elevated premature mortality rates; with low BMI and previous suicide attempts being predictive factors (Huas, Godart, Caille, Pham-Scottez, Foulon and Divac, 2012). Huas and colleagues (2012) hypothesised that the rate of suicide amongst bulimics (a reported 60% higher than females in the French population) was a consequence of the comorbidity of personality disorders, which are associated with greater likelihood of self harm and death by suicide.

**Eating Disorder Not Otherwise Specified**

The third clinically recognised eating disorder is 'eating disorder not otherwise specified (EDNOS: DSM-IV-TR, 2000) or atypical eating disorder (ICD-10, 1992). The category is used to diagnose those who have eating pathology, but fail to meet the criteria for either AN or BN. An example of this is when a person presents with symptoms of AN but continues menstruating or the client is still within a normal weight range despite significant weight loss. A diagnosis of EDNOS may also be given when a client fails to meet criteria for BN due to low frequency of binge-compensatory behaviours or vomits without binging or engages in chew-spit behaviours. However, the psychological and physiological stress that the disorder places on the body has been reported to not differ to the stresses that the specified disorders place on both the body and mind (Thomas, Vartanian and Brownell, 2009). The diagnosis of EDNOS has been reported to be the most common disorder found in both inpatient settings and the community (Dalle Grave and Calugi, 2007); this is thought in part to be a consequence of the breadth of diagnostic criteria; it is anticipated that in the revision of the DSM due

to be published in 2013, that the diagnostic criteria of AN and BN will be revised so that the size of the EDNOS category is reduced (e.g. Attia and Roberto, 2009).

EDNOS, like AN and BN has a sub category, referred to as 'binge eating disorder' (BED). The disorder is recognised in people who engage in binge eating behaviours, as defined in the BN classification. However, unlike those who suffer from BN, people with BED do not engage in compensatory behaviours (Keel, 2005). In contrast to the DSM-IV-TR (2000), ICD-10 (1992) refers to such behaviours as 'overeating associated with other psychological disturbances'; which refers to those who use overeating in response to a traumatic life experience, such as surgery, abuse or bereavement etc. Thus ICD-10 (1992) differentiates between distressing events and obesity, and obesity leading to distress. The focus of diagnosis remains on the precipitating factors that led to eating disordered behaviours rather than the perception of the body leading to inappropriate eating behaviours i.e. differentiating between emotional distress with concerns to the body and life events. It is therefore, possible to understand why eating disorders are thought to stem, in part from the perception of the body, due to the common feature of body image disturbance across categories. However, it is the origin of distress that is important. Furthermore, BED differs from obesity in the sense that people with the disorder display core pathology associated with concerns with weight and shape, which have a statistically more significant impact on psychosocial factors and subsequently, quality of life than obesity alone (Rieger, Wilfely, Stein and Marino, 2005). BED has been reported to have a life time prevalence of 3.5% amongst women and 2.0% among men (Hudson *et al*, 2007).

**Summary of the Eating Disorders**

The eating disorders section has introduced key medical conceptualisations of the illness. It is of course well known that the eating disorders cannot be understood in terms of a simple cause and effect paradigm (Bowman, 2006) and should instead, be seen to be a product of multiple vulnerabilities and bio-psycho-social factors which collectively elevate the risk of developing an eating disorder, rather than actually *causing* one *per se* (Garfinkel and Garner, 1983). It is of note however, classification systems have been criticised for having a limited role in the understandings of eating disorders and also being too stringent and hence masking the true number of those who are affected by eating disorders, specifically anorexia nervosa (Overbeke, 2008); in fact

Halmi (1985) asserted that the disorders should be recognised as entities rather than disorders *per se*.

The literature review thus far, has provided a basic overview of diagnostic criteria and some of the risk associated with illness i.e. the physical costs. There are also other serious consequences of the illness, which have not been discussed, such as the detrimental psychosocial effects the disorder can have on both the sufferer and their families (B-eat, 2010) and it is beyond the scope of this thesis to discuss these. It is important that the reader bears in mind that there are strong associations between the eating disorders and pro-anorexia; whence, it is anticipated that research in to this domain will inform clinical practice and policy makers, alike.

## The Internet: Past and Present

The technology contributing to the arrival of the internet as we know it today has been evolving for a period of over fifty years (Mowrey and Simcoe, 2002). This section will summarize the development of the computer and the emergence of the internet; it is, however, important to note that the internet did not evolve through one technology alone, but through a series of ideas, research projects and concepts that led to its emergence (Leiner *et al*, 1997) and not all their origins are clear (Davies, 2001). Initially computer programming involved highly skilled individuals inputting data in to a computer by hand whilst also using punched cards, known as message switching (Davies, 2001) or batch system; the technique was employed to debug systems (Pew, 2003). Ironically the term 'bug' does not refer to the computer system itself, but to an occasion where a moth damaged computer relays (Dickason, 2001). However, more significantly, at this point in the development of human-computer interaction (HCI) technology, the focal point of development was user focused (Weinberg, 1971).

### The Development of Computer Technology and Internet

Computer networking and interacting technologies really began to develop in the 1960s (Mowrey and Simcoe, 2002). Large organizations came to realize the potential benefits of such technologies. However, the interaction that occurred in terms of modern day standards was extremely slow, as the lines between message-centers ran at telegraph speed, which meant that it was acceptable for messages to take hours to be received in

their entirety (Davies, 2001). The lower speed connection also meant that the information was received as typed rather than appearing line by line (Pew, 2003). Despite this advance, there was still some controversy over the cost effectiveness of interactive programming in comparison to the batch system; although, as computer language developed this concern was dispelled and by the end of the 1970s email had arrived.

As time progressed, so did HCI technology, with the first stages of development being targeted at both business and accounting domains. Computer language migrated from that of high level computing language, to the more accessible every day use of language so that programs began to recognize business terms that did not require a complex understanding of mathematical codes; it was this development that lead to Vannevar Bush's vision of cataloguing ideas in a similar way to the human brain (Pew, 2003). Licklider further developed this idea in terms of networking and interaction between computers and their users, a relationship that Licklider (1960) recognized as 'Man Computer Symbiosis' designed to support and reinforce human thinking. Englebart's (1963) work contributed to this futuristic idea. Using Nelson's (1965) invention of hypertext, he developed the oNLine System (NLS): a system that could manage text, images and facilitate videoconference etcetera. Licklider further expanded this, envisaging computer networking, so that all computers linked together across the continent (Pew, 2003). Sadly, Licklider died in 1990, but is still recognized as being the pioneer of the internet vision (Pew, 2003) or as he referred to it the 'Galactic Network' (Leiner et al, 1997).

As these technologies merged, the internet emerged and one key development that related to this was the emergence of packet-switching technology in 1969 (Pew, 2003); a technology which was developed independently by two physicists identified as Paul Baran and Donald Davies at the same time, but from two very separate environments; with the former physicist working in military intelligence and the latter working for the National Physical Laboratory within the United Kingdom (Davies, 2001; Mowrey and Simcoe, 2002). The United States were also simultaneously investigating ways to exploit the emerging technology; this early research was largely funded by the Department of Defence (DoD; Mowrey and Simcoe, 2002). The technology differed

from previous networking systems; which as mentioned, relied on punched cards or tape, which were physically transported from sending stations.

Instead, packet-switching embraced more advanced technologies, such as the use of a magnetic drum to store and send messages (Davies, 2001; Pew, 2003) which led to development of the fax machine, where messages could be sent along a telephone line and emerge at the recipient's end as a paper page representing the same message (Kirstein, 1999) and 'digitized speech' (Davies, 2001). In terms of technology, the new methods continued to send messages similar to the previous system, but instead messages were received in 'short message blocks'; such a process meant that if the lines were subject to military damage the messages would re-divert or alternate themselves rather then be permanently lost (Denning, 1989; Davies, 2001; Kirstein, 1999). Zhang's (1989) earlier work, however, articulates the meaning of packet-switching in a more tangible way that is more relevant to our understandings of networking today: 'Packet switching has two distinguishing features: it permits any single user an unlimited share of network resources... and it permits an unlimited number of users to statistically share the same physical channel.'

Packet-switching alone, however, did not lead to the internet, but rather allowed Roberts and Meril to communicate via a telephone dial up connection, between two computers for the first time in history in 1965 (Leiner *et al*, 1997). The development of this had emerged from a switch known as Interface Message Processor, a project which had been funded by the US Department of Defense (Mowrey and Simcoe, 2002). The American funded switch enabled computers located at different facilities, to network; this was known as the 'ARPANET' network where one computer was identified as a 'host' which facilitated the 'wide-area network'. At the same time, the United Kingdom and France were also developing similar systems; however, these prototypes fell by the wayside due to funding difficulties (Mowrey and Simcoe, 2002).

Within seven years of the first computer interaction, Tomlinson wrote a basic email application that allowed users to send and read emails (Leiner *et al*, 1997). This was quickly followed by a more advanced system by Roberts, who developed a more comprehensive application that allowed users to read, store, forward and reply to emails (Leiner *et al*, 1997).

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It is possible to see from the aforementioned literature that the development of the internet was rapid, thus it may be of no surprise that it was not until 1995, thirty years after the first computer interaction, did the Federal Networking Council agree on a definition of the internet: 'RESOLUTION: The Federal Networking Council (FNC) agrees that the following language reflects our definition of the term "Internet". "Internet" refers to the global information system that – (i) Is [sic] logically linked together by a globally unique address space based on the Internet Protocol (IP) or its subsequent extensions/ follow-ons; (ii) Is [sic] able to support communications using the Transmission Control Protocol/Internet Protocol (TCP/IP) suite or its subsequent extensions/follow-ons, and/or other IP-compatible protocols; and (iii) Provides [sic], uses or makes accessible, either publicly or privately, high level services layered on the communications and related infrastructure described herein' (FNC, retrieved 24/05/2010).

However, it was not just the way that computers interacted that developed, but also the purpose for their use, in line with the computer interface. The development of graphic user interface (GUI) allowed the user to write information without the use of formatting instructions and then print out the layout as it appeared on the screen. It was at this time the use of the mouse was employed, which facilitated the development and the way in which we use the computer. One classic example is the emergence of the icon, a useful tool that was developed by Xerox. The icon is commonly an image that represents a piece of desktop software. The computer user can use the icon to open up software and applications, move them around the screen (through the use of the mouse) and place it within other systems or applications. The icon did not require the skills of a computer programmer and, more importantly, the everyday person could use the GUI to carry out more sophisticated tasks. To ensure continuity between systems, Macintosh enforced rules that meant software developers would have to use this format to promote usability (Pew, 2003). Therefore, this period of innovation did not just leave visions, but concrete ideas and technologies such as time-sharing, hypertext, the mouse, personal computers, the keyboard and computer aided design; all of which have influenced computer science and are still used in current technologies (Pew, 2003). The ease, with which the internet entered mainstream society, is largely down to the commercial viability and the simplicity of personal computers which had become popular in the 1970s and 1980s (Mowrey and Simcoe, 2002).

## The Evolution of the Internet

Initially the world wide web was designed with the view of creating 'a universal[ly] linked information system' (Berners-Lee, 1998) primarily to be used by academics and researchers alike for non-commercial purposes. 'The internet [now however,] is as much a collection of communities as a collection of technologies, and its success is largely attributable to both satisfying basic community needs as well as utilizing the community in an effective way to push the infrastructure forward' (Leiner, Cerf, Clark, Kahn, Kleinrock, Lynch *et al*, 1997). Thus, as the internet has become more accessible, the way in which society uses the net has changed and leading computer companies have responded to this by further developing hardware and software alike. One of the most successful examples of this is 'Google' a search engine that was born out of a PhD project and developed in a garage in America (Auletta, 2009).

Prior to Google the internet boasted few search engines, with existing ones mainly comprising of Yahoo! and AltaVista to name a few. The way in which these earlier search engines worked was basic: users would type in a term and search engine that would produce a list of web pages that contained the words itemized in the search, regardless of whether the link was still in use, or indeed useful. In contrast, the pioneers of Google thought that a search should return information in order of relevance and also, be itemized in terms of popularity; that is the more a website was frequented the higher it would be placed in the page of suggested links. Such an approach meant that the consumer had a role in the way the internet was structured as their internet behaviour allowed Google to catalogue links to web pages that were used more frequently and thus deemed as a useful link for consumers (Vuletta, 2010). The internet was being developed to make accessing information easy.

One example of this was the arrival of Web 2.0 tools, also known as web-based 'collaborationware' which allowed the social web to emerge, enabling the layperson to contribute to and communicate through the internet using basic and accessible technologies, such as social networking sites and virtual diaries called web-logs (Kamel Boulos, Maramba and Wheeler, 2006; Kamel Boulos and Wheeler, 2007; Mikroyannidis, 2007). The emergence of Web 2.0 tools allowed internet users to move from being passive users to involved users, so that readers were able to contribute to the development of the story formed in blogs. This development in technology provided

readers the chance to upload their own feedback, providing other blog readers with more perspectives and insight in to the experience under discussion, other than the author's. To this extent it can be understood that a blog is more than a product of the author, rather an ongoing dialogue or journal between reader and producer, which can be revised at any given time by either parties (Barsky, 2006; Kamel Boulos and Wheeler, 2007). This transition from the internet being developed by the expert to the layperson is due to the fact that Web 2.0 does not require an understanding of hypertext mark-up language (HTML) computer programming e.g '<!DOCTYPhtmlPUBLIC"W3 C//DTDXHMTL1.0Transitional//EN"http://www.w3.org/TR/xhmtl.DTD/xhmtl1-transit ional.dtd' (Castro, 2002) and thus does away with the requirement to understand such complicated formule. Therefore, instead of the internet being developed by commercial pioneers it is developed and supported by internet users who, as O'Reilly (2007) calls them, are the architectures of the internet: as it is the constant linking and use of the internet and essentially user participation, which sources its growth and as a consequence provides a unique user experience (Kamel Boulos and Wheeler, 2007).

**Weblogs**
The transition from the corporate internet to the user led internet saw the ability for the everyday user to share photographs, videos and MP3 files, access podcasts and engage in social networking (Kamel Boulos and Wheeler, 2007). Part of this online technological revolution included the evolution of the 'blog.' Blogs are web pages that appear as a series of chronological entries that are viewed in reverse order, with the most recent entry being displayed first. These personalized websites, featuring author-selected links, became a phenomenon called a 'web log', later known as a 'wee blog' and eventually, a 'blog' (Brady, 2005) or internet diarist whose account reflected a layperson's opinion rather than being a site that was purely a commercial product.

The earlier blogs required authors to understand HTML, as outlined above, but in time, companies launched websites which provided internet users with an accessible template, where they could easily upload blog entries (Fiedler and Sharma in Tergan and Keller, 2005), also known as the first type of blog (Du and Wagner, 2006). The second type of blog saw authors editing their pages, choosing colours, structure and attractiveness of site; editors also had the opportunity to have their own permanent URL link (Du and Wagner, 2006) i.e. a permanent website address for their blog (Durie, 1999). This wave

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of blog technology has also allowed authors (bloggers) to interact with their readership, as sites allowed the option for readers to add comments and give feedback. The technology facilitated people being able to engage in group debates, and greater networking amongst readers and potential audiences (Blood, 2002; Godwin-Jones, 2003); this in turn widened the knowledge base available to internet users.

Perhaps one of the most interesting benefits of the internet is the near instantaneous transmission of information from one person's monitor to another's within minutes, appearing on an unlimited number of monitors across the globe. Further technological developments led to the birth of the RRS feed, an acronym used to describe the following three interchangeable terms: 'RDF Site Summary ... Rich Site Summary ... Really Simple Syndication' (Barsky, 2006), The feed enabled readers to be updated when authors edited or added to the blog and also made the author aware of linked sites that had been updated (Barksy, 2006) this 'pingback' technology has become known as the third type of technology, which is commonly used by the expert blogger (Du and Wagner, 2006). The RRS feed is also useful for those passive users who wish to filter and thus tailor the information that appears on their desktop when a blog is changed or updated (Goodwin-Jones, 2003; Hassan-Montero and Herrero-Solana, 2006). For example, a pro-anorexic may wish to receive information from a specific diet or be notified when someone talks about a specific exercise.

The structure of a blog further facilitates networking and communication among authors and readers in other ways; 'blogrolls' commonly feature on blogs and are used to itemize blogs favoured and followed by the blog author; this can lead to the networking of blogs and act as a directory of other possible blogs of interest for the reader (Barksy, 2006; Fiedler and Sharma, 2005). Some blogs also have in-house navigation tools allowing readers to find blog entries which have a specific content or are published in a specific month (Fiedler and Sharma, 2005): such organizational tools also allows material to be accessed quickly, without the need to download the whole diary.

More recently the development of the semantic web dubbed Web 3.0 has enabled the website/blog author to develop personalized and uncensored 'tags' that are placed on the blog site (Godwin-Jones, 2006); this organizational tool allows users to categorize entries, making it easier to find at a later date (Hassan-Montero and Herrero-Solana,

2006). Although this tool was available on Web 2.0, the emergence of Web 3.0 has given rise to the emphasis of the role of semantics in categorizing work, with the hope that we will no longer need to browse the internet to find information; instead it is hoped that the internet will generate desired information based on our interests and the webs' collective knowledge, which in turn will inform 'our collective knowledge to address our collective needs' (Gruber, 2008).

In the case of the female pro-anorexic blogger who I will discuss in chapter 4, these tag clouds included words such as: 'ana... mia, pro-mia ... bulimic ... ana/mia, ED, ... EDNOS ... thinner ... bones ... ribs...'. The tags were listed at the bottom of the page and if clicked, took the reader to the corresponding article, be it a news piece, an image or authors blog entry on the site; thus tags can be seen to allow authors to label their pages/photographs/posts etc, acting as both as an organizational tool for the blogger and a signpost for the internet browser (Godwin-Jones, 2006; Kim, 2009). Uploaded material, tags and 'tag clouds' (a series of alphabetized tags/author-generated words (Godwin-Jones, 2006)) are hyperlinked meta-data labels; clicking on a 'tag' retrieves extensive information related to that label (Dearstyne, 2007). Tags are referred to as the authors 'personomy', which when combined create a 'folksonomy' (Hotho, Jäschke, Schmitz and Stumme, 2006a). The term 'folksonomy' is derived from the synthesis of the words 'folk' and 'taxonomy'; thus is driven and developed by the individual (Hotho *et al*, 2006a; Hotho, Jäschke, Schmitz and Stumme, 2006b). The greater the folksonomy the easier it is for internet users to find the desired material (Lazar, 2003); this is of great benefit for site users e.g. once a reader understands and identifies with the community's 'netspeak' (Crystal, 2001; Hassan-Montero and Herrero-Solana, 2006) so it is easier for someone familiar with their interests terminology, to find similar and relating materials. Furthermore, the author can attach numerous tags to any one entry. A reader can then chose to search for specific tags on the blog, this will generate a list of entries which have been tagged with the requested.

Accordingly, Thurlow (2001) argued that the proliferation and use of new words such as 'thinspiration' (a lexical blend of inspiration and thin) is the product of developing communities; and in terms of the internet, language develops through the desire for speed and ease of typing. New viewers easily learn the language, as tags and links work to develop the readers understanding. As the reader becomes familiar with the topic

they then use the newly learnt 'key' words in search engines to find further material. In early 2000, bloggers found that the more links and tags their blog had, the more likely an internet browser would find their site. Due to its design, Google was particularly susceptible to this technique of broadcasting blogs and the publicity stunt soon became known as 'Google bombing' (Kahn and Kellner, 2004).

However, it may be questioned, how is a blog different to a website? The difference occurs in that a website tends to remain static in terms of content although images, links and text may alter. In contrast, a blog presents a series of chronological updates in reverse order, showing the most recent posting to the oldest. Bloggers (blog authors) tend to update blogs on nearly a daily basis. Interestingly, it has been found that some authors tend to write as if the reader is familiar to them i.e. the reader is friend or family member who have real-world personal knowledge of the author (Kim, 2009). However, this is not always the case and research indicates that some groups such as cancer sufferers have been found to use blogs to relay experiences to a wider audience, over and above immediate friends and family (Bloom, 1996; Kim, 2009). This perhaps, is not surprising, as the internet allows users to continually re-create their virtual selves through the use of language and avatars, providing an anonymous arena in which to explore fantasies and areas of their lived or desired identity (Turkle, 1999). However, a reader should recognize that a blogger's identity is a self-construct that captures and reflects a particular point in time; the identity is not necessarily global or applicable to all areas of their life. More and more research is suggesting that instead of the internet being separate to our identity, it is an extension of it (Kennedy, 2006).

As mentioned above, blogs are thought to have regular entries compared to websites, and provide an update of the current experience. It has been found that a blog tends to have a 'bursty' pattern (McGlohon, Leskovec, Faloutsos, Hurst and Glance, 2007), where the frequency of conversation and entries varies over time; this is often dependent on the type of blog e.g. comedy versus personal blog. Blogs allow the layperson to make their private world public, with age and skill rarely being discriminating factors. In fact young people have been found to be active contributors to the blogosphere (Huffaker, 2006); with young females being more likely than young men to publish and read personal accounts and diaries (Herring, Kouper, Scheidt and Wright, 2004). In contrast, a website provides an overall account and not necessarily an

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account of the lived experience, indeed they often require greater technical skill to produce.

**Blogging**

In recent years blogs have become of interest to researchers, keen to understand author's motivations to blog and the audiences motivations to read them; although little research has been published concerning this issue (Chiang, Chiang and Lin, 2013; Kaye, 2007). Walker Rettberg (2008) proposed that blogs can be understood as 'fragmented narratives' which can be 'on-going', 'goal-oriented' or 'self explorative' in their nature. Goal orientated blogs are identified as those which focus on future goals and objectives, Walker Rettberg use dieting blogs to exemplify this narrative. Chiang *et al* (2013) expanded further on the concept of goal-orientated blogging, suggesting that the blogger both implicitly and explicitly filters the information that they do and not do share on the blog. The aim of this is to ensure that the information shared is goal or subject orientated; it is these bloggers who use more complex forms of publishing and interaction than those who blog purely for pleasure (Nadkarni and Gupta, 2007; Chaing *et al*, 2013).

On-going narratives can also have goals and objectives; however, the content of the on-going narrative means that blog entries can be understood as single entries and as part of a wider story. The ending of the on-going narrative can be a consequence of a change in motivation and/or the achievement of a goal, conveyed through the blog or something more absolute such as the death of a blogger. However, even if a blogger dies the blog itself can continue to exist and develop, as readers can leave comments and feedback (Walker Rettberg, 2008). Although more commonly blogs cease to be updated after a month or two of being set up (Arnold, 2006).

The concept of a blog being self explorative stems from the work of Serfaty (2004) who suggested that the blog enables a person to examine the self, as if the blog were a mirror. Through the blog, authors can create a persona, which they can shape through the use of pseudonyms and language. The blog enables the authors to write about themselves, concealing and revealing aspects of their life as they so wish. Therefore, the blog can provide a biased account of an experience or perspective, which can contribute to the sense of a like-minded community between readers and bloggers alike. However,

the way in which the blogger expresses their personality is thought to be static across settings, for example if the blogger was extrovert in face-to-face settings, they would also be extroverted on the blog, which would be demonstrated through use of language e.g. the expression of positive and negative emotions, and discussion of self and others (Gill, Nowson and Oberlander, 2009).

Research of young people using blogs found that both boys and girls used a blog in a fashion that was similar to using a diary, reporting on their day-to-day experiences. However, the girls were found to be more forthcoming in sharing 'intimate details about themselves, including feelings of vulnerability and affection' (Bortree, 2005). The girls in Bortree's study suggested that blogging enabled them to communicate their emotions, where normally in face-to-face settings, they would not.

Whether a person connects with a blog has been found to depend on the similarities between the reader's and blogger's personality traits (Li and Chignell, 2010). The findings suggest that readers were able to use the author's language to inform their understanding of the blogger and their personality; therefore, readers are attracted to blogs that are authored by a person with similar personality traits. Blog preference has also been found to link to gender, with males preferring blogs that contain more text then images and vice versa for women. Cheng Hsu (p.127, 2012) hypothesised that this reflected differences between gender and the purpose of using of blog, suggesting that 'males tend to emphasize function while females tend to emphasize aesthetic expression.' Further to this Hsu and Lin (2008) found that social factors e.g. finding a like-minded community and attitude towards blogging had a significant effect on a person's intention to read or author a blog. Attitude was found to be influenced by the enjoyment and ease of viewing the blog, other factors included the blogger's desire to help others and acquire a reputation.

Further to this Gill *et al* (2009) found that personality also correlated with the type of a blog that an author produced. Through personality questionnaires and content analysis, it was identified that neurotic authors would write blogs that acted as a form of catharsis. Extrovert bloggers were found to write about their lives and utilise blog tools so that the blog acted as a dialogue between the reader and the author, rather than just a monologue. Those who scored highly on openness were found to blog about their

leisure time, where as in contrast those who scored highly for conscientiousness wrote about their day-to-day life, including work. Authors who scored highly on the personality trait agreeableness were less likely to discuss leisure, but more likely to use positive rather than negative emotions to convey their thoughts.

In sum, whether or not a person subscribes to a blog is based on the personality compatibility between both the author and the reader. Further to this personality of the blogger affects the way in which they convey their ideas and to some extent the content of their blog (see Gill *et al*, 2009). A blog enables a person to communicate freely, although their personality and motivations to blog impacts on how and what information is shared.

**Summary**

The overarching section of the internet thus far, has focused on the history and the development of the internet to date, providing a context for contemporary internet technologies. It is of note that the latter section largely focused on the development of blogs and not other social media; this is in part, because the later chapters focus on analysis of blogs and thus it is beyond the scope of this thesis to explore the emergence of social networking sites such as YouTube, Facebook and Pinterest to name a few. However, these are areas of significant interest especially with regards to pro-anorexia and require extensive research.

The Web 2.0 and Web 3.0 'mash up' provides the reader with an opportunity to access the author's experience and schema with regards to the subject under discussion, in this case pro-anorexia, in a way that has not been possible before; this interconnected system could eventually lead to the reader having input in to page structure, depending on the individual's preference and the production of sophisticated links and updates (Kötzsch, Tran and Vrandečić, 2008).

# Pro-Anorexia

The thesis thus far has provided an abridged account of the eating disorders, followed by an introduction to the internet with a specific focus on the emergence and development of blogs. As already noted, it is important for the reader to have awareness

of the internet and of the eating disorders. This section will go on to discuss how the internet has enabled like-minded people who appear to experience eating disordered cognitions, to congregate in anonymous forums to continue their pursuit to lose weight. There will be a focus on the emerging research which has attempted to understand and conceptualise the phenomena of pro-ana.

The emergence of the internet was a great fascination to the domain of psychology; it provided a space to examine the assumption of new identities (Turkle, 1995). Early research of the internet commented on the revolution of 'windows' where any one person could have several screens open at any one time allowing one to think 'about the self as a multiple, distributed, "time-sharing system"' (Turkle, 1999). However, it is not just the computer interface that allows this, but also blogs, allowing authors to organize their 'threads' as they so wish i.e. the creation of multiple lived experiences. However, as the internet developed it offered the potential to study and explore marginalised groups, specifically groups who congregated as a consequence of mental illness (Rouleau and von Ranson, 2011); although, it could never have been imagined that the arrival of the internet would have lead to the development of extreme online communities, such as pro-suicide and pro-anorexic groups (Giles, 2007).

**Content of Pro-Anorexic Sites**

Early research concerning pro-anorexia focused on the content of the sites; Norris, Boydell, Phinas and Katzman (2006) employed the method of textual analysis to do exactly this. Twelve sites were analysed and basic descriptive statistics were employed. The results demonstrated that 58% of the sites had a disclaimer posted; warning people of the potential dangers associated with the content of the site, before they entered the site. Journalist, Reaves (2001), suggested that this may be perceived as a challenge to those who have eating disorders and therefore, may promote their susceptibility to the sites. Conversely, Martijn, Smeets, Jansen, Hoeymans and Shoemaker (2009) reported that warning messages, which appeared before entering a pro-ana site reduced the number of visitors to the site by one-third.

Norris *et al* (2006) also examined the content of the site, with regard to the information available to readers. It was identified that eight of the twelve sites included a biography. Furthermore, it was reported that eight sites disclosed the gender of the author;

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however, it was unclear whether it was the same people who disclosed their gender, who also disclosed some form of life history. In contrast, a similar study conducted by Chesley, Alberts, Klein and Kreipe (2003) found that 64% of the sites analysed contained biographies. These findings were not too dissimilar to those presented by Shyam Sundar, Hatfield Edwards and Stavrositu (2010) who reported that 72.3% of mental health blogs included a profile, with females being more likely to include personal identifiers.

Norris *et al* (2006) went on to identify that 67% of the websites also included information often referred to as 'tips and tricks.' According to their study, tips largely consisted of weight loss strategies including the use of diet pills, enemas and laxatives. This has also been reported in other studies (e.g. Fox, Ward and O'Rourke, 2005). A proportion of the sites focused on other methods such as starvation, with two thirds of sites including information on foods which contain negative calories i.e. foods which are thought to burn more calories when consumed than they contain in their uneaten state. In contrast Chesley *et al* (2003) found that 91% of their randomly selected sites for analysis, presented nutritional information.

Sites were also found to include calculators which enabled users to gauge their BMI and the number of calories that they had burned. It was hypothesised that this information may contribute to short and long term risks associated with anorexia; the study therefore, failed to recognise that the content found on the websites may also have implications for those who suffer from BN, EDNOS or those vulnerable to the eating disorders (Norris *et al*, 2006).

Within the context of Fairburn's (2008) transdiagnostic model of the eating disorders, this could be construed as naive. Fairburn (2008) argues that the eating disorders have a shared core pathology that is: body image disturbance. It is this shared pathology across the eating disorders, which lends itself to the theory of temporal migration between the disorders. For example a patient may present with a diagnosis of anorexia nervosa, but may later *migrate* to another eating disorder diagnosis such as EDNOS or bulimia nervosa. This patient may then at a later point return to anorexia nervosa, back to bulimia nervosa, anorexia nervosa and then EDNOS, which in effect implies that an eating disorder diagnosis is not static and is interchangeable throughout the lifespan of

an eating disorder. This is demonstrated by Kaye's (2008) findings, which indicated between 25% and 30% of bulimics had previously met diagnostic criteria for anorexia nervosa (Kaye, 2008). Therefore, it could be inferred that those with a core pathology of body image disturbance i.e. according to Fairburn (2008) all of those who have an eating disorder, and not just those with AN, are vulnerable to both the long and short term effects of the tips and tricks shared on pro-anorexia websites.

Therefore, the Norris *et al* (2006) study provides a quantitative account and contributes to our understanding of pro-ana websites. The study however, perhaps because of it's age, focused on 'personal websites' and not pro-anorexia in its other formats e.g. message boards, weblogs, social networking sites and YouTube. Norris *et al's* (2006) findings present an overview of the content; but did not contribute to our understandings of the implications of pro-anorexia use. However, through the process of thematic analysis Norris *et al* (2006) did produce ten themes. The study reported that the most common themes to emerge were 'control' which was interpreted as weight loss equating to control over both the individuals body and life; 'success' was achieved through weight loss and the maintenance of weight loss; and 'perfection' perceived to be demonstrated through thinness. The other seven themes addressed issues of isolation, sacrifice, transformation, coping, deceit, solidarity and revolution. These themes were conveyed as being discussed through various media including religious transcripts, describing pro-ana as akin to a cult. However, a greater emphasis was placed on the quantitative findings, with little discussion of the meaning of the qualitative findings which may warrant further exploration. However, what is of note is that the themes that emerged reflected clinical understandings of the eating disorders e.g. perfectionism and control (Hewitt, Flett and Ediger, 1995).

**Thinspiration**

Norris *et al* (2006) found that 92% of the sites included content commonly referred to on pro-ana sites as 'thinspiration' or 'thinspo'. This was a similar finding to that of Chesley *et al* (2003) who found that 94% of the sites contained motivational content, of which 84% were identified as images and 81% writing. Although Chesley *et al* (2003) did not employ the word thinspiration, it was assumed that the research team were alluding to content often referred to as 'thinspiration' by the pro-anorexic community. The term alludes to 'pictures and photographs, quotes and lyrics, reading lists and

movie lists, personal success stories, poetry and prose' that inspire the reader/user to pursue their weight loss goals (Uca, 2004) and anorexic behaviours (Fox *et al*, 2005). Uca (2004) identified two subscales of thinspiration. The first subscale is termed 'positive and negative' whereby thinspiration is used to create a sense of fear amongst its viewers and is sometimes referred to as 'reverse-thinspo' which is commonly made up of images of obese people and are accompanied with news articles that advocate the dangers and risks of obesity. Uca (2004) argues that the idea behind this concept is to provide 'vilified symbols of failure' which act to frighten the individual from deviating from their dietary plan. Conversely the 'positive' end of the spectrum adopts images of emaciated and underweight models, to contribute to the viewer's sense of upward comparisons. These images are shared in order to reinforce weight aims and goals and thus eating disordered behaviour.

The second subscale of thinspiration that Uca (2004) employs, illustrates how the extremities of thinspo is reliant on its audience and their level of 'dedication' to their illness and/or pro-ana. Uca (2004) suggests that the more extreme communities will employ images of emaciated people to inspire weight loss, whilst rejecting those who would normally be viewed as thin in mainstream media. Richardson and Cherry (2005) propose that pro-ana presents an ideal that transcends traditional norms of aspirational body size; that is they aspire to be 'hyperthin.' These communities would suggest that mainstream models are too fat, Uca used the example of Britney Spears; however, a more recent example was published by 'The Sun' newspaper: 'CURVY model Kate Upton has been targeted by a twisted pro-anorexia website that glamorises the eating disorder ... In a foul tirade of abuse, the swimwear model - who won a Sun beauty poll last month - was called "piggie", "lardy", "squishy brick", "pregnant"– and "well-marbled"' (The Sun, 2012). The excerpt not only provides an account of the type of feedback left by pro-ana users, but also the reaction of popular media; exemplifying how the presence of pro-anorexia 'continues to stir outrage in the public domain' (Gavin, Rodham and Poyer, 2008). Uca (2004) suggests that it is these types of pro-ana comments that may belong to those who believe that people who aspire to be the size of mainstream models are 'impostors in the community.'

Uca (2004) goes on to use these subscales to exemplify the difference between pro-ana and pro-choice groups, with the former idolising 'emaciation as an image of will-power

and strength whereas the pro-choice groups idealize emaciation because their members' consumption with self-loathing makes them wish to disappear.' However, Uca's work should be treated with caution. The publication cited here, although fascinating, largely included quotes from sites to reflect the suffering and perspectives held in pro-ana communities. The book repeatedly emphasises that 'it does not promote eating disorders'; however, lacks scientific vigour. The book posits itself as sociological in its nature, but at best provides a copy and pasted account of pro-anorexic writings, with unsupported explanations as to the meaning and rationale behind these internet disclosures.

**Pro-Anorexia and Identity**

Fox *et al* (2005) developed an explanatory model for pro-anorexia, proposing that the movement understood their experience in a way that challenged traditional perspectives, which seek to conceptualise the eating disorders e.g. medical, psycho-social, socio-cultural and feminist perspectives. Fox and colleagues (2005) identified a website which in order to protect that identities of the participants, they renamed 'Anagrrl.' The site was studied for seven months using the method of virtual participation observation and twenty individuals were recruited to in-depth interviews, which took place via message boards and/or direct contact (via the internet). The data was explored using thematic analysis to examine how the users constructed their social worlds and identities. The study went further than that of Norris *et al* (2006) and identified that users were predominately female, with an approximate age range of fourteen to forty two years; with a larger proportion being in their late teens to early twenties. However, other studies have reported that pro-anorexic websites attract an audience as young as twelve years old (Custers and van den Bulck, 2009).

The first theme to emerge from Fox *et al's* (2005) study examined the concept of 'defining the pro-anorectic self' whereby individuals would create online persona. Personality can be expressed through the design of a blog; the self can be represented through colour, images, links, videos, music and words (Bell, 2007). Cadle (2005) proposed that people can 'consciously uses [sic] visual rhetoric to both persuade others and to define self.' One of the most famous pro-ana icons was associated with one of pro-ana's earliest sites: Ruby's Gloomy Place; the icon went on to be adopted by a Canadian television company Nelvana and has since been a hit cartoon programme with

a range of merchandise (Giles, 2007). Thus the internet can be used to reflect changes in self, experience and life.

Furthermore, with regard to blogs, the author can adjust past entries; therefore, the blog author has the ability to change the way that they present in the moment and through history (Walker Rettberg, 2011). Hence the internet allows us to present in the way in which we would like to be perceived; however, the way in which these online identities are embraced is unpredictable e.g. in the case of Ruby's Gloomy Place. Therefore, internet allows the formation of identity to develop in the public domain, regardless of age and with few restrictions. It has been posited that the development of internet identity is similar to the development of explorative identities in teenage years (Turkle, 1999). The internet essentially creates a flexible self, which is fluid and has various identities that are evoked and continue to develop when conversing with different groups of people and through natural growth (Turkle, 1999).

Similarly Fox *et al* (2005) found that message board users constructed an online identity through uploading images of themselves, informing others that they believed that they were fat; however, photographs were reported to be 'staged' with the females ensuring that they attended carefully to make-up and clothes. The images were found to frequently have encouraging feedback, with viewers commenting positively on the body presented to them; with some suggesting that the images acted as a form of thinspiration to them. Perhaps it could be inferred that this is the desired consequence of sharing images, a form of self-disclosure, that is to receive feedback from others and thus 'validating one's self-concept' (Stern, 2000).

In contrast, those who did not present images of their bodies were reported to have signatures, which reflected their identity; these were found to include content that detailed their actual weight, lowest and highest weight, and weight goals. Further to this some signatures included quotes. The sites were accompanied with concerns for others: 'the pro-ana ethos was about safety in managing a highly dangerous condition.' Therefore, the theme presented conflicting ideas of aspiration for weight loss, employing extreme measures to reach these ideals and inspiring others to lose weight through the sharing of thinspirational images, whilst also recognising that their behaviour was risky and demonstrating concern for others (Fox *et al* 2005). However, it

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was not reported as to whether or not users also perceived their pro-ana use as also risky.

**Clinical Implications of Pro-Anorexia**

Little research has been conducted in to exploring the actual harm and potential risks involved with viewing and using pro-anorexic websites (Rouleau and von Ranson, 2011). Bardone-Cone and Cass (2007) exposed eighty four females to pro-anorexic websites for a period of twenty five minutes. Psychometric testing showed that following the viewing of the website, participants experienced a reduction in mood, reduced appearance self-efficacy and reported that they perceived themselves as larger than before they had viewed the sites. Furthermore, the subjects believed that they would think about their body size and exercise more frequently over the following days, than had they not viewed the websites. In addition, they reported having a greater pre-occupation and upward comparison than the control groups, who were viewing either a fashion website or a home décor site.

One contributing factor to the maintenance of illness as a consequence of pro-ana use is that the sites have been found to act as a source of upward comparison and competition. Competitive behaviour is often seen in those with eating disorders, with sufferers trying to lose more weight than their peers in both inpatient and outpatient treatment settings (Colton and Pistrang, 2004). However, pro-anorexic websites enable people outside of these settings to create the same environments which act as a breeding ground for this type of behaviour (Boero and Pascoe, 2012). Competitive behaviour is thought to derive from thinspiration, where viewers aspire to be the equal or lower weights than the other users. They may therefore, use the images and self-reported body statistics i.e. weight and body measurements to inform personal goals.

Fox *et al* (2005) identified was a pro-ana paradox whereby individuals would present pro-ana as a life choice or a disease. In contrary to Davies and Lipsey's (2003) assertions, Norris *et al* (2006) found only one of the twelve sites analysed, presented pro-ana as a life-style choice rather than an illness; further to this, only one site declared that the purpose of the site was to support others with eating disorders. Although Fox *et al* (2005) reported that the distinction was not always clear. 'Ana' was seen as something to adhere to and was there to support others; the data suggested that those

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who subscribed to this way of thinking recognised that they had an eating disorder or 'disease.' In addition, Fox *et al* (2005) suggested that there were typically young, people on the internet who sought out pro-ana users to elicit tips on how to become pro-anorexic, as if it were a diet. It was this subset, who were perceived as making a lifestyle choice to follow pro-ana in order to attain the Western ideal on thinness. This is similar to the observations of Uca (2004) who suggested that this group of pro-ana followers were often deemed as fake and not real pro-ana's. This suggests that to be a 'true' pro-ana there is recognition that they are striving for ideals that exceed social norms of thinness.

However, Fox and colleagues (2005) suggest that pro-ana is neither a disease nor a life-style choice but rather a way to cope in a world which users perceive as threatening and unpredictable. In contrast Mulveen and Hepworth (2006) propose that ana (lifestyle choice) and anorexia nervosa (mental illness) exist on a spectrum; the rejection of the latter was found to enable and empower its users in the pursuit of weight loss.

Williams and Reid (2007) suggested that the challenge of defining the meaning of pro-anorexia e.g. lifestyle choice versus illness, is in part a consequence of its 'diversity.' The study highlighted that the concept of becoming anorexic varied amongst the pro-ana users; some suggested that the eating disorder was in a response to the active desire to lose weight or reaction to life events including negative feedback from others concerning their weight, changes in family systems and to communicate distress. Some reported that they had originally wanted their eating disorders and still did; this was because the label of 'anorexic' appeared to have a value and idiosyncratic meaning. The idea of not being able to engage in eating disordered symptomology appeared frightening and was referred to as having an addictive like quality; this is understood in terms of Malson's (1998) Cartesian dualism, whereby the anorexia takes unconscious control over the person's mind, which in turn takes conscious control of the body, enabling the person to deny themselves food. It was also recognised that the anorexic behaviours are also pursued as they acted to remedy interpersonal distress associated with appearance, identity and lifestyle.

Further to this, Roberts Strife and Rickard (2011) proposed that the way a person presented online e.g. portraying self as having an illness versus a lifestyle choice had

potential clinical implications. Those who recognised themselves as having a disease were reported to demonstrate apathy and accepted the decline in their health as a natural course of the illness. However, even where disease was acknowledged the website authors did not express a desire to recover. Williams and Reid (2010) suggested that this type of presentation may be a consequence of negative attitudes to treatment, in part as a consequence of previous experience of treatment or others' accounts of negative experiences in treatment. In contrast, Roberts Strife and Rickard (2011) found those who assumed the guise of pro-ana as a lifestyle choice, avoided using medical language and instead employed language, which conveyed that they experienced a sense of control over their 'choice.' It was suggested that those who experienced eating disorder symptomology may find shelter in pro-ana, because it detracted from the sense of shame often associated with psychiatric illnesses and the eating disorders (Skårderud, 2003).

With regard to the aspect of shame in the eating disorders, it is thought to be both a contributing factor to an eating disorder and also a consequence of the illness (Goss and Gilbert, 2002); however, it is not possible to ascertain the direction of shame, especially because the factors associated with the emotion are thought to be reinforcing in their nature. Furthermore, it is thought that some of the behaviours associated with the eating disorders are thought to perpetuate the sense of shame (Skårderud, 2003). However, Skårderud (2003) suggested that shame is a consequence of the 'dys-regulation of self-esteem' where the body is a vehicle for shame and dissatisfaction (Masheb, Grilo and Brondolo, 1999). Therefore, in order to rid the self of shame the individual, with the eating disorder, seeks to change their body through punishing routines such as starving, excessive exercise, binging and vomiting; shame that occurs as a consequence of behaviour has been found to correlate with the severity of eating disorder symptoms (Burney and Irwin, 2000). Furthermore, these behaviours perpetuate the sense of low self-esteem and worth. This perhaps offers an explanation as to why some people to turn to pro-anorexia.

Fittingly, Fox *et al* (2005) found that both pro-ana and the eating disorders acted as a 'sanctuary' and a 'refuge' from the interpersonal and intrapersonal that they encountered in their day-to-day life. The findings therefore suggest that pro-ana posits an alternative explanatory model to the traditional perspectives; that is pro-ana presents

a non-recovery model of the eating disorders. Prochaska and DiClemente, 1983) would conceptualise this as the 'precontemplation' stage of addiction, whereby an individual continues with an addictive behaviour in this case pro-anorexia, before any active consideration to change occurs; this can happen for an infinite amount of time, with the concept of change only emerging when the individual recognises a need for change or they experience external pressure to do so.

However, that is not to say that pro-anorexics do not contemplate change (a stage which features consideration for change, with no active desire to do so). According to Fox *et al's* (2005) model, recovery is not sought, because the eating disorder offers both control and stability in the users' life and is manageable, as long as issues of health are addressed. Furthermore, pro-anorexia is thought as desirable, because users can talk about their disorder without attracting unwanted attention from others in their face-to-face environments, which by proxy could lead to treatment (Williams and Reid, 2007). It was also suggested that this contributed to the sense of community, reducing isolation and normalising the experience (Gavin *et al*, 2008), whilst also acting as a resource to help with both recovery and the maintenance of anorexic behaviours. Therefore, deleting the sites may have unknown consequences for its users.

In 2001, American charity National Association of Anorexia Nervosa and Associated Disorders (ANAD) requested Yahoo's CEO to address the proliferation of pro-anorexic websites on the server. According to Time Magazine, within four days of the response it was estimated that Yahoo deleted 115 pro-anorexic websites (Reaves, 2001). However, the censorship was to some extent ineffective, because the sites reappeared on other domains (Ferreday, 2003). Furthermore, in a response to the closure of pro-ana sites, its users set up an online petition, which was designed 'to [demonstrate the] support the free rights of anorexics to express their views on their illness/lifestyle on the internet' (Go Petition, 2012). According to Williams and Reid (2007) the petition had collected 8,214 signatures (Go Petition, 2002); however, since the publication of their study the petition has collected a further 4,733 signature bringing the total number of supporters to 12,947 (2012). The original author of the campaign had included a link to a pro-ana website; however, this has long since been deleted. Thus when you click the link a message comes up alerting you to the fact that 'page is not found' which is thought to be a consequence of its server deleting the site. This is a common occurrence when

searching for pro-ana sites (Williams and Reid, 2007); pro-anorexic authors however, are resilient to the deleting of these sites as already noted, with sites often reappearing in different formats and under different guises (Fox *et al*, 2005).

A literature search carried out in early 2012 demonstrated that at the time of the investigation, there was little evidence to suggest that studies were addressing the implications for users when sites are deleted e.g. what would be the impact on a user with regards to a loss of community or 'sanctuary'? The lack of research is of some significance and concern as social support has been associated with robust health and well being (Cotten, 1999). Furthermore, Dias (2003) suggests that support is rarely found until treatment is sought; studies demonstrate that engaging in treatment prematurely is accompanied with the risk of treatment failure due to the patient's determination to maintain eating disordered behaviours (Vitousek, Watson and Wilson, 1998). Therefore, pro-anorexics are placed in a unique situation, whereby they can access support from a like-minded community, whilst also avoiding being subjected to premature treatment. Gavin *et al* (2008) suggest that pro-anorexia enables its users to access support, whilst remaining isolated and maintaining secrecy in the real world.

This however, is not unique to pro-anorexia; the internet offers a paradox which is unique; it can contribute to a sense of real isolation, whilst enabling cyber socialisation (Slevin, 2003). The HomeNet project that was conducted over a period of two years, which included seventy three households, found that internet use was associated with greater levels of depression and isolation (Kraut, Patterson, Lundmark, Kiesler, Mukopadhyay and Scherlis, 1998). Furthermore, the study found that family members within the household communicated less within the home and with those in the immediate and wider community. However, the findings were criticised for suggesting that the internet was not 'real' in its essence (Slevin, 2003). This relates to popular to debate of how the internet reduces and almost prevents the ability of subtle nuances of non-verbal communication to 'leak through' (Miller, 1995) and thus experiences on the internet could be understood as unrealistic or fake in their nature.

Further to Kraut *et al's* (1998) findings it has been reported that overall, internet use has been associated with users spending less time with others in both the home and the work place (Nie, Hillygus and Erbing, 2002). The internet therefore, could be

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considered to foster isolation from others in the physical world, whilst providing an alternative community to the real world. Pro-anorexia sites offer social support, which is hard to access in face-to-face situations; this is often because face-to-face social situations demand a need for public eating, something which is commonly resisted by an eating disorder sufferer, because of the fear of the criticism that they may receive from others concerning their eating disordered behaviour (Csipke and Horne, 2007). Similarly Hass, Irr, Jennings and Wagner (2010) reported that pro-ana users would use the groups to discuss their eating and weight concerns with their self-loathing being 'embraced' rather than rejected. This acted to affirm community membership and norms.

Leading charities such as B-eat recognise that although potentially damaging, these sites serve an important purpose to its users. The charity now advocates that instead of closing the sites down, that professionals and carers alike should do more to recognise the purpose of these sites and foster 'understanding and acceptance [towards those with eating disorders], so that these sites don't become the only refuge for someone' (Ringwood, 2008).

The 'understanding and acceptance' stance that is advocated by B-eat (Ringwood, 2008) reflects suffers' rhetoric, who often feel misunderstood by others. For example Rorty, Yager, Buckwalter and Rossotto (1999) found that women with bulimia nervosa who were both experiencing active BN symptoms or were in remission from symptoms, reported significant dissatisfaction compared to controls, concerning the quality of the emotional support provided by family members. Furthermore, those with existing bulimia symptoms reported having less emotionally supportive relationships than those who were in recovery. In contrast, it was found in a separate study that those who did visit pro-ana websites reported a reduction in perceived isolation and loneliness (Cspike and Horne, 2007); perception of loneliness was reduced further when people actively engage in the sites e.g. conversed with others compared to those who merely browsed. Brotsky and Giles (2007) hypothesised that in this circumstance, pro-anorexia acted as a mediator or 'buffer' against the biopsychosocial costs of the eating disorders such as isolation.

Schmidt and Treasure (2006) reported that pro-anorexic beliefs are thought to be a factor with regards to maintenance of illness. Williams and Reid (2010) through the utilisation of interpretative phenomenological analysis examined the lived experience of being anorexic and/or receiving treatment whilst also using pro-anorexia. The two main themes were identified as 'ambivalence and conflict about anorexia' and 'barriers to recover.' It was found that control featured heavily in the accounts provided by the participants; the interviewees demonstrated confusion with regard to whether the eating disorder was in control or they were. The anorexia was described as something that they both wanted and hated; this was described as being a 'double approach-avoidance conflict (Miller and Rollnick, 2002)' where the suffer experiences both positive and negative feelings, concerning both recovery and maintaining illness (Williams and Reid, 2010). This is perhaps best illustrated through the findings of Wilson, Peebles, Hardy and Litt (2006) who through the process of survey found that 25% of patients who participated in the study reported frequenting both pro-eating disorder *and* pro-recovery sites.

However, Lyons, Mehl and Pennebaker (2006) have suggested that the language employed by pro-anorexics and people in recovery from anorexia nervosa differ. Their analysis of sixty-two message boards and fifty six homepages were analysed demonstrated that these two groups displayed different self-presentation styles. Pro-anorexics employed language which enabled them to focus on the present rather than the past; the words used across the pro-anorexic media were positive in nature and rarely demonstrated a sense of anxiety, whilst also reflecting a lower level of self-focused attention compared to recovering anorexics. Pro-anorexics were more preoccupied with discussions surrounding food and eating, than other psychological concerns such as school and death. In contrast, recovering anorexics demonstrated significant reference to cognitively mechanical words, reflecting a robust degree of insight and higher level of anxiety and reflectivity. Loyns *et al* (2006) proposed that the differences in linguistic expression were a consequence of 'coping strateg[ies] aimed to stabilizing them emotionally.' This was hypothesised to make pro-anorexics more resistant to psychological interventions.

With regard to the aspect of control, Tierney (2006) draws parallels between pro-anorexics with the starving maidens; hence, it is not considered a new facet of the eating

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disorders. Tierney (2006) suggested that similarly to historic accounts, women use food as a way to gain a sense of control. According to Tait (1993) the descriptive accounts that emerged throughout history, suggested that the act of starvation was a consequence of piety. He argued that men would demonstrate selflessness by giving their possessions to the poor; women however, were unable to do this as they had little control or ownership over possessions. In order to show their faith, women would instead give food away to the homeless at the cost of their own hunger (Walker Bynum, 1987). Furthermore, women demonstrated their remorse through subjecting themselves to pain and commonly denied themselves of food (Tait, 1993). Tait (1993) argued that the onset of fasting often occurred as an attempt to manipulate the family i.e. gain control, such as to avoid arranged marriages and so on; hence food avoidance would commonly occur in the adolescent years, when marriages were commonly negotiated. However, Walker Bynum (1987) and Bemporad (1997) were not convinced that periodic starving seen in these women, for discrete periods of time (in the case of the Ancient Greeks for three or four days) was reminiscent of anorexia nervosa. However, what is important here, is that the presence of a need for control is not unique to pro-anorexia; instead it is a facet of the eating disorders that has been seen across centuries (Tierney, 2006). Further to this, Dias (2003) suggests that it is perhaps the stigma and shame as a consequence of having a psychiatric diagnosis, which leads its users to be creative in connecting with one another via the internet.

Similarly to Norris *et al* (2006) study, Fox *et al* (2005) reported that pro-anorexic users often discussed the use of pharmaceuticals to promote weight loss. The former study reported that the misuse of pharmaceuticals often featured in tips and tricks sections of the websites; however, Fox *et al* (2005) reported that a series of threads (on message boards) developed over the course of their study, with sections addressing the use of diet pills to manage weight loss. These conversations were often preoccupied with how these drugs could be obtained, as they were not always available in the country of residence. Similar findings have been reported by Wilson et al (2006) and Ransom, La Guardia, Woddy and Boyd (2010). In sum, Fox *et al* (2005) expanded on the findings, which Norris and colleagues (2006) presented; however, again failed to address issues of gender and interpreted its users to be inherently anorexic, and perhaps inadvertently suggesting that those with bulimia and EDNOS were not vulnerable to the use and the content of the site.

In contrast, Mulveen and Hepworth (2006) employed the method of interpretative phenomenological analysis to explore fifteen threads of a message board, over a period of six weeks. The study identified four main themes; similarly to other studies the theme of 'tips and tricks' emerged e.g. Norris *et al* (2006). Mulveen and Hepworth identified that these arose through natural discussion rather than being explicitly labelled 'tips and tricks'; that is tips and tricks were inherent in the conversations and were recognised as sharing exercise and dietary plans and decreasing weight goals. What was interesting here, was employing the term 'tips and tricks'; the term originated from the earlier pro-anorexic websites and is still utilised by scholars. That is, we appear to have adopted pro-ana terminology to describe the sharing of information, which is not always explicit as 'tips and tricks'; the information may be interpreted as tips and tricks perhaps by a person early on in their eating disorder career. For example Wilson *et al* (2007) reported that 96% of those who visited pro-ana websites learnt new methods to induce weight loss. However, people who have been acquainted with their eating disorder for sometime will no doubt be aware of these behaviours and perceived benefits.

Similarly, it was found that those who visited pro-recovery websites also reported the information presented as helpful in building their repertoire of skills to lose weight, a large proportion of whom implemented these techniques in both the community (Wilson *et al*, 2007) and inpatient settings (Colton and Pistrang, 2004). This would suggest that the information presented on the screen is interpreted based on underlying cognitions and exisiting eating disordered pathology when entering the sites (Rouleau and von Ranson, 2011). For example prior to the internet, people may have sought eating disorder information out from mainstream media such as magazines, books and news articles from which to learn 'tips and tricks'; items which pro-ana users commonly refered to as thinspo. Wilson *et al* (2007) found that 77.6% of the patients recruited to the study used books and 69.7% used magazines to gain information about eating disorders; however, it was not clear as to why the individuals were seeking out this information nor what they took from it e.g. did they learn further eating disordered behaviours or find support for recovery? Further to this the participants in Schroeder's (2010) study, reported that they believed that the images portrayed in the media are far more damaging than those found in thinspiration sites, because the messages and

images in mainstream popular culture were not accompanied with warnings, explaining the potential triggering effects that viewing the information would have.

In contrast, Williams and Reid (2007) grounded theory approach examining one hundred and seventy six participants comments left on message boards, conceptualised tips and tricks as 'anorexic behaviours.' Their study demonstrated that similarly to the studies outlined above many of the participants used pharmaceutical products for the use for which they were not intended, with some indicating that they had become addicted to both the medicines including laxatives and also the behaviour, such as vomiting. The concept of addiction was important to Williams and Reid (2007), who discussed pro-anorexia and anorexic behaviours in line with the readiness of its users to change, that is recover. The researchers proposed that pro-anorexia similarly to anorexia, is accompanied with strong feelings which enable the sufferers to perceive their illness as positive and is unique to the eating disorders (Williams and Reid, 2010). Furthermore, it has been recognised that the writing in pro-anorexia is not too dissimilar to the expressions of anorexics in non pro-anorexic settings. This perhaps further highlights the overlap between pro-anorexia and the medical conceptualisation of the eating disorders.

It is thought that approximately a third of patients with an eating disorder have used pro-anorexia websites (Christodoulou, 2012). Harper, Sperry and Thompson (2008) reported that by their nature, pro-ana sites encourage the readers to emulate and engage in eating disordered behaviours; however, it is suspected that rather than inciting new visitors to engage in eating disordered symptomology the sites are contributing to the maintenance of illness (Brotsky and Giles, 2007). This is perhaps exemplified by Wilson *et al's* (2006) survey of one hundred and eighty two individuals, which demonstrated that pro-ana users had a significantly longer experience of illness, compared to those patients who did not use pro-anorexic materials; although, non-significant correlations were found between the number of missed periods, low bone mineral density, frequency of hospitalisation and ideal weight/weight goals. However, it was unclear as to whether the relationship between the length of illness and pro-ana use was causal or a consequence of the extent of eating disorder pathology.

**Pro-Anorexia and the Law**

It is of note, that one area of pro-ana which has been largely ignored in pro-anorexic research is the risks with regards to the legalities of disseminating such information. Until recently the internet has been uncensored, with limits being imposed on surfers in countries such as China; however, more recently countries such as France and Spain have made pro-anorexia illegal, with Australia considering following such leads in 2010 (Jacobs, 2010). Valérie Boyer was the first politician to actively tackle pro-anorexia; in 2008 Ms. Boyer drafted a paper which was passed through the French lower house (Erlanger, 2009) and later the Senate. The bill was designed to prevent the promotion of extreme thinness and although it applied to general media, it was also targeted at pro-anorexic websites. People who are found guilty of the crime could face a two year jail sentence accompanied with 30,000 euro fine. Those are found to have caused death by inciting extreme thinness could be given a three year jail sentence, accompanied with a 45,000 euro fine (BBC, 2008).

Martin (2004-2005) proposes that the concept of anorexia is not particularly challenging; that is reducing food groups to lose weight. Thus the information on the sites may not make the authors liable through incitement. In contrast, those who upload information on how to purge more effectively may be at risk from the charge, because the consequences of the act can be instant. Martin uses the example of oesophagus rupture as a consequence of bulimic behaviour to illustrate this; sadly this was an experience that one of the participants endured in chapter 3, after using information from a pro-ana site to inform her eating disordered behaviour. However, unless the effects of the behaviour are instant i.e. death by oesophagus rupture; then a criminal charge of incitement is unlikely. Although a charge of liability could be made, if the authors of pro-anorexic materials provided enough step-by-step information on how to lose extreme amounts of weight, excessively exercise, purge etc; as this would allow users to emulate behaviours which could lead to self-harm or death. Furthermore, those who endorse the use of emetics such as Ipecac could potentially face charges of 'successfully soliciting another to commit suicide.' However, there is no research on if and how pro-ana users conceptualise the legal implications of their online presence, and if indeed they are aware.

**Summary of Pro-Anorexia**

In summary, pro-anorexic research is still in its infancy. The media and academia alike have struggled to agree on a definition of pro-anorexia. This is in part a consequence of the idiosyncratic nature of pro-ana; however, it is largely recognised the members of the pro-anorexic community identify their experience as either being a consequence of a lifestyle choice or a disease (Williams and Reid, 2007). However, it is now widely recognised that users employ an alternative model i.e. anti-recovery, to the medical model to conceptualize eating disorders, specifically anorexia (Fox *et al,* 2005). Therefore, research is required to understand what it is to be pro-anorexic and the meaning that users assume from this identity.

It is clear from the research presented in the literature review that internet technologies enable pro-anorexia users to meet a like-minded community, where the experience of pro-anorexic cognitions are normalised and accepted e.g. Haas *et al* (2010) and support is gained to the extent that it's users perceive pro-ana as a 'sanctuary' (Fox *et al,* 2005). Pro-anorexia appears to act as a source to learn tips and tricks on how to further develop eating disordered symptomology (e.g. Norris *et al*, 2006); however, these tips and tricks are not always explicit and can be inherent in the pro-anorexics linguistic presentation (Mulveen and Hepworth, 2006). The language employed by pro-anorexics has also been found to differ to that of the language utilised by anorexics in recovery, with the former showing greater preoccupation with discussing food consumption (Loyns *et al*, 2006). Along with tips and tricks, thinspiration has been found to be present in pro-anorexic transcripts across the studies, promoting inspirational ideals that are recognised as being 'hyperthin' by academics (Richardson and Cherry, 2005). Further to this, using pro-anorexic websites have been found to have a negative impact on effect and exaggerated upward comparisons compared to those who viewed either neutral sites or fashion sites (Bardone-Cone and Cass, 2007).

There is significant concern in clinical, academic and public settings with regard to the pro-anorexic phenomenon. As outlined earlier in the literature review pro-anorexics exhibit similar symptomology to those who are diagnosed with eating disorders, which have been shown to have devastating biopsychosocial effects, with death being the ultimate risk of eating disorder symptomology as either a consequence of medical complications or suicide. However, to date these studies have failed to explored the lived the experiences and lifeworld of those who use pro-anorexic materials; thus the

thesis employed phenomenological methods to bridge these gaps in current research. It is anticipated that in doing this that it will promote our 'understanding and acceptance [towards those with eating disorders], so that these sites don't [sic] become the only refuge for someone' (Ringwood, 2008). The thesis proceeds to introduce methods and methodology which will aid the understanding of pro-anorexic experiences from the user's perspective.

# Chapter 2

# Methodology and Methods

The chapter aims to introduce the concept of phenomenological psychology and the ways in which these methods can be applied to internet research, specifically pro-anorexia. The chapter will explore two specific branches of phenomenology: interpretative phenomenological analysis (IPA) and descriptive phenomenology (DP), both of which are utilised in future chapters to explore different aspects of the pro-anorexic experience in both written and spoken format and from the perspective of the user. These qualitative approaches were employed to understand the lived experience of pro-anorexia, to contribute to the limited scientific knowledge of pro-anorexia. However, before phenomenological methodology can be discussed, an account of internet research and the ethical challenges is provided.

## Internet-Mediated Research

As already highlighted in Chapter 1 the internet despite its young age has in its short life, changed beyond recognition. It has been described as 'not only a technology, but an engine of social change' (Jones, 1999). The internet is no longer a luxury in contemporary society, but deemed a necessity (Peden and Flanhinski, 2004). It has changed our experience of existence, extracting us from our 'bodily identity and individuality' and 'situational orientation' whilst enabling us to have a global presence (Capurro and Pingel, 2002). The internet user is an individual who makes connections with others be it implicitly or explicitly. The act of using the internet connects the individual to others; this connection does not require physical interaction with others. Nevertheless, should the individual wish they can interact on a one-to-one to basis or on a wider level, conversing (through written e.g. chat forums or spoken word e.g. Skype, with or without visual aids e.g. web-cams). However, our understanding of the way individuals and communities make sense of their use of the internet is limited.

This sub-section will explore the emergence of internet-mediated research (IMR) in relation to qualitative methods; the emphasis here is on qualitative research, because a wealth of IMR utilises the internet as a quantitative tool (Jowett, Peel and Shaw, 2011).

Jowett *et al* (2011) reflect that the internet lends itself well to a range of experimental methods including observation, surveys as well as asynchronous and synchronous communication; these approaches can be one-to-one, one-to-many and many-to-many (English Translation of: NESH's "Research ethics guidelines for internet research", 2003). However, Jowett *et al* (2011) suggest that few psychologists and the health field in general (Whitehead, 2007) are utilising these methods as much as other domains e.g. sociology. It is thought that this could be in part a consequence of a lack of response from the British Psychological Society (BPS), who did not provide ethics guidelines until 2007. This somewhat late response meant that psychology lacked vigorous guidelines on the ethical considerations of internet research; furthermore, the guidelines favoured survey and quantitative data collection. In addition to this the guidelines at the time of publication were out-dated and failed to demonstrate ethical considerations for studying Web 2.0 and social networking. Instead the guidelines demonstrated a bias towards research which involved recruiting participants to more traditional research concepts i.e. surveys. It could be argued that this may however, reflect the speed at which the internet has developed that is, the internet is developing at a speed faster than academia. The internet has created a need for research proposals and methods to 'catch up' with the constantly evolving uses and technologies of the internet. Therefore the internet presents both ethical and methodological conundrums; that is the technology revolution has created policy vacuums (Moor, 2005). That is not to discard ethics which have developed through traditional research; these guidelines have an integral role in internet research. However, these criteria do not necessarily translate well nor are they sufficient in covering the issues that arise when conducting internet research (Elgesam, 2002; Jones, 1994). I will introduce the nature of these challenges, before I discuss the ways in which these challenges can be overcome.

The internet provides an opportunity to study human behaviour and can allow researchers to study hard-to-reach populations i.e. as a consequence of geography, illness or lifestyle (Mann and Stewart, 2000). Furthermore, it is thought that the research conducted via the internet may promote disclosure (Joinson, 2002). However, the way in which this data is collected can present methodological challenges, for example if data is collected through online interviews regardless of whether or not they are synchronous i.e. real time interviews or asynchronous in nature, the researcher has to be aware of what I have termed 'internet noise' that is the use of other internet

technologies whilst writing responses to the interviewer (Voida, Mynatt, Erickson and Kellogg, 2004). Also rich data may be lost, because the respondent is able to formulate and revise their answer before sharing it with the interviewer (O'Connor and Madge, 2001). In face-to-face interviews the respondent will often vocalise their thoughts and revise them as they speak, this can sometimes provides rich accounts and aid the researcher to come to understand how the participant is making sense of their experience. Other nuances are also lost such as facial expression and intonation, which depending on the nature of the investigation and methods employed to analyse the data, could lead to the participants data being misinterpreted and misrepresented (Chen and Hinton, 1999); thus impacting on the participants integrity (Elgesem, 2002).

## Ethical Considerations

The integrity of the participant is paramount to any research project. The process of maintaining integrity begins at the start of the project. In line with traditional research it is expected that when conducting internet research that where possible consent is obtained and that participants are both briefed and debriefed. The issue of consent is relatively straight forward where researchers employ the internet as a tool for survey. Systems can be set up which means that potential participants have to have read (or at least say that they have read) the briefing and agree to participate through completing a consent form. These consent forms can be helpful in collating basic information about the subject i.e. age, gender, ethnicity etc. However, the integrity of the data collected at this stage also relies on the individual to be honest, something which is difficult to verify on the internet (Frankel and Siang, 1999), because the anonymity of the medium allows people to develop and change their identity (Rodham and Gavin, 2006). This can become an area of contention when considering age of consent. For example, in America, a minor (a person under the age of 18) cannot lawfully consent to participating in research (Ess and AoIR ethics working committee, 2002). Conversely in the United Kingdom people over the age of 16 are able to consent to participate in studies without parental permission (Rodham and Gavin, 2006); thus the researcher is reliant on the subject being honest, whilst also having being mindful of cross-cultural issues and international law.

With regards to ascertaining the age of the participant Noesk *et al* (2002) propose that to reduce the risk of minors participating, several measures can be taken by those who use

the internet to survey. It is suggested that the design of survey websites are made less desirable to children; that the studies are advertised in adult settings; that the survey is password protected and that surveys possess age checking systems. However, Noesk *et al* (2002) fail to provide guidelines on identifying and verifying the age of people on chat lines and of those who publish blogs.

However, the reliance on subjects to be 'honest' to the researcher is not restricted to internet research (Rodham and Gavin, 2006). Research which involves questionnaires and face-to-interviews, are also potentially at risk of subjects giving false or inaccurate data, specifically where the topics under discussion are embarrassing or considered taboo. It is thought that research conducted via the internet may overcome some of these barriers and actually elicit greater disclosure, especially where the topic under investigation may be perceived by the interviewee as embarrassing (Joinson, 2002). This is thought to occur, because of the cloak of anonymity that the internet provides, contributing to a perception of reduced consequence of revealing personal information (Joinson, 2002; Rodham and Gavin, 2006).

In studies where consent is sought from the participant, there is an implicit assumption that the individual understands the language employed throughout the study, including the consent form, brief and debrief. The nature of the internet makes it difficult to verify the persons understanding of the true intention of the study; this can potentially make the active participant vulnerable and lead data to be incomplete and/or inaccurate. One journal has attempted to overcome some of these more practical methodological challenges which researchers face; the 'Journal of Medical Internet Research' has provided a Checklist for Reporting Results of Internet E-Surveys (CHERRIES; Eysenbach, 2004). The development of CHERRIES was designed to promote methodological vigour; it adopts obvious pointers that you would expect to find, such as guidelines on what to include with regards to survey design etc. However, it also provides more technological *savvy* guidelines than the BPS, for example informing that researchers need to demonstrate awareness and methods of control to prevent repeated survey entries from individuals, coupled with the management of incomplete entries, issues of data protection etc. The guidelines highlight a need for the researcher to be hyper-vigilant to the pit-falls of IMR, whilst also being internet literate e.g. understanding IP addresses and cookies etc.

However, the passive participant i.e. the unawares observed participant can be equally if not more so, vulnerable. The internet, by its nature, attracts observers, researchers and otherwise. Early internet research examined multiple-user object-oriented (MOO) worlds. LambdaMOO attracted a lot of attention after the notorious 'rape in cyberspace.' Julian Dibbell (1993) a self-proclaimed MOO-er depicted the events and aftermath of an alleged sexual assault that happened between online virtual reality figures. It was not only the event which attracted the curiosity of researchers, but also the aftermath where a community emerged (e.g. Powers, 2003). However, many MOO-ers have reported their dismay at being studied and (unknowingly) experimented on (Roberts, Smith and Pollock, 2004). The assertion, that MOO-ers believe that they are sometimes being studied unawares, raises another dilemma for the researcher, for example when studying a chat-board should the researcher inform the chat board of their intentions? This also brings in to question the best way to do this, for example should the researcher identify themselves as a researcher or do they act as a 'regular' contributor or a lurker? Scharf (1999) faced a similar challenge, when investigating the communication between participants of a cancer sufferer chat forum; Scharf chose to identify herself as both a researcher and a person who was interested in the subject as she felt that chat forum participants deserved both her 'respect and candor [sic]' (1999). Scharf also sought consent from contributors, because she believed this not only demonstrated respect, but also protected the identity of the individuals engaged with the community. Therefore, Scharf appears to make a distinction between types of privacy; that is, privacy on the internet is breached when communicated in a different setting. Arguably Scharf demonstrates some sound ethical work, especially because she shows a consideration of the impact on contributor's ability to trust others, as a consequence of discussing her observations in different public arenas which would not have been anticipated by the members of the forum. King (1996) suggested that the failure to discuss the potential research publication with the group members could lead to psychological harm, citing studies of chat-forums, which could leave naive participants to feel 'violated'. However, it should also be noted that the researcher's decision to participate may actually change the nature of the conversations that emerge, regardless of whether or not they identify themselves as a researcher; this may be detrimental to the method employed. Furthermore, Rodham and Gavin have suggested that in an open chat forum, seeking consent from participants is an 'extreme' and unnecessary approach to data collection on

the internet (2006).

Conversely it could be argued that people who use the internet expect to be observed. Traditional research ethics teach that observations should only take place were people may 'reasonably expect to be observed by strangers' (Code of Ethics and Conduct, 2006). In the case of the MOO-ers it could be argued that by the nature of MOO that they expect to be observed, similarly it could be argued that this is the same for internet chat rooms, blogs and tweets etc. However, a person may not be aware of the extent to which they are observed and/or the consequences of publishing on the internet. Factors that may impede a person's awareness of the consequences of writing information online include age, lack of education about internet use or impaired decision making due to a disability or due to the influence of alcohol and/or drugs. Certainly in Western society the lack of education and awareness surrounding internet use has started to be addressed, for example the 'get safe online' campaign that is supported by the UK Government. Also recent media coverage of Police arrests of those who use social networking sites to express racial hate, has highlighted the need of awareness for the appropriate and responsible use of social networking sites (BBC News Wales, 2012). This suggests that not only are researchers confused about the concept of public and private space on the internet, but so are its users.

Lessig (1995) attempted to classify private and public space on the internet; three categories were identified: association in public, association in private and association in construction. However, this does not contribute to the understanding of what is perceived as public and private space; furthermore, it could be argued that the concept of public and private space cannot be defined because the perceptions of this space maybe idiosyncratic. For example Waskul and Douglass (1996) proposed that within a public space a contributor may share what they consider as private interactions. This is further complicated by the type of 'space' in use and the subjective understanding of the internet; Witmer (1997) found that 47% of people who had contributed to a specific newsgroup had considered their words to be private and had not considered them to be in the public domain. Further research is needed to inform both researchers and in turn ethic guidelines, of the internet users' understanding of the notion of public and private space on the internet. However, it is the responsibility of the researcher to exercise reflexivity, to ensure that the integrity of the participating and/or naive participant is

maintained (Buchanan, 2009), regardless of the individual's awareness of the consequences of using the internet.

Although there appears to be some confusion over public and private information on the internet between academics and users alike, it is widely accepted that where internet users have made an attempt to block unwanted observation that the person is conveying that their activities are private. This is most obviously demonstrated by internet users when chat boards etc. require passwords and/or where users are required to register or request access to the site (Rodham and Gavin, 2006). Such sites would warrant consent from those using the site to be studied. Robinson (2001) proposed a three step model could be applied when ascertaining whether or not it is necessary to gain consent when collecting data. Robinson proposed that data that was in the public domain and without a gatekeeper i.e. password protected data, would suggest that it may be appropriate to collect data without consent; however, whether this should be done is dependent on whether or not the users expected their contributions to be private. Assuming that all three areas of Robinson's model are met, the next step is to consider protecting the active or naive participant's identity.

The most basic step in protecting a participant's identity in both traditional and internet research is to adopt pseudonyms and alter identifiable information. In internet research identifiable information not only includes names (user names, avatars, website names, chat board names) and personal information i.e. age, home address, IP, email address etc but also subject headings and dates that posts were written (Walstrom, 2004); therefore, it is the responsibility of the researcher to protect the identity of the participant by removing or changing the data to make the identifiable information unrecognisable (Rodham and Gavin, 2006) in both the virtual and real world (Frankel and Siang, 1999). Also it is the responsibility of the researcher that where emails are exchanged that the participant is aware of potential risks to their anonymity (Frankel and Siang, 1999). For example if the subject converses with the researcher from another person's email account a copy of their sent emails may be stored. Furthermore, if the researcher is unaware of the participant's use of another's email account, they may respond leading to the intended confidential information being shared with the account owner. There are also other associated risks with email for example accidentally sending information to the wrong email address; thus demonstrating how the use of

email may lead to the failure to protect participant's anonymity and reduce security of data (Noesk, Banaji and Greenwald, 2002).

However, the task of protecting anonymity can be further complicated depending on the method employed for research. Often qualitative researchers rely on the ability to quote their participants; this is normally recognised as a safe practice in traditional research paradigm. The nature of the internet however, means that readers can submit quotes in to search engines, which can lead a reader to identify the site from which the data originated. This is potentially a dangerous and unhelpful consequence of the publication of qualitative research on the internet, especially where the subject has been naive to the study. This thesis will go on to demonstrate that it is the researchers responsibility to consider how different methods may need to be employed to overcome such challenges (see chapter 4). However, it is also important to recognise that it is not just the methodological approach that can affect ethical considerations, but also the domain in which the subject is studied and subsequently the language employed, for example one domain may refer to people as 'subjects' or 'representations' (White, 2002). Ess and Jones (2004) proposes that if the participant is viewed as the former that the researcher will demonstrate greater efforts to protect the identity of the individual, rather than the latter. Within this thesis, subjects identity was protected by the use of pseudonyms for both the active participants in the face-to-face interviews and the naive participants. Quotes were used where consent had been sought; however, where consent was not obtained quotes were changed to protect the participants.

In sum 'ethics is not science, but it shares with science the overall goal of making sense of human experience' (Ward Bynum, 2006) and provides a platform of guidance to which researchers alike have to conform. There is a plethora of ethic guidelines surrounding traditional research; however, guidelines surrounding internet research are sparse and without question, are in their infancy (Rodham and Gavin, 2006). That is not to stay traditional research ethics are not relevant to internet research, indeed there are many parallels (Elgesem, 2002); however, the internet presents new challenges to the researcher.

## Phenomenological Psychology

This section will discuss phenomenology and psychology and the emergence of 'phenomenological psychology'; however, it is beyond the scope of both this chapter and thesis to explore the history and emergence of these notions. Instead in order to provide context, this chapter will endeavour to provide an account of both the concept and underpinning philosophy of phenomenology. Those interested in the interpretations of the emergence of phenomenological psychology would benefit from reading articles by Giorgi and Giorgi (2008) and Giorgi (2010).

'Phenomenology' is a compound of the Greek words: 'phainomenon' and 'logos' which are both concerned with manifestation, that is the manifestation of showing and seeing respectively (Langdridge, 2007; Cerbone, 2008); it is both a philosophy and 'the study of essences' (the essential or universal structure of consciousness underpinning the experience) and how we define them (Dowling, 2007; Langdridge, 2007; Cerbone, 2008; Merleau-Ponty [1945] 2008). Phenomenological philosophy was originally cultivated by the mathematician Edmund Husserl (Giorgi, 1997) who wanted to identify the fundamental concepts adopted by each of the sciences. Husserl thought that phenomenology could help clarify and improve the accuracy of psychological theories (Giorgi and Giorgi, 2003; Giorgi, 2010). According to Walker (1994) Jasper understood phenomenology as a methodological tool to produce taxonomy for psychopathology from which hypotheses could be generated. Marton (1994) further articulated that phenomenological methods were 'the empirical study of the limited number of qualitatively different ways in which various phenomena in, and aspects of, the world around us are experienced, conceptualized, understood, perceived and apprehended'; suggesting that Husserl's methods are well suited to understand the human experience of the world.

However, it is important to distinguish the difference between psychology and phenomenology; unlike psychology, phenomenology does not interest itself with the cognitive experience of the lived world. Instead it seeks to examine the consciousness or intentionality that is awareness, of experience and or objects. Furthermore, the concept of phenomenology within psychology did exist prior to Husserl; however, he

revolutionalised the concept to contribute to our understandings of phenomenology within the psychological domain today (Giorgi, 2010).

Husserl was concerned with making science true to the real world and the lived experience (Dahlberg, Dahlberg and Nyström, 2008); inspired by Brentano, he emphasized the role of intentionality in understanding the individual and internal conscious subjective experience of something (Moustakas, 1994; Giorgi, 1997). For Husserl and many other philosophers this Cartesian view of consciousness presented a challenge, because it is egocentric in its nature. That is consciousness is directed inwardly, rather than outwardly towards the objects that influence our intentionality; this can be understood as a barricade to the outside world; impeding the potential to understand another person's experience, because of the limitations imposed by egocentric awareness (Merleau-Ponty [1945] 2008).

The phenomenologist however, seeks to understand how awareness and attention to objects appear to the individual, when viewed with consciousness. The exploration of this intentional correlation, provides the researcher with a subjective understanding of the non-causal relationship between what is experienced (noema) and how it is experienced (noesis). What is experienced does not necessarily have to be tangible; the noema can also be imagined i.e. imagining a future event, as the process of imagination is experienced, because the subject attends to an object that in this case is a non-reflective consciousness (Moran, 2008). Husserl's transcendental approach suggested that thinking about an experience and being actively engaged in an experience, were intrinsically different. This reflexive or 'God's eye view' (Merleau-Ponty [1945] 2008) approach suggested that the subject was no longer central to intentionality. However, this was criticised as taking an omniscient approach to understanding the experience. In contrast Heidegger's existential approach focused on the subject or 'I' remaining in the correlation between the noema and the noesis, with the emphasis of existence 'being-in-the-world' i.e. Dasein; in order to do this the investigation must begin with the neomatic correlate, before the 'how' of the experience of experience (neosis) can be explored. That is the experience precedes the experiencing i.e. to go back to the thing itself. The task of the phenomenological researcher is to understand the experience of the individual, as they experience it based on their own perceptions and understanding. In

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order to achieve this, the researcher must engage with the concept of the epoché that is to suspend pre-existing belief, bias and knowledge (natural attitude) of the subject in-hand.

According to Husserl's notion of transcendental phenomenological reduction it is the researchers' job to interpret this experience (Van der Mescht, 2004) and consciousness, be it a physical object, fiction or 'state of affairs' (Giorgi and Giorgi, 2003). This exploration of someone's life world must be done, without explanation or generalized interpretations, but conducted to understand the meaning of the experience; this process is aided through categorization and taxonomy of themes reflecting a 'possible human experience' (van Manen, 1990) which are derived from someone, other than the researcher's conscious experience (Giorgi and Giorgi, 2003). Phenomenology therefore, seeks not to 'say that something "is," but instead to understand what motivates a conscious creature to say that something "is"' (Giorgi, 1997).

It is here where the epoché of presumptions comes in to play, a phenomenological researcher must work from a blank script in that any assumptions must be put aside, allowing the phenomena under investigation to be as it is, not as the researcher wants to see it (Ashworth, 1996, 2003; Giorgi, 1997); Husserl referred to this notion as pure phenomenology (Cerbone, 2008). The extent to which it is believed that this can be achieved is dependent on the approach of the researcher; a transcendental phenomenologist such as Husserl, would argue that it would be possible to bracket this 'natural attitude,' where day to day existence of objects are taken for granted and not challenged (Giorgi, 1997). In contrast, existential phenomenological approaches would suggest that the researcher should seek to obtain epoché, whilst acknowledging that this will never be obtained in its absolute form. Despite these discrepancies both transcendental and existential phenomenologist's agree that it is important to suspend natural scientific attitude when exploring the lifeworld (lebenswelt).

It is then through the process of psychological phenomenological reduction, a method that involves (conscious) description, horizontalization and verification that layers of meaning occur. These layers can be used to inform hierarchies and written descriptive accounts of an individual's experience of the phenomenon being investigated. Husserl's focus however, was not on the individual experience or causal factors, rather it was on

the essential structure of consciousness underlying the experience (Langdridge, 2007; Cerbone, 2008). For existentialist Heidegger, this was not possible, because he believed that it was not possible for the researcher who similarly to the subject was too immersed in the lifeworld, to bracket natural attitude.

This section has sought to introduce some of the key concepts and underpinnings of phenomenological psychology. These concepts are central to phenomenological methods and need to be understood before a method is employed. The terms introduced in this section will now be explained in the following section, in relation to the act of conducting phenomenological research.

## Phenomenological Method

Phenomenological method in its purist sense is not a scientific method, it is a philosophical one (Giorgi, 2006). Therefore, the method in its purist form, when applied to over scholarly domains needs to be treated with caution. That is, for phenomenology to possess meaning, it needs to be meaningful to the discipline in which it is employed, in this instance the discipline is psychology. Giorgi (1997, 2006) informs that adopting the relevant discipline i.e. psychological attitude, coupled with phenomenological attitude promotes greater analysis sensitivity and allows the data to become more manageable for the researcher. However, it is also recognised that no absolute method of phenomenological research has emerged; instead, methods are based on interpretations and understandings of philosophers writings (Sadala and Adorno, 2002; Giorgi, 2006). Giorgi (1997) therefore suggests that there needs to be a move towards a science, in order for scientific knowledge to be acquired. Approaches should encompass systematic, methodical, general and critical facets.

Giorgi (1997) attempts to draw parallels between qualitative and phenomenological research methods through a five-stepped model; he outlines that generally qualitative research follows: 1) data collection (written or verbal) 2) the reading of the data 3) separating and sorting the data 4) organising the data in a way that is meaningful to the discipline i.e. psychology, sociology etc 5) writing the data for academic purpose. These five stages are also true of phenomenological research. The first stage of phenomenological research involves data collection, which when analysed is in written

format. Therefore, in order for interviews to be analysed they have to be transcribed first. Giorgi (1997) highlights that where interviews are used to collect data the questions must be open-ended and non-directive so that the descriptive account is true to the interviewees' lived experience. Therefore, even at these early stages the researcher needs to be aware of issues of bracketing.

The second stage of qualitative research and phenomenological methods involves the reading of the data. The first step is to read the data in its entirety, this is said to remain true to phenomenological method. This stage does not involve analysis, but provides the researcher with a global understanding of the data before the data is broken down in to units of meaning.

The third stage of qualitative research involves the data being broken down, in phenomenological methods this process is recognised as identifying 'meaning units.' The researcher does this as they slowly read and re-read the text. These units have to be understood in terms of the experience and not in terms of their sentence structure; that is a unit is not defined by its grammar rather from the meaning that emerges from it. Giorgi (2007) highlights however, that the way this process is done is dependent on the discipline of the researcher i.e. a meaning unit has to be true to the data, but also meaningful to the discipline under which it is being investigated. That is however, not to say that the discipline should determine the course of the meaning unit, nor should the discipline prevent unexpected findings from emerging.

According to Giorgi's model, the fourth step of qualitative research involves the data being organized by language that is meaningful to the domain for which the findings are intended. In order to stay true to the experience it is important to understand the language used by the subject; however, it is recognised that their language may not be appropriate or meaningful to the discipline. In phenomenological methods this transformation of language is achieved through Husserl's notion of imaginative free variation, where the researcher examines the phenomenon from different perspectives, whilst changing various parts of the phenomenon through imagination (Giorgi, 1997; Langdridge, 2007).

The fifth stage involves a process of establishing which units are relevant to the study of the phenomenon. These units are then synthesised to become one unit; this is a task more simply done where there is one subject. However, where there is more than one subject there may also be more than one structure. Ideally the researcher will establish one structure; although data should not be forced in to a structure that does not exist nor remain true to the phenomenon under investigation. It is also the researcher's job to highlight that the sections of the structure do not exist in isolation, instead interlink and it is the relationship between the sections and their individual variations that is of interest.

Although the model provides an overall framework for both qualitative and phenomenological models alike, it is quite vague and perhaps intentionally so. The model does not aim to provide a step by step guide on how to do phenomenology; however, it does provide a framework on which parallels can be drawn between the different qualitative approaches, regardless of its origin. Giorgi's model also begins to elaborate on the application of phenomenological concepts on to research processes e.g. imaginative free variation, in a way that can be understood to be both phenomenological and scientific in its nature. Having considered phenomenological method, it is now time to examine the different approaches to phenomenological psychology specifically: descriptive phenomenology and interpretative phenomenological analysis, as it is these two methods, which have been utilised in the examination of the pro-anorexic experience in this thesis.

## Descriptive Phenomenology

Descriptive phenomenology is a term coined by Brentano (Dowling, 2007). Jasper (1965) asserted that descriptive psychology allowed the researcher to describe the features of the presenting pathology rather than its origins and etiology; the method seeks to explore the lived experience as it is experienced in natural attitude (Giorgi, 1997) and not how it evolves (Landridge, 2007). According to Merleau-Ponty experience is a system with three facets: "world, own body and empirical self" ([1945] 2008) through which a relationship must be maintained. DP draws on some of these philosophical underpinnings to explore phenomenological psychology (Hein and Austin, 2001) where phenomena are the things or experiences that occurs as it is experienced, be it taste, touch, thought or colour and so on (Seaman, 2000). It enables

the researcher to go "to the things themselves" and "... get down to what matters!" (van Manen, 1990)

With regards to DP there are two approaches, the traditional Duquesne School method and the more recent Sheffield School strand (Landridge, 2007). The method of the Duquesne School has been largely developed by Giorgi and Giorgi who emphasises that before analysis can begin, it is essential that the researcher reads the document in its entirety, reminding us that phenomenology is holistic; thus analysis can only begin once the researcher knows where an individual's experience starts and ends (Giorgi and Giorgo, 2003; Giorgi, 2012). Then assuming phenomenological psychological, phenomenological reduction and subject specific sensitive attitudes, the text is re-read to allow the researcher to break down the text into units of meaning (Giorgi, 2012; Landridge, 2007) i.e. the analysis begins to establish the meaning of the experience, which is identified when the researcher believes that there is a change in the meaning of the experience that the participant is trying to convey (Giorgi and Giorgi, 2003; Giorgi, 2012). However, it does not mean that a unit has to be understood out of the context and thus should be understood as a constituent and not an element (Giorgi, 1985), which makes the sometimes implicit experience, explicit and less idiosyncratic (Giorgi and Giorgi, 2003; Landridge, 2007). These meanings can only be established once epoché and phenomenological reduction have been achieved (Harvey, 2004). The constitutions have no theoretical meaning at this stage, instead they act to aid the researcher in breaking down the description. These extrapolations are also dependent on the attitude of the researcher and therefore, may differ in their structure depending on the nature of the employed attitude (Giorgo, 2012). Therefore, this subjective exercise is not an analysis in itself, but aids the next stages, where the researcher examines psychological relevance and re-phrases the participant's words to highlight psychological expressions that may have been expressed in lay terms, whilst ensuring that they [the researcher] remains true to the phenomena and are not distracted by the experience itself, nor existing theories (Giorgi and Giorgi, 2003) or reasons as to why the individual described the meanings experienced (Finaly, 2003). Then through the use of free imaginative variation, the value of the adopted attitude i.e. psychological, subject sensitive, is identified (Giorgi, 2012). These findings then contribute to the development of the essential structure that is written to describe and not interpret the experience of the phenomena under investigation (Giorgi and Giorgi, 2003; Giorgi, 2012).

It is in these final two stages where the Sheffield School and the Duquesne method of DP differ. Ashworth (2003) reminds us that at the heart of phenomenology is the lifeworld, described as 'an essential structure fundamental to human experience.' It is a place in which we always exist, thus describing it and describing the meaning of it, indicates we have a grounded linguistic understanding of the phenomena (Moran, 2000); and it is the lifeworld that the Sheffield School method (SSm) of DP embraces, although it is recognised that the lifeworld is not reduced to language in its entirety (Landridge, 2007).

In terms of methodology, SSmDP is a relatively new approach developed by Peter Ashworth and colleagues at Sheffield Hallam University, and is based on the assertions of existential philosophers and phenomenologists. Although the approach draws on a variety of influential people such as Husserl, Satre and Heidegger; Ashworth largely draws on the work of Merleau-Ponty to 'address the phenomenon as a variant of the eidos "lifeword"' and focus on the existential facets of the lifeworld (Ashworth, 2003; Langdridge, 2007). Ashworth (2003) identified seven fragments (also referred to fractions and the terms are used interchangeably) of the lifeworld which are utilised as heuristics (see Table 1). As already noted, Giorgi (2012) asserts that phenomenology is concerned with the whole; therefore, the fragments must not be utilised to detract from the whole, but to describe the essential structure. However, Ashworth (2003) recognises that the seven fragments do not 'full[y] account for the essence of the lifeworld.' It is of note that not all fragments need to arise from the date for SSmDP to be completed rather, the fractions are there to recognize the lifeworld of an individual from which a generalization can be made, with the understanding that a similar structure may emerge from another person's experience of the same phenomena (Ashworth, 2003; Landridge, 2007).

The presentation of the findings of SSmDP research also differs from the write-up of the traditional DP method. The latter involves a general description of the phenomenon; the former involves producing a more general account where the discussion is structured according the lifeworld fragments (Landridge, 2007). However, the approach is in its infancy and there are few papers that have utilised this approach. Ashworth and colleagues published a variety of papers in 2003 introducing this model of SSmDP; hence the method has lacked scrutiny. However, it provides the researcher with a

framework or rather phenomenological heuristic from which to work and enables the researcher to describe and not interpret an experience, according to the adopted attitude. Furthermore, the method means that direct quotes are not be used and therefore, eliminates problems of copyright and protect an individual's identity to the extent that people who know them would not be able to recognize the individual nor a non-associate find them via an internet search (see above). The rationale for adopting this method is discussed in greater depth in chapter 4.

| Fragment | Meaning |
|---|---|
| **Selfhood** | The implications of the phenomena/ experience for the participant's social identity in terms of voice and perceived agency. |
| **Sociality** | The impact of the experience on relationships. |
| **Embodiment** | Examines the way in which the individual links their experience to the way they feel about their body, this can be emotion, sexuality etc. |
| **Temporality** | Reviews how the situation affects the sense of time in terms of biography: past, present and future. |
| **Spatiality** | The participant's understanding of geography and how it affects the way in which they act in any given situation under the influence of the phenomena. |
| **Project** | The impact of the experience on other activities outside of the phenomena that are central to the person's existence. |
| **Discourse** | The language employed to describe consciousness/ the lived experience. |

**Table 1. The Seven Fragments of the Lifeworld adapted from Ashworth (2003).**


## Interpretative Phenomenological Analysis

Jonathon Smith has been the principal lead in the development of interpretative phenomenological analysis (IPA) and describes the approach as 'having three broad elements. It [IPA] represents an epistemological position, offers a set of guidelines for conducting research, and describes a corpus of empirical research' (Smith, 2004). IPA

draws on a range of theoretical domains including phenomenology, hermanutics, idiography and symbolic interactionism to name a few (Brocki and Wearden, 2006; Smith and Eatough, 2007). Therefore, it is perhaps no surprise that IPA concerns itself with the subjective and not objective experience (Brocki and Wearden, 2006; Smith and Eatough, 2007).

The dynamic approach moves beyond description and attempts to understand the lived experience of the individual, from the individual's perspective and is preoccupied with the lifeworld as it is perceived; that is the to say that IPA involves a double hermeneutic (interpretation) where the subject tries to make sense of their lived experience, whilst at the same time the researcher tries to make sense of the individual trying to make sense of and their reflections on their experience (Smith and Osborn, 2003; Smith, 2004; Langdridge, 2007; Smith and Eatough, 2007). IPA researchers therefore, make the assumption that people try to make sense of their experiences in a way that makes sense to them (Brocki and Wearden, 2006). Furthermore, according to Smith and Eatough (2007) the double hermeneutic can also be understood as a combination of both critical (questioning) and empathetic hermeneutics; that is the researcher attempts (as best as they can) to understand the experience from the subject's perspective whilst also assuming a curious and questioning stance when examining their account(s) (Smith and Osborn, 2003).

IPA presents an empirical four to five stage model (depending on the number of subjects under investigation) of non-prescriptive guidelines to the researcher (Storey, 2007). Smith suggests that IPA's popularity is in part a consequence of the guidelines that accompany its 'theoretical position' (Smith, 2004). Giorgi (2012) however, argues that the approach lacks phenomenological nomenclature; asserting that the method does not emphasise the need to demonstrate the use of phenomenological reduction in the method nor does it address the epoché. That is to say Giorgi believes that IPA method provides a stepped guide of what to do and not a guide on how this is achieved; that is, it is not explicitly phenomenological in its nature. Smith, Larkin and Flowers (2009) however, assert that in order for a study to claim its IPA position, it must demonstrate 'phenomenological and hermeneutic sensibility.'

The method is commonly used to explore specific areas of interest and therefore, studies tend to recruit homogeneous groups of six to eight people or pieces of data (Turpin, Barley, Beail, Scaife, Slade, Smith *et al*, 1997); however, it is possible to conduct IPA on one or more than eight person(s)/piece(s) of data, with some studies reported to have recruited up to forty two (Smith and Eatough, 2007) and forty eight participants respectively (Clare, 2002; 2003). Although, Smith (2004) posits that optimum results are obtained from a total of five to ten participants; he argues that more than ten participants reduces the likelihood of achieving a 'detailed, nuanced analysis [that is] associated with IPA.'

Although IPA can be conducted on transcripts such as diaries; it is widely advocated that interviews are the gold standard (Smith and Osborn, 2003) because the collaborative nature of interviews is in keeping with the IPA ethos and double hermeneutic (Alexander and Clare, 2004). Interviews can be conducted in different ways i.e. over the telephone (e.g. Turner, Barlow and Ilbery, 2002), face-to-face (e.g. Flowers, Smith, Sheeran and Beail, 1998) or via email (e.g. Murray, 2004). As already noted there are ethical challenges with regards to the security of data and authenticating participants; however, there are also methodological challenges with regards to email interviews for example the way the participant presents themselves may be artificial. Although, this could a risk associated with all written accounts; Brocki and Wearden (2006) suggest that this can be addressed through the process of IPA.

Where people are recruited to interview, the questions employed are done so without a theoretical basis and are curious in their nature and designed to prompt the interviewee to explore their lifeworld through the process of description and reflection. Studies tend to gather data through semi-structured interviews; however, the interview schedules employed are rarely published. Brocki and Wearden's (2006) review of fifty-two IPA studies suggested that authors believed that the interview schedules could be omitted from publication because the questions employed were designed to prompt and were not designed, nor administered in all of the interviews that were conducted. Many of those who conduct IPA explain that this is because they do not want to lead the participant; this in part is a consequence of the propagation that in order for the interviewer to gain access to the participants' own account of their experience, the IPA interviewer must allow the interviewee to be the 'active agent in shaping the interview' (Smith and

Eatough, 2007). However, this is not to say that an interview schedule is not required. Instead the IPA interviewer should develop an interview schedule; the process of developing the schedule prepares the interviewer for the potential content of the interview, meaning that they are better positioned to attend to the semantic content of the interview. This in turn will help inform the line of questioning to better inform the understandings of the lifeworld of the experience. Furthermore, the preparation of an interview schedule will allow the researcher to consider how less direct and leading questions can be phrased, whilst also providing an opportunity to consider how questions can be reframed so that they are more accessible for the interviewee (Smith and Eatough, 2007). Therefore, not only does the development of an interview schedule contribute to the research process, but it also allows scholarly peers to understand the questions asked and thus make some inferences as to the quality of the interview(s) conducted (Brocki and Wearden, 2006).

Interviews are recorded and then transcribed; therefore as the analysis is conducted the researcher focuses on the lexical value of the interview and not the intonation of speech (Langdridge, 2007). That is 'IPA sees the person as an experiencing, meaning making, embodied and discursive agent' (Eatough and Smith, 2006). Therefore, IPA assumes a link between cognition, speech, emotional and physical self that can be difficult to articulate and therefore, it is the job of the analysis to interpret the spoken word whilst acknowledging that the experience may not be fully expressed and thus the experience as described in the interview may not be in its entirety (Smith and Eatough, 2007). Thus the interpretation is limited by both the participant's ability to convey their account and also the ability of the researcher to reflect upon and interrogate the data (Brocki and Wearden, 2006).

Similarly to many qualitative research approaches the researcher reads and re-reads the script in its entirety, which can sometimes lead to an over-arching theme(s) emerging (Storey, 2007). However, the main purpose of this stage is for the researcher to identify what is being said in the text and make notes, comments and questions in the left-hand column of the transcript. These comments should focus on the meaning of the semantic information, rather than interpretation; however, some interpretations maybe identified at this stage (Langdridge, 2007). The researcher must demonstrate reflexivity at this stage, being mindful about how they are identifying with the data. For example being

over-familiar/empathetic or under-familiar/empathetic with the text, may lead the researcher to allow their own personal beliefs to shape the data (Storey, 2007). Furthermore, it is important for the researcher to maintain a consistent awareness of other elements of self (both their own and the subjects) including the role of gender, political stance, cultural beliefs etc and how this may or may not impact on the research process (Patton, 2002).

The second stage allows the researcher to begin to identify themes, which are noted in the right hand column. The high-order approach incorporates notes that were made in the earlier stages of the analysis which are transformed in to more meaningful comments that reflect larger areas of text; these can incorporate theoretical i.e. psychological considerations (Chappell, Eatough, Davies and Griffiths, 2006). The emerging themes are not concrete; instead they are used to inform the third stage where the researcher makes a note of the themes that emerged in stage two on to a separate piece of paper. These themes remain in the same order in which they emerged. Then the researcher begins to examine these themes noting commonalities and differences, a process which involves collapsing and clustering of themes. Super-ordinate themes may occur, whilst some may be further deconstructed. The process of organizing, structuring and re-structuring themes is done so in consultation with the text, this is to ensure that the themes are remaining true to the participants' lifeworld and not emerging as a consequence of researcher bias (Langdridge, 2007). This process is perhaps best illustrated by Warwick, Joseph, Cordle and Ashworth (2004) whose analysis of transcripts from females who experienced chronic pelvic pain, first identified and detailed the expressions in the text, these were then re-categorized according to existing literature. Then during the interpretation stage of the IPA, Warwick *et al* (2004) returned to transcripts to explore how the expressions in the first stage reflected individual experience.

The fourth stage involves the researcher producing a list of themes, which reflect the data. The process requires the researcher to label these themes appropriately, whilst also providing evidence i.e. a list of quotes which support these themes. At this stage, some themes may be changed or removed, because they do not represent the data accurately or do not contribute further meaning to the understanding of the lifeworld (Langdridge,

2007). These findings are then presented, although there have been some discrepancies in the way this is done and is discussed further, below.

However, where there is more than one participant/data source a fifth stage is required. The fifth stage involves repeating the four stages of the method outlined above; this can take one of two forms. Where there are more than one persons recruited to a study, generic as well as idiographic themes are identified (Smith and Eatough, 2007). The researcher can chose to start the process without referring back to the original analysis or the researcher can chose to analysis the second data source, whilst using the original table of themes to inform the analysis. This approach requires the researcher to be flexible and mindful to ensure that the table of themes reflects the experience of the lifeworld across all of the participants. This is achieved by cross-checking data and by continually returning the raw data; themes may be lost and/or more morph through the process of analysing more than one data source (Langdridge, 2007). With regards to this thesis, IPA was employed to explored the lived experience of pro-anorexia (see chapter 3), where the latter process of the fifth stage was utilised and thus themes emerged as a consequence of cross-analysis. This approach has been said to 'allow for greater flexibility for themes to emerge from the data and be understood' (Mulveen and Hepworth, 2006).

The presentation of findings has been found to vary across publications; as already mentioned, the process of IPA requires the researcher to put aside any prior knowledge, beliefs and theoretical frameworks. Therefore, it is common for the write-up to include details of theoretical models to aid the understanding of the participant's experience; that is IPA findings are not theory driven. However, the findings can be discussed with reference to existing theory and literature (Eatough and Smith, 2006). Within this thesis, where IPA is used the data has first been analysed without any theoretical frameworks in mind. However, models have been employed to aid the understanding of experience from the perspective of a psychological attitude. Therefore, the reader should be aware of the role of the researcher and how this may have affected the research process for example I am a white woman, in her mid-twenties, who has both a Bachelor of Science and Masters Degree in psychology. All of these will have a bearing on not only the way I developed an interviewer/interviewee relationship, but these accompanied with my own life experiences will interact with the way the data was interpreted. Therefore, in

order to ensure that the findings were deemed reliable, a second party read the transcript and the emerging themes i.e. inter-rater reliability. It is important to note that the aim of this process is to ensure that scholarly peers are agreed that these findings exist; it is recognised that because interpretation is subjective that a true account of findings will not be established. Therefore, the aim of inter-reliability within IPA is to ensure that the findings possess credibility (Osborn and Smith, 1998). However, Giorgi (2012) argues that this may not be achieved because the non-prescriptive method means that the way in which IPA is conducted may vary between those who utilise the method. Smith *et al* (2009) however, suggests that this is a 'healthy flexibility.'

## Reflexivity

The researcher is central to all research; the researcher instigates the research, collects data and analyses, interprets and disseminates findings. Within qualitative research (specifically where interviews are conducted), the researcher's behaviour and arguably mere presence also has a significant bearing on the data that is collected (Finlay, 2002). Therefore, qualitative research demands a degree of reflexivity: the ability 'to be *aware* of our personal responses... [and the] aware[ness] of ... personal, social and cultural contexts ... [reflexivity requires the need] to understand how these impact on the ways we interpret the world' (Etherington, 2004). The awareness or consciousness of the role of 'self' in phenomenological research eases the process of bracketing and 'suspending belief' because the researcher is *aware* and can therefore, be pro-active in screening for personal bias and inferences (Hertz, 1997; Stiles, 1993); thus, revealing the object in its appearing.

With regards to phenomenology the process of reflexivity is personal and epistemological and inherent in the method; thus, reflexivity begins when the research idea is formulated (Finlay, 2002). For example the study of pro-anorexia required me to be aware of my own presuppositions in relation to the phenomenon. That is, I had to acknowledge my own life experience and understanding of the eating disorders, not only as an academic, but as a young white female living in the United Kingdom. I examined the assumptions that I possessed not only concerning my beliefs, but also concerning language and the meaning that I attached to eating disorder and pro-anorexic language. Clarifying my own presuppositions enabled me to or at least attempt as best

as one can, to engage with phenomenological reduction. This was further supported by meetings with my supervisor; where time was allocated to reflect on my role as a researcher and to disentangle my perceptions and the participants experience as it presented itself. This was deemed as particularly as important not only from a self preservation perspective, but also from a methodological perspective. Merleau-Ponty described that through the process of phenomenological method the researcher can enter the participants life world "to the extent that I understand, I no longer know who is speaking and who is listening" (1960/1964); hence, considering the subject topic it was felt that meetings with the supervisor should both include an element of debriefing as well as attending to issues of phenomenological reduction. However, the former was done so with caution, as the reflexive researcher is vulnerable to becoming distracted by their own reaction to the phenomena under investigation (Finlay, 2009). The process of reduction therefore supplemented self-awareness as it facilitated the ability 'to stand back attitudinally' (Giorgi, 1994).

## Summary

The chapter has attempted to address a broad range of topics associated not only with internet mediated research, but also methodology. It was acknowledged that internet research has both its merits and limitations; it was also recognised that there are limited ethic guidelines with regards to 'best practice.' The ways in which some of these challenges presented themselves and were overcome, are discussed in the chapters ahead.

The chapter then sought to address the methodology, presenting the philosophy underpinning the two approaches employed in this thesis: descriptive phenomenology and interpretative phenomenology. The ways in which participants and data were recruited to the studies are discussed in the chapters where the methods are utilised.

The chapters that follow will explore the lived experience and the life world of pro-anorexia, respectively and employ the methods that have been discussed in this chapter.

# Chapter 3

# Pro-anorexia: The Lived Experience

As outlined in the literature review, much of the current research on pro-anorexic websites has focused on the content of the websites and their user demographic. Studies that have addressed the former have discussed the presence of thinspiration, tips and tricks, a like-minded community and have found that some sites suggest that EDs are a life style choice rather than a disorder *per se* (Cspike and Horne, 2007). These findings have been coupled with the realisation that site users tend to be young females, who self-report as having limited face-to-face social relationships and support and instead have found a form of virtual support through pro-anorexic websites (Cspike and Horne, 2007. See chapter 1 for further information on the difference between face-to-face relationships and virtual relationships). Such research provides a descriptive understanding of pro-anorexic sites and their users, but tells us little about the lived experience of visiting and engaging with pro-anorexia websites and the meaning of these websites for the user, during and after use. Therefore, in order to understand the experience of accessing pro-anorexic materials, a study employing interpretative phenomenological analysis was devised to explore and enhance our understanding of pro-anorexia.

The ethics proposal (approved by Swansea University, Psychology Department Ethics Committee. See appendices) outlined that participants had to be 18 years old or over and have accessed pro-anorexic websites at least twice. The study was advertised via email to all students at Swansea University and posters outlining the aims of the study were placed across the campus. The advert indicated that suitable candidates who participated in the study would be paid £10. In addition to this, and if desired, psychology undergraduates who elected to take part in the study were offered subject pool credits instead of money; undergraduate psychology students at Swansea University have the option of participating in unpaid experiments and studies that are conducted by academic staff, research fellows, postgraduates, and final-year students. If undergraduates participate for a set number of hours they when in their third year will be allowed to advertise, recruit and offer subject pool credits as an incentive to undergraduate psychology students to participate in their final year dissertation. It was

the decision of the individual participant, whether or not they wanted to accept money or to take subject pool credits.

The structure of the study involved two phases; people were invited to an initial screening interview to make sure that they met the criteria and understood the nature of the study. It was also an opportunity for participants to ask questions before committing themselves to the explorative study. Ten female students attended the initial screening interview; participants who were willing to continue with the study were invited to an interview at a later date to allow them to reflect on their experience. Eight of the ten young women who initially volunteered opted to proceed with the study.

Participants were provided an information sheet explaining the details of the study and were asked to sign a consent form before the interview could proceed. Basic demographics such as age and gender were recorded. The eight female participants had an age range of 8 years and a mean average age of 21.5 (standard deviation 2.67).

To aid the understanding of the participants' current eating behaviour the Eating Attitudes Test-26 (EAT-26; Garner, Olmsted, Bohr and Garfinkel, 1982) was administered the prior to the interview. The EAT-26 consists of twenty-six questions, which provides a measure of eating behaviour including the pathological fear of fatness, which was labelled as 'dieting'. The EAT-26 is a shorter product of a factor analysis of the EAT-40 (Garner and Garfinkel, 1972) and is a reliable and valid tool. The EAT-26 was employed because it was a shorter than the EAT-40 and has been found to effectively provide a measure of eating disturbance; however, it is not a diagnostic tool (Garner *et al*, 1982). Garner *et al*'s (1982) factor analysis of the EAT found that the questionnaire could be divided into three separate clusters or factors: factor one identifies that that those with anorexia nervosa over-estimate their body size, demonstrate body size dissatisfaction and want to lose more weight. Factor two highlights that people with bulimia nervosa demonstrated increased body shape dissatisfaction, the more that they weighed. The third factor termed 'oral control' is a cluster which provides a measure of self-control concerning food; a high score significantly correlates with low weight. Within this study the EAT-26 was used as a tool to establish participant's weight and height and also to identify some of the behaviours with which participants engaged.

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Seven of the eight participants consented to complete the EAT-26. The responses showed that five of the participants had received or were currently receiving treatment for an eating disorder, and it was only these participants who showed elevated concerns over eating and body weight and shape. Self-reported heights and weights showed body mass index (BMI) ranged from 14.4 to 26 and had a mean average BMI of 19.4 (standard deviation 2.24). Six participants reported that they had purchased and used over-the-counter products to promote weight loss and three reported to have used self-induced vomiting as a way of controlling their weight. Following the optional completion of the EAT-26, the volunteers took part in a semi-structured interview. During the interview the participants were supported and prompted to explore and reflect further on their experience. This was done with the intent of gaining more information with regards to the meaning of the pro-anorexic material to the participant, both retrospectively and at the time of interview. The interviews began with the open question: 'tell me about your experience of pro-anorexic websites...' Other questions were prepared, including but not limited to: 'what lead you to access the websites?' 'What were your initial thoughts when you first accessed these sites?' The interviewer also rephrased the participant's words, providing the interviewer and interviewee with the opportunity to make sure that what had been said was understood correctly. Each interview was recorded and transcribed by the interviewer at a later date.

It was identified prior to the study that participants may be vulnerable to, or have, an eating disorder. It was also recognised that, for some, reflecting on their pro-anorexic experience could be distressing and evoke pathological behaviour. In order to ameliorate difficulties that arose from the interview, participants were given a thorough debriefing pack, which included a debriefing document, educational information on eating disorders and information signposting people to appropriate local and national agencies whence they could gain further support.

## Analysis and Discussion

The method IPA that is discussed in chapter 3 was employed to analyse the transcripts and establish super-ordinate and sub-ordinate themes (Table 1). It is to be noted that the quotes have been grammatically adjusted in order enhance the clarity of the spoken message, although the content has not been changed. Each quote is in italics. Following

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the quote there is a coded system for example: *P2.1.26.* The code represents: P*n*=participant number. Page number of transcript. Line number on the page of the transcript. Furthermore, to protect the identity of the participants, identifiable information has been changed (for example names and places).

| Super-ordinate Theme | Sub-ordinate Theme |
|---|---|
| **Trajectory** | Finding the websites |
| | Becoming enmeshed in the culture |
| | Emergence |
| | Periodic pro-anorexic episodes, indicating lapse |
| **Boosting the self** | Illusion of control |
| | Finding a network |
| | Secrecy |
| **Thinspiration** | A concept |
| | Comparison manifests in 'thinspiration ' |
| | Function of 'thinspiration ' |

**Table 1: Emerging Themes of the Pro-Anorexic Experience**

## Super-ordinate theme: Trajectory

A description of a pro-anorexic trajectory emerged from the data. Participants described how the websites were found and the processes that occurred which maintained the use of pro-anorexic sites. Participants described an emergence from the journey discussing the decline of site use and the significance of pro-anorexia. Each participant brought their own individual experience to the interview; however, what was noticeable was that each person described a pattern from finding the websites through to withdrawing from websites with occasional relapse. The relapse, however, was not to the extent or for the length of the original use.

The term 'journey' is often applied to those who experience a mental health or physical health journey to death and from pre-illness to recovery to maintenance to relapse and so on. A journey encompasses the individual and the people and systems that come (or fail to come) in to contact with the individual *per se*. It is a dynamic that is specific to the individual. However, a generic theme often emerges in those who encounter similar

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experiences, for a example a mother of a newborn, whose profession is a neo-natal nurse, who struggles to disentangle their role as a nurse from a mother (Kenner, Wright Lott, Strodtbeck, Moniaci and Fike, 2004). Within this context however, it was felt that the term 'trajectory' was truer to the lived experience, because it encapsulates the cross-section of the participant's experience. In addition to this, the term 'journey' suggests an inevitable end point whereas this was not accurate of the accounts given by the participants in this study.

**Trajectory: Finding the Websites**

Participants reported that they actively searched for pro-anorexic materials after seeing the websites discussed in the media:

> *'It [a magazine] mentioned pro-ana websites and how negative they are for people with eating disorders, but I think I wanted to explore it just because I didn't you know, know for sure that there was something wrong or not, but I wanted to find out more about these websites, so I think I got sucked in to it a bit.' P2.1.26*

> *'The news people like were really coming down on it [pro-ana] and they were like really horrible [about pro-ana] ... and there was ... this girl on it and ... her face was ... covered ... so you couldn't see it and ... she was saying ... 'I go on it everyday' ... and she [said]... 'it really helps me' and then ... the doctors and everything ... [said that they] think it is not good to go on [the websites]... I don't know, I've always been curious so [when] they said that and I was like hmmm? Ok [laughs].' P4.6.24*

This information and media warning acted as a catalyst for some participants, as prior to public debate they had not heard of pro-anorexia:

> *'I think I only found out about them [the websites] when it came up in the media. I didn't know they really existed until there was a of debate about how bad they were and I thought 'oh god I didn't even know these existed' and... [so I] tried just Googling [pro-anorexia] and ... things came up and a forum came up, erm, I think it was the [called the] 'Bones Files' or something like that and there were a whole list of websites and I just went through all of them just looking at them, erm. So I didn't know about it until the media had picked it up really.' P6.3.5*

Similarly, some found their way to pro-anorexic websites accidentally after browsing the internet for health, diet and eating disorder related information.

*'I was on the internet ... sort of scouring ... ways I could lose weight and stuff and ... I was on one diet ... website and there was a link to a pro-anorexic site ... so I had a look.' P1.1.9*

*'Another time I was looking at diets ... I came across ... the Cookie Diet, there was 1200 calories diet and I [thought] ... that doesn't sound too bad, but every time I went on and looked [at and clicked on] the links, [they] led me on to on extension of pro-anorexic websites and when you clicked to [go to the] home [page] you find it ... went to Mia's Grotto or something ... [and] you were like 'oh, so its not an actual diet site as such' and that's what kinda led me to them... they kind of led you, 'cos obviously they can't advertise the worse ones [on]... search engines like Yahoo or something. [The links] led you to the website which led ... [you to] the links, to the bad ones and they were like 20 links leading to different websites' P7.2.14*

Those naïve to pro-anorexia, however, still clearly had intent: an active search to find weight loss information, nutritional facts and educational information on eating disorders, which then lead them to find pro-anorexia; this is in part due to the technological structures and pathways of the internet. Most internet searches are conducted with the use of few and simple words, which leads to a generated lists of links and associated websites that are deemed most appropriate to the search (Jansen and Pooch, 2001). The user then has a choice of selecting a website from the list, which they feel most suited to their search criteria. It has been reported that people explore on average ten websites that are generated from their search (Jansen and Pooch, 2001). However, the choice of information listed also depends on the type of search engine an individual may use, e.g. classified (which produces information that is organized in complicated hierarchies and sign posts users to various and possibly significant categories) versus query-based (dependent on the expression of the internet user) search engines and the features that are inherent in the search engine (Schwartz, 1998).

Similarly in earlier research Cockburn and Jones (1996) identified that internet users find websites through one of four methods; two of which are relevant to the way individuals found pro-anorexic websites that is, either through informed knowledge i.e. after viewing media reports that have attempted to highlight the dangers of such sites: or guessed addresses of domain names and/or searches on search engines. Participants reported that, after viewing media reports that had attempted to highlight the dangers of such sites, they actively used the internet to seek out pro-anorexic websites. Therefore, through informed knowledge, they conducted searches on search engines. Both of these methods require a prior knowledge or intention of finding information on a specific

subject i.e. it is a pre-meditated search with a goal of finding specific information. Hence it is important to recognise that participants both accidentally found the pro-anorexia sites via diet sites or consciously linked to pro-anorexic sites via diet sites, suggesting websites are found through one of three ways: naïve-passive (naïvely accessed through links on diet websites) naïve-active (websites discovered by accident, but consciously accessed) and informed-active (prior knowledge of websites leading to active internet search for sites).

In terms of appreciating the implications of such networks, it is of note that over 80% of all internet users spend time browsing on the internet and over 36% of people search for medical information (UCLA Center for Communication Policy, 2000) with women conducting twice as many health-related searches as men (Howard, Rainie and Jones, 2002). In fact, health-related searches have been found to be the most common type of internet search (Goldsmith, 2000) this is not isolated to adults. It is thought that 75% of adolescents use the internet to gain health-related information (Rideout, 2001) and, due to the extensive linkage system on which the internet is based (Gray *et al*, 2005), it is not hard to find pro-anorexia accidentally.

The finding raises a question about the way pro-anorexia can be reported responsibly in the media, whilst safeguarding vulnerable individuals. However, how this is to be achieved is not clear. The influence of the media on behaviour has long been documented. In more recent years, the media has been repeatedly criticised for inappropriate coverage of suicides (e.g. Gould, 2001; Cheng, Hawton, Chen, Yen, Chang, Chong *et al* 2007) and eating disorders (e.g. Yamamiya, Cash, Melnyk, Posavac and Posavac, 2005). In an attempt to reduce copycat behaviours, leading charities have provided national guidelines for the media such as www.suicide.org and www.nationaleatingdisorders.org; although even those who have attempted to run risk awareness programmes have inadvertently led vulnerable audiences to pro-anorexic websites (Phillipov and Phillips, 2003).

Although participants found their way to the websites through different methods i.e. active search versus internet browsing, the same intention was still there, which was to find people they could identify with and/or view information about eating disorders and/or weight loss. This is a similar behaviour found in those with sub-clinical eating

disorders who actively seek out specific media to learn weight loss and beauty techniques (Levine, Smolak and Hayden, 1994). This suggests that vulnerable individuals may be attracted to the websites, even if their behaviours are not clinically significant. Levine *et al*'s (1994) findings, coupled with the results of this study, suggest that vulnerable individuals may be attracted to the websites even if their behaviour is not considered clinically significant.

The internet facilitates the ability to find a companion(s) who is willing to discuss and share the same goal(s) (McKenna and Bargh, 1998) i.e. a shared ethos and sense of belonging (Preece and Maloney-Krichmar, 2003). The stigma, shame and general misunderstanding of the eating disorders among laymen has led people with eating disorders to go underground and hence pro-anorexia to emerge (Dias, 2003). Stigmatised and marginalised groups such as those with depression, bipolar disorder (Rice and Katz, 2000) urinary incontinence (Berger, Wagner and Baker, 2005) and eating disorders are more likely to turn to the internet due to the desire to seek information and experiences anonymously; such literature suggests that for this to occur a person must more than find a website, but become involved with a website; that is, enmeshed in the culture. In addition, Cockburn and Jones (1996) highlight that, not only do search engines shape our internet use, but also websites bookmarked in our internet histories; thus, the combination of links, historical records, personal susceptibility to weight loss messages and information, collectively contribute to the way in which websites are found even when not actively seeking out pro-anorexia.

**Trajectory: Becoming enmeshed in the culture**

Once the participants had become involved with the website they commented on a number of factors that affected and maintained their site use. Participants described a dynamic between sites, other users and themselves. This created a sense of momentum, which fuelled both the eating disorder and website use. Participant 2 reported that the eating disorder slowly crept into her life, with the disorder beginning with a few subtle changes of behaviour:

> *It [the eating behaviour and the websites] just takes over your life. It just, it started as just ... 'maybe I'll eat a bit more healthy [and] train a bit more."*
> *P1.9.20*

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Other participants reported the slow descent into the eating disorder, describing pro-anorexia as infectious:

*'When you are in that situation you just get wound up in everything ... and at the time ... it becomes something very important to you... perhaps its just a different mindset to now, very much so, or even to like years ago ... I think you can just start ... [and] its ... a bit infectious the way you start to follow it, then you think ... 'well I don't and there are loads of other people that are [doing it] and I'm perhaps worse than they are.'' P3.4.3*

The lure of pro-anorexia was particularly strong due to the belief of the authenticity of the websites. The trust was so strong that little time was spent deliberating on the origins of the sites. However, the sense of belief did not mean that the individuals necessarily subscribed to pro-anorexia as a lifestyle choice, but reflected a belief that the information that was read was accurate. This is not uncommon; young people have been found to trust health information online without any consideration for its source or creditability, although on the whole young people are wary of the accuracy of internet sites (Gray *et al*, 2005). This poses the question 'why do young people trust pro-anorexic sites?'; especially when people with eating disorders tend to suspect that others only want them to gain weight and therefore, are often wary of people's motivations (Kaplan and Garfinkel, 1999). Several factors come into play here, the age at time of pro-anorexic use i.e. naive to the dangers of the internet (Chen, 2003), interpersonal goals, motivation (Bargh and McKenna, 2004) and schema. For example one participant described that you had to be in the right 'mindset':

*'when you're ... so overwhelmed by it all that you don't see it as a problem. And I think to be pro-anorexic you have to, in my mind you have to be actually experiencing an eating disorder. You can't ... be a normal person and be pro-anorexic, because you know the lifestyle and you know all the health implications and you know what the lifestyle leads to. But to be pro-anorexic you have to be within the grasp of an eating disorder, because when you are in that mindset and you think of it as a good thing, you think of it as you're being strong and disciplined and you know, so I think you have to be in the grasp of it [an eating disorder] to be pro-anorexic, erm you can't just, it's not like you're [one or the other or] for hunting or against hunting.' P6.9.8*

These factors integrate with social norms of the acceptance and trust in the accuracy provided by various agencies including the media and thus the internet (Sharpio, 1987). Tierney (2008) believes that intrapersonal factors also contribute to this sense of trust.

*'Those sites could have told me that the sky was pink and I'd believe it... so ... it was just all part of the illness.' P.1.11.11*

*'... at ... [the] time [of using pro-anorexic sites] you don't think about researching or doing anything else. You just assume it's right 'cos these sites are telling you[that] they are right but the thing is people forget all the website[s] or don't realise that they're actually being run by people the same age or younger than you. So who is ... to say they are right or not?' P3.2.19*

It emerged that one important contribution which led participants to use the sites was the belief in the authority and origins of the websites, because they were run by like-minded people. The trust was so intense that little time was spent deliberating on the origins and accuracy of the websites. This may be due to the individuals motivations that underlie their pro-anorexic use, because the websites do not challenge their existing beliefs; that is, their beliefs and motivation's are the same as website.

*'It was just a matter of just collecting, reading, feeling more sort of powerless, because it was taking over that sort of thing, and apart from that no, it's not, it's not such a complex thing really it's just a matter of your mind frame I think if you can get sucked in to it enough, it all does the rest for you.' P3.14.5*

However, the sense of belief did not mean that the individuals necessarily subscribed to pro-anorexia as a lifestyle choice; but reflected a belief in the accuracy of the information. The participants' conviction in the sites accuracy led to participants to practise extreme weight loss behaviours. This deep sense of trust maintained and fuelled the eating disordered behaviour, leaving the negative consequences unchallenged.

*'Like afterwards [after stopping using the websites] I did take an interest in nutritional stuff, just 'cos it interested me and I realised that so much [of the information on the pro-anorexic website] was wrong and that I wouldn't of known that if I hadn't researched it ... I think ... this is ....to catch you out... to put unrealistic ... expectations on young girls who are impressionable ... and specifically with the wrong sort of ... [information]... [on the websites] there was ... [lists of] safe foods to eat which an apple was not included in. Although an apple is like any other type of vegetable or fruit and what you would call as*

*a 'negative calorie food,' which actually burns more calories than you consume when you eat it. Yet it was not on the safe food list! ... I think at the time I was actually scared of eating apples because it wasn't on the safe food list, so if it's not on the safe food list you can't eat it obviously if you are really in to this sort of thing and ... I don't think I ate apples for a long time 'cos I was scared of that.' P3.10.16*

The intrapersonal motivations and the goal of the individual undoubtedly direct internet use. The women reported a tendency to use one specific website often centred on site dynamics and the frequency that it was updated.

*'... the general sites ... didn't change very often so ... when I went on them they tended to be more or less the same stuff, but on the forums I was always ... getting replies, so I was always just linking straight on to them and then you know you got other people who want to get advice of you ... you sort of feel 'I can do my bit to help people' when really we're all as sick as each other ...'*
*P1.3.10*

Childers, Carr, Pack and Carson (2001) propose that a person's pre-meditated factors (goals and motivations) interplay with the 'webmosphere' (webpage atmosphere) of the sites that the individual accesses; the more hedonistic and engaging the site is, the more likely the site will be pursued. Arguably, boredom and lack of webmosphere may have been a factor in the transition from observer to interactive user; however, not all of those interviewed interacted with other users. Sites that hosted topics on illness and recovery appeared to maintain pro-anorexic site use, because users could access the information that was appropriate to their motivations rather than having to go elsewhere for information, which may have had more pro-recovery connotations. This suggested that individuals could view recovery content in a domain free from pressures to recover. The websites therefore offered users a range of options that would be hard to find in reality; that is an area to contemplate illness and health without explicit pressure to recover, and the acceptance of remaining ill. This passive stance allowed the surfers to draw their own conclusions and work to their own agenda. Thus if the individual did decide to try to recover and then fail they would still have a support network in place that, due to their mentality, would not be disappointed, neither would it alienate those in their cyber meso-systems if they fail to recover (see Bronfenbrenner and Ceci, 1994) which can occur when an individual relapses in reality (Rankin, 1989); in this respect pro-anorexia does not set the individual up to fail, as neither illness or recovery were tarnished with disapproval. The websites therefore offered something that it was

perceived that the real world could not; e.g. if an individual were to seek help in reality, they may be faced with pressures to change and recover.

> *'I would ... read about other people[s] recoveries because some people talked about being in recovery and part of me wanted that to. So I would also use them [the sites] for that as well, so there was a positive side to it, but a lot of it wasn't geared towards that, some of it was ... but I would use what I could. So, the part of me that wanted to ... stop it [so I] would use what I could to um gain how they got healthy and also in my periods ... [of] feeling slightly better and wanting to come away from it whenever I went to it I would use it for that and the negative stuff as well ...' P2.4.12*

Site use also changed when individuals sought more motivation to maintain their eating disordered behaviours. Interestingly, site use and preference was revised when sites failed to detract from the risks and the brutalities of the eating disorder, for example decorative pink sites proved more popular than seeing emaciated models.

> *'... [the websites would] be ... all pretty and stuff. It would ... [be] real[ly] girlie ... it was ... up-lifting ... [the sites showed] some pictures [and] on some of ... [the websites there was information] about their odds [e.g. body weight, height etc] and like more songs and like more things to do and stuff on a couple of ones.' P4.5.19*

It was also of note that a person did not need to go to pro-anorexic websites to get inspiration, instead more mainstream media could provide a desired source of inspiration. Therefore the availability of media-derived thinspiration was a factor in whether or not a person used websites.

> *'I think once I've found things that inspire me, I don't need to access much more until I'm desperate and then I go searching again and erm at the moment the videos are providing that so I don't need to go looking at pro-anorexic websites or the pro-anorexic videos, because there are films [that] I watch the films instead, but if I have a day doing really bad, then I will go back and I will search for more, but I don't, it's the images that put me off because quite a lot of them are skeletal images 'cos I don't like seeing the bones, I like seeing the bones in myself but I don't like seeing them in other people.' P2.7.20*

This suggests that the pro-anorexic will use popular culture such as films, and not pro-anorexia alone, to inspire eating disordered behaviour. The ability to remain anonymous increases the risk of the individual seeking more reinforcing messages; the internet allows this through browsing, something which a proportion of users valued over

interaction with others. Participants disclosed that silent browsing meant that they felt that when they were accessing the sites this was something for themselves and not others, creating a distinction between pro-anorexia, other pro-anorexic users and themselves. This not only reflects the isolation experienced in eating disorders, but also demonstrated the participant's fear of the fact that interaction may contribute to another person's illness.

*'I never really got in to ... forums and stuff like that to chat to people. I just mostly wanted to just look at stuff on my own ... I just wanted to collect stuff in my folder to keep... as the whole thing was a bit sort of [a] secret thing that you wanted to keep yourself...' P3.1.14*

*'No [I] never [uploaded a photograph of myself], because I didn't want to be involved in promoting it (laughs). I know that by accessing it, it also keeps it going, but I didn't want to get more involved in that bit. I never ever posted anything and I never said anything on ... any of the websites or anything to influence anyone else, because I didn't want to 'cos I wanted it to be about me rather than other people.' P2.4.29*

In addition, participants found that fear prevented them from interacting with others as they were unsure whether or not the group would accept them as they feared that they were not good or thin enough, leaving several users to become pro-anorexic voyeurs.

*'I just wasn't really that keen to talk to anybody about it perhaps 'cos I was scared that they were more successful than me at the time and I would feel crap about that...' P3.6.24*

*'I think that I thought that I wasn't at their level, yet, and I thought 'oh I can't really post because I'm not doing as well as they were' or [that] I ... [was] not as ill as they are and that I don't really deserve to post because they'll think she's not really doing it properly, so I just kinda held back and just watched from afar, so I could just do my own thing.' P6.4.8*

Participants also exhibited a fear of becoming addicted to the pro-anorexic forums:

*'No [I never went on the forums] I was mainly ... just looking, 'cos you know, I think if you started on something like that you would get quite addicted to it to be honest. I think that's the problem with it, it is addictive for most people kinda like a gambling addiction. You know with gambling once they win money they put money back in to gambling and I think that's one of those things of when you've lost weight, it's kinda like well lets see how much more I can lose. I think its one of those type of things and I wouldn't ... join in.' P7.4.2*

In general those who became enmeshed in the culture found that site use was directed by the extent to which the sites met their needs:

*'I think once I found one I got used to and it works for me, I just sort of stuck to that.'* P8.24.5

Thus it is the intrinsic motivations, such as the perceived enjoyment or dislike (Teo, 2001) of the websites, and trust in site philosophy and content, that are important contributors to a website user becoming enmeshed in pro-anorexia. The participants described a sense of escalation, which appears to have been in part fuelled by acceptance and the to ability access pro-anorexic material without judgment, regardless of whether they chose illness or recovery. This factor also reflected the sites' diversity allowing users to have a variety of needs met under one umbrella.

This is also of interest in terms of treatment and recovery; historically eating disorders, including obesity, have been treated with dietary programs in order to address medical risk i.e. medics have treated symptoms over underlying causes such as emotional distress (Rankin in Gossop, 1989). In labelling people with a medical or mental health diagnosis, we forget to attend to their needs and higher values; after all few patients voluntarily enter ED services as 'in reality... these patients have not asked for our help' (Wulliemier, 1978).

It therefore is not surprising that forced recovery has repeatedly led to high rates of relapse; this has not only been reflected in numerous studies but also in famous individual accounts of inpatient experiences such as Mayra Hornbachor (1998) and Anna Paterson (2000) who reported that they would readily relapse when weight restoration was the primary intervention regardless of the beliefs of the patient. Geller and Srikameswaran (2006) take a different stance, suggesting that a 'non-negotiable' may be useful in promoting recovery with patients. This differs to forced recovery and boundaries, such interventions work alongside patients' goals and aims at entrance to therapy.

The decision not to engage in message boards stemmed from concerns over the potential negative impact over upward comparisons (Festinger, 1954), which can be explained in terms of self-schema theory. Myers and Biocca (1992) suggested that self-

criticism and negative self-evaluations are increased when an individual views their objective body as completely different to their internalised image and their internalised image of their ideal body. This is exacerbated when the individual views and internalises unrealistically thin models as an ideal. However, it is this proportion of pro-anorexic users who are considered more vulnerable to exacerbated symptoms, as they lack emotional support from other users (Cspike and Horne, 2007).

This experience may be understood through the theory of common ground and understandings of the development of trust. Clark (1992) highlights 'the common ground between Ann and Bob, for example, is the sum of their mutual knowledge, mutual beliefs, and mutual suppositions.' Thus common ground evolves through a cycle of mutual belief (Stalnaker, 2002) and meta-knowledge (i.e. knowledge of knowledge) that in turn reinforces the mutual belief and so on (Keysar, Barr, Balin and Pack, 1998). Common ground occurs between the author, website and viewer, because of the presuppositions of the aforementioned parties. In effect, presuppositions are based on the assumptions and presumptions (Stalnaker, 2002), which may have contributed to the sense of escalation that participants reported as they established a common ground and language, and in effect became enmeshed in pro-anorexia.

The element of trust that participants tend to exhibit, however, may not only be linked to common ground. A general consensus between academics, suggests that for trust to occur then an individual must be willing to be vulnerable to the group's norms and exhibit a 'positive willingness' to trust the source to which they subscribe (Bijlsma-Frankema and Costa, 2005). Therefore, becoming enmeshed required a common ground and a sense of trust, which to some extent was dependent on the vulnerabilities and intrinsic motivations of the user.

The methodology meant that during the analysis both belief and prior knowledge was suspended; however, through reflexivity the role of starvation and the impact that it has on cognition and behavior was considered. Starvation contributes to a series of behaviours, often seen in those with eating disorders, suggesting that some eating disordered behaviour is a consequence of starvation rather the eating disorder *per se* (Polivy and Herman, 2002). In the 1940's Keys *et al* conducted a starvation study on forty conscientious objectors, who prior to the study did not have a psychiatric history.

After a period of starvation, volunteers collected 'cookbooks, reading the recipes, and staring at the pictures of food with almost pornographic fascination' (Tucker, 2007). Others became agitated, tired and withdrawn. It is these physiological changes as a consequence of starvation, which may also contribute to our understanding of the maintaining factors in the use of pro-anorexic materials. The act of starvation may contribute to people's pre-occupation with food, weight and images of food, the sites support this way of thinking as they provide materials to support the users pre-occupation with their food intake and weight. Future studies could look to explore how starvation impacts on the way people process pro-anorexic information.

**Trajectory: Emergence**

Participants had used the sites for varying periods of time and were involved with the sites to differing degrees. However, all of the participants reflected with strong emotion on their use of pro-anorexic websites, regardless of the extent or duration of their use. The transition from enmeshed user to emerged user occurred in several ways, namely through health fears combined with the decision to recover from their ED and through natural drift.

*'In the end [the use of pro-anorexic websites] it sort of tapered off... it wasn't like I banned myself from going on and on and on' P3.6.15*

*'It was just like one day we stopped ... I like drifted off [I didn't keep] going on them [the sites] so much' P4.7.22*

Health concerns appeared to be influenced by the lived experience. Amenorrhoea and the fear of infertility was a reported motivator for emergence, as was a near death experience. The former is perhaps more surprising as it has been theorised that eating disorders sometimes develop as a response to a fear of adulthood and all the factors that encompass it, such as menstruation (Warren, 1968), sexual intercourse (Jacobs and Isaac, 1986), pregnancy (Ryle, 1936), sexuality (Dare and Crowther, 1995; Warren, 1968) and femininity (No Author Listed, 1978). These fears are thought to be triggered in a response to puberty. Crisp (1980) suggested that this is true for many anorexics as they experience puberty as something that happens to them, rather than perceiving puberty as a process of physical development. In this respect this links to only a fear of adulthood, but also a fear concerning the loss of control over their bodies as they morph

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into adults. However, the cessation of periods was not only a concern for the individual, but also for those who were aware of the participant's condition.

> *'I found I had no periods at that point, so I wanted to reach a weight where ... my periods would come back and then... everyone would stop worrying about me. They would leave me alone and then, so yes [it was then I tried to gain weight].' P4.8.6*

The emergence from pro-anorexia was therefore related to a change in motivations and goals, from illness to recovery.

> *'I cant remember [why I stopped] maybe I was like getting better I think at that point, I was focusing up to a goal, like rather than down to a goal.' P4.8.3*

It is often the change of intentions that precedes behavioural change. Motivational models of change suggest that for recovery to occur, the need to change has to come from within and cannot be something that is prescribed by a friend, family or practitioner.

The ability to talk with clinicians about pro-anorexia is important. However, several factors may hinder this, such as practitioner's lack of awareness around the function of the internet for individuals, and the complexity, diversity and implications of pro-anorexia for the user. Recent literature has documented the importance of the awareness of pro-anorexic websites in clinical settings (Norris, Boydell, Pinhas and Katzman, 2006; Grunwald, Wesemann and Ral, 2008). However, this is coupled with concerns of signposting vulnerable people to pro-anorexia and, as highlighted in this study, media publications have led young women to access these websites; understanding this, discussion may be avoided by practitioners. Participants who had for one reason or another sought or received treatment for an ED, reported having discussed pro-anorexia with therapists. It was not necessarily clear who had instigated these discussions. However, the ability to have these non-judgmental and open discussions allowed participants to be supported when withdrawing from the websites, which in essence may have relieved the sense of isolation that was felt when first approaching the sites.

> *'Being in therapy I suppose, talking about it [helped me to stop using the websites].' P5.6.22*

The pro-anorexic websites clearly were of varying degrees of importance to participants and it is therefore of no surprise that for some the emergence from pro-anorexia occurred with a sense of loss, disbelief and in some cases blame expressed through an external locus of control:

*'I haven't got a life anymore. I, I can't go out with my friends 'cos I am too tired. I can't drink. I erm there's so many things I can't do. I can't train anymore. I've had to give up all my sports, because I physically can't do it, but all these sites are focusing on you know but you're a size 4 you're a size 6, but what good is it if you can't show it off? ... I can't go out in a size 6 skirt and show everyone how thin I am because I haven't got the energy to do it and if I do go out I can't dance cos I haven't got the energy to, so I just end up sat in the corner watching my friends enjoy themselves ... I gotta look at it, and think, 'do I wanna live or do I want life?' And it's sort of you know I want a life, but its (pause) (sigh) it is they [the sites] just paint such a lovely picture that at the end its all gonna be better than what it is but (pause). I can't see how people can ... see the positives in it. 'Cos I honestly can't. What's the fun in being thin if you can't do anything like?... I've gotta spend my summer holidays in the hospital so ... I am not gonna be seeing my friends this summer 'cos I'm gonna be in there for three months so you know that's all I've got to look forward to at the moment. So it is all thanks to what they [the people on the website] told me to do.' P1.12.19*

This emotive account suggests a sense of hopelessness and suggests that she felt that she had no sense of choice over her experience. Others looked back with fewer afflictions:

*'It was such a waste of time perhaps erm but on the other hand perhaps ... when I think back, I do look back to that time, which I don't do a lot cos it wasn't a good time for me I probably just think 'oh' or 'well at least I know now.' That sort of thing.' P3.9.2*

Such statements suggested that sufferers felt like that they did not understand the process that lead them to pro-anorexia, which they expressed as disbelief. Disbelief occurred in several forms: the disbelief that they were susceptible to developing an eating disorder:

*'I hate it [pro-anorexia] (laughs). Um, it's just ... I always thought that it [EDs] was for the vain for people driven by perfection and things like that and I never thought, cos I have always been in to sports and things like that, I never thought it [EDs] would get me but (pause laughs) and its not letting go.' P1.9.7*

For some, it was not the disbelief that they followed pro-anorexia, but also the disbelief that they had no regard for their health:

*'When you look back on it, you think 'I can't believe that ... maybe I wasn't fussed about maybe dying, because [back] then ... [living] was not more important than being thin and I mean I think that I never really wanted to die, because that would be stupid, because then what would be the point of all your hard work, just to die.' P8.30.22*

Further disbelief and shame was expressed when they discussed accessing and subscribing to the ideas presented on the websites:

*'I always associate things like [pro-anorexia] that with youngsters and teenagers and things like that, but its like I am ... 23! ... I should know better ... in the grand scheme of things I should be able to take control of my life and say hang on now I'm an adult. I know I am not dull person, but I should be able to sort of say 'hang on now you know this is bullshit... snap out of it [and ]come to your senses.' But ... [back] then, it was as if I felt ... a lost teenager being influenced and ... now I look back on it, it is quite embarrassing thinking that I am this age and I am still susceptible to being manipulated by ... a screen 'cos ... I don't know whose on the other end of the monitor so I am basically being manipulated by words on the screen and at 23 you think you should know better than that. I should be able to ... see the difference between reality and this virtual world and that's a bit, a bit embarrassing' P1.10.16*

Some even shifted their stance and suggested that pro-anorexia should be banned:

*'Now, I think it's wrong, I think it's more, erm, because people who have eating disorders are not very well, obviously. Erm, and people who claim it's a life style [well] I think it's just absurd really, it is... wrong. It [pro-anorexia] should be stopped.' P5.6.10*

Ultimately hindsight proved emotive and only a few participants seemed able to verbally recognize as to why they initially followed pro-anorexia and forgive themselves. A sense of forgiveness occurred when individuals were able to separate themselves from pro-anorexia:

*'But now looking back on it I just see it as a bit silly really like, I can see why I could get in to it, but it doesn't mean anything to me any more.' P3.1.6*

*'If looking back and now myself I think, you know, I can categorise these things as something totally different to them.' P3.4.22*

suggesting a difference between the process of emergence and hindsight. For participants the experience of emergence was triggered by the transition to recovery, and marked with disbelief and shame. Some participants described a sense of loss when they exited pro-anorexia. However, this was not as profound as expected, as recovery often features a period of bereavement for the illness (Eivors and Nesbitt, 2005; Shelley, 2005) and, due to the consuming nature of pro-anorexia, it could be assumed that participants would express greater loss with regard to pro-anorexia and their eating disorder than detailed; however, this was not the case.

**Trajectory: Periodic Pro-Anorexic Episodes, Indicating Lapse**

Emerging from the journey did not mean that participants did not return (or lapse) to the websites or similar materials. The process of lapse did not necessarily lead to a return of full-blown pro-anorexia use; however, some participants were aware of their vulnerability to the websites, specifically when accompanied with a weight loss schema.

*'I probably, I would, I could go back on, but I don't think it would have the same effect on me now, because I'm not in the same mindset as I was when I was really skinny, because you know it doesn't rule my life right not ... anymore really. It wouldn't encourage me to lose weight. I don't think.' P4.14.18*

Participants described the tendency to return to the websites, which notably differed from experience of being enmeshed. For instance participants would only return during periods of low mood.

*'There are still times when I might feel low and I sort of go and ... search for a picture of someone skinny a person, because I think 'she's aw pretty' or something but it's not like 'cos I wanna get like that it's just probably because I'm feeling low about myself just generally I think that everybody has low days ...' P3.6.16*

For some a visit to a website to helped reduce a sense of isolation.

*'If I am feeling you know down with erm, overwhelmed by it [the ED] again I, I look at them because I'm just trying to, I don't know ... if ... I'm in a good*

*place it doesn't come in too my head so much, so I don't feel the need to [see]
what other people are going through [online] because I feel a lot better. If I am
in a down place I look at it more just to try and you know relate and think oh
there must be someone out there who is feeling the same way as I do, so [I'm]
just kinda trying to understand why I am [feeling as I am].'* P6.7.10

This can be understood from the perspective that the experience of feeling low, isolated or abandoned is in effect an experience of emotion, which is part of our human make-up (Rankin, 1989). Emotions are a personal and natural experience and are not something from which you can 'recover.' Returning to pro-anorexia becomes a 'mal'-adaptive technique, which is hypothesised to help the individual to mange, connect and understand their mood. Therefore, it is how the pro-anorexic sufferer manages this emotion that may be a useful point of intervention for the clinician: open exploration of the patient's use of pro-anorexic experience may help them to develop and broaden their understandings of their use of pro-anorexic materials. Hence, if a clinician can enable a person to understand the factors that maintain their pro-anorexic use, it may be possible for the clinician to work collaboratively with the client to support them to develop a greater range of safer coping strategies, so that the need to use the sites is reduced.

Such an intervention, however, may only help those service users who attend treatment centres who subscribe to the idea of a 'clinical stance' (Geller, Williams and Srikameswaran, 2001). The philosophy allows the clinician to put aside assumptions, demonstrate curiosity, whilst being an active worker in line with the client's readiness to change, their goals and higher values. This collaborative stance allows the patient to explore all possibilities of their behaviour and illness (including purpose and maintaining factors of illness), and therefore, the onus to change is on the patient. In the instance of pro-anorexia, a patient may work with their mental healthcare provider to establish the role of the websites in their lives, including the meaning and purpose of site use, whilst exploring both the negative and positive consequences of site use. Such a method may reduce the risk of client alienation. This is in part due to the motivational interviewing (MI) technique undertones, which are noticeable in the notion of the clinical stance. MI method theorizes resistance occurs between clinicians and clients when the clinician is working to their own agenda rather than the patient's. Geller *et al* (2001) assert that the resistance that can be experienced is not inherent in the clients.

What is of interest here is the distinction of the meaning between lapse, relapse (Brownell, Marlatt, Lichtenstein and Wilsons, 1986) and episode. Brownell and colleagues (1986) explain that the difference between the lapse and relapse, describing the former as a one-off experience of former behaviour, which does not feature extensive lack of control. The latter, however, features a loss of control and is described as a process rather than a singular event that leads to extinguished behaviour being rekindled (Shiffman, 1989) which is a common experience for dieters (Dubbert and Wilson, 1984). The term episodes, however, goes beyond the distinction of the frequency of event, but considers the contributing factors that lead to the lapse in a given situation (Forgas, 1982). For example, with regards to pro-anorexic 'lapse', behaviorists would argue that the lapse is triggered by external cues and learnt behaviour. In contrast, cognitive and social theorists would argue that an internal script leads to the lapse in behaviour; therefore the theme of periodic pro-anorexic episodes indicating lapse, considers not only the idea of lapse, but also the feelings and motivations that accompanied the return to pro-anorexia.

It was notable however, that a return to pro-anorexia was not always a conscious act. Some participants described a subconscious process of compulsion that led them back to pro-anorexia.

> '[If] you go on Youtube you might look on a clip from Friends or a clip from Scrubs or something and then you think er, 'I'll look at a bit of a documentary from something' and then you just gradually creep towards pro-anorexic things, rather than setting out to go on the website in the first place. You just end up going on [them] ... I don't know, you just need to do it, I think.' P6.15.21

> '[Going back is] just ... [a] habit I suppose, you ... go on your computer, you turn your music on, you check your email, you just check your Facebook or whatever. [It's] just a routine, just because that's what you do. You go on there and you see a few have commented on what you've said and you write back and you then you sort of said 'ok, well I'm gonna list [of what I have eaten]. It's partly for your own benefit really, because if you just ... think 'well what have I eaten today?' and you write it on the computer and you think 'oh that's nice' ... I used to have a spread sheet to work out exactly the amount and all that.' P8.3.29

This suggests that a clinical exploration of behavioural change may help individuals understand and possibly reduce their site use. However, it could also be proposed that it

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is those who fall in to this category of accidental drift that are yet to develop full insight into the true meaning and purpose of their pro-anorexic experience. Future research could explore the processes of natural drift; this would enable a greater understanding of the occurrence of subconscious drift in conjunction with the user insight in to their pro-anorexic use.

The overarching theme of a 'trajectory' is a useful concept for health workers, as it may prompt them to not only ask about the use of pro-anorexia, but also to recognise that even those who are 'recovered' may continue to use pro-anorexic websites. Awareness of the pro-anorexic trajectory may be useful in supporting service users when they confide in health care workers of the re-use of pro-anorexia; as it may be at this point that a care worker can support the patient in understanding the importance of unmet needs (i.e. denial of feelings) (Killian, 1994) and develop insight into the patient's use of pro-anorexia. The key features for the pro-anorexic are not purely defined by stages, but the dynamics, schemas and the experiences that occur in each phase which determine the nature of the continuum of the pro-anorexic experience, facets of which include curiosity, exploration and participation.

## Super-ordinate theme: Boosting of the 'Self'

The theme 'boosting of the self' encapsulates the variety of events, behaviours, cognitions and emotions that were encountered throughout the pro-anorexic journey and contributes to the experience of the physical and cyber self. The boosting of the self explores the experience of internalisation and comparison of other people's perspectives about their own and about the surfer's body, which is known as self-objectification (Calogero, Davis and Thompson, 2005). So, in a sense, some participants found that pro-anorexic websites contributed to self-objectification, which perpetuated symptoms and site use; objectification in itself has been found to contribute to increased risk of eating disturbance, low mood and shame, which can lead to the failure to recognize body signals such as hunger and satiety. This is because the surfer begins to see the body, not as a body of a person and being that needs love and nurturing, but rather as an object that can be moulded to their ideal regardless of consequence, creating the illusion of control (see Calogero et al, 2005).

## Boosting of the 'self': Illusion of Control

Eating disorders are commonly associated with the need to gain control over life (Bordo, 1996) and the body (Garner and Garfinkel, 1980; Fairburn, Cooper and Shafran, 2003). The sites served a similar purpose and for the participants acted as an extension of this illusion of control.

*'They [the websites] helped me maintain that sense of control.' P2.2.4*

The term illusion of control sounds mystical, but is relevant as many eating disordered individuals report that by controlling their food and bodies that they have control over their lives and day-to-day living. In some respects, ignoring physiological underpinnings of behaviour, this is true; monitoring food intake and using rigid routines imposes immediate control over your own behaviour; however, this for many is where it ends. It is impossible that one's eating behaviour can control every aspect of one's life, it may control the body and even provide an element of control in relationships; however, it does not prevent one from stubbing one's toe, the lift breaking down or a bird defecating on one's shoulder. Thus, the eating disorder is an illusion of control rather than actual control.

In a sense this links to the concept of magical thinking, which Evans-Pritchard (1976) suggests has a purpose in many societies; however unlike societal magic, eating disorders do not contribute to the function of society nor the healthy functioning of the individual (Levens, 1995). According to Levens (1995) magical thinking allows an individual to escape their reality and in the case of the eating disordered person, gain a sense of control, which allows their needs to be met and keeps their 'self' safe. Freud (1960) suggested that this occurs because the eating disordered mind and body are not integrated and it is the mind that controls the body. In essence the eating disorder creates a control over the body, food and relationships (Crisp, 1980) which is further perpetuated by the websites, as when the surfer experiences a loss of control such as a binge, they then turn to the websites to revive the perception of control. The sites also facilitated the illusion of control through the possibility to monitor and learn how to reduce food intake through education, inspirational stories and distraction.

*'If either I've eaten more than a certain number of calories or I've had a what I call a binge, where I've got so hungry and I've literally eaten and couldn't stop then I'll search [on the internet, because] I'll be needing to get back on track, so that [my eating] doesn't escalate and start eating properly again, 'cos I don't I can't deal with that (laugh)...' P2.7.31*

Participants found that the websites helped guide and inspire the illusion of control through the possibility of monitoring and learning how to reduce food intake through education, inspirational stories and distraction from food. In addition to this, the act of surfing such sites meant that their time was spent in a way, which prevented them from binging, eating and fantasizing about food.

*'It [the websites] kinda distracted me as well, because ... if you get hungry you think oh ... you could you spend an hour and a half on there and you can waste an hour and a half and you're not thinking about, well you are, but you're not thinking about... food. You're thinking about not eating food, because you're looking at them [the sites] and thinking 'oh, they are doing so well, that's great, they've done all of this' ... obviously half of it might not even be true, but to you it is true and you're thinking 'oh well look they've done this, they haven't eaten for 6 days, that's, that's, such an achievement' and [then] you ... think 'well then you're not going to have dinner, because ... I've eaten today and they haven't.'' P8.8.24*

Eating disorders often act to provide a sense of control over overwhelming elements of life (Bordo, 1996). Similarly the websites provided the illusion of control over self-harming behaviours. Such upward comparisons as highlighted by participant 8, also contributed to the ladies' need and ability to maintain control over their eating and weight. This suggests that pro-anorexia feeds into the illusion of control in two ways:

a) Friendships: eating disorders are a safe haven for the sufferers, allowing them to develop necessary coping strategies to gain control. The meeting of like-minded people relieves the isolation, which is a by-product and maintaining factor of the all-consuming nature of an eating disorder (Leven, 1995). This self-perpetuates the need for and the practice of control. For some this was independent of the type of relationships that were developed i.e. nasty comments and positive comments could be both equally as reinforcing in the need for control.

b) Silent browsing: this can be a powerful and empowering experience for an individual. Silent browsing allows you to control what you look at and some extent to what you are exposed to. This contributes to isolation as individuals are not actively communicating and therefore, this voyeuristic dimension means the silent surfer is not threatened with losing control i.e. not exposed to hurtful messages or experiences that may challenge their belief system, thus feeding the magical belief that she/he can control her/his external and internal world (Leven, 1995).

However, eating disorders are not about weight control alone, instead they often act to provide a sense of control over overwhelming elements of life which render the individual helpless (Bordo, 1996); for example when a sufferer's parents file for divorce, a bereavement of a loved one or the experience of abuse. The eating disorder acts for some as a vehicle to instil stability and order in a chaotic world. The websites acted as an extension of this and helped surfers control their behaviour and for some provided an illusion of control over self-harming behaviour. These experiences can be understood in terms of Piaget's (1929) interpretation of magical thinking: for the individual, doing a specific behaviour will lead to a certain outcome. In the case of participant 2 this was experienced in different ways: doing a certain behaviour (visiting pro-anorexic websites) will lead to a certain outcome (will keep me safe from other self-destructive behaviour).

*'[When] my life is just going haywire, it [the sites] is stopped me from in a way reverting to ... other behaviours like the suicidal behaviours and stuff, because if you've got control in that it stops me from erm harming myself in other ways, so its [the eating disorder] kinda in a way kept me alive.' P.2.6.9*

In this case and according to Piaget (1929) the magical thinking arises from the act of participation in the websites i.e. it is her active eating disordered behaviour that kept her alive. This differs from the idea of animism, where instead she would believe that it was pro-anorexia that was actually keeping her alive. Furthermore, the quote suggests that for some the eating disorder and accessing the sites can be a protective factor. Again this has implications for clinical work and policies, for example a 'ban' or sudden inability to access websites, may leave sufferers to engage in other harmful activities.

**Boosting of the 'self': Finding a Network**

The boosting of the self, involved the significance of finding a network. Participants articulated that finding a network reduced the sense of isolation that they felt at periods during their illness; particularly when in their physical environment they were surrounded by people who did not understand their experience.

*'I think it [the eating disorder] can be quite a lonely thing so that's something where the pro-anorexia sites link in, because friends I've tried to explain to them, but they don't understand erm, so and its [the eating disorder is] quite isolating, it makes you want to withdraw anyway, but also its it's a search. Well I've found it's a search for identity as well it's an expression for what I can't express.' P2.8.4*

The lack of understanding from others combined with the participants feeling that they did not have the ability to voice their thoughts, meant that on occasions treatment providers, loved ones and friends were unaware of what the individual was genuinely feeling and experiencing.

*'[The websites help me] feel less alone in the times when I can't er I can't deal with treatment or don't want treatment.' P2.6.7*

Therefore, isolation was exacerbated where treatment providers failed to accurately recognise client's higher values and stage of illness, which in turn fuelled the use of pro-anorexic materials. This may also relate to the idea of a finding a common ground, which supports the process of becoming enmeshed in the pro-anorexic culture as it reduces the sense of isolation.

*'[For] some people ... it's the only method, the only way [that] they can express their feelings and they're not alone even if they're feeling you don't know the people, they could be 1000's of miles away, [but] you have a connection.' P8.41.8*

The common ground found on the websites offered a like-minded set of values, which is hard to access in face-to-face relationships. Finding a network helped some of the participants to gain a sense of strength. The sense of isolation in the real world, was expressed as:

*'It really was like me against the world.' P4.14.24*

*'I was kinda like fighting the world kinda thing.' P5.2.6*

The perceived isolation led to the need to battle against the treatment providers, rather than work with them. This ultimately perpetuated the sense of isolation and need to find like-minded people who would not challenge their behaviour. Thus in finding a pro-anorexic network their sense of isolation was reduced and bought together a group of like-minded people who could share information and common experiences; something which participants had been unable to do in physical society.

*'[It was a safety net] to ... know that other people felt the ... same way that I was feeling at the time and obviously people used those websites it wasn't just me on my own there was other people like me out there.' P5.1.18*

*'When you are going through it you feel so alone with it, and suddenly you think 'oh my god there are other people like me and are feeling like this' and ... you just wanna bit of... support and just someone you can relate to so that you don't feel like you're alone, so that you can getta bit of motivation from them as well, because ... there's are millions girls together going 'you can do this you can do this.'' P6.3.13*

*'If I hadn't used them I would of felt more isolated because ... only [a] ... few friends ... had a vague understanding. I [so I] couldn't talk to them properly, because ... its like none of my friends understood at all or they just made a complete mess of trying to understand it, whereas on there [the websites] they do understand.' P8.40.15*

The feeling of being understood was an important aspect of the pro-anorexic experience. This occurred as the site and forums brought together a cohort of individuals who had a shared belief system, which normalized and/or accepted behaviour and thus reduced feelings of isolation and created a sense of belonging.

*'I was vulnerable anyway and ... I didn't really have ... an identity so I was able to identify with this problem... well ... quite a lot of the girls on these websites didn't see it as a problem... I did see it as problem and but ... I wanted to ... keep it as a problem and ... maintain it.' P2.1.32*

*'I just felt as if I wasn't so (pause) like a freak, that ... what I was doing ... wasn't that ... abnormal, because there are so many other people doing it as well and [I thought that] ... maybe I am not in the minority after all, because on these places everyone is sort of in the same boat, but not in a good way (laughs) so is it is sort if everyone's all stuck together.' P1.6.1*

This shared belief system was obviously important to the women and the importance of similarities did not end with weight loss intentions. Comfort was also found through shared tastes in music from which strength, inspiration and identification could be derived. It seemed really important to the women that they had someone or something that appeared to really understand them:

*'There was one [song] by Superchic called Courage and I still got it on my iPod and stuff and I do like it. Yeah and..., its all about like anorexia and its, I dunno, its just because you can relate to the songs and its like oh you know on its kinda like they are talking to you, not like talking to you like schizophrenic .... it felt like a message there' P4.11.8*

Interestingly, literature informs that music videos can impact negatively on body image satisfaction (Tiggeman and Pickering, 1996; Tiggeman, 2003). However, it is of note that the participant reported that they were listening to music and this was not paired with a visual representation. Research does suggest that song lyrics can impact on mood (Stratton and Zalanowski, 1994); however, there is no research on the use of music to motivate and maintain eating disordered behaviour. This should certainly be an avenue for future research.

Furthermore, the pro-anorexic sphere allowed participants to explore their eating disorder in an anonymous environment free from pressures to recover and were met with understanding and on the whole, acceptance.

*'You could talk to people ... [and] retain anonymity as in ... you could tell someone exactly how you were feeling without them judging you, without worrying about without them being cross [with you] or ... treating [you] like you're a complete lunatic.' P8.1.12*

Notably though, people did not necessarily unite through the understanding and sharing of ED behaviour, but through the identification of the shared experience of the negative and positive aspects of the eating disorder. This also reduced the sense of isolation that the women experienced.

*'... [the sites] would ... have forums and everything [that] people would say, their things on... [the sites] was ... comforting. [It was comforting] to know ... other people out there ... around the world ... felt like you ... I think I did email this girl ... from one of [the sites] and we were ... emailing for a bit, but ... I*

*dunno [the messages were] ... like ... tips and everything and how we were feeling and stuff. It was just mainly that, but it ... was nice just knowing there was other people.' P4.2.18*

*'I looked at all of it to be honest, in just out curiosity ... and it was always quite interesting to look at. The... stuff that [a] girl had written who started the website.... [allowed] a direct tap in to someones real experience so that was all quite interesting, mmm, I, I, I looked across all of it really. I never really used any of the ... the diet food or tips or stuff like that, ... it was more the experiences, the real experiences that I was after that I could try and ... fit in to what I was going through.' P6.12.24*

*'They [the websites] don't ... necessarily make you feel better in yourself, but they make you feel better because you know there's someone else out there feeling like that, erm, so you just feel less alone I think, but it doesn't make you feel better about things, you just ... feel .... less lonely.' P6.19.18*

Pro-anorexia became a friend, family and community and at time even replaced real existing relationships, with virtual ones:

*'... it was quite a bad time anyway for me, so ... to this day I don't really think it [pro-*anorexia *and the eating disorder] was one hundred percent to do with anything. What I really felt ... was more to [do], I think to ... with [it] ... [being more like] a hobby really or like or friend or something like that. I know at the time ... I had [a] worse ... relations with ... my parents and I wasn't that keen on anything in my past or anything, so I probably felt quite alone and it was probably because I was quite isolated a lot, so yeah it was something I got quite in to for a while.' P3.6.1*

*'The forums... on the websites or the message boards on the websites, created a virtual community in your head, so that ... there was loads of other people out there going through the same thing and it gave ... support [and they] felt like ... [a] family almost... it felt like you didn't need your family, [you] didn't need your friends, 'cos you had all ... these other girls that were going through the same thing ... and [yet] they ...[were] complete strangers, but you felt you could relate to them so well, because they're going through the same thing, so I think the group factor was a very, a really strong one, erm, because ... you know all the others were looking ... for someone to support them, to motivate them. So you all just support each other, I think.' P6.14.20*

This perception may relate to the belief that the people in their physical world do not understand what they are experiencing. The virtual social network of people allows conversations to occur and needs to be met, which could not have happened without the internet. In essence this quote perhaps explains as to how and why some pro-anorexic

users may feel that they have found a family, as this quote shows the unconditional elements to friendships forged in these communities:

*'You have a connection, because you're both suffering from the same thing and even if the support is a bit distorted ... they're still ... supporting you, because you're all suffering from the same kind of illness and whereas ... [although] you might be close to your parents you can't ... you can't call your Mum and sort of say 'Mum, I'm having such a bad day I feel awful, I haven't eaten all day, I haven't eaten for 3 days and I just ate ten Kit Kats.' Your Mum's just gonna say, what's she gonna say? [That] ... 'you're stupid!' or 'why are you doing that?!' or cry at you or someone else [on the website] will say to you 'its ok, its ok, you know, its good that you got some sugar that sort of thing you know? Go for a run, walk it off and just ... say we all have relapses, no one is perfect, just get back on track and just forget about it' and ... it is hard to explain ... [but] you would feel better, even though they're probably thinking [that] you failed ... it would still make you feel better, because they wouldn't let you down and ... people who did [support you and made errors] still got lower and lower and you could see they got lower by themselves. I think ... [the sites] give you a hope, but I'm not really sure what [the] hope [is] for.' P8.41.10*

The goodwill of others is, like in any friendship, often reciprocated. The altruistic element of these friendships provided a sense of purpose and wellbeing.

*'You had people on there saying um 'I am over weight, I'm unhappy, I wanna lose weight ... and I wanna build my confidence' and all that. It was ... like I know how to lose weight, so by passing on that [information] I can make this person a bit happier with themselves as well, 'cos they wanna lose weight. So in a sick way you sort of feel as though ... you are helping them. But obviously you're not (laughs) but it was just the way my mind was at the time ... I felt like people were helping me by giving me advice so I thought 'oh I can pass that on so then I can feel better about myself 'cos I am helping this person achieve what they want.'' P1.3.19*

The strength and impact of these friendships should not be underestimated. Participants who had used forums, regardless of whether they had physically met the person with whom they had conversed or not, found that their online contacts had a dramatic impact on their behaviour.

*'First of all we got each other's number. She goes to University in [the U.K.] so we had coffee and we just sort of kept each other on track and... if one of us had a lapse [or] whatever, I ... ring her or she would ring me and say 'oh my god, you know, I'm this and getting that' and you could sort of pull each other through it, and it's ... because we are both kinda in the same place, it's easier, because if one of us decides to slide down again, the other one will ultimately*

*do the same, so but we'll still be able to pull each other up at the same time, which is quite useful' P8.4.23*

Some, with hindsight recognized the dangers of the friendships that they had formed and the support that they both gave and received:

> *'You get addicted to the comments people are saying 'cos my friend was saying 'oh you're not looking too good and you're starting to look gaunt, you're you know not yourself' and all that and on these sites they were like 'don't worry they'll pass you can cover gauntness with make up, don't worry about it try and draw attention to your hair' and things like that [they would say] 'if people don't like it they don't have to look at you' and it was sort of like mmm yeah, you know if people don't like the way I look [then] don't look at me ... [I made my] face up so... [the people on sites] was making ... brush over [my weight loss] and [they tried]... to make out it wasn't so bad and really they were feeding the illness. Yeah they were feeding me.' P1.2.10*

> *'You didn't know any of these people and [you didn't know] if they were what they said they were or if they weren't what they [said they] were. Then ... they [would] ... message you .. things saying 'ok you're doing really, well this is really great ... you've got the will power' and it... made things easier in a good and bad way, because I mean in a bad way obviously everyone is encouraging everybody to lose weight and ... [I thought] 'oh wow! I can't believe you weigh 6 stone that's fantastic you're so lucky ... I wish I did' and [I would say] keep going it's fantastic, which obviously is really awful, because then you know they're ... 'you're deathly thin [but] keep going, it's great.' P8.1.15*

However, friendships were not always easily forged or harmonious. One participant reported that they were weary of pro-anorexic 'wannabes', whilst others reported bullying and peer pressure behaviours in forums.

> *'If you'd said that you had eaten in that day they'd [sigh] I don't know, they would just call you [a] 'fat cow and that you shouldn't have done that' blah blah blah 'you're a bad person' ...' P5.5.13*

However, this was dependent on individual experiences, the content and perception of the message sent between members of the forums.

> *'All [of the] people were happy [about] what they were doing. I was feeling happy that I was ... part of their group as well and we [were] all ... egging each other on and killing each other' P1.5.19*

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Finding a network therefore, provided many functions namely associated with a reduction in isolation, the feeling that they were part of a group and that the sites offered something, which they could not experience in their physical day-to-day interactions. One participant insightfully suggested that if the sense of isolation could be reduced the need to seek out pro-anorexia would diminish:

*'There needs to be something, that makes you feel less alone as you are slipping in to...[eating disorder], erm to prevent you from slipping more than accessing [websites].' P2.8.16*

and the need to returned to the websites lessened:

*'[The eating disorder]... is kinda [a] really lonely thing. If the loneliness could be stopped a bit, maybe the accessing of the websites can be stopped a bit more as well.' P2.8.33*

This suggests that isolation prior to accessing websites appeared to be an important factor in leading the participants to frequent pro-anorexic sites; as the websites reduced the sense of isolation, which contributed to recurrent site use. Paradoxically the websites may have, in reality, contributed to greater isolation as the sites led the participants away from their existing social networks, which allowed eating disorder to become more entrenched; particularly as the websites became a virtual family and community, replacing real relationships and reducing the possibility of gaining access to formal recovery support. The friendships that were formed were done so through reciprocal contact that tended to focus on concern about each other's welfare, experience and information sharing, which collectively created a sense of belonging (Baumeister and Leary, 1995) and trust (Baier, 1986).

The underpinnings of trust vary depending on the definition used; however, what is clear is that the change in the social networks and structures of society, has led people to trust strangers on a daily basis, be it a dog grooming service or a child carer (Sharpio, 1987), making the possibility of an individual trusting in an unknown agency more likely. This trust can develop if a network is found around the agency; in this case it would be fellow pro-anorexics. Overall, trust is thought to be of a healthy nature, which occurs when allies are equal to each other and appreciate that their ability to continue

and reach their goals may be intrinsic in the reciprocal trust and support (Baier, 1986). This was obviously an attractive prospective for the pro-anorexic users.

However, participants did not need to interact with others to gain from finding a network. The surfers reported finding value in viewing websites as it provided the opportunity to identify with others whilst maintaining anonymity. Furthermore, the decision not to talk with others was often a protective factor in that they were not exposed to rejection or judgment from others. In a sense silent browsing reduced the risk of becoming actively involved with competing.

**Boosting of the 'self': Secrecy**

Secrecy has been reported to be a common feature of the eating disorders and it occurs for various inter and intra personal reasons: some do not tell people of their ordeal because of the feeling of shame and embarrassment (Zerbe, 1998). Others may not tell people as their eating disorder is a deeply private matter, whereas others lack insight and do not recognize their behaviour to be a symptom of illness. Although the role of secrecy is unique to the individual experience, it appeared to be important to the participants both at the time of use and following the use of the pro-anorexic sites:

> *'Secrecy is one of the biggest things ... [when] you're in a grip of an eating disorder [it is] such a secret thing ... you don't want people to know that you're going on these ... websites because ... [they are] obviously gonna disapprove and discourage and you [and] stop you from doing it... [in general] people don't know anything about that part of my life. I obviously don't want them to know about it now because its unnecessary... I don't feel the need to tell them about it, so secrecy is definitely a big factor, erm and I would never sit in the library and ... [and visit website, I would] only ever [do that] at home, I think.'*
> *P6.16.8*

Pro-anorexia allowed secrecy to be maintained through non-prescriptive ways; that is they did not recruit people to pursue illness and carry out specific illness. Instead site-users could talk to and relate with another person on the websites, which meant that they did not have to ask for help or seek support, and thus tell someone about what they were experiencing, in their physical environment.

> *'It [the eating disorder] is such a secret thing and it quite often starts that way. It starts secretly and then gets more and more secretive ... but that's just the*

*way it works ... Going on [the* Internet *and] looking at the websites is a way of keeping [the eating disorder] secret, but [at the same time] being able to reach out and talk to someone about it without obviously having to talk ... to family and friends, which is the last thing you wanna do ... [at] that time. So ... it* [pro-anorexia] *allows you to keep it [the eating disorder] a secret, but be able to talk to someone about it ...' P6.20.1*

The sites also helped users maintain secrecy and learn how to be more effective at keeping the disorder hidden from others:

*'They [the other users] put up tips. Just little things [that] you can do ... and [post] little ways you could throw people off the scent so you won't get caught.' P1.8.2*

Similarly to Davis (2008) this study found that websites provided information on how to hide eating disorders:

*'The amount of lying you had to do to just cover up your tracks of not eating and stuff it was it was really, it was really, well it was really ... life consuming ...' P4.14.25*

But in addition to this the females reported that pro-anorexic websites became another secret that they had to keep and a lot of emphasis, time and work was invested in keeping their website use a secret and a lot of emphasis, time and work was invested in keeping the use of pro-anorexic websites a secret:

*'I would go on line, like I didn't like being in school so I would often miss a lot of school, so I would go on the [sites] when my parents were in work or my sisters in school ...[this way] there would be no one in the house, so it would be easy. Then you would just click then erase all the history.' P4.5.11*

*'If someone comes in the room you can then just click on the homepage and just say 'I'm just on youtube' and they won't think anything of it, so it's more of a discrete way of doing it.' P6.16.2*

However, keeping the use of the pro-anorexic websites secret was not necessarily about protecting themselves from being discovered. Instead, the secrecy acted to protect their family (or themselves from their family) from upset, especially when the family thought their daughter was in recovery:

*'When I went on [the sites]... it was [at] the time when everyone had found out ... that I was anorexic. [They did not find out].... that I was going on the websites... so at the same time [I was using the websites] I'd be[also] saying to them [that] 'I'd wanna get better' [and] 'I'm eating loads' but [at the same time] I would go on the websites...' P4.4.21*

*'I wouldn't want my Mum to find out about ... [me using pro-anorexic sites] or my dad or my brother or my sister to be quite honest, 'cos I think they'd just take it the wrong way... I know ... I haven't been on the website[s] at all recently [or] at all anymore, but then I don't know what they'd have done [had they known] because if they'd read [what I had written] ... and seen [what had been said] ... it might have helped my Mum understand a bit more, 'cos she didn't really [understand], but I think it's just, the true nature of ... [the eating disorder]' P8.18.1*

For some, however, the secret was uncovered and the reactions of others contributed to the need to have further secrecy and leading to feelings of shame. This in turn contributed to greater isolation and potentially increased the vulnerability to relapse.

*'Mmm, I think at one point, I can't remember if I told my Mum about it or if she found out, but she was she ... restricted my internet access at that point um, but I got quite good at hiding it ... and whenever I heard someone coming up the stairs I would shut it down immediately and one point I got so close to being found out, she came in to the room and as she came in to the room I literally just had time to switch off the ... screen on to something else and it made it look like I was doing something different and she was like 'what are you doing on the net, what are you doing?' and I would be like 'oh I'm just emailing somebody' (laughs) so got quite secretive about it erm and even when she did want to monitor that way she couldn't because I would pretend (laugh).' P2.5.5*

*'Everything's out in the open now and ... people were a bit like 'you were manipulated by the Internet?!' ... then other people were like completely understand[ing] because that was all my mind was driven [by] ...' P1.11.7*

Secrecy or anonymity did not just serve a purpose in the physical world, but also in cyberspace, as one participant found to her surprise that she met someone she knew in a forum. Both the individuals involved recognised each other through the sharing of minimal yet identifiable information, which created the fear that her secret may not remain confidential:

*'I knew her from before ... we'd known each other vaguely and ... there is always the risk that she'd tell somebody that I knew or ... someone would think 'why you know why are you friends with her?'' P8.12.9*

Suggesting that for some that privacy, secrecy and anonymity are important functions in both physical and cyber worlds and just because an individual can identify with a person, does not mean that they want to identify them or reveal their own identity. Therefore, secrecy appeared to have several facets: pro-anorexia teaches tips and tricks on how to hide an eating disorder, pro-anorexia has to be kept secret from treatment providers and family, and it is important to retain anonymity on pro-anorexic forums. Thus secrecy acts to hide and maintain internet use, eating disorder, family and identity.

## Super-ordinate theme: Thinspiration

The term 'thinspiration' originated from pro-anorexic websites, which was derived from the blend of thin and inspiration. It is thought that the term refers to things that inspire behaviour and beliefs, which motivate the individual to lose weight. Thinspiration can exist in the form of images, videos, poems, songs, popular media and merchandise such as a red or blue bracelet. The bracelets and other merchandise are said to represent the various strains of pro-anorexia, a red bracelet is associated with pro-anorexia and a blue one pro-mia (pro-bulimia). Other bracelets have also been made to represent certain behaviour such as self-harm and these are used so that when in public pro-anorexics can identify 'friend or foe'.

Thinspiration has been found and reported to be an integral part to the pro-anorexic movement; however, studies to date have not clarified what the meaning it has to its users. The experience of the eight participants suggests that acts as an important mechanism and is implicitly embedded in the pro-anorexic journey.

### Thinspiration: A concept

Thinspiration and pro-anorexia could be construed as bizarre concepts; however, a participant who scored a low EAT-26 score and had browsed the websites could recognise how the non-eating disordered individual could fall victim to pro-anorexia.

> *'I think I think it's a lot of people, I think, I think probably to be honest at some point that any woman who is looking at dieting or something, well that's pretty much every women I think has probably visited the website, you know, looking for a quick fix, I think everyone has, I just think it depends on what your opinions are of it before you go in, if you go in knowing you're not going to do it and that you're just gonna come out you know just being horrified from it and*

*not following it but if you just go in thinking oh my god I'm at my wits ends I'm just wanna lose this weight I don't even care how I just want it gone. I'm fed up with being that fat friend, the single one, I'm fed up with this then I think then you're easily in to it.' P7.7.19*

The pro-anorexic websites appeared to capitalize on the beliefs and thinspiration message that 'fat is bad', which confirmed users' belief that thin was ideal that should be attained regardless of the costs. However, it was clear that individuals would have to be susceptible to this message for it to have an impact.

*'... I think if you're looking [at pro-anorexia]... you've already got [or] you ... have issues ... [Not] unless you are looking at it from a completely 'I don't want to get involved' kinda way. But if you... [have] already started cutting out the next step or [are] desperate to lose a stone or 2 or something and then [you] go on these websites, I think you could easily send yourself in to it.' P7.6.23*

Importantly these schemas have to be in place prior to accessing these websites. The pro-anorexic schemas did not appear to emerge after accessing the sites; however, they have been strengthened through the use of the sites.

*'I noticed that I started losing weight and then that obviously got me to a point where that leveled off and I still wanted to lose more weight. So I was on the Internet then ... scouring [for] ... ways I could lose weight and stuff. ... I was on one diet ... website and there was a link to a Pro-Anorexic site ... so I had a look and it was just as if what was there was what I wanted to know. And [it was] ... telling me what I wanted to hear and ... it was like that ... 'there's no excuse for being overweight' 'there's no excuse for being fat' ...' P1.1.7*

This indicated that a schema would have to be in place prior to accessing these websites. The pro-anorexic schemas did not appear to emerge after accessing the sites; however, they have been strengthened through the use of the sites. The vulnerability of returning to the websites and the schema increased when weight loss is pursued.

*'If I got like skinny skinny again, I would probably go back on them [Pro-Anorexic websites], so as long as I'm not so like dominated by food and being skinny ... [I won't go on them].' P4.13.17*

Participants recognized that even if they did not return to the websites that the pursuit of weight loss would lead to the further inspiration and desire to lose weight:

*'... I've got a goal in mind for how much I want to weigh and when I get there, because I will, I'm not sure how that will be, because once I get to where I'm allowed to be, the minimum of where I'm allowed to be, I don't know if I'll stay there, because there is always the thinking, the thought, just a few more [pounds] to be on the safe side ... I know its still there. ... if I go home and my Mum says 'ok, stop you now', part of me will be thinking 'yeah but I don't really want to, I've got this far just a little bit more won't hurt' and I'm not sure how, I mean, because even though I've got this right frame of mind thinking, I know when I have to stop, it's difficult.' P8.6.11*

This indicated that weight loss could be a trigger to the relapse of eating disordered behaviour, which may encompass visiting pro-anorexic websites. The messages on the sites were reported to be particularly powerful. For example, participants reported that they were going to the sites to confirm their beliefs about their behaviour; they were not seeking to be challenged, thus pro-anorexic thinspiration reinforced and justified all aspects of their illness.

*'You ... just pull each other down and that was all pretty much it was doing at the time. I thought it was ... really good, [because] ... it was telling me what I wanted to know.' P1.6.6*

*'That whole mindset thinks that what you are doing [is fine and that] your behaviour is fine and ... that's the right thing to be doing ... When you are in that mindset you think ... what you're doing [is] right and there's nothing wrong with it and you [think] '[I] don't have a problem at all' and 'everyone else has a problem, because they're weak [and can't lose weight]' ...' P6.10.12*

Furthermore, the meaning of pro-anorexia and thinspiration only appeared to make sense to users when they were fully engaged in the websites. Therefore the way a person experienced thinspiration was dependent on level of insight that they experience at any given the phase of their pro-anorexic trajectory.

*'I think I would have kicked it [pro-anorexia] in the butt a lot sooner if I hadn't been fed [Thinspiration al messages], 'cos it [pro-anorexia] was feeding my addiction [to my eating disorder] and it was telling me what I wanted to know, what I wanted to hear and I was blind to common sense and rational thinking.' P1.9.12*

Insight appeared to be affected by a variety of reasons, one being that pro-anorexic users employed images of celebrity figures to endorse thinness. This perceived celebrity endorsement normalized their endeavour to be thin.

*'They [the websites] had celebrity pictures mainly [of] people like Nicole Richie, erm Calista Flockhart, Victoria Beckham, Mary-Kate Oslen and then like all the super models. And then they had [web] pages, which were titled 'bones' or something like that. They just had basically [pictures of] emaciated people who looked really, really ill, but at that point I thought you know that looked good, but obviously it didn't.' P5.2.10*

Andersen and DiDomenico (1992) suggest it is no coincidence that women are more likely to subscribe to these messages as they are more frequently exposed to pros of dieting in mainstream magazines; this could be an additional factor in pro-anorexia. Arguably it is the social norm to be concerned with image and have a drive for thinness. This norm reinforces the surface drivers (such as dieting tips, pictures of attractive people, exercise advice) for pro-anorexia, making it easier to ignore the physical costs of extreme eating behavior.

*'They [pro-anorexics] just agree with (pause) with the erm mentality that image is everything and that you've got to conform to this stereotype and ... they don't care at what cost. It's win at all costs its ... sod ... the other damage you're doing, as long as you look alright on the outside and sod what's going on inside.' P1.7.9*

*'They [pro-anorexic websites] did focus on both aspects and predominately it was even on getting thinner and thinner and ... they wanted you to think... 'actually, I am anorexic, but I like it, because I'm thin and you can't do anything about it ... and if I die, I die that's my ... look out' and that was the attitude really' P8.30.17*

However, not all forms of pro-anorexia centre on and focus upon such extremist values; as although the various types do not deviate from the underlying message and philosophy, the sites differ in the way the messages are delivered and perceived.

*'Well I've actually heard there are two variations of it [pro-anorexia]... One variation is to be for it [pro-anorexia] and [that] its not an illness and its an identity and its something to be proud of and its something promoted and ... you should support each other through it rather than and anyone. 'Cos I've heard ... there are some really horrible things on there ... [with] people saying 'you just haven't got any control and that's why you're so fat' and 'go away' and anything towards treatment erm was completely rubbished in some of them erm. So that's ... one side of it really, really negative. And then I have actually heard there's another side to it which is erm promoting anorexia in a positive way, which is more I don't know much about it, but it it's something to do with the more, it's still called pro-ana, so but it is more to do with the getting better side of it and they still call it pro-ana, but I don't know a lot about that one.' P2.5.19*

Regardless of the pro-anorexic stance that was adopted, users reported that during the peak of their experience that their mindset was not exclusively illness driven, but instead that rational thought and insight occurred during a pro-anorexic episode.

> *'I always had two voices in my head the eating disordered one which is [saying] ... 'you're not good enough,' 'you're not thin enough' and 'you need to see what these girls are doing, you need to be like them and take in what they are saying and if you do all of that you can be like they are.' Then there was another voice just saying 'this is ridiculous, why are you doing all of this just to be skinny?' and that 'you don't really want to live like that' and 'you want to enjoy yourself.' And there was always the two voices going on, which made it just a constant battle to ... know what to do really, which I think ... [is] very common between girls who are going through that. There are always the two things going on and they just have to battle them all the time.' P6.4.24*

However, the drive to be thin often out-weighed these times of clarity and thus pro-anorexia and thinspiration as ideas were not thought as bizarre at the height of illness. If anything, finding the pro-anorexic network removed the internalized stigma, which was replaced with further acceptance of eating disordered ideas that were promoted by the perceived motivation that is thinspiration.

> *'I would say pro-anorexia sort of goes ... [under the] broad heading for many things that come under it. So in a way it should be called pro-eating disorder, because it might encapsulate all of them and it's just that disordered mindset that thinks it is for all of these ... motivational sites to try and get... you [to] know each other more and [become] more ill. But when you're in that mindset you think it is just everybody trying to get people to do better and stuff. So I think in away it does bring more things than ... than anorexia, I guess.' P6.10.22*

Pro-anorexia did not appear to have a strict definition and nor did thinspiration, but it did appear that in the pro-anorexic experience thinspiration is the underlying tone that motivates and normalizes behaviour. It is not a form of pro-active recruitment, but acts as a mechanism for inspiration for the participants to draw on, to inform and guide their eating behaviour. Thus thinspiration is not one thing, but rather describes the things that motivate and inspire the audience, which will be unique to the individual and the motivations behind their behaviour.

## Thinspiration: Comparison Manifests in Thinspiration

It is clear that pro-anorexia can provide motivation to maintain eating disordered behaviour; however, it is not clear how pro-anorexics infer the pro-anorexic message and in what ways it impacts on their behaviour.

One way in which thinspiration was derived and applied to the physical world was through competition:

> "I said something to my [non pro-Anorexic] friend and she said 'oh, ok,' ...I said to her ... 'I've put on this [amount of weight]' or I said that 'I'm on a diet' and she said ... 'what [diet] are you doing?' and I told her what I was doing and she said 'oh, I'm gonna do exactly the same, I'm gonna go on a diet,' because neither one wants to be the fat one. If ... she came on line and said 'oh I've lost a stone, I would think oh my God' and I ultimately lose a stone, just because, I don't know why. It's just something you have to do, because if any of my friends decides to go on a diet I don't like it. I don't want anyone to be thinner than me out of my friends, because, its not, its me, I'm the one who is supposed to be her the thin friend and right now I'm not.' P8.5.24

However, for some the pro-anorexic sites were the only place where they could actively compete:

> 'I've always been competitive [and] it was ... like there was somebody there [on the websites] you can compete with obviously. I couldn't go to ... my friends 'we'll see who will get the thinnest.'' P1.1.16

This competitiveness between the women is something that we are familiar with in popular culture and see it regularly in magazines, beauty pageants and playgrounds, but what is important here is the context. For example, magazines similarly promote self-improvement, diets and the importance of having the perfect body (Whitehorne, 2007). However, magazines do not facilitate real time competitiveness. Furthermore, pro-anorexics work towards lower weight norms than would be accepted as normal and safe within social and medical spheres.

> 'It was just always a competitive edge and every time you would go on there [pro-anorexic forums] you would be ... [another weight and] we could push it further. And ... they had one [section] on there [and it]... was called 'ideal weights' and even though I was underweight I was on the bigger end of their scale. So ... I looked at my weight on the scale and I ... was in the overweight area on there and it was ... like, well I wanted to be in the normal [weight] range... for them, but ... it was just it was just feeding the competitiveness. So

*it was like I can get it [the lower weight] next time [and] I'll be on there [and] I would be a bit further down, [a] bit further down, [a] bit further down.' P2.2.6*

Competition occurred in the form of support, whereby users could implicitly gain motivation from other users, but there was also the internal drive to beat their peers.

*"Cos like no matter how nice it was talking to these people ... on the websites ... I'd still be like, I wanna be skinnier than them...' P4.16.1*

*'... [your health is] not as important as getting to your goal weight, as beating everyone else's on the website, it's just a competition.' P8.2.18*

Therefore, competitions were not necessarily initiated by other users, but emerged through the competitive nature of the users and the written information offered the opportunity to share tips, advice and practices. It also gave the surfer a sense of wellbeing.

*'... you sort of put [what] your ... total [calorific] ... intake would be ... whatever that was, [say] 500 calories out going maybe 750? So you could... say you[r] ... weight today was whatever [weight]. And then write 'I gained 1/2lb' [or] 'I lost 1lb' ... [and then write] how much water you drank, how much exercise you did, that kind of thing and how you're feeling just so you could ... say 'look at me, I'm fantastic I'm better than all of you lot, I've eaten a lot less than you, I've done more exercise and I've lost so much weight ... or I went out for a meal with my friends she didn't mention anything, 'cos I managed to make it look like I've eaten' and (sigh) it's kinda making yourself feel better about what you're doing' P8.3.3*

However, not everybody found the concept of competition useful or appealing.

*'I thought if I wanted to lose weight I can do it myself I didn't need to have to prove to other people, like compete against them.' P5.5.6*

Perhaps the application of competitive thinspiration is dependent on whether or not somebody is competitive by nature and whether or not they feel the need to compare and discuss their experiences with others. However, what is apparent was that those who did get drawn into the competitive element of pro-anorexia exhibit more entrenched pro-anorexic schemas.

*'To start with I was just ... reading the screen ... [and] what they had [written] on there, but then as I started to get a bit more competitive and I started wanting somebody to compete with. I started writing on the forums and some of the feedback that I was getting, now I know it was ridiculous, but at the time it was what I wanted to hear. It was like 'come on you can do it you can lose a couple more pounds if you ... keep with it,' 'I know you're feeling like shit now,*

*but it does get easier you can you know your body adapts to it' and it was basically telling me what I wanted to hear (laughs).' P2.2.19*

*'These sites were just feeding the competitiveness to ... just reach the goals. And its like 'come on push it a bit more, push it a bit more.' 'Maybe just cut this out,' then the next week 'cut this out, cut that out' and then before you know it, you are on air and water and [they are] still feeding it. And they ... basically feed you [their messages] that is their food and you fill up and ... it's just addictive.' P1.9.21*

However, it is important to acknowledge that competitiveness amongst eating disorder individuals is not restricted to pro-anorexic websites, and has also been found in recovery websites (Keski-Rahkonen and Tozzi, 2005) and commonly seen amongst inpatients (Olmsted, McFarlane, Carter, Trottier, Woodside and Dimitropoulos, 2009). From this study it is possible to see that rivalry and competition are important aspects of thinspiration as it acts as a point of upward comparison facilitating the goals and motivation to continue striving for their ideal, which can be altered as their pursuit for thinness progresses.

**Function of Thinspiration**

As discussed, the concept of thinspiration may seem bizarre to those who do not have eating disordered symptomology; however, one individual who described themselves as not having an eating disorder (supported by a low EAT-26 score) recognized that even women who did not exhibit eating disordered behaviour looked at images and fantasized about the pictures of model uploaded on to pro-anorexic websites. Pro-anorexics often refer to such images as thinspiration, although the culture of thinspiration does not occur in pro-anorexia alone; thinspiration has become an independent branch from pro-anorexia and now can be found on the internet without explicit pro-anorexic links. Some site authors even present a disclaimer, which dissociates themselves from the pro-anorexic websites and forums. Thus context and the way in which thinspiration is viewed is important; however, this study can only explore thinspiration in a pro-anorexic framework. Future research may wish to look at the motivation of those who have websites, which claim to be purely of a thinspiration in origin. However, this does suggest that it is the intent and schema of the surfer which affects whether or not they internalize these models and use them to motivate eating disorder behaviour in a pro-anorexic fashion.

*'Thinspiration sites are a bit a bit dodgy, except some of them you know [that have pictures of] Kate Moss, everyone wishes, I wished I looked a bit the look like that, you know what I mean? But ... there were ones where I thought 'I wish I could look as thin as those' and there were definitely some where I thought 'you know had gone way to far,' but I suppose some people will look at them and think 'I still wanna be that thin' you know showing ribs and stuff? And I was like ok this site isn't my type of website.' P7.1.23*

The previous and following quote highlights the distinction between having the desire to look like a role model and emulating behaviour to look like the models.

*'It started with a few images. I remember the first image that I had, [it] was just as I started getting an eating disorder ... There was this image in a magazine and I looked at this image in a magazine and I never liked my own image, but there was this one girl and at the time [I was] overweight and she had the most amazing figure it was like ... curvy but not overweight and I showed it to my mum and my mum was like 'yeah ... that's a really healthy figure, that's really good.'' P2.2.26*

Interestingly, adopting thin silhouettes as role models created a sense of hopelessness and a series of unrelenting and unsatisfying goals and standards.

*'I just felt as though (sighs) like nothing was ... good enough. It was like ... there was always the next step. It was like you ... [lost] a bit of weight and then ... all my friends were saying I look really good, but then its like ... push the boundary a bit, push it a bit further, push it a bit further, a bit further [and you would] see how far you could push it. Until I got really ill... (laughs).' P1.4.8*

It is interesting that people on recovery websites also experience similar pressures linked to comparison (Keski-Rahkonen and Tozzi, 2005).

The sites would offer a range of tips, however, adherence to the tips was not necessarily easy. Individuals, who were able to implement these tips and rules, appeared more *successful* at their eating disorder. Seeing others' success was difficult for those who could not apply the rules to their eating behaviour. This contributed to the feeling of being unsuccessful.

*'Erm, they put up ... all the kind of tips and things and I was envious that I couldn't keep to them really ... I couldn't do the same things ... [and] they would put ... the kinda diet they [would] follow and [which would detail] ... how many calories that they had a day and I would look and think oh, '[I'm]... no way near [that and] that's no way near what I am doing.'' P6.1.14*

However, for some the ability to access tips and see other peoples experience was beneficial to their goals. Viewing the websites enabled the women to implement pro-anorexic tips to help them reach their ever-shifting goals. This suggests that the sites not only informed their audience, but also taught them how to do certain behaviour.

*'It [told you] ... how you could lose weight quickly, ... [and] ways of hiding it, which I thought was quite you know good. ...it was ... important to me, there was like little tips: ... drinking loads of water before ... having food to ... fill you up quicker and things that. ... There was er things like ... bulimia and all that, so I ended up doing that and er I got in to a bit of a spiral for that for a time.' P1.1.24*

*'I was picking up ... ways of limiting what I ate ... and finding out the foods that are really not good if you don't want to put weight on and are good if you want to lose the lose the weight.' P2.1.14*

*'There was ... tips ... like [if you] got hungry or something, of what to do and [the sites had] some had ... exercises of what to do and yeah ...they had a big table of all the calories and food and everything.' P4.6.1*

However, not everyone chose to implement all or any tips, as they found them dangerous, disgusting or impractical.

*'Some of them were really stupid things that no one in their right mind would do, like erm, tie a polo to a piece of string, swallow it and then yank to make yourself throw up, I think that's just horrible and I can't [believe that] somebody said [that], why the hell would you do that? That's dangerous you know there are better was to make yourself throw up.' P8.26.18*

*'[The tips were] like if you're eating at the table ... have an empty cup ... so you could spit you food back in to the cup, which was disgusting. I never done, erm, wear baggy clothes so you can stuff your food up your clothes and stuff, stupid things.' P5.3.3*

*'[There were] all sorts of tips [including some] really ridiculous ones, erm like ... avoid ... all social situations where you might to have eat and making up excuses saying you weren't very well so that you didn't have to eat... one I read said exercise as much as humanly possible th..th..that..that was its tip erm, and I have thought, okay I need to [do] some of these things and half [of me] thought that's just ridiculous, I don't really want to live like that. But it ... was the two-sided thing; there's always two voices with ... eating problems ... and there was always two voices going on. It was never completely one, otherwise I would have ended up ... going the whole way, but there was always the other one voice that said that [it] was... ridiculous.' P6.2.16*

Furthermore, some of the information was perceived as bizarre and repetitive.

> *'Everybody's site was almost like you know it has to have certain things like there was er ten commandments or something like that some kind of ode to the whole thing, those two things were definitely there and the normal things were sort of like tips and tricks, er information on food sometimes they would have heights and weights of celebrities sort of thing like that. Mostly always with pictures erm, they would sometimes have er, like, er, reverse thinspiration pictures which would be like fat people or just other things or even like I came across a site once that was even to strange for me and they had a section called food porn and basically was of food, which I really don't to this day understand to be honest ... it was just the same thing really ... just over and over again and its copied from every site to another.' P3.3.5*

The difference between the recognition that some of messages were bizarre, repetitive and disgusting compared to those who adopted the behaviour, may have occurred for several reasons. Such as the extent of the illness, level of insight, awareness of the potential damage that any given behaviour can do to the body, the age at which they viewed the content (i.e. it was not possible for a participant to buy an exercise ball as she lived with her parents) and type of eating disorder. Thus the practicality and the probability of implementing tips were subject to individual beliefs, goals, environment and the pervasiveness of the eating disorder:

> *'You don't realise that you're hurting yourself and even if you do you push it to one side, because it's not as important as getting to your goal weight.' P8.2.17*

But even those who claimed to know the dangers of the eating disorders prior to site use, found themselves adopting some of the weight loss methods described on pro-anorexic websites. The behaviours adopted however, were short lived; suggesting that an individual must have a disposition or vulnerability to developing an eating disorder for the behaviour to be successfully imitated and maintained.

> *'I did take the negative calories [tip]... in to account, but to be honest I took the perspective that all the things [listed] on [the site] were fruit and veg... I thought I will just add a couple of those in to my food and it kinda reduced the calorie in take a bit. And I did for er try for a couple of days to do the 1200 calorie diet but I think but the fourth day I was just snapping at everyone and I think I could of ate a table and it didn't' generally work, so I thought 'oohh, ok, this is not obviously that natural' ... 'cos ... the type of foods they also suggest that are 1200 calories ... [includes] diet drinks [and] diet Redbull ... It wasn't healthy stuff at all, like fruit and veg, salad stuff like that it was stuff to bulk you*

*up ... it was quite horrible food to be honest ... It was really really bizarre stuff like stuffing on eggs... for breakfast... I was like, aw, aw, they're eating certain foods just because of the calorie intake not because [of] any nutrition' P7.4.17*

However, it is not just the dietary and behavioural tips that pro-anorexic site users incorporated in to their experience. Participants reported hoarding images of models and inspirational role models. This behaviour did not necessarily come from pro-anorexic sites, however, occurred alongside the use of them.

*'I kinda made my room in to a kinda collage like a whole wall was covered. It looked really good actually.' P2.3.17*

*'I found these on the* Internet *and in magazines as well... at one point my wall was plastered in images of actors and actresses and all the kinds of people I wanted to be like, but they weren't all thin, but most of them were (laughs).' P2.3.3*

Participants, some of whom were inspired by pro-anorexia to do so, reported developing numerous weight charts and documenting and planning their weight loss progress. The hoarding of images and diaries became a point of comparison and aspiration, with many participants annotating images, highlighting positive and negative aspects of the images in conjunction with notes about their own body. However, it is unclear as to whether this behaviour is an eating disordered behaviour, a pro-anorexic behaviour or a by-product of starvation.

*'I collected a file and at one point I had a book, but this book was specifically geared towards me losing weight 'cos I had read about that on one of the websites as well I think. I think it was a website? ... [The book] was like a diary charting my progress and it had pictures of all the all the images that I basically thought were good erm even stick thin images um, I never really went for the skinny images, you know the ones where the bones stick out cos that wasn't what I wanted and I just wanted to be thin, not skeletal although it came to the point where it, it's never enough anyway, but um I had all these pictures pasted in there and every time I found a good picture I would cut it out and stick it in the book and then erm next to it I would put my current weight and the weight I wanted to be and in it I would put everything I wanted to be and everything I ate as well.' P2.3.22*

*'[I collected] any information ... that I found useful like tips I guess calories of different foods or something, which were often incorrect erm having done other research and got actual nutritional books... I would probably scribble around [the pictures] and make my own comments about, mmm. Dunno, [it included]*

*people['s] responses ... or what I ... felt like, their poems or erm quotes and stuff, just a bit of everything.' P3.1.20*

*'I used to print pictures off and I actually made, I've still got it back at home I think, erm an A3 book and its quite thick and I just used to ... print and cut like pictures of ... thinspiration or whatever and I used to make a diary of quotes and things like that an stuff.' P5.8.21*

*'Yeah and like compare and stuff and I dunno, yeah I think it was just like cos they did look like really really really pretty and like cos I thought at the time like I thought at the time like seeing everyone's bones and everything was pretty and I would think like wow.' P4.9.24*

The ability to compile this information was obviously very important to the participants and even if their collections were inspired by the websites, the women did not assemble the information online, rather did so in private books and diaries', suggesting it was a very personal aspect of the pro-anorexic experience. Interestingly this compiling of images, messages and poems tended to be the behaviour of those who did not engage in forums.

*'I, just collected it to ... feel better about it ... it was a hobby almost but it was like a hobby not like just because I wanted to do something, it was just because [I wanted] to do that... I never really got in to like forums and stuff like that to chat to people. I just mostly wanted to just look at stuff on my own so it was really just that really it was just it was kinda like I just wanted to collect stuff in my folder.' P3.1.11*

However other website users (none of the participants from this study) were reported to have posted images on sites to publicly track their progress. The images had an interesting function for the participants of the study, as the visual representations of 'real' people acted as modes of thinspiration.

*'People upload[ed] photos saying that this is what I look like a year ago and this is what I look like now. Look at my cheekbones and oh god look at this, this is what I look like now and ... this is a picture of [the] people I want to look like.' P8.11.3*

For the participants who did collect pictures they seldom kept a constant idol, instead changed as the illness progressed, echoing a similar pattern found in the ever moving goal posts found in the competitive forums:

*'...for some reason I never looked like that [the original image that I collected and wanted to look like] even though I was getting thinner than that and I ended up way thinner than that and ... then ... I kinda of forgot about that image.' P2.3.1*

Although the function of the images appeared to remain constant, the desire and liking for images of thinner role models seemed to increase with severity of illness.

*'... I suppose pictures ... are... ideal to the person viewing them, but like its different to everyone ... [The websites] would sometimes have different categories of ... models, of just normal girls or categories called bones ... and ... there would be thinner girls than ... others. It [what you chose to view] just depend[ed] on ... what level of insanity you are at the time [laughs] or erm what you just prefer and [sigh]. Some of them are just like regular girls and some of them are just all model pictures, some of them are pictures of just really ill people as well, so it just really depends on how you look at it, at the time... [and whether you] think, 'aw I wanna be like that'.' P3.4.13*

Generally pictures were collected and admired because they were perceived as realistic and attainable, particularly self-portraits posted by other girls as their photos provided hope and something to strive towards. The images were also reported to be aesthetically pleasing, but also made the women feel that they could also attain this look and be healthy and happy.

*'People were putting photos of themselves on there and now if I look at them I think 'oh my god [that's bad]' but at the time it was like 'oh my god you know she looks really good ... I wish I could look like that.' It was like 'oh I can look like that'...' P1.4.23*

*'Some ... of the people using it [pro-anorexia] would post images of themselves and I would look at those images ... and ... draw from those images what I would want to look like, um 'cos quite often they would look... like what I want to look like. And some of them were very slim and stuff. But also they had really good hair and I know the some of didn't have really good hair, but their style, I would take their style as well and try and decide what I wanted to look like in terms of clothing and hairstyle and stuff like that.' P2.4.21*

*'I wrote on it [one of the images] 'when I get when I look this toned and fit then I'll be happy.'' P2.2.33*
*'I liked all them 'cos they ... were so skinny and ... you could see all their legs like go in ... and ... not meet and I was like, 'ah I want my [legs to look like that]... and they wore really nice clothes as well. So they ... looked nice being that skinny as well ... so that probably was misleading, but I liked it, it was, it was like, 'yeah she's so pretty ... being that skinny.'' P4.2.10*

*'I thought that I should look like that [the pictures], if there were so many people out there who were looking like that and were supposedly healthy, then why couldn't I be like that.' P5.2.17*

Thinspiration functioned not only to inspire behaviour but also weight goals, clothing styles and certain body images. These images and norms provided a frighteningly low weight comparison, which many applied and incorporated in to their own goals:

*'At the time its was 'cos that was all you were seeing, you weren't seeing ... an average person, ... [thin] was all you were seeing so it was sort of like if that's the average, then I obviously I'm abnormal, so I've gotta look like that [thin]. [The images meant] the averages just went out [of] the window and they just said ... 'this is the goal' and that's all you saw and you didn't see ... people that were half dead ... against a normal person to compare. And that's all you were seeing, were these, you know, was these skin and bones.' P1.5.2*

This stark and dramatic comparison demonstrates how a person who is well goes from being inspired to be thinner by thin people who are living, to being inspired to be thin by emaciated people who are dying to be thin and because they are thin.

Having talked about the function of thinspiration in some depth, it may be assumed that it is a positive and empowering experience; however, despite collecting the images being a common behaviour, it did not mean that they provided a lift in mood. Instead the upward comparison reinforced behaviour and the need to meet goals, but did not make the individuals happier.

*'[I] probably [wrote in the folder about] ... what I felt about [the images] ... I haven't really looked in the folder for ages now, erm [I] probably [wrote] something like 'oh I want to look like this' or erm some criticism of what I didn't like about the picture, but why I've put it in there anyway, 'oh, [I] don't like her arms, her legs are nice though,' something like that ... I think I had someone's [images] where [I looked at them that]... depended on how I was feeling, probably ...quite ... dark thoughts around them, like ... more worse things ... [and] that this was the be all and end all ... so [my interest in the pictures would vary] from sort of idolizing these pictures to actually feeling crap about myself, so that I wanted ... either that or nothing.' P3.5.14*

*'I would look and think 'oh, that's no way near ... that's no way near what I am doing.' ... 'I should be doing their amount and then I'll be like them.'... And [the] sort of photos [that] they would put up, obviously to inspire them... I would look at them and try and encourage myself.' P6.1.18*

In addition, there was a general consensus that had the internet not existed, they would have sought to find these images through other means. This suggests that seeking out these images are a by-product of eating disordered behaviour rather than a consequence of pro-anorexia alone.

> *'I guess I would still of got it [Thinspiration ] from books 'cos there is libraries out there, erm but I guess it would have been less likely, because I wouldn't have like to have got books on the eating disorder[s] and stuff from the library, it would have been too embarrassing.' P2.6.14*

Indeed some participants did use pro-anorexic materials alongside mainstream media, including books, music and film; from which they derived tips and found competition, inspiration and comfort, all of which acted to remind the individual that they were yet to reach their goal.

> *'[I liked] books on eating disorders and ... read some of them, watched different films. Mmm, [and I watched] documentaries and stuff that you can watch on Youtube and things [from which I derived thinspiration ].' P5.7.14*

> *'... I er watched ... [films] and ... [took] the information from the films of what the characters were doing and how they were doing it [losing weight] and what weight way they were and measured my weight against their weight. And if my weight was lower than there er, if my weight was higher than theirs then it was still not good enough. The closer you got the better and so (laughs) yeah.' P2.2.11*

This is of particular concern as everyday companies use adverts, such as the WeightWatchers ® 2010 'New Habits' campaign that are shown on television. The adverts convey young women weighing themselves, dieting and then losing weight and being happier. The women employed are young, slim and attractive yet still pursue a diet, but perhaps more worryingly the campaign uses scales to visually represent weight loss, which maybe a point of thinspiration for vulnerable individuals.

Perhaps the most concerning element of the practical application of thinspiration was the fact that one person integrated a therapeutic object with pro-anorexia.

> *'I had a memory box, as I had a therapist at the time and she told me to get this memory box ... [and] I would put them [images] on the inside of my wardrobe door or I would [put] them in there and every time I ... was a bit low or something I just would look at them.' P4.4.3*

In a way, this may have contained future pro-anorexic use as it would have possibly prevented her from going to the websites for inspiration, thus reducing the possibility of meeting others and relapse etc. However, future research may wish to address how containing these images in a private box, for a point of return when experiencing low mood, is useful in terms of recovery.

Pro-anorexia also had a role in other aspects of treatment. For example a participant used other people's stories to discount the seriousness and existence of her illness in therapeutic sessions.

> 'At the time [of reading them] ... I thought the people in the books were really ill and I wasn't, because they were talking about their weights [which] were a lot lower than what mine... so I was ... reading them and then going back to my counsellor or whatever saying look the person [in] this book I've just read ... is really thin and had problems with their heart an[d] stuff and I haven't, so therefore I don't have a problem. I used them to prove that there was nothing wrong with me.' P5.8.3

Her experiences had undertones of denial. However, for others, even at the height of their pro-anorexic site use, realized that their goals were unachievable and would never reach the point where they would have to justify their weight to a clinician. They also recognized that the images that they saw on the screen were not necessarily a true representation of the model; although this did not reduce the desire to be the same size as the image on the computer screen.

> 'Underlying I knew that ... they were photo-shopped so it was an unrealistic view, erm and I did know that the way they looked was unrealistic for me, but I still wanted to look like that and it was sort of became 'well, you might be able to look like that,' even though that I did know deep down that I was being silly and unreasonable, because [they were] ... either because they were naturally that skinny or they were killing themselves to get that skinny.' P6.2.7

Overall, images and tips provided a practical function for participants as they sought to find people's experiences in order to develop further insight into their disorder and in most cases pursue their illness.

> 'It was just looking at the inner workings of their minds and exactly what they were doing and just to try and work out where I was and how I felt about the whole thing really.' P6.1.9

Practical thinspiration is perhaps the most pro-active element of pro-anorexia. Ironically pro-anorexia is not always the antecedent to, or necessary for, practical thinspiration to be sought or internalized. Studies have shown that women who are dissatisfied with their body are more likely to compare themselves with thin ideals (Joshi, Herman, and Polivy, 2004). Moreover, people who are vulnerable to developing eating disorders actively seek out thin images (Levine, Smolak and Hayden, 1994). Furthermore, exposure to these images contributes to lower self-esteem and reduced satisfaction with body weight (Irving, 1990) and elevated weight concerns (Posovac, Posovac, and Posovac, 1998). To this extent pro-anorexia mimics the effects outlined by the cultivation theory: extensive exposure to frequent and incomplete media can lead to generalized ideas that reflect the media's (and the pro-anorexic websites) message i.e. 'thin' is good and must be achieved at all costs (Harrison, 2003). In this respect pro-anorexia can be seen as the extension of the norm, which in turn prevents the user from challenging the underlying reasons behind the pursuit of extreme thinness and from rejecting the norm.

## Summary

Throughout this study the eating disorder and pro-anorexia experience appeared interchangeable and appeared equally as pervasive in nature; however, it appears that a vulnerability to, or the existence of, the former leads to the latter. The sites provide a range of functions; however, the deepest impact occurs when the user is in an eating disordered mindset and is in isolation (real or perceived).

The study has highlighted that there are buffers to the proneness and susceptibility to pro-anorexia, suggesting that it may be possible to develop risk-screening tools to establish who may be vulnerable to pro-anorexia. Although, even those who did not completely succumb to pro-anorexia did try to emulate some of the behaviours and thus findings echo those of Cspike and Horne (2007) who warned of the dangers of silent browsing. Again, this raises the question around awareness programmes alerting young people to the dangers of pro-anorexic websites.

Competition was a factor and in most cases did not appear calculated or pre-meditated as suggested by previous studies and media reports. However, competition did emerge as people became enmeshed in the pro-anorexic culture and found a network. Pro-anorexia allows in-house competitions; however, competition could also be derived from practical application of thinspiration. Thus pro-anorexia is not required for eating disordered people to compete. Perhaps the competitive element is intrinsic within the eating disorder rather than in pro-anorexia *per se*.

Finding a network seemed to be a maintaining factor of pro-anorexic use, primarily as it reduced isolation. Pro-anorexia seldom became an identity, but an extension and expression of identity and allowed the opportunity to identify with others. The benefits in finding a network are obvious; however, it is riddled with dangers especially if pro-anorexia becomes a supplement to or substitute for treatment.

A network and thinspiration combined to form a template for social comparison. Some individuals found this a driving factor in their behaviour. In contrast, fear of failing or not being as successful as other sufferers prevented them from interacting with others, and it is those who chose not to interact who found solace in thinspiration.

Another engaging and maintaining factor was trust, which occurred on various levels from trusting website content to other users as friends and advisors, which in itself is something to be explored. The desire to believe in the content must exist prior to accessing the content and therefore, to some extent explains how enmeshment is maintained. Understanding the role of trust in pro-anorexia may provide vital clues as to how health professionals can help unravel the user's understanding of their site use. If trust ceases to exist then presumably so does the use of pro-anorexia.

Research to date has failed to comment or explore the emergence of the pro-anorexic trajectory. Participants in this study demonstrated that there is life beyond pro-anorexia. The exploration of this emergence may provide important clues as to how people can be supported when using and withdrawing from pro-anorexia. The study indicates that other's reaction to site use is an important factor in preventing and managing relapse. It is these individuals' stories that provide hope; hope that people can recover from pro-

anorexia and the hope that with education health care professionals can support users throughout their pro-anorexic experience, assisting them in exiting the cycle.

For a majority of participants their accounts were reflective, which has its merits as it provides an overall account of the pro-anorexic experience. However, future research would benefit from exploring the individual experience when enmeshed in the journey.

# Chapter 4

# The Female Pro-Anorexic Blogger

The term and concept of weblogs, also known as blogs emerged in the 1990s (Crystal, 2006). The definition and history of the emergence of the weblog is discussed in more depth in chapter 1. However, in order to re-orientate the reader to the concept of the blog, this chapter will begin with a brief discussion of blogs and how blogs can be a useful source of information for aiding the understanding of the lived experience of pro-anorexia. The chapter will then go on to discuss the ethical and methodological challenges which can arise when studying weblogs. Finally, a study of a pro-anorexic blog will be presented.

There is some controversy as to who first developed the notion of a weblog. Jorn Barger is regularly accredited with the emergence of the weblog in 1997 (Garden, 2011); however, others argue that Justin Hall was the creator of the online diary, which is now known as the 'blog' (Rosen, 2004). Regardless of who developed the notion of the blog, it is clear that they have been in existence since the late nineties. These early blogs would have significantly differed from the blogs that can be seen today; the earlier blogs were initially sites with unique addresses and were developed by individuals. Over a number of years however, these independent sites have become less popular, instead people use host sites that enable them to join a system that supports them in developing their own blogs. Therefore, people no longer have to create their own blog sites; instead they can join a platform site that has a format, which requires minimal intellectual understanding of website design, HTML or XML (Godwin-Jones, 2003); this is because platform blog (a product of the semantic web (Brown, 2009)) sites provide people with the choice to create their blog by providing a skeleton site and a series of tools which enables the author to manipulate colours, fonts and layout. Furthermore, the host site not only enables bloggers to display their written thoughts, ideas, experiences and concepts, but also allows them to share images, video and audio clips, music and RSS feeds (Huang, Shen, Lin and Chang, 2007; see chapter 1 for further information on the history and structure of weblogs and a more in depth exploration of the internet and its acronyms).

It was assumed that in order to explore the lived experience of pro-anorexia, it was important to develop an understanding of the pro-anorexic blogs. The nature of blogs means that for some, they become a public diary or forum that can develop in to a community (Crystal, 2006). Nardi, Schiano, Gumbrecht and Swartz's (2004) study of twenty three American men and women identified five themes, which contribute to the understanding of the motivations bloggers desire to share their personal life with the cyber world. These themes were identified as: 'blogs to document my life,' 'blogs as a commentary,' 'blogs as catharsis,' 'blogs as community forum' and 'blog as a muse.' Therefore, it was thought that the analysis of a weblog would provide a greater understanding of the personal-public face of the pro-anorexic blogger.

Weblogs, unlike any other media e.g. newspapers and books are not subject to editing from an external view point; that is, a blog often includes data that is not edited by a person removed from the author; although the development of wikis (see chapter 1) has allowed readers to comment and collaboratively edit the blogger's work, pending the privileges outlined by the author (Ramos and Piper, 2006). However, this may not be true where more than one person owns a blog (Huang et al, 2007) and were authors delegate privileges to other host site users (Lindahl and Blount, 2003).

Arguably the interviews in chapter 3 can be construed as a combination of retrospective and current accounts that are influenced by the presence of the interviewer and the questions that are asked (Gudmundsdottir, 1996). Furthermore, an interview is an unnatural environment, which encourages the interviewee to verbally make sense of their experience: this can lead to people feeling the need to justify their behaviour and/or experience. In addition, the accounts given are based on narratives that have been created for the purpose of the study. In contrast, blog narratives are not engineered to meet the needs of the enquiring interviewer; thus, the blogger naturally initiates their communication. Authors may make attempts to make sense of their lives, but they are not subject to the same pressures as an interviewee. For example blog authors are not expected to reflect nor share the same objective as an interviewee. Blogs enable access to the moment; the lived experience as the individual experiences it, which ultimately is the crux of IPA. However, unlike interviewees, blog authors do not consent to participate in studies; also analysis of blogs raises issues concerning copyright and data protection. The following section will examine the ethical and legal considerations

required when conducting research on blogs and the reason why issues of consent differ to the consent required when conducting 'traditional research' i.e. research that was conducted prior to eve of the internet.

## Methodological and Ethical Considerations and the Pro-Anorexic Blogs

As highlighted in earlier chapters, internet mediated research is a new domain and ethic guidelines are developing as new technologies emerge. The nature of the material subject to analysis differed considerably from the previous study and needed to be negotiated in a way that did not compromise ethical considerations and copyright law.

Ethical approval was obtained to analyse the blog content without the author's awareness from Swansea University's Department of Psychology, Ethics Committee; this was to prevent the participant changing their work in order to satisfy the researcher. It was felt this was particularly important as the origin of phenomenological theory asserts that the method should be ontological in its nature (Heidegger, 1926) where approaches should aim to go back to 'the things themselves'; that is 'ontology [is] the phenomenology [the science of phenomena] of being' (van Manen, 1990). Within this research context, phenomenological perspectives enabled the researcher to understand the blogger's attempt to make sense of their own lived experience, without influencing the blogger's narrative. However, the existential phenomenological perspective would argue that it would be naïve to assume that the interpretation of the meaning of the contents of the blog would not be influenced by personal, academic and professional experience of the researcher, despite their best efforts to suspend belief (Langdridge, 2007).

As discussed in the methodology, there are numerous ethical issues related to not only working with a vulnerable group of people, but also difficulties in developing a study that is consistent with existing ethic guidelines; especially considering that a wealth of ethical guidance has been developed around traditional research and not modern media e.g. the internet. The decision to analyse a blog led to the identification of three specific ethical and methodological challenges: i) the understanding and awareness of public and private space (BPS, 2007) in relation to the internet; ii) debriefing the unaware

participant (BPS, 2007); iii) methodology and issues of copyright; each of which are discussed below.

The internet has impacted on the traditional understanding of public and private space; the British Psychological Society (BPS) asserted that 'the [BP] Society's general ethical guidelines note that, unless consent has been sought, observation of public behaviour needs to take place only where people would 'reasonably expect to be observed by strangers' (Code of Ethics and Conduct, 2006: 13)' (Report of the Working Party on Conducting Research on the Internet). With regards to the internet the excerpt largely refers to the observation of chat rooms; however the study outlined in both this chapter and chapter 5 will utilise the method of Sheffield School of Descriptive Phenomenology (SSDP) to analyse blogs, rather than focusing on chat rooms themselves. It was assumed that those who uploaded information onto the internet, wrote with the awareness and the intention that others would read their posts. Furthermore, due to the nature of the semantic-web authors have the option to make their information private and in some cases control who observes it i.e. subscribers and friends only. Allen (1996) further clarifies this distinction between public and private multi-user dimensions, object orientated online chat, with the former being identified as conversations conducted in open domains and the latter defined as conversations which happen in closed environments which for example require either passwords or invitations to participate in the conversation. Therefore, it was assumed that the authors and/or illustrators of internet materials would 'reasonably expect to be observed by strangers'; however, it was also recognised that private conversations may happen in public multi-user, object orientated online chat (Waskul and Douglass, 1996). Furthermore, it was also recognised that a person's concept and understanding of public and private space on the internet may be affected by several factors including age, cognitive ability and education to name a few.

As with any study, it was important to not only respect and protect the blogger's privacy and identity, but also any details that related to family, friends and any named associated institutions. It was recognised that the blogger may have already taken steps to protect their identity; however, even when people do take precautions they are not always enough to ensure anonymity; for example dooce.com was written by a person who expressed their dissatisfaction with their employer and colleagues on her blog site.

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The author took some basic steps to protect her identity e.g. used the pseudonym 'Dooce' rather than her actual name; however, her attempts to protect her identity were in vein, because her comments on her blog lead to her being made redundant (Walker . Rettberg, 2008). This example highlights that even when the author takes precaution to protect their and others identity, it does not mean that their written account will be unrecognisable to those who know them. However, disguising information and names is not the only method a blogger can employ to protect their identity, for example there are other precautions that a blogger can take, such as using the platform sites tools to alter the level of security and protection. Therefore, it could be assumed that if a blogger wanted to make their site private and away from public domain they could use the additional security measures that are available on platform sites (Stefanone and Jang, 2007). Furthermore, it was recognised that the blog itself also needed to be protected and anonymous e.g. name of the blog, web address. It was anticipated that these precautions would protect the identity of the blogger's connections in the virtual and real world (Roberts, Smith and Pollack, 2004; Walstrom, 2004).

History has highlighted problems that can arise when researchers do not take the necessary steps to protect the identity of their subjects and respect their right to privacy. One of the most prominent studies to exemplify this was a study of a small town conducted at Cornell University in 1958. The study led to a publication of the book 'Small Town in Mass Society.' The authors failed to take necessary steps to protect the identity of the town's people. The naive participants were able to identify themselves and each other, leading to widespread distress in a community who had not consented to participate (Allen, 1998). With regards to this study, Swansea University's Psychology Department's Ethic Committee approved the study with the condition that 'provided that the information obtained was kept absolutely confidential and that no personally identifiable information is entered on computer.'

Bruckman (2001) proposed that identity could be protected through implementing a 'measure of disguise,' which protects the identity of the individual, their friends, families and places of work etc. In light of Bruckman's concept, a 'heavy disguise' was adopted, which meant that all identifiable information such as names and organizations were altered or omitted, text was changed to prevent readers from using search engines to identify the blog and/or the blogger's associates, although the blogger may recognize

themselves. Bruckman (2001) also suggested that where possible information (such as the subject topic) could be changed or introduced, to reduce the risk of revealing the blogger's identity. However, due to the nature of the research it was felt that the subject topic could be not altered, as the study was designed to specifically explore the lived pro-anorexic experience. Furthermore, changing the topic would conflict with the phenomenological method that was to be employed.

Two further methodological challenges arose from issues of copyright and consent (Ethics Committee of the British Psychological Society, 2009). Prior to these considerations it had been anticipated that the method of IPA would be employed to analyse the blog. However, it was realised that without consent, direct quotes could not be reproduced; this is because the Copyright, Designs and Patents Act (1988) informs that copyright law is breached when an author[s] of a 'typographical arrangement' 'sound recordings, films [broadcasts], 'original literary, dramatic, musical or artistic works' is reproduced without permission of the author. Google Blogger Copyright Policy stipulates that this includes copyrighted content includes 'Literary works, including articles and passages of text images and photographs music files and MP3s movies, movie trailers and videos pirated software' (Blogger Copyright Policy, 2012). Sixsmith and Murray (2001) specifically stipulate that such literary works include electronic messages. There is limited case law on copyright infringement across different countries; this is partly because of the complicated matter of jurisdiction, which is further compounded by the fact that the details of copyright law is country specific (Carroll and Frank, 2007) and the blurred boundaries of the internet. However, Roberts et al (2004) propose that without informed consent copyright may be breached if the literary work is not referenced in the way traditional pieces of work would be cited. With regards to this study it was recognized that citing the blogger would breach confidentiality.

The 1988 Act further directs that copyright of an 'unknown author' expires 'at the end of the period of 70 years from the end of the calendar year in which the work was made, or (b) if during that period the work is made available to the public, at the end of the period of 70 years from the end of the calendar year in which it is first so made available' (Part 1, Duration of Copyright, S.12.3.a; S.12.3.b). This means that quotes could not be lawfully documented in the publication of this study, because recorded

permission to enable the reprint of the author's work from the author had not been obtained. Furthermore, for obvious reasons it was assumed that the blog had not been written/available to the public domain for a period of seventy years.

This presented a methodological challenge, as the exploration of the blogger's pro-anorexic experience was initially going to be analysed using IPA methodology. As outlined in chapter 2 the IPA analyst examines a written transcript such as a transcribed interview, diary or a blog. The researcher then identifies themes, which are supported and evidenced through the use of direct quotes. It is here where methodological issues began to arise: the study did not have the naive participant's consent to publish their writing. Therefore, using direct quotes would conflict with copyright laws. Furthermore, in order to protect the participant and their blog address, direct quotes could not be used. This is because any reader can go to any given search engine and type in the quote, which will enable them to find the blogger's site and potentially identify the true identity of the author; therefore, the publication of direct quotes could lead to the breach of confidentiality, because direct quotes could enable the reader to identify the site and thus any personal information. For example the blog that was analysed for the purpose of this study had uploaded one uploaded image of a friend on this site. Had this information been included in the write up of the study, it could have compromised the author's identity and the identity of the people that they knew.

With regards to methodology, changing the quotes would deviate from the normal procedures employed when presenting thematic and qualitative findings. Langdridge (2007) asserts that IPA findings are generally presented in a 'traditional qualitative report format,' where direct quotes are used to enable 'the reader to see the links between data and analysis.' Further to this, Scott-Jones and Watt (2010) propose that 'phenomenologically, we always need to take a quote or indeed a transcript as just part of the whole and ... it would be easy to misinterpret the participant's words and the meaning [s]he attributes to his[/her] world' should we neglect and/or change the words and the content in which they emerge. Thus, changing or altering a quote when conducting IPA would lead to a 'misrepresentation' of the life world and lived experience of the participant (Scott-Jones and Watt, 2010).

Therefore, in order to ensure that the methodological approach employed was true to the method, lived experience and Copyright, Designs and Patents Act (1988) another phenomenological approach was used known as descriptive phenomenological (DP) analysis. Similarly to IPA, DP allows the researcher to 'focus on the things themselves' (Landridge, 2007). The method enables the exploration of the lifeworld and lived experience, whilst using techniques that means direct quotes are not used to explain the findings, which emerge from the data (see chapter 2 for the philosophical underpinnings of the approach). DP however, differs from IPA; instead of explaining how a person experiences phenomena it seeks to describe the phenomena. Therefore, the use of DP eliminates the risk of breaching copyright, whilst also protecting the blogger's identity to the extent that people who know them would not be able to recognize the individual, nor a non-associate find them via an internet search (see above).

## Procedure

The pro-ana blog was located through Google; this search engine was used, because more than seventy percent of internet searches are conducted through the web crawler (Auletta, 2009); therefore, it was hypothesised that this would be an appropriate spider to find a mainstream pro-ana blog for this study. The key words identified to input in to the search engine were: 'pro-ana blog.'

The ethics proposal approved by Swansea University Psychology Department Ethics Committee (see appendices) outlined that the blog under investigation would have to meet certain criteria including that the blog was written in English language and that there would be overwhelming evidence that the author was at least 18 years of age (see below for how this was achieved), because it was assumed that an adult was more likely than a child/teenager to be aware of the implications of uploading material on to the internet. There have been numerous organisations in recent years that have developed and worked collaboratively with national and international charities such as the NSPCC and the UK based Child Exploitation and Online Protection Centre (CEOP) who have been pro-active public sector organisations that have developed global links and strategies to protect young people online. The CEOP Centre Plan 2011-2012 outlined that current proposals would specifically prioritise 'threats to young children and people' with special consideration for those 'children's [sic] behaviour putting

themselves at risk; children who are particularly vulnerable to abuse; use of developing technology by offenders and those who are vulnerable; offenders who exploit children; offenders who make, distribute or access child abuse material; and the trafficking of children.'

Although these aims and objectives are admirable, few organizations focus on protecting vulnerable adults. Suffolk County Council however, launched a pioneering e-safety survey that was hoped to inform understandings of internet use within the United Kingdom and inform ways of promoting safe internet use across the lifespan, specifically focusing on vulnerable and/or impressionable people for example the elderly and people with learning disabilities and/or difficulties (Suffolk Council, 2011). However, they neglected to attend to vulnerable adults with ill mental health. Regardless of this limitation the study highlighted that it is important to recognize that there are few policies with regards to working with and or analyzing uploaded information by young adults. Thus, a person over the age of 18 may be vulnerable; however, it was anticipated that the adult blogger would be able to understand the concept of public and private space and the implications of uploading data on the world wide web. It was suspected that a blogger would not have a learning disability (LD; note this does not mean that a person may not have a learning difficulty e.g. dyslexia), partly because the idea of pro-ana is abstract, but also because eating difficulties and disorders in people who have an LD are normally associated with disorders such as Pica, depression, PKU, Prader-Willi Syndrome and physical difficulties for example as a consequence of delayed development of teeth for people with Down's Syndrome (Mencap, 2008). Furthermore, although these service users may demonstrate eating and vomiting behaviours, because of communication difficulties and/or excessive use of laxatives due to chronic constipation; their difficulties are explained and understood through non-mental health eating disordered constructs i.e. behavioural and physical difficulties. However, Deuchars (2012, personal communication) reflected on the role of communication in eating disorders; it was hypothesized that an eating disorder regardless of its label can act as a vehicle to communicate a form of distress.

Arguably it is hard to ascertain a person's age on the internet; however, the content of the blog that was analysed for the purpose of this study implied that the blogger was at least in her late teens. The female author of the blog talked about her day-to-day life in

terms of her acting/modelling career, renting a flat, gym membership and driving a car. At no point did the American citizen indicate that she was at college or lived at home with her parents; instead she implied that she was estranged from her family. At times she referred to her peers drinking alcohol, American law dictates you have to be at least 21 years of age to drink. Furthermore, the blogger disclosed she worked on cruise ships. All of these factors contributed to the belief that the blogger was of at least 18 years of age. Further to this, the blogger actively informed the reader that she protected her identity because of her career aspirations; this suggested that the blogger was aware of the implications of uploading personal data on to the internet. However, it was felt that in order to demonstrate 'respect... for the social reality of [sic] cyber space' (Paccagnella, 1997) steps were taken to protect the authors; a person who was naïve to the details of the investigation assigned the blogger the pseudonym 'Becky,' to which she will be referred to throughout the case study.

Becky's blog was analysed not only because the information she uploaded suggested that she was at least 18 years of age, but also because it was the first blog that was identified through the Google search. Further to this, Becky's blog included a vast number of entries dated from April 2007 to September 2008. It was thought that this time span of blog entries would provide a longitudinal perspective of the lived experience of pro-ana. Furthermore, the data amounted to one hundred and eight pages, which suggested that the information may be rich in aiding the understanding the lived experience of pro-ana. In order to maintain a form of experimental control, Becky's blog entries were downloaded as Portable Document Formats (PDF) files over a discrete period of time. In terms of practicalities, the blog was analysed in the reverse order to the way it was displayed; this is because the first page of the blog displays the most recent entry. Therefore, in order to understand the development of Becky's experience, the blog was analysed in date order: from the earliest entry to the latest entry, rather than from the most current entry to the oldest entry.

## Analysis and Discussion

As outlined in previous pages and in chapter 2, the method DP was employed to provide an analysis, which was true to describing the lived experience, whilst considering issues outlined in previous pages with regards to the law and ethics. Historically a variety of

methodological processes have been developed in order to conduct DP research, more recently the Sheffield School method of DP (DPSSm) has emerged. The methodological approach identifies that there are intrinsic existential fractions that occur in every lived experience, which can act as a template when examining the lived experience, these are fractions identified as: selfhood, sociality, embodiment, temporality, spatiality, project and discourse. DPSSm differs from 'pure' DP, because it provides the researcher with a heuristic to understand the lived experience. Langdridge (2007) proposes that not every study will identify these seven fractions, because the relevance of these fractions will depend on the topic under discussion. With regards to this study, it was recognised that as the research progressed that the seven themes did not exist in isolation and therefore fractions were collapsed to aid the readers understanding of the themes which emerged from the text. It was hypothesised that this approach demonstrated the difficulty in separating aspects of the lifeworld, because the lifeworld is a holistic occurrence, which can be hard to compartmentalise.

It is also important to recognise that the analysis distinguishes between the lifeworld of the author and its contributors i.e. people who leave feedback on blog entries. It was acknowledged that although the contributors are part of the blogger's lifeworld of the author, they too have a lifeworld of their own. Furthermore, analysing feedback left by readers presented an ethical dilemma with regards to identifying whether the people who left the feedback were minors or not. Therefore to explore the individual experience whilst being mindful of the ethical and legal dilemmas, it was decided to separate the author and contributor. The findings are discussed and structured according to life fractions below.

## Selfhood: Online and in the 'real' world:

Online, Becky defined her blog as pro-anorexic, describing herself as willing to die for her pursuit of thinness. It was clear that her intended audience was like-minded pro-anorexics. Becky provided a sidebar on her blog, which enabled readers to find hyperlinked blog entries that may interest them. Links were also provided directing readers to sites external to the blog, which contained dietary/weight loss information and celebrity news gossip that discussed famous people who were reported to have eating disorders.

From the outset, Becky described her feelings towards others who read her blog and her eating disorder, describing love for her eating disorder and hatred towards some of people who enter the pro-anorexic domain. Becky identified some groups of people who she did not like and categorized them in to three subgroups: 'wanna—[ano]rexics' that is people who want to be anorexic/eating disordered i.e. people perceived as emulating the disorder rather than being disordered: 'haters' i.e. non-supporters who leave anti pro-anorexic comments: and 'helpers' i.e. those who wanted to help and 'cure' her of her eating disorder. Becky demonstrated a dislike for 'helpers' because, she did not perceive herself as a victim of her illness, rather expressed love for her disorder and those who practised these beliefs.

However, Becky did implicitly recognise that she and her readers did have a disorder; Becky instructed that readers in recovery from their eating disorder should leave her site and talk with their physician to discuss their disorder. Becky presented juxtaposing messages, informing readers that she did not want to cause others to relapse, whilst also saying that she did actively want to inspire readers. She appeared to envy the recovering readers, not because they had sought recovery and a healthier lifestyle, but because she associated them with having people who loved them and supported them in their recovery.

With regards to self presentation, Becky tended to avoid uploading personal identifiable information about herself and her contributors (such as names and email addresses etc) and asserted control over posts published on her site, placing restrictions on the publication of personal statistics on her website. One reason why Becky wanted her identity and those of her readers to remain anonymous was because she works in the media. Becky believed that if potential employers were to find out that she was eating disordered then it would ruin her chances of future acting jobs. However, it was not clear as to why this need for anonymity extended to readers; perhaps it can be understood in terms of a desire for secrecy and discretion, which is regularly seen in people with eating disorders (Franko and Spurrell, 2000). Furthermore, this is a powerful position of position of control: choosing what is and is not said on her blog.

In the 'real' world Becky reported as having historically felt isolated at work and wrote about how colleagues failed to notice that she was exhibiting personal problems,

manifesting in observable mood swings, self-harm and food avoidance; all of which are symptoms associated with eating disordered behaviour (Gowers and Green, 2009). Her apparent lack of voice spread through to her therapy sessions, where Becky reported that she felt the therapist had failed to acknowledge the difficulties she was experiencing. Becky although annoyed by this, did not seek further help for her mental health; instead, she felt empowered as she could carry on engaging in her behaviours as they had gone unnoticed and as a consequence unchallenged. This enabled Becky to express her distress physically through appetite control and not verbally (Jacobs Brumberg, 1991), almost as if food acted as a 'tranquilizer rather than as a fuel' (Hirschmann and Munter, 1995); thus, using her behaviour to 'magically' control her internal and external world and essentially her body (Levens, 1995).

This may be a place where it is important to reflect upon the role of the therapist in development of an eating disorder. It is generally recognized that the earlier that an individual accesses services for an eating disorder the better the prognosis in terms of recovery in both mental and physical health (Agras, Brandt, Bulik, Dolan-Sewell, Fairburn, Halmi et al, 2004), albeit the extent to which is unpredictable (Schoemaker, 1997). Based on Becky's interpretation of her lived experience and the assumed conversations that occurred between Becky and her therapist, it was clear that the advice given to 'think more positively' was not perceived as helpful. This directive, non-person centred approach, ignores the underpinnings of our understandings of recovery-focused models (Anthony, 1993) that are commonly used alongside motivational interviewing techniques and cognitive behavioural therapy programs to treat eating disorders and co-morbid diagnoses. Becky clearly felt that the therapist did not hear or digest the extent of Becky's depression and distress that she was trying to convey. Such a negative experience not only left Becky unsupported, but allowed her to continue with her self-destructive behaviour. It is not to say that, had the therapist engaged Becky with the therapeutic process, she would have been saved from the pain of an eating disorder and depression. But it is of note that a poor experience of a mental health service reduces the likelihood of an individual seeking help from professionals and the way they engage with a service in the future, which ultimately impacts on illness trajectory (Kalman, 1983).

Becky's interpretation of cultural beliefs and norms contributed to her behaviour, she described society as conducive to the liking of the self. For Becky this meant that it was

culturally acceptable to weigh any amount (high or low), as long as other people did not view the weight or behaviour as problematic. This is typical of eating disordered schemas, where environmental cues such as religion or other societal beliefs are used to justify or explain changes in eating behaviour (Treasure and Schmidt, 1998).

However, the cultural approach to food was also perceived as a pressure, with Becky resenting the expectancy to eat three meals a day; and a great deal of time was invested in feigning and hiding the consumption of food through secrecy; something that is common to the eating disorders (Fariburn, 2008) and is also seen in those who are not clinically recognized as disordered, but are conscious about their appearance and feelings of fatness (Knapp, 2003). Jacobs Brumberg (2008) believes that in part, these feelings stem from cultural pressures, which she argues developed in strength during the Victorian era when the emergence of anorexia, social pressures to be thin and food preoccupation began to consume young women.

In contrast, Martin (2007) suggests the female need to convey the appearance of perfection is in part an unintentional legacy of feminism. Martin (2007) reiterates the beliefs of Gilligan who at the Renfrew Center Foundation Conference for Professionals (2005) talked of the transition of societal pressures from girls needing to be good i.e. 'polite, traditional, asexual, cute, cheerful, obedient' (Martin, 2007) to perfect. However, perfection is not possible.

Feminism has revolutionized the lives of women over the past one hundred years, although the three waves of the feminist resurgence neither conquered issues of balancing work and home life adequately, nor ensured that sufficient sex information was given (Martin, 2007). Instead the three waves of feminism led to both women and men gaining the right to vote, the recognition of domestic violence and illegality of rape within marriage, and women maintaining the right to be employed whether they are pregnant or become married; it is yet to address the objectification of women (Banyard, 2010). Martin (2007) argues it is such factors that have left our mothers with 'body hatred' that has 'manifest[ed in] undiagnosed anxiety, depression, and eating disorders' all of which has been inherited by their daughters or as Martin theorises has lead to the children of the nineties to become 'perfect girls and starving daughters'. However, it is important to acknowledge other influences, as in the words of Hall (1996): 'cyberspace

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is creating goddesses and ogres' reinforcing a perfect ideal that, due to image editing software and technologies, evades reality and potential consequences of extreme eating behaviours.

As Becky's eating disorder progressed, she found that she was faced with internal conflict, having to over come simultaneous feelings of winning and losing when denying food. Success was sometimes derived through viewing her behaviour as selfless i.e. it was polite and considerate not to eat friends' food when staying in their home. This appeared to counteract and help her to manage uncomfortable feelings. These confusing emotions and strategic justification/avoidance techniques are not uncommon in those who experience an eating disorder (Treasure and Schmidt, 2008).

The online community acted to further inspire control, as did her actions in real life. Becky found that in deceiving her face-to-face friends about her eating disorder and eating behaviours, she developed a further sense of agency (in the contest of DPSSm, 'agency' can be understood as selfhood, presence and voice). The extent to which she felt control over her life was reinforced when fasting, often leaving her elated, a reaction which is commonly observed in the starving anorectic (Meyer and Weinroth, 1957; Levens, 1995). In part, this can be understood in terms of physiological reactions to hunger; as when hungry, the body it is driven to search for food and thus is restless and alert, which can be perceived as elation (Crisp, 1980). This was something she felt with greater intensity when she was in social settings (without food) rather than meal situations.

Not only did the blog act as forum to inspire control, but also a place where she could exercise control and develop a sense of selfhood. Becky developed a narrative, which she used to manage her readers' negative responses; she informed readers that in order to find the weblog, that they must have had curiosity and pro-anorexic beliefs, prior to finding and reading the blog. This begs the question, what are people's motivations when seeking out pro-ana material? The answer to this is more obvious if the individual presents as a 'wanna-[ano]rexic' or as on eating disorder spectrum; however, why would a person be driven to 'rescue' a stranger from pro-ana? It is hypothesised that the 'rescuer' would have very different schemas and motivations to the pro-ana surfer. This would be an interesting avenue for future research, because rescuers could be: 1) people

who have recovered from their eating disorder and want to help others 2) rescuing others as a consequence of cognitive dissonance (Festinger, 1957) i.e. the rescuer is unable to attain and maintain the pro-ana ideology and therefore, decides that pro-ana is something that others should not strive to attain. This could also provide an explanation for 'haters' feedback. 3) A rescuer could also take the form of a carer, parent, family member, friend or clinician of a person(s) with an eating disorder.

Becky demonstrated her sense of agency over the content of her website: she was clear that negative posts would be deleted. Furthermore, she also demonstrated that she had control over what she did and did not share, for example on occasions Becky refrained from disclosing very personal experiences, such as a religious encounter with God that lead to a period of recovery. At other times, she shared photographs of friends that she had edited to protect their identity. Therefore, the blog allowed Becky to decide what she wanted to people know and not know. Through selfhood, she shaped the way she wanted her cyber counterparts to view and understand her 'real' experience; also, Becky could choose when not to publish her lived experience on the blog, so a protective factor in part, lay in the ability to regulate the information that she communicated about the self. This differs from face-to-face relationships, as the blog enabled Becky to be selective about what she does and does not share. Furthermore, it is easier to divert attention or simply not engage with people when she does not want to disclose something, unlike when in a face-to-face confrontation.

Becky on occasions led a 'group fast,' this entailed Becky making up rules for the fast and supporting others in engaging with the strict diet. When leading a 'group fast' Becky found motivation and empowerment from her online peers. However, such a status came with risk and possible failure. It was notable that when Becky stuck to her group fast rules that she felt powerful, but when unable to do this, she felt a failure.

The group enabled Becky to reflect on, justify and reappraise why she had broken the rules. This was demonstrated through uploading reasons as to why she had chosen or planned to eat i.e. break the fast. Perhaps Becky did this with the subconscious hope that she would not be rejected and that people would empathise and understand her failings. If this was the case then this served a communicative purpose of reinforcing the idea that the action to eat was justified and as a consequence, gave Becky the strength to

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carry on with her pursuit of weight loss. In essence, the forum provided Becky a sense of agency, which she had seldom experienced in real life.

In sum, Becky's blog gave her a voice that allowed her to acknowledge the presence of her disordered eating, which she could make sense of through communicating with others in a pro-anorexic domain; something, which would be hard to achieve in her 'real world' environments. This appeared not to be a consequence of the stigma associated with pro-anorexia, but instead because society construed the eating disorders as an illness and therefore, something to be treated. However, for many sufferers the eating disorder is their lifeline and perceived as an 'accomplishment rather than an affliction' (Vitousek, Watson and Wilson, 1998) and 'a means of survival' (Levens, 1995). In addition, her behaviour of food avoidance empowered her and sharing this experience with others left her feeling more motivated to starve.

## Embodiment and Selfhood: Who controls the eating disorder?

Becky struggled with her sense of agency throughout her blog; at times Becky presented as if she were in control, but at others times felt that God, food, friendships, 'Ana' and body parts had greater power over her, than her self. The extent to which this was experienced appeared to relate to Becky's state of mind and the extent to which she was involved with her eating behaviours. At times Becky appeared to attribute control to her self; this occurred when her beliefs and behaviours read as less extreme and entrenched, asserting that her eating disorder was a lifestyle choice, not a phase or a series of fad-diets. During this period of perceived self-control, when she occasionally binged, she engaged in negative self-talk to the point of suicidal ideation, rather than looking to other agencies for reassurance.

However, it became common for Becky to attribute a sense of control and willpower over her eating behaviour to God, and looked to the religious figure to draw and inspire strength and energy to work hard at the gym or avoid food. Becky's experience of this can be understood from the perspective that Becky believed that in the beginning she chose to have an eating disorder to gain control over her life. However, during the course of her lived experience of her eating disorder she came to realize that it was God that had the control over her life and thus it was God to whom she must pray to achieve

perfection. Becky would thank God when she had lost weight or when it was believed that his interventions prevented her from buying or eating certain foods, and often credited life events such as changes of employment to God. However, this theism dissipated when she binged, attributing the lapses of control to external factors other than God, such as tiredness.

Becky tended to justify cravings through compartmentalizing her body, commonly blaming her brain or stomach for being hungry or greedy, but not her self. Becky seldom said 'I am greedy', rather 'my stomach is greedy' or 'my body is weak' and appeared not to take responsibility for her eating behaviour as a whole-integrated-person. This was exaggerated when the eating disordered behaviour became more entrenched, as at the beginning of her descent into the eating disorder she took holistic self-blaming approach for her binges. This behaviour and response is not uncommon. Binges are hypothesised to occur for a number of reasons, one being that an individual may be unable to correctly identify internal feelings and sensations (Bruch, 1973). This means that the person confuses emotion with hunger and vice versa, and therefore binges to satisfy emotional rather than biological needs with food. Another way to understand Becky's experience of compartmentalization is to see her as separating her 'self' from her 'eating self' allowing her to binge and thus dissociating her self from eating (Levens, 1995). Compartmentalization did not end with the self; Becky began to not only say 'good-bye' from herself, but also signed off with 'love from Ana' or 'love to Ana,' suggesting there were two levels of Becky at play when presenting herself online.

The methodology limits our ability to expand on this i.e. the ability to talk to Becky about her experience; however, it was recognised that there was parallels between Becky's experience and other clinical accounts of self-harming behaviour, such as the starve, binge, vomit cycle that can occur in eating disorders. Farber (2008) talks of a disorganized attachment between patient and infant caregiver, which creates an experience of an internal predator; in Becky's case her stomach/brain's thoughts, and external prey i.e. food. This occurs when an infant is exposed to a stressor that causes psychological or somatic dissociation at the moment of trauma, a reaction that is then repeated and re-experienced during adolescence and adulthood. Interestingly, levels of psychological dissociation have been found to be significantly higher in those with

eating disorders compared to controls (Demitrack, Putman, Brewerton, Brandt and Gold, 1990). However, it is not to say that this is a factor in Becky's experience; nevertheless, such theories may offer an explanation as to why Becky had minimal contact with her family and why she rarely visited her family home even during national holidays.

Becky demonstrated a fusion of external and internal locus of control; as she became more involved with her eating disorder she looked to other omniscience constructs. Within the blog these were identified as: Jesus, God and her 'internal Ana.' Conversely at the times when Becky did not appear so consumed by her eating disorder, she talked less about the role of God and Jesus in her life. Becky used these personal and social constructs to alleviate guilt associated with her eating disorder. This was perhaps because she was rarely able to forgive herself for her binges and hoped that in attributing her lack of control to these figures her sense of responsibility for the binges would diminish. At other times Becky expressed an internal locus of control, talking of her ability to ignore the 'calls of her stomach' to eat and feelings of physiological weakness, as starving was more important to her.

Sometimes, Becky found that the amalgamation of thoughts and beliefs concerning God and Ana, problematic and confusing. She believed that a fast in the name Ana was selfish; in contrast, she perceived that starvation in the name of prayer was unselfish and would cleanse her body, bringing her closer to God and receiving forgiveness for her sins. With God's guidance, Becky believed that she could have the strength to continue with her weight loss. However, this juxtaposition created a conflict between her and God, as when she binged she also had to manage her own guilt alongside the perceived anger of God; Becky believed that God's anger was demonstrated through weight gain. In response to God's anger she would repent through fast, under the perception that God wanted there to be (physically) less of Becky and more of God in her life. She found evidence for this belief in the Bible: she expressed that by placing herself on a fast, she was resisting temptation and serving God. For Becky, fasting bought her closer to God and when she lost weight she felt loved by God.

This conflict between Ana and God was further complicated by way that Becky described these idolized figures. She occasionally referred to Ana as 'the devil' as she

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acted as the temptress that would undermine God's reassuring voice. This became convoluted when she assigned the control over her sense of self to God and/or Ana; their voices often provided Becky with little choice, other than to carry out their demands or wishes. Furthermore, the voices of Ana and God were occasionally interchangeable. This did not appear to bother Becky, because it was the comfort and reassurance that they could voices offer that she sought.

The interchangeable transition between God and Ana was marked by Becky's consistent need to seek approval from either of from them at any one time. As a consequence Becky carried out perceived punishments, to justify to her readers the need to do additional exercise or pursue a more restricted diet to counteract a binge. It was not so surprising that Becky's faith was strengthened during her illness; Jacobs-Pilipskia, Winzelbergb, Wilfley, Bryson and Barr Taylor (2005) have found that college women who experience high body dissatisfaction and have strong spirituality and religion, more frequently pray to God to cope, compared to those who have low religious and spiritual beliefs. Jacobs-Pilipskia (2005) found that exercise the most effective distracter of such thoughts. This might be in part, why Becky turned to both religion and exercise as she became more entrenched in her eating disorder.

Interestingly Becky tended to seek reassurance from God when her Ana was encouraging her to engage in behaviour that she mentally and physically could not manage. God acted as a negotiator, allowing Becky to avoid going to the gym or allow her to eat specific foods that would not result in a backlash from Ana, such as stricter dieting or additional exercise. However, this did not always work as Becky commonly perceived Ana as angry when she tried to justify her 'bad' behaviour i.e. when Becky deviated from the plan.

When Becky did eat and drink permitted foodstuffs (binging or otherwise) she found it hard to avoid thinking about the nutritional and calorie content of the item. The food itself was regularly reduced to its calorific value alone rather than the food per se. Food was occasionally described in terms of human qualities; Becky would write that she had looked at a salad or cookies and portray it as sneering or screaming at her to eat it, even when foods had low calorie content. This can be understood in terms of the physiological reaction to starvation, which can contribute to compulsive thoughts about

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food. A study by Keys, Brozeck, Henschel, Michelson and Taylor (1950) reported that a participant in a starvation study, following a period of reduced food intake, remarked that he would find himself 'star[ing] at pictures of bread, like they were pinups of Betty Grable' (Tucker, 2007).

However, Levens (1995) asserts that the experience of food taking on human qualities is frightening for patients with anorexia and reports that this experience is commonly expressed in art therapy. Patients tend to talk of food as if it has human like qualities and if it were able to move, it would force itself upon on the patient; suggesting that food is seen as more powerful than the sufferer. This scares the patient, as food is perceived as an object, which will assimilate the body with food; this perpetuates the fear of eating, which consequently contributes to compulsive thoughts.

Although this did not always appear to be the case for Becky, the food became described as frightening. Food was perceived as something that actively taunted and tempted her, and she found herself on occasions binging to satisfy a craving. Sometimes her binging behaviour was so erratic that she would experience memory loss of the food consumed during chaotic episodes. This amnesic or dissociative effect of binging is commonly found in people who exhibit bulimic-type symptoms and is thought to be an unconscious yet maintaining factor of this aspect of the eating disorder, with larger binges correlated with greater dissociation (Hallings-Pott, Waller, Watson, Scrag, 2005). This, in some respects links to the Escape Model that is associated with binge eating, where it is thought people who have high expectations of their self and place high value on positive feedback, binge when these values are undermined by others or the self, leading to low affect and high anxiety. The binge then acts to focus their attention away from the stressor, which reinforces the binge, because the behavioural distraction reduces perceived stress (Heatherton and Baumeister, 1991).

In contrast, some binge episodes were more lucid and initiated with the intention to induce pain, to the extent that her stomach would hurt, an action commonly understood as a form of self-harm (Farber, 2008). Such behaviour was followed by starvation, laxative misuse or excessive exercise in an attempt to rekindle a sense of control, which she regularly found at the height of her exercise. These compensatory behaviours tended

to be linked to thoughts relating to her internal 'Ana' who appeared to have an influence over Becky's actions.

In sum, the blog contributed to Becky's sense of control through the ability to plan eating and weight goals, which is something that she had not been able to do in previous employment (see subheading 'Selfhood and Project: Managing Life and Ana' below) or in other areas of her life. The internet environment facilitated a place where she could fantasize about reducing her weight to the lowest weight possible in order to subsist and not die. However, Becky rarely appeared in control of her self, her body was fragmented and disassembled. This was demonstrated through giving a voice to her organs, her reality (food) and to significant core beliefs surrounding God and Ana. Becky rarely had a sense of the integrated self; her physical and perceived internal and external world became convoluted and chaotic. Becky did not present with insight in to the self as a continuum; instead her communication reflected a series of segregated sensations, experiences and thoughts. It is therefore perhaps important for interventions to consider how pro-anorexia may contribute to a fragmented self and how it may further impede the development of a non-anorexic identity during times of recovery (Bulik and Kendler, 2000).

## Discourse: Symbolism

Ashworth (2003) identifies that 'discourse' is a fraction of the lifeworld that can be employed to aid the understanding of a person, through attending to the language that the participant uses to make sense of their experience through the wider culture. Becky had a distinctive narrative, which she used to express her experience in terms of religious beliefs and her understanding of her experience of pro-ana. Becky used the blog to explain her experience in relation to two specific symbolic figures: God and Ana. Becky would also occasionally refer to other cultural influences, including misquoting political and religious figures in her blog to make sense of her experience. For example, on one occasion used a quote from the Bible to explain her lived experience and referred to herself as 'becom[ing] like the Lamb by fighting like the Lion.' Becky employed this quote to explain her difficulties with food. She identified with the lion, because she was fighting temptation to eat the lamb; for Becky the lamb acted as a metaphor to describe all food. According to this interpretation resisting the temptation to eat allowed Becky to experience a sense of peace, this may explain why

when fasting, Becky felt closer to God. Historically this is not uncommon, Medieval women also understood their relationship with food as a symbol of their religious beliefs; women believed that if they denied themselves food they would become connected with God. Similarly to Becky they believed that the making and giving of food, bought them closer to other believers and to God (Walker Bynum, 1987). However, for Becky these beliefs seemed most prominent when her eating disordered behaviour appeared more entrenched.

Becky's religion was an important discourse in the blog; the frequency of the religious dialogue appeared to increase as she became increasingly eating disordered in the content of the information that she shared on the blog. However, the direction, strength and validity of this observed correlation was not clear. One factor which may contribute to our understandings of Becky's described experience possibly related to geography; it is well documented that, in certain areas of the USA, religion has a strong bearing on cultural beliefs and practices. It was hypothesised that Becky's account reflected the cultural norms of the area where she was raised and/or resided. For example if Becky lived in the Bible Belt in the south-eastern area of the USA, religious narratives would have been more commonplace, because the culture is significantly influenced by evangelical and other Christian denominations with approximately 75% of people reporting to belong to some form of Christian faith (Garcia and Kruger, 2010). This is an example where different qualitative and data collection methods would have been helpful in aiding our understanding of Becky's lived experience and the impact of cultural influences on discourse.

Pro-anorexia also appeared a symbolic discourse that was central to her written blogging experience. Becky would commonly adopt language, which helped her express and make sense of her lived experience. The pro-anorexic discourse allowed her to talk about her experience and ideas in terms of 'thinspo,' actual weight and weight goals, binges, purging and fasting. The way she understood and related to celebrity figures was also done in relation to her eating disorder opinions and in the context of pro-ana.

Becky also developed a visual discourse of pro-ana, suggesting that the colour red represented both anorexia and also pro-ana. The symbolic pro-ana discourse was also

demonstrated through the sharing of inspirational photos of models to convey her weight aspirations. Becky also demonstrated that other symbols were important to her lived experience of pro-ana; she created poems and haiku that she symbolically placed on top of food stores. Haiku, poems and colours collectively became incorporated into her pro-anorexic belief system.

Symbolism seemed important for Becky, which may explain why her fasts needed to have a meaning. Becky reported that on occasions she failed to find it satisfying for weight loss to be the sole goal of her pro-anorexic experience. She found the experience more meaningful when she integrated her experience of Ana with her concept of her religious beliefs.

## Selfhood and Project: Managing Life and Ana

Becky found that in her past, she had struggled to maintain her eating disordered behaviour and subsequently her weight. She attributed this lack of control to the nature of her employment, which due to living arrangements and work policies meant that Becky was unable to weigh herself. Becky described herself as working in the entertainment industry, which in her line of work meant that her employer would weigh the entertainment staff on a weekly basis. At first Becky's assertion seemed dubious; however, a brief search of jobs related to Becky's line of work on Google (2012) suggested that Becky worked in an industry where she would be contractually obliged to remain a specific size, as she would have to fit in to the existing costumes. Therefore, weight monitoring may have been a way to make sure that the actress remained the right size for the clothes, which according to the internet search were commonly designed for women between clothes size 0-8. However, this was an assumption based on the content of the blog and could not be verified. Regardless of the absolute truth, Becky clearly believed that the ability to weigh herself was controlled by her employers.

The monitoring and requirement to remain the same size caused her eating disordered related behaviour to be suppressed. The inability to practice her behaviours was at the forefront of Becky's mind and even when she was acknowledged for her excellent work, her joy was clouded by thoughts and feelings of fatness and the desire to be thinner; she clearly hated having eating and exercise restrictions imposed upon her.

Behavioural restriction was not only imposed at work but was also experienced in her private life. After Becky's contract ended, she was able to engage in more exercise. Becky regularly reported that she lived in the fear of the gym staff, as they had the power to ask her to leave if they believed that she was exercising excessively and for prolonged periods of time. Becky would sometimes attend the gym at different hours of the day, to reduce this risk of being 'suspected' of having an eating disorder. However, this secrecy was accompanied with suspicion; Becky felt unable to trust the accuracy of the gym machine calculations i.e. distance, calories burnt and the aerobic measure of heartbeats per minute: this led Becky to do more exercise, just in case she had not burnt enough calories. This mistrust gave her permission to exercise more than planned and was also used as a punishment, when she had failed to adhere to her dietary plan.

Avoiding people's suspicion of an eating disorder was important to Becky. She was concerned that once people knew that she had an eating disorder they would intervene, which was not desirable. In order to avoid friends suspecting illness, she scheduled her life so that she was constantly busy. This also helped distract her from her reduced food consumption. Becky made sure that she was over energetic and talkative at meals or was helping hosts by handing out entrées so that people did not notice her lack of eating. Furthermore, in order to maintain the façade of good health and avoid eating in social situations, she would tell others had just eaten or was just about to eat. All of which are tips that can be found on mainstream pro-anorexic websites, but for readers unfamiliar with such sites may have found Becky's disclosure of her food avoidant behavioural strategies a useful monologue to inform their own eating behaviours. Becky's strategies to avoid food impacted on Becky's social life and her experience of meals out with friends. Becky became consumed with her food avoidance techniques and became frustrated when restaurants did not provide nutritional information on the menu.

Both secrecy and careful planning were important for Becky as she found that it was easier to engage in her eating disorder when she was away from the watchful eyes of others, and planning also provided her with structure. However, plans could not always be followed; when in an unscheduled situation, where she was forced to eat with others, she would choose to engage in eating disorder behaviour: this involved analyzing menus to assess the nutrition and calorific content of potential meals, drinking ice-cold

water (there is contradicting scientific evidence concerning the theory that ingesting cold water can lead to a thermogenic response, which promotes weight loss (Brown, Dulloo and Montani, 2006) and purposeful spilling of sauces so that they did not have to be ingested etc. So even where it was perceived that the occurrence of the situation was caused by others, i.e. friends inviting her to a meal or the fact she did not know how to turn down friends' invitations to meals, she still managed to find a sense of control and plan her food consumption. However, it was hard to exercise full control of the situation, as sometimes restaurants failed to provide a details of the nutritional content of meals, which impeded the perceived sense of control.

Exercising control was also affected by internal factors; Becky's hunger once led her to steal food from her housemates. This apparently was out of character, but produced a sense of excitement, which she justified through the idea that her housemates would be relieved that she had eaten. This suggested that it was both internal and external factors that negatively impacted on her pro-anorexic project, regardless of the extent of Becky's planning. Conversely, secrecy was not just isolated to the eating of food, but was also associated with the disposal of food wrappers. Becky wanted to avoid suspicion that she had eaten and/or binged, so she would dispose of food packaging that she had eaten when out in her car, before she got home.

However, it was not just these social and employment factors that affected Becky's plans, but also her weight; weighing less tended to result in Becky carrying out planned exercise and gave her a more positive experience of the day than when she maintained or gained weight. Further, satisfaction or consolation could be found when she was able to publicly refuse food and when her body chemistry responded positively to exercise.

It was also noticeable that as she became more submersed in her eating disorder, the more the eating disorder impacted on day-to-day chores. Becky found that shopping became anxiety-provoking and tempting, and as a consequence she invested more time and effort in the attempt to avoid purchasing potential binge-triggering foods, which was combined with analytical browsing of nutritional and calorific content of food. However, this hyper-vigilant approach did not always prevent her from buying foods on which she binged. During this period her anger became directed towards food for being so calorific and not towards her rationale behind food selection. Interestingly the voice

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of Ana became angrier as she was unable to stick to her rigid eating plan in which Becky invested much time. Becky also attributed such binges to a lack of prayer whilst shopping.

Becky's elaborate eating and exercise schedules were clearly documented and shared with readers. Although the plans excited her, they impacted on her face-to-face friendships and interactions; the planning process allowed her to actively avoid social events in order to reduce the disruption of her rigid exercise, eating plans and weight goals. It was this willpower that contributed to a sense of self-satisfaction; however, this came at a price. Becky would sometimes go to great lengths to ensure she met her targets, specifically those around caffeine consumption. This lead her on occasions, to drive recklessly, with little regard for other road users and changed social plans to ensure she got her 'caffeine fix.' At other times Becky would plan nutritional research, motivational reading and house chores to distract her from the temptation of eating.

However, Becky's resolve was not always strong and at these times turned to Ana and God for guidance and strength. This sense of strength often lead to further planning and calculations to ensure that her body was working hard to burn unwanted and sometimes unplanned calories and body fat, whilst maintaining a reasonable level of energy. Occasionally, Becky's perception of her relationship with God protected her from working too hard at the gym, which helped her manage her levels of exhaustion. This however, did not necessarily prevent her from taking herself to levels of discomfort, be it a consequence of exercise, starvation or laxative misuse. In some respects Becky found this comforting, as she inferred pain as an indication that she was achieving her goal e.g. achieving her weight loss goal. This provided Becky with a sense pride. However, on some occasions Becky did engage in self-care such as taking pro-biotic yogurts or going to bed earlier to counterbalance laxative use and exhaustion; although sleep was also sometimes used as an avoidance technique to evade eating.

In summary, selfhood is affected in many ways. Becky communicated that she seldom felt in control of her life, body or self. Much of Becky's behaviour was goal- or project-orientated; however, the extent to which she could carry out these behaviours was effected by external factors such as the gym, employment, social circles etc and internal belief systems around Ana, God and Jesus. Becky implied that at various stages of her

illness that these figures, tangible or otherwise, controlled her behaviour. However, what was noticeable was the amount of time that Becky invested in her blog and planning, leading her to avoid social occasions, deceive friends and only from geographically moving away from others that knew her, did Becky gain a sense of control over her eating behaviour. It is perhaps understandable that Becky found solace in her blog, as her eating disorder was the focus of her life, one at which she had to work hard to conceal from those around her.

## Project and Sociality: Eating Behaviour, Virtual Friends and Face–to-Face Friends

Like many people, Becky has numerous personas. Her online life allowed her to express trials, tribulations and successes that she experienced in her eating disordered life. Becky openly encouraged readers to 'starve' in pursuit of thinness and described her own personal experiences. Becky appeared au fait in seeking motivation from popular media, describing what she liked and disliked about thin models, comparing her own height and weight with theirs. The project and sociality fraction of her blog was demonstrated through the sharing of diet information that she had found in other online and offline publications i.e. such as how to make laxative and cleansing drinks to induce diarrhoea after a binge. Becky also shared strategies that she employed to prevent a binge when eating tempting foods; such as taking a small part of food out of the package, shutting it and then eating the food; thus slowing down the eating process and allowing the eater to remain a sense of control. In return for these implicit tips embedded in her blog, Becky would openly welcome encouragement and praise from readers. There was a contradiction in Becky's expressed motivations, because she demonstrated an awareness that she was actively seeking and sharing information, yet maintained that her site was not there to contribute to other people's disorders.

Becky's blog allowed her to recount exercise routines and family and social events that interfered with her project (i.e. pro-anorexia) and thus provided an opportunity to explore ways to overcome these limitations. This allowed her to reflect and realize that social events could be used as an opportunity to burn calories. The exploratory writing however, also led Becky to realize that her eating habits sometimes inhibited her writing, describing that reduced calorie intake affected her ability to communicate with

her readers; whilst also implying that sometimes the eating disorder impedes her social life in both her real and cyber world. Further evidence for this came from her isolation when she had hoped for invites to events during a federal holiday. Instead of joining festivities, she spent time at the gym and was then bored and upset that she had no one with which to share the evening and customary celebration.

Becky highlighted that not only did she have a blog, but also a social networking site group, which she particularly liked as it was interactive and valued the support that she received from readers. Although the forum did not always benefit Becky as sometimes she became low when people did not interact with her; she did find hope in the idea that readers would frequent her site to read her weight loss developments. However, Becky did not always manage to stay so optimistic, with her mood being lowered when she was unsuccessful in completing a group fast. This was a particularly negative event for Becky as she was the group's leader, which as a consequence led Becky to feel ashamed and in awe of people who appeared more successful. Subsequently she withdrew from her internet peers as she felt she had let them down by failing to adhere to group the rules. She also decided to change her goals: 'to get healthy', an experience reminiscent of the females interviewed in chapter 3 and spend more time with her faith.

When Becky did return to the pro-anorexic web, she found that people endorsed her comeback and was pleased that others had continued to leave comments, even after she had temporarily retreated from the blog. She informed those who had left feedback that they were her 'thinspiration'. Readers were pleased to have Becky back and tried to motivate her to return to her pro-anorexic ways, giving her ideas for names for a new fast to signify her return. This normalization of her eating disorder behaviour led Becky back to pro-anorexia; however, this time she had the benefit of hindsight and realized that she could not manage the strict regime that she had previously employed. Interestingly, Becky found it useful to know that others had not been successful in following the group's diet plans, meaning that Becky did not feel alone in her failures. Once this was realized, she attributed failure to the group collectively rather than just herself, and suggested that she kept the fast structure for future reference, when they were all 'stronger.'

The role of acceptance seemed important here; research has distinguished an online hierarchy among the pro-anorexic community, specifically with regards to users perception of Ana and Mia fakers and wannabes and indeed between Ana's and Mia's themselves. The former of whom amongst the community are regarded for their strength, resilience and success in their weight loss and the latter renowned for failure or lapses i.e. binging followed by extreme compensatory behaviours, be it exercise, vomiting, diuretic or laxative misuse (Giles, 2006). It has been suggested that a hierarchy appears between these two subsets (Ana and Mia) in the pro-anorexic community (Giles, 2006), which seemed true with regards to Becky's experience.

Becky clearly identified herself as a pro-anorexic and the information that she shared suggested that she met some of the diagnostic criteria for an eating disorder, but not the criteria for anorexia nervosa e.g. her menses had not ceased (evident through self-reported accounts of period pain). For example, Becky exhibited a clear need to exercise excessively, which could be construed as weight loss behaviour or a compensatory one; she engaged in fasts and/or restricted her food intake for prolonged periods of time; she demonstrated varying degrees of upward comparisons; Becky used laxatives to manage her weight and showed a degree of body image disturbance i.e. Becky became disturbed by her experience of a bloated reflection in the mirror, even when she could attribute it to a high fluid intake, suggesting that her experience of her body was skewed by the desire to be smaller. A further indication of body size disturbance was also indicated through self-reported statistics, which indicated that Becky had previously reached a body mass index (BMI) of 22.3 and although proud of this, she still felt that she was 20 lbs (1 stone, 6 pounds) over weight. Throughout the blog Becky documented statistics, which at one point indicated that she had a BMI of 20.9 that she perceived was too fat; though in reality, Becky was only 14lb (1 stone) from meeting the criteria for being underweight, this will be discussed later in relation to the concept of a vulnerability to pro-anorexia (see chapter 1 for a definition of BMI).

However, Becky did not elaborate beyond her self-assigned title of pro-anorexic, nor did she actively distinguish herself or differentiate between Ana and Mia; although it was clear that sometimes her behaviour was more typical of bulimia nervosa than anorexia nervosa and vice versa. However, Becky did not allude to the specific medical diagnosis of eating disorder behaviour. The label 'pro-anorexic' did not appear

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important to Becky, rather acted as an umbrella term to describe the drive behind her behaviour; that is, the to drive to be thinner, to succeed in her weight goals regardless of the consequences. Similarly, it was this mutual acceptance of shared values, not Becky's success or failures, which brought about the encouragement of her return to pro-anorexia; Becky had taken a period of leave from her blog; when she returned she set up a quantitative survey to inform her eating disorder trajectory with regards to her face-to-face lived experience and her lived experience on the internet: only sixty-five out of the two hundred and twenty eight respondents had voted that she should not return to her Ana behaviours. It is interesting, because it could be assumed that her peers' feedback led her back into her eating disorder lifestyle; however, Becky realized that in asking readers their opinions she had already returned to her pro-ana schema. Thus, in the case of Becky it was not peer pressures alone that lead Becky back to her pro-ana lifestyle, but also her own schemas which made her more vulnerable to the lure of pro-ana.

However, this is not to say that Becky respected those who 'lamely' followed pro-ana; in fact Becky appeared angry when viewing people's experiences of binging without any compensatory behaviour or those who demonstrated weakness accompanied with a lack of will to carry on the pro-ana 'lifestyle.' For Becky, it seemed that if you were a 'true pro-anorexic,' when you failed at your set goals it was acceptable to whine about failures, but then you would try again rather than give up; because pro-anorexia was an ongoing experience.

In contrast, the real world did not allow such openness or acceptance of such beliefs; Becky found herself, amongst peers, avoiding potentially difficult conversations around weight. Even when she got positive remarks about her weight loss she used techniques learnt through watching prominent role models in the media i.e. Big Brother characters, to evade unwanted attention; such as being busy, blaming it on the cut of her clothes, avoiding contact with friends, feigning tiredness to explain her withdrawal from social discussions or at the other extreme becoming overly conversational to avoid consuming food.

Becky also exhibited concerns about what other people outside of her immediate social circles and in the face-to-face world thought of her. For example Becky was concerned

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that staff at a coffee shop might believe that she was addicted to coffee or the gym staff thinking that she had an eating disorder, suggesting that, although Becky was comfortable with her belief system, she appreciated that other people may have found her behaviour bizarre, unusual and against the social norm. In order to manage this Becky tried to vary the coffee outlets that she frequented, to prevent suspicion. A similar concern was exhibited beautifully in Stavrou's (2009) collection of bulimics' accounts of having bulimia, where an individual articulated the fear of what others would think of her mass food purchase: 'The embarrassment of buying so much food was because of, not the shame of eating so much, but someone else thinking I eat so much and the calories I clearly didn't need.' When people, regardless of whether it was friends or gym staff, were suspicious and potentially challenging she would master the conversation so that they appeared mistaken or would evade direct challenging, by avoiding phone calls of concerned friends.

However, Becky did face some criticism online and drew on great literary writings such as that of Isaac D'israeli (1935): 'The most noble criticism is that in which the critic is not the antagonist so much as the rival of the author' to refute such comments and assert boundaries. Becky further asserted control over published posts, restricting and preventing people from uploading personal details such as email addresses, instant messaging (IM) names or personal website or blog addresses.

At times when Becky was not isolating herself, her preoccupation with food lent itself to pleasing friends and colleagues, with periods of Becky's life consumed with making edible gifts for those who have been good to her such as her agent. This is gratifying for Becky, as she gets to enjoy making food and tasting small bits of food without massive consequence (i.e. weight gain or punishment from Ana) and of course to the outside world the cooking is nothing more than a kind and generous gesture; however, the provision of food by eating disordered patients for others has been observed to intensify with degree of starvation (Blitzer, Rollins and Blackwell, 1961; Schmidt and Treasure, 2006). However, this occasionally led Becky into temptation as she sometimes binged whilst cooking or when others insist on sharing the gifts with her. At other times though, watching others eat would be perceived as repulsive, which Becky easily turned in to 'reverse thinspiration' to motivate her not to eat.

Becky was continually striving to lose weight, which impacted on her social conversations with others, leading her to engineer discussions in the real world to elicit information on how to lose further weight. However, in terms of clinical safety, the blog sometimes acted to distract her from a binge; which in terms of managing binge awareness is not too dissimilar to the approaches of mindfulness diaries seen in both dialectical behavioural therapy and cognitive behavioural therapy. However, this may also been seen as dangerous, as misdirected mindfulness might in pro-anorexic individuals exaggerate food avoidance behaviours.

## Embodiment: The Physical Self

Weight was undoubtedly central to areas of Becky's pro-anorexic experience. Becky expressed shock when reflecting how large she had been in the past (self-reported that she was almost classified as obese) and found hope and comfort in actually losing and predicting weight loss. Weight regularly became a vessel for emotion; expressing sadness and anger at the fear of over eating or not achieving goals nor losing weight and joy when planning and/or achieving weight loss, which was further enhanced if she could find that she fitted into smaller clothes than previously.

Weight itself was not the only focus; feelings of elevated heart rate (due to high caffeine intake), satisfaction of emptiness and wish to feel her own bones were all expressed as desirable. The publicly shared fantasizing appeared to excite Becky, with goals acting as inspiration, and planning them as a source of entertainment. Becky found comfort in the planning of reducing her body size; however, such goals were not always easy to manage.

On occasions Becky became aware of the physical impact that her behaviour had on her body. Interestingly the fear came from being discovered, i.e. if she fainted in public then people may suspect an eating disorder. This suggested that Becky had developed an internal framework, which contributed to the belief that her eating disorder was not problematic unless others recognised it as so. Rarely were physical symptoms distressing in the sense that she realized she was endangering her life. Instead, Becky was apt at managing such physical experiences, which included hunger, lack of

concentration and tiredness and used distraction such as cleaning and chat forums to reduce the intensity of the feeling.

Becky did tend to experience the impact of behaviour on her emotions e.g. fullness led to immediate self-hatred. In addition to this, Becky's body's natural behaviour was out of her control, but also impacted on Becky's emotions; for example menstruation. Becky sometimes found this difficult and described her self at being surprised at having periods, she felt that her eating behaviour would lead to amenorrhea; however, her time frame of starvation did not match our physiological understandings of this process. Highlighting that although people who use pro-anorexia may be well versed in terminology, that they may not be aware of the meanings and thus perhaps the true effects of an eating disorder on the body.

However, food and eating also presented Becky with a physical problem, with eating leading to physical pain, self-hatred and emotional remorse. Although, Becky was sometimes able to turn these negative experiences into positive inspirations e.g. eating reinforced her drive to be thin, because the feeling of food and excess fluids inside her was uncomfortable; furthermore, the anger of eating fuelled her exercise and sometimes the pain was perceived as positive because it inspired her to pursue her weight loss. That is, the intolerable pain of food inside the body led to the use of exercise which contributed to both the regulation and soothing of the difficult physical and emotional pain of eating.

## Embodiment and Temporality: Body Size as an Entity of Time

The blog provides an ongoing account of Becky's lifeworld as it is experienced; so time is an obvious feature. In the way in which Becky experienced time was related to her weight aims, exercise plans and food. Becky seldom goes in to detail about the life events outside of her weight and her eating behaviour.

Becky recalls her weight in terms of success (lowest weights and BMI) and failure (high weights and BMI), loosely describing the surrounding events, but commonly alluding to positive feedback from others with regards to her lower weights. Each day was based upon the figure on the scale and goals were planned accordingly. Thus her past, present

and future were dominated by numbers or recovery from detrimental affects of her behaviour to her body and there were few details of other aspirations for her career, lifestyle or otherwise. In a sense Becky experienced her self in terms of her body fat; instead of her autobiographical memory being organised by life events and she recalled her life in relation to her weight. It appeared that her memory of her physical weight measured in quantifiable units acted as a cue or an anchor to associated memories.

Becky's goals also tended to change depending on her mood and lifeworld at any given moment. Becky defined weeks by weight loss i.e. aimed to lose 2 ½ pounds a week to lose a set amount of weight in a certain amount of time; a goal which she justified through her type of employment, which lent itself to thinner and underweight employees. Even when recognizing her colleagues were underweight, she felt that weight loss was imperative to fit in with her work norm. She would also actively encourage readers to check her blog on a daily basis to 'watch her weight go down'.

Dietary plans and weight trajectories tended to be structured so that when her goals were obtained she could treat herself with a planned 'cheat day' with calorie counted foods to reward herself for her hard work. Interestingly, although Becky had high expectations of her weight loss, she understood that it was not always possible to maintain strict eating disordered behaviour in pursuit of her goals and factored in breaks to allow her metabolism to get used to functioning at a lower weight. She also believed, as many dieters do, that it is the last few pounds that tend to be stubborn and require higher levels of effort than previous weight loss campaigns, so the periodic breaks also acted as a time of recuperation before descending into her next level of weight loss. Although at times Becky's new fasts acted as a continuation of the last fast and a precipitator of the next fast i.e. fast for three days, consume less than 2000 calories for a day, followed by another three day fast.

Becky was also careful in how she managed her targets and evaluating how best to manage her food and liquid for optimal weight loss, performance in work combined with managing finances. Money was important to Becky and had to consider how much over the counter coffee and other drinks she could afford on a daily basis. She calculated that her fluid intake was costing as much as it would to support a normal eating pattern. Occasionally a lapse in restraint would lead to an overhaul of her plans,

with exercise and dietary programs exaggerated or revised so that she could keep her physical and mental state safe, however, plans were generally weight loss driven as she feared weighing more the following day or worse, finding that she had gained weight and thus grown in size. These fears are typical of the eating disordered experience, for example a fear of fatness and sometimes even a fear of fullness is recognized as symptomatic of an eating disorder. However, what is of note is that Becky's experience did not stretch to an emphasis on fluid restriction, which is something that has more recently been observed in eating disorder presentation (Lowinger, Griffiths, Beumont, Scicluna, and Touyz, 1999); in fact for Becky, although she enjoyed having an empty stomach, fluid intake acted as a form of appetite suppressant. Her focus on fluid intake may not only have been part of her eating disorder pathology, but also as a consequence of excessive exercise and age, as adults are thought to consume more fluids per kilogram of body weight than children; however, this area requires more research to be conclusive (Hart, Abraham, Luscombe and Russell, 2005).

Becky's perseverance was demonstrated through self-reported weight loss, which is highlighted further when she goes shopping and begins to find that old clothes have become lose and shop clothes size labelled small fit her. Her reaction suggests this is a new experience, which she finds rewarding as it highlights the progress she has made in her aim of becoming thin. This provides further evidence to suggest that Becky's body size was an entity of time rather than life experience.

## Temporality: The Pro-anorexic Cycle

Although highlighted in other sections it was felt important to acknowledge how Becky fades in and out of pro-anorexia. Her blog started with a clear plan that she intended to share her pro-anorexic beliefs, lifestyle and plans with other people with the same belief. Although her intentions were not as transparent as first perceived, Becky herself was at times unclear of her intentions and questioned the purpose of her blog, suggesting that her true motivations lay in encouraging other Anas or self and being publicly anonymous; however, the extent to which Becky felt this was true varied throughout the blog. Becky continued to update her blog as her goals and behaviour escalated, reporting that the more she fasted the easier it became to fast. She herself

highlighted how she isolated herself to engage in this behaviour and regularly documented the lengths that she went to, to keep her behaviour a secret.

Becky found that she was most motivated to blog and engage in behaviour when losing weight and receiving positive feedback. Feelings of power and success were derived from actual weight loss, fantasying about weight loss i.e. weighing 99lbs or less and planning, the latter of which often created excitement at the prospect of succeeding. During periods of Becky's blog, she documented daily trials and tribulations, clearly documenting the day of the fast e.g. 'day 6 of the 8 day fast'. Arriving at the weight loss target on time or ahead of time excited Becky, which again acted as a reinforcing factor to continue the pro-anorexic trajectory, even at times when her behaviour was recognized as self-inflicted abuse.

She found it helpful to work as a group towards a united goal; however, failure to achieve a public goal led her to withdraw from the internet. This perhaps emphasized the competitive edge of pro-anorexia and suggests that failure to achieve group goals can lead to greater isolation, not necessarily due to peer reaction, but due to the shame attached to the self, by the self. However, one cannot speculate whether or not during this time Becky had reduced, the same or more real social interaction in the face-to-face world. This would be an interesting avenue for future research.

Other personal factors caused Becky to withdraw from her public pro-anorexic lifestyle, which for Becky was namely related to a religious experience; suggesting that there can be important 'real' events, which can contribute to a change in core beliefs. Interestingly, at times, Becky, similarly to the females in chapter 3, decided to leave pro-anorexia to get better. However, she would regularly remain in the pro-anorexic sphere even when suffering from illness that Becky understood as a consequence of behaviour e.g. tiredness, lack of energy and sickness; suggesting that the idea of being healthy is not perhaps relevant in the action phase of the pro-anorexic schema, rather a schema that is held when in the contemplation of change stage of the pro-ana trajectory. This suggests that pro-anorexia may have the most extreme effects when the goal of the individual is to maintain the eating disorder, suggesting a readiness to change, or contemplation, needs to exist before health factors are a trigger to recovery. For example laxative misuse although painful and dehydrating also led to more reinforcing

factors such as weight loss, feeling empty and energized. Factors which, at the time of illness, can appear more beneficial than the associated physical health risks such as dehydration and subsequent electrolyte deregulation.

Similarly to the girls in chapter 3, Becky demonstrated that withdrawal from pro-anorexic use did not mean that a person has recovered; Becky fell vulnerable to the lure of pro-anorexia even after an attempt of 'healthy living.' This suggests that those who have used pro-anorexia at times may return to this schema, highlighting an area worthy of future research; that is to examine buffers and triggers to pro-ana relapse.

This perhaps is related to the way emotion is experienced, anger and self-hatred were experienced when control was lost e.g. when unexpected weight gain occurred or an unplanned binge happened. It would be interesting further to explore the experience of returning to the websites; particularly exploring whether relapse was a response to lack of environmental control in the real world. As when Becky experienced a perceived loss of control, she would engage in fantasy of being thin(ner); suggesting that an important role of pro-anorexia is the ability to fantasize, even in times of despair.

What is of particular concern is that Becky is perhaps what we would call a high or normal weight pro-anorexic (i.e. does not meet the criteria for anorexia nervosa nor bulima nervosa) which would suggest that she fell in to the EDNOS diagnostic category; it is these individuals who have a greater vulnerability to death as a consequence of there eating disorder, as a result of organ failure or suicide (Crow, Peterson, Swanson, Raymond, Specker, Eckrt *et al*, 2009).

## Spatiality

The internet is mobile. Modern technologies mean that the internet can be accessed through desktops, phones and due to the development of Wi-Fi and dongles, laptops are also members of portable internet equipment; people are able to take the world wide web with them, wherever they go. However, the internet may not always be accessible to everyone at any one time, affording such technologies can be difficult and also geography can be a limitation. For example a café may not have Wi-Fi or one may have poor signal and therefore, not accessible and for these reasons, on occasions Becky was unable to update her blog as frequently or as easily as she would like.

# Summary

Becky's blog has been explored to understand her experience as a female, who identified her self as a pro-anorexic blog author. Her experience as a pro-anorexic, albeit unique to her, appears not to differ greatly from our understandings of what it is like to have an eating disorder. That is not to compare Becky with other people or to existing research, but to recognize that many of her experiences appear to resonate with many psychological theories and understandings of eating disorders and associated risky behaviour; some of which were discussed as the findings emerged, but others will be discussed below.

However, before continuing, it must be highlighted that this in itself is interesting; after all, a phenomenological method was adopted to gain a greater understanding of pro-anorexia and it is perhaps no coincidence that pro-anorexia, at least in this instance, proves to be little different to anorexic diaries and memoirs published in mainstream literature nor from the presentations that are commonly seen in clinical settings. Perhaps pro-anorexia is more than just a cult, rather an expression of what it is like to be in the moment and actually inside of the eating disorder. So perhaps instead of asking 'why pro-anorexia?' the imperative question is: 'why publish this recognized experience online, in an international forum?' This is in part may be understood by Lyng's (2005) understandings of edgework, whereby individuals turn to risky or extreme behaviour to escape or evade the confinements of an institutionalized and boundaried environment, the risky community in this case is pro-anorexia, and the institution, the clinical and cultural diagnosis of eating disorders (Gailey, 2009).

As noted in chapter 1, the content and structure of a blog can be influenced by both personality and motivations to blog. Becky's motivation to blog appeared to be goal orientated i.e. the blog was written with the intent to track her weight loss progress. It also appeared to be both ongoing and self-explorative, with Becky exploring various aspects of her life specifically her religious beliefs and eating disorder. The method employed in this study did not lend itself to a focus on the use of language, which could have contributed to the understanding of Becky's motivation to blog and the way in which she did this. For example Gill *et al* (2009) demonstrated that through content analysis can informed the understanding of the author's personality.

A different process of analysis may have provided another understanding of the blog. Discursive psychology, a constructionist approach, 'emphasises the way versions of the world, of society, events and inner psychological worlds, are produced in discourse' (Potter, 2006). The focus on language enables the researcher to understand how the speaker or author uses communication to construct their world (Coyle, 2007). The approach recognises that the selves are not constant and vary depending on 'historical, cultural and practical contexts' (Crossley, 2007); that is 'discourses are spoken about in relation to an object' (Hardin, 2003) e.g. psychology in relation to pro-anorexia. Discursive psychology therefore, reflects an anti-Cartesian epistemology, which infers a private self does not underlie public behaviour (Hammersley and Treseder, 2007) and therefore, rejects "a' central and unitary concept of self' (Crossley, 2007). Discursive psychology posits that the experience of selves is subjective and only provides an insight in to momentary personal psychology. It is argued that the emphasis on language and context therefore acts to extinguish the presence of self (Dunne, 1995) and inhibits the understanding of the individual's thoughts and feelings in relation to the subject being investigated (Crossley, 2007). That is discursive psychology emphasises the function of language (Potter, 2005).

Becky's discourse in accordance with discursive psychology theory provided a description of herself in relation to pro-anorexia. The nature of the blog meant that her entries reflected transient and time-limited personal psychology. Thus the use of discourse analysis would have lent itself well to this study, however, the focus of discursive psychology is to look at the use of language in conversation; this method therefore, would have been best utilised if the interaction between Becky and her readers was analysed.

Narrative approaches can be considered 'both phenomenon and method' (Connelly and Clandinin, 1990) and address the imbalance identified in discursive psychology approaches, with a focus on exploring what is self and identity (Crossley, 2007). Narratives can be understood as a series of events, which are constructed or integrated to make a 'meaningful whole' (Langdridge, 2007; Ricoeur, 1991) which enable the story teller to make sense of their personal lives, creating what McAdams (1993) calls 'personal-myths.' Becker (1999) and McAdams (1993) recognise that most stories will have a beginning, middle and end. McAdams (1993) further stipulates that stories

regardless of their form are expected to have certain features by people across the lifespan, which he summarizes as having a setting, human or humanlike characters, initiating event, consequence and action. The nature of a blog means that each entry acts as a story; there is little sense of an over all 'meaningful whole.' However, themes in her narrative did emerge for example Becky's blog conveyed a sense of a fragmented self; the separation of internal organs, cognitions, control and so on, all of which suggested a lack of global construct, something which when amalgamated is key to a stable identity and self concept (Farchaus Stein and Corte, 2007).

Becky's pro-anorexic use appeared to correlate with the extent to which she was involved in her behaviour. The more distorted her beliefs appeared, the greater the length of her blog entry, which of course should be of interest to future quantitative researchers. This, however, is no surprise, as existing literature suggests that, not only do those who are more vulnerable to developing eating disorders actually seek out messages and tips on how to lose weight, but also that investing time in an eating disordered narrative can further perpetuate disordered eating behaviour, both triggering and re-enforcing symptoms, even in times of recovery (Bulik and Kendler, 2000). Thus writing a pro-anorexic blog may facilitate rumination and illuminate the role of the illness, which further perpetuates the pro-anorexic experience. This focus on pro-anorexia and weight may act to reinforce the 'fat' self-schema, which in cognitive theory has been thought to be a maintaining schematic factor in eating disorders (Farchaus Stein and Corte, 2007).

Becky disclosed that she sometimes invested in a painful binge, which was useful information as it informed that Becky was indeed meeting some of the descriptive accounts of clinically recognized binge eating (McManus, 1995). Becky also exhibited common traits of binge eating such as secretly consuming self-documented large amounts of food; however, this was not always the case, as Becky would use a binge as an excuse to prove to friends that she was eating and that everything was ok. This is a tip sometimes advocated on pro-anorexic websites, however, Becky's site is not indoctrinating readers but rather explaining her behaviour in great detail i.e. details of liquid fasts, rather than actively recruiting followers. This suggests that there may be various ways in which information and tips are shared and sought online i.e. passive information sharing versus aggressive recruitment.

# Chapter 5

# The Pro-anorexic Male Blogger

The thesis thus far has focused on examining the female lived experience and lifeworld of pro-anorexia; this is in part a consequence of the volunteers to the study outlined in chapter three being by coincidence, female. However, men are also affected by the eating disorders. The Adult Psychiatric Morbidity Survey, 2007 (2009) of adults living in private accommodation in England demonstrated that 6.4% of respondents reported eating disorder symptomology of which 9.2% were women and 3.5% were men, as measured by the SCOFF screening tool (Morgan, Reid and Lacey, 1999). The SCOFF has a low false-positive rate and is a robust tool for screening, but not diagnosing an eating disorder (Morgan *et al*, 1999). The charity 'B-eat' suggest that 1.6 million people across the United Kingdom have an eating disorder, of which 11% are men (B-eat retrieved 27/02/2012), whilst other statistics suggest that there is a 6.5% to 10.0% lifetime prevalence of eating disorders amongst men (Kjelsas, Bjornstrom and Gotestam, 2003; Weltzin, Weisensel, Franczyk, Burnett, Klitz and Bean, 2005).

It is well documented that it is thought that, due to the secretive nature of eating disorders, the prevalence of the eating disorders is largely under-represented in statistics; this has also been associated with social and self stigma and has also been found to be related to perceived risks and benefits of accessing therapy and support (Hackler, Vogel and Wade, 2010). Furthermore, it has thought that under-reporting is exaggerated in the male population, because eating disorders are generally recognised as a female disorder; it has been hypothesised that this cultural belief may prevent men from seeking help due to the shame of being labelled with a female illness (O'Dea and Yager, 2006; Pope, Phillips and Olivardia, 2002) combined with the shame associated with accessing therapy (Vogel, Wade and Haake, 2006). The experience of shame is thought to perpetuate and maintain illness (Goss and Allan, 2009). Furthermore, the Royal College of Psychiatrists (2009) have asserted that eating disorders in men are under-diagnosed, because of the consequence of a false assumption in clinical settings that men do not develop eating disorders, which in part, is a thought to be a consequence of cultural beliefs and the limitations of diagnostic criteria. For example the diagnostic criteria for AN outlined in DSM-IV-TR (APA, 2000) directs that

amenorrhea should occur for a period of three months, and this tends to be a symptom that general practitioners screen for when assessing young females; however, there are no clear guidelines for the equivalent symptoms when screening males (Langley, 2006). Furthermore, men tend to lose less weight than women and engage in greater levels of exercise, making it harder to detect (O'Dea and Yager 2006; Spann and Pritchard, 2008). Therefore, boys and men may go undiagnosed, as the psychological and behavioural symptoms are not always as obvious or the same as those observed in women (Weltzin *et al,* 2005).

Although Morton (1694) and Gull (1874) published accounts detailing men with eating disorders over three hundred years ago, research has largely focused on eating disorders and body image in women (Daniel and Bridges, 2010; Duggan and McCreary, 2004; Grabe, Ward and Hyde, 2008; Mosley, 2009); it is only in recent years that academics and medics have 'began to recognize how much these problems affected [sic] ... men' (Pope *et al,* 2002). However, research that does exist suggests there are differences between men and women in relation to the development and psychological and behavioural symptoms of an eating disorder (Weltzin *et al,* 2005). Research exploring boys' and adolescent males' body dissatisfaction suggests that young males report a desire to gain weight (Truby and Paxton, 2002) and muscle (Neumark-Sztainer, Story, Falkner, Beuhring and Resnick, 1999); this differs from the types of body dissatisfaction reported by studies of woman, which suggest that the female's focus tends to be on the desire to lose rather than gain weight. Although it could be argued that the desire to lose or gain weight may be dependent on the man's physical size; for example Muth and Cash (1997) demonstrated that men exhibited a curvilinear relationship between weight and size, with larger men wanting to be smaller and smaller men wanting to be bigger.

Pope, Katz and Hudson (1993) introduced the concept of 'reverse anorexia' later to be termed 'muscle dysmorphia' (Pope, Gruber, Choi, Olivardia and Phillips, 1997) which was proposed as a sub-type of body dysmorphia. The disorder was originally labelled reverse anorexia, because the men who were studied displayed behaviours akin to the eating disorders e.g. wearing clothes to disguise their shape, and avoiding social situations due to feelings of inadequacy; however, unlike people who experienced the more 'traditional' eating disorders, the men with reverse anorexia reported feeling that

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they were neither big nor muscular enough. Although whether or not muscle dysmorphia is a form of body dysmorphia, obsessive compulsive disorder or eating disorder is still under discussion (Mosley, 2009).

Although there are differences in the way that men and women experience body dissatisfaction, there is some evidence to suggest that there are similarities between the nature of eating disorders in men and women. Both genders have been found to present with similar age of onset, lifetime psychiatric comorbidity, quality of life dissatisfaction (Woodside, Garfinkel, Lin, Goering, Kaplan, Goldbloom and Kennedy, 2001) and treatment response (Woodside and Kaplan, 1994). Furthermore, men and women with eating disorders also seem to experience similarities with regards to body size distortion, with both grossly over-estimating their body size (Mangweth, Hausmann, Walch, Hotter, Rupp, Bielbl *et al*, 2004).

The limited existing research attempts to quantify experiences to inform nosology, rather than explore the lived experience of the male eating disorder. A literature search also suggested that there are no papers to date examining the male lived experienced of pro-anorexia; although some are starting to address issues associated with male pro-anorexia e.g. Juarez, Soto and Pritchard (2012) who found that exposure to pro-anorexia correlated with male drive for muscularity. Nevertheless, phenomenological literature associated with the male experience of eating disorders is sparse; however, some autobiographies and help books were located. A classic autobiographical account of the lived experience of an eating disorder was written by Krasnow (1996), who on finishing his book died from medical complications as a consequence of starvation and anorexic behaviour. The detailed and heart-rending account of his experience was organized for a purpose (i.e. publication); parts of the book were edited and some details actively sought from his publisher, such as Krasnow's dietary intake. This suggested that, although the account was true to the author's experience, its presentation was skewed by the fact that it was meant for book publication and consequently edited by a third party. Further to this, parts of the book were written with hindsight rather than describing the experience as it occurred in real-time. Therefore, it could be inferred that his account of his life-experience was doctored to suit the need of his publisher rather than reflecting a naturally occurring account of the lived experience.

As discussed in previous chapters, blogs can provide a researcher with a real-time account of an experience. Current literature has appeared to explain pro-anorexia in relation to a female audience; however, given that up to a quarter of the eating disordered population are male, it was hypothesised that males also wrote pro-ana blogs. The same ethics form as outlined in chapter 4 was employed; so in February 2009 a Google search was conducted, using key words such as 'male pro-ana/anorexia blog' and 'boy pro-ana/anorexia blog.' Few blogs could be identified; however, one male blog was located, which had forty blog entries over a four-month period. In his personal profile that accompanied his blog, he identified himself as a US citizen in his mid-twenties who smoked, and owned and drove a car. Throughout the blog the author monitored his weight; using body mass index (BMI) calculations it was ascertained that over his lifetime to the point of writing the blog that his BMI had fluctuated between 28.1 to 19.9 with goal weights suggesting that he hoped to achieve a BMI of approximately 17.4. This would suggest that the author did not meet the criteria for Anorexia Nervosa (see chapter 1); however, he demonstrated a preoccupation with weight, shape and size, and engaged in pathological eating behaviours, and therefore may have met diagnosis for other eating disorders e.g. EDNOS, although diagnosis could not be determined. This was not deemed as important, because the blog author described him as one of Ana's children and it was the experience of the pro-ana and not the eating-disordered blogger that was being investigated. He also identified himself as having interests in pro-ana and pro-anorexic images.

Although it is impossible to ascertain the true age of a member of the blogosphere, the content of his blog seemed to support the idea that he was over school age. Hhe did talk about academic work and classes, including fees; this suggested that he was no longer in compulsory education although this is not in itself indicative of the author's age, because in some states of America parents can consent to allow young people to leave school at the age of 14. It was thought that if the author was a young school leaver, then he would not be pursing education which involved fees as the state would have provided the education for free. He also took steps to protect his own identity for example uploading photographs of his body and not his face, which suggested he was aware of the associated risks of uploading identifiable information on to the internet. However, it was recognised that this was not conclusive evidence; but this is a typical limitation of internet research. Again due to the ethical considerations highlighted in the

previous chapter the Sheffield School of descriptive phenomenology was employed to explore the male experience of pro-anorexia. Similarly to the previous blog, someone naive to the study suggested that the blogger would be called Graham.

## Analysis and Discussion

The blog was somewhat shorter than the female (Becky's) blog that was analysed in chapter 4; this was because the blog was in its infancy. However, the data proved rich in terms of experiential accounts and produced five themes; each of which are discussed below.

## <u>Embodiment: The Objectified body and the Entwined Physical and Emotional Self</u>

Graham's written account of his lived experience suggested that his pro-anorexic experience interlinked with the way he experienced his body. Graham's experience of his self and life was largely based on his perceptions of his physical body, which he monitored through measuring his weight i.e. weight in pounds and size i.e. in centimetres and also by the feel of his body. For example Graham would write about how he would touch his body to reassure himself about his size. Graham would describe feeling emotions akin to panic if he could not feel specific muscle groups that he had identified as important to him, conversely if he could feel the desired muscle group he would feel reassured about his size. This type of behaviour has been identified in the literature as 'body surveillance' (Tiggemann and Kuring, 2004) or 'body checking' and has been observed in both men and women, with research demonstrating that women, people with binge eating disorder and those who are obese are more likely to engage in this behaviour (Haase, Mountford and Waller, 2007). Furthermore, body checking has been identified as a core-pathology in the eating disorders (Shafran, Fairburn, Robinson and Lask, 2004) and is a behaviour that includes, but is not limited to, monitoring body shape, symmetry and size which can include checking one's own reflection, measuring body parts/areas, seeking feedback from others, feeling for bones, frequent weighing and observing muscle tone (Alfano, Hildebrandt, Bannon, Walker and Walton, 2011; Walker, Anderson and Hildebrant, 2009). Alfano *et al* (2011) found that there are gender differences in the way that men and women check their body; therefore, body

checking may take different forms based on individual preference (Haase *et al*, 2007) and sex (Alfano *et al*, 2011).

Tiggemann and Kuring (2004) found that although men are less likely than women to engage in body checking behaviours, those who did demonstrated greater levels of body-associated shame and anxiety and reduced motivation; these collectively contributed to eating disordered behaviour and lowered mood. People who engage in body checking have also been found to focus on areas of the body that are associated with the greatest dissatisfaction (Shafran *et al*, 2004) and the act appears to increase, at least in the short term, greater overall body dissatisfaction (Shafran, Lee, Payne and Fairburn, 2007). In the case of Graham, he used measurable markers to assess his size i.e. weight and clothing sizes, combined with subjective measures such as the touch and feel of his body. Graham uploaded photographs to illustrate to his readers the areas of his body that he used to inform his understanding of how well he was doing with regards to reducing his body size. Body checking was central to his experience and evaluation of self and acted to inform his progress; this subsequently influenced his perception of his self, weight loss aims and mood. Juxtaposition however, arises here as the experience of body shame appears incompatible with the decision to upload a photograph of the body on to the internet.

Graham's perception of the physical self was closely entwined with emotion: Graham experienced a range of emotions with regards to actual and perceived changes in his body size including fear, terror, pleasure, relief and sadness. Fear and terror accompanied the belief that he thought he had gained weight; however, when this was disproved by the weight displayed on the scale he would feel relief or pleasure depending on whether or not he had lost, maintained or gained weight. The reaction to the weight reported on the scales was also dependent on his belief prior to weighing himself. For example, Graham reported feeling relieved when he had gained weight; this was because it was not as much weight as he had feared. Therefore, there appeared to be a discrepancy between his perceived weight and his actual weight, both of which elicited different emotions. He largely described the experience of low mood, when he feared he had gained weight. But even if Graham maintained or lost weight, he reported that it was not enough and weight loss was seldom celebrated. However, what was of concern was that Graham would self-harm if he gained weight; his descriptive account

suggested that he would cut his arms and legs for every pound that he gained. Although, he did not describe the process in any detail, nor did he disclose how he self-harmed; it was apparent that the wounds covered a vast area of his body.

Graham's blog entries suggested that his emotions were influenced by and interlinked with his behaviour and the perception of his body. Graham became distraught after spending time eating (behaviour) with friends, reporting that this behaviour lead him to spend several nights crying (emotion) this was discussed in relation to *how* his body felt and appeared in terms of visible muscle tone. For Graham it was not just being thin that was important, but also being thin whilst maintaining a muscular physique. Cognitive models suggest that body checking might be a consequence of social physique anxiety, where the subjective feel and size of the body informs beliefs about the body. This is thought to develop into a reinforcing cycle where self worth is based on the perceived size and shape of the body; this illusion may also contribute to a sense of control over the body (Haase *et al*, 2007). Interestingly and similarly to women, men with eating disorders also exhibit distortions between their actual and perceived body fat, with studies suggesting that males with eating disorders perceiving themselves as two times fatter than their actual size (Mangweth, Hausmann, Walkch, Hotter, Rupp and Biebl *et al*, 2003). This can perhaps be understood in terms of the objectification theory (Frederickson and Roberts, 1997), which evolved within the feminist domain. The theory suggests that women's bodies are sexualised and subsequently objectified in patriarchal societies; these societal values are internalised by women who in line with cultural norms, begin to objectify and evaluate their own bodies (Wagner Oehlhof, Musher-Eizenman, Neufeld and Hauser, 2009). The theory, which encompasses self-objectification, body checking/surveillance and body shame, has been expanded to suggest that everyone regardless of ethnicity, experiences negative outcomes when placed in an objectifying environment (Hebl, King and Lin, 2004). Although, it is argued that although men are not exposed to the same degree as objectification as women, men have been found to be effected by the internalisation of messages portrayed by the media significantly impacting on the drive for muscularity (Daniels and Bridges, 2010).

Graham made no reference to his sexual orientation; however he did describe himself as feminine. It would therefore, be speculative and untrue to the methodology and the

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bloggers experience to elaborate on the Graham's own sexual identity. However, over the years there has been a link made between the presence of an eating disorder and sexual orientation, with research suggesting 58% of men who have anorexia are homosexual (Carlat, Camago and Herzog, 2007). Duncan (2010) suggested that this group are also exposed to a thin, muscular, sexy, hairless and tanned ideal, which is glamorized in gay media and is thought to create similar upward comparisons that have been demonstrated in research exploring female body image. This may offer one explanation as to why Graham perused a body shape that was both thin and muscular. However, the lack of data and the methodology limited this area investigation; had the methodology allowed interaction with the blogger, it may have been possible to further explore the role of sexuality and Graham's online account of his lived experience.

Another explanation is that Graham's pursuit for muscularity is a consequence of the frequency at which he viewed pro-anorexic websites. Juarez and Pritchard (2011) demonstrated that male drive for muscularity positively correlated with the frequency at which males viewed general and pro-anorexic website; however, it was unclear from Graham's blog, the nature of his pro-anorexic use and the frequency at which he visited them. Furthermore, Juarez and Pritchard (2011) only examined the impact of viewing pro-anorexic materials on drive for muscularity rather than exploring the impact of creating of pro-anorexic materials i.e. blogging, on drive. Furthermore, the findings only reflected a correlation and not causation for the drive for muscularity.

Throughout the blog Graham focused on both his weight and size. He articulated his weight loss aims in his blog profile description, outlining that he did not want to die or gain muscle, rather his aim was to become very thin and small. This suggested that Graham was not trying to achieve a specific body shape ideal, instead he was trying to reduce the presence of his physical size. Graham objectified his body, appearing to experience it as something to be measured and weighed that had to be controlled regardless of the physical or social costs of his pursuit of thinness. His relationship with his body appeared to be mainly related to size and shape, this was demonstrated through Graham's blog entries which focused on his current weight, his future goal weights and whether he maintained or gained weight; his lived experience interacted with the way he felt (emotionally) about his body and his perception of self.

Graham rarely talked about how his body felt, for example he never described the feeling hunger or whether his body became tired; instead he talked about his body as if it were a weight, describing his appearance as fat or fatter and thin or thinner. As his weight changed so did his plans to control it, for example gaining a pound would lead him to revise his diet plans. He would use the weight gain to motivate him to try harder to lose weight. This would involve making changes to both his planned food and fluid intake. Changes to his dietary plan in practice, however, were not always successful; even on days where he fasted he would not always lose weight and he would blame his body rather than himself for this e.g. attributing his failure to having a poor metabolism.

Interestingly, when he had gained weight he would use his physical size to reassure him, one example being that on a day that he had gained weight he also fitted into trousers that were advertised as teenage size. The ability to fit in to adolescent clothing provided Graham with a sense of control, because although he had gained weight, it was not significant enough to prevent him from fitting into children's clothing. This conflicting emotional experience of weight gain versus body size checking created a sense of pleasure and inspired him to lose more weight. It could be hypothesised that Graham's conceptualisation of his body size became a tool to inspire weight loss.

Although Graham and Becky's lifeworlds of pro-anorexia differ, there are some similarities. They both found their weight an important focus of their self-acclaimed pro-anorexic journey. They also both found pleasure in fitting into smaller clothes than they had done previously. However, what differed was Graham's focus on his body measurements and the need to feel certain parts of his body to reassure him that his body weight was acceptable (that is according to his own standards). As already noted differences in body checking behaviour is thought to be a consequence of gender and individual differences (Haase *et al*, 2007; Alfano *et al*, 2011); cognitive models also assert that this behaviour may exacerbate and maintain body anxiety (Haase *et al*, 2007). Similarly use of pro-anorexic sites have been found to be a maintaining and reinforcing factor in eating disorder behaviour (e.g. Bardone-Cone and Cass, 2006); therefore, future research should endeavour to examine the consequence of pro-ana combined with body checking on cognition and behaviour. Furthermore, physical weight is important for both bloggers who, through different belief systems, objectified - that is, psychologically distanced themselves 'from their physical bodies' (Calogero,

Davis and Thompson, 2005). There is little research concerning male body objectification; however, it would be interesting to explore body objectification in conjunction with pro-anorexic writing. For example, does body objectification differ between those who do and do not engage in pro-anorexic writing; and is gender a significant factor in the way the pro-anorexic is perceived?

## Project: Doing Pro-anorexia and Being Pro-anorexic

Through the process of analysis it was identified that Graham's pro-anorexic (i.e. project) lived experience impacted on other areas of his life and *vice versa*. At the time of writing the blog, Graham appeared to be influenced by the structures that he imposed on himself and by the structures imposed by the external agencies with which Graham engaged. For example Graham had made a choice to attend college (external agency), have a job (external agency) and lose weight (self constructed), all at the same time. These pursuits imposed a reciprocal structure on to his day-to-day activities; he had to manage employment, alongside homework and assignment schedules accompanied with his personal aim to lose weight. This was also to be balanced with family commitments and social occasions.

The variety of commitments both perceived and real meant that Graham had to prioritize and during the time at which he was blogging, weight loss appeared to be his sole goal. Although, it could be argued that his blog was used to express his pro-anorexic goal and therefore, the reader could perceive pro-anorexia as being the most important thing to Graham, rather than the blog acting as an expression of part of a continuum of his life. Regardless of the variety of the lived experiences disclosed in the blog, it was evident that in order to achieve goals outlined in the blog a degree of methodical planning was required. Graham asserted that to motivate himself to adhere to his plans he would try to live by the third rule of Project Mayhem from the book, and later film, Fight Club that there are 'no excuses' (Palahniuk, 1999) to deviate from the plan.

However, Graham was not always able to keep to this rule and he used his blog to detail entries that documented the day's successes and failures. Success was recognized as adhering to a plan, specifically ones that required him to fast for a day or more. Failure

would mean that he had deviated from the plan, which would be greeted with self-loathing and the desire to better his self, which was expressed through the re-revising of his plans so that they were more realistic; such as fasting for one day rather than for two consecutive days. It was here that Graham demonstrated some similarities with Becky's blog, as they both appeared to constantly revise their diet plans and weight goals, which were influenced by their success. For example when Graham's weight loss was on track he would become more ambitious in his goals; for example, he would plan to lose more than he had originally intended to by a particular date. In contrast, when Graham had failed to follow plan he would try to seek comfort from the fact that he had partially succeeded to follow his regime; he would then describe how he felt the need to get back on track and the ways in which he would achieve this.

When he was not fasting, Graham would engage in calorie control, which would involve detailing his food choices and calorie content; this was interesting because men with poor body image and/or negative effect are more likely to binge than restrict their food intake (Womble, Williamson, Martin, Zucker, Thaw, Netemeyer *et al*, 2001). Graham had some flexibility in his routine in that he would for example allow himself up to five hundred calories in a day, but it would not matter if he did not meet this calorific target i.e. undereat. A specific goal for Graham was to eat as little as possible without triggering a binge. The intensity with which he felt his plans had to be adhered to, also varied; sometimes he would document his plans as if they were flexible, but on other days his entries would be full of determination, as if he had no option but to succeed. It was not clear as to what enabled Graham to be flexible in adhering to his plan. This would be an interesting area to explore, because this suggested that there may have been variables which enabled Graham to be less rigid in his goals. However, as previously noted, due to methodological constraints it was not possible to explore and develop an understanding as to what enabled Graham to be more or less rigid or self-punishing with regards to adhering to and following dietary plans.

Another important aspect that Graham reflected on was the sense of pride he felt when he achieved his goal of denying or avoiding food. However, this was accompanied with a negative thinking style as he believed that this was something that he should always be achieving; therefore, it was understood from his blog that he believed that he did not deserve to celebrate his ability to deny himself food because this was a self-imposed

expectation and not an achievement. His self-awareness of control meant that Graham did recognize that he struggled to keep control over his eating behaviour and resorted to using diet soda, coffee, tea, cigarettes and diet pills to help suppress his appetite, something that he occasionally lost control over; be it as a result of temptation or pressures from family and friends to eat. When he did eat, it tended to feature a lack of control and result in the expression of self-hatred, because Graham believed that there were no excuses for having eaten. Failing to follow the plan also led him to feel that he would never succeed with his aims, an experience which often refuelled the need and drive to diet. That is, helplessness and despair appeared to inspire a regime being revised and implemented.

Unlike Becky, Graham still lived at home with his mother's family (his parents were separated) so would write about having to be resourceful in order to avoid meals, describing that he would go out at dinnertime. However, when he did attend meals, he described a sense of powerlessness as he felt that he had to eat. He also appeared to report a greater sense of obligation than Becky to attend celebrations such as Thanksgiving; something that Becky had managed to avoid, because of her family proximity. This created a sense of disempowerment, as for Graham the only way he felt able to achieve control over his life, was if he became thin. This, similarly to Becky, reflected a degree of magical thinking as he believed that if he lost enough weight, somehow his financial problems and college workload would resolve themselves; and although he recognized that this may not be a normal way to imagine life, he appeared to have no sense of agency over himself or his life, other than his weight.

Graham described that he was experiencing problems in the family home and seemed to experience a further sense of burden when he lost his job. Although he did not go in to any real depth about these issues, he did at one-point mention that it was not financially viable for him to attend college classes, so had to suspend education for a semester. However, he reported that he would continue to attend college so that he could avoid eating at home. This experience was coupled with the written recognition that his hunger was beginning to make him both depressed and irritable and that the constant focus on food and weight loss was affecting his ability to keep up with his college assignments and maintain his self-reported historically excellent grades.

The changes in Graham's mood appeared consistent with the literature, which suggests that as an eating disorder develops, the individual experiences a reduction in emotion regulation and coping-strategies; this leads to a reduced threshold for irritability (Catanzaro and Mearns, 1990). Graham also demonstrated high levels of rumination concerning the prospect of eating and then actually eating, the prospect of losing, gaining or maintaining weight and actually doing so. This schema accompanied with rumination is thought to relate the key cognitive processes in and the maintenance of eating disorders (Rawal, Park and William, 2010 in press). Therefore, both *being* and *doing* pro-anorexic/a impacted on his mood, cognition and also his ability to maintain a healthy relationship with family life e.g. not attending meals in order to obtain his weight loss goals, which at times were also more important than his college grades.

Graham had a different approach to Becky, because his fasts were not as structured. Graham reported having 'pure' fasts and did not incorporate complicated fluid intake/restriction plans. Similarly to Becky he was concerned about his coffee habits, but clearly documented where possible he would omit milk. He also had another interest that differed to Becky's and that was the use of Hoodia, an over the counter diet pill. In contrast Becky had used laxatives to rid the body of food. The use of Hoodia therefore, suggested that Graham was using Hoodia to reduce his weight rather than using it to expel food as Becky had done with laxatives.

Hoodia gordonii is a slow growing and endangered plant that is found in the Kalahari Desert (Van Wyk, Van Oudtshoorn and Gericke, 2002) that was first researched to examine its thirst-quenching properties (Laidler, 1928). The stapeliad has been found to contain a molecule, known as P57 (Mangold, 2003) and is the active ingredient in effective Hoodia diet supplements; although, research has suggested that P57 has not been found in over one thousand over-the-counter Hoodia products (www.genuinehealth.com accessed 18/07/2010). The plant, when dried and consumed has been found to suppress appetite for discrete periods of time, for example animal experiments have found that obese rats cease eating having consumed an appropriate dose of the active compound. Another study has demonstrated that rats given 6.25–50 mg/kg of the appetite suppressant properties via oral gavage over a period of eight dates, demonstrated both reduced appetite and body mass compared to the control group

(Van Heerden, Horak, Maharaj, Vleggaar, Senabe and Gunning, 2007). Further to this, MacLeon and Lu (2004) injected the compounds in to the brains of rats which significantly reduced appetite, suggesting that the compounds have an anoretic effect on the brain. However, the extents of the side effects on humans are unknown; although, some side effects such as elevated mood (Mangold, 2003) and sexual highs as a consequence of taking the product have been documented. Therefore, the only restrictions on the product at present are linked to its endangered species status (van Heerden, 2008).

The point of concern here is that Graham was willing to purchase an untested diet supplement targeted at people who are overweight, to suppress his appetite whilst also using it as a meal replacement. In addition to this, Graham reported to self-medicate with the drug Diclofenac, a non-steroidal anti-inflammatory drug, which is used to treat a range of aliments and depending on regional law, is prescribed or bought over-the-counter. Graham reported that he used Diclofenac to relieve migraines, although it was unclear as to how he obtained the drug (prescribed, illegally or over-the-counter). A brief literature research found that certain doses of Diclofenac have been reported to cause anorexia (Searle, 2010), note not anorexia nervosa; although some pharmaceutical studies using rats suggest that the appetite disturbance is due to anhedonia and is not a consequence of anorexia (see De La Garza, Fabrizio, Radoi, Vlad and Asnis, 2004). Regardless of the cause of the appetite suppression, it was queried whether or not Graham was aware of these side-effects and if so whether or not it impacted on his use of the medication. Graham also appeared to show no consideration for the potential dangers, should Hoodia and Diclofenac interact with one another.

Therefore, Graham's lifeworld of pro-anorexia presented a specific area of concern relating to drug use; Graham appeared to be self-medicating with potentially un-licensed diet pills whilst taking (query) prescribed drugs. This presented both a concern for Graham's well being and also the potential implications for his readers. Discussing this behaviour in a public forum may be dangerous for those who are less or ill informed about the drugs, and who want to emulate Graham's behaviour; who as a consequence may go on to experiment with a cocktail of drugs to promote weight loss. There is little research that looks at how people internalize or emulate behaviour and experiences seen on the internet. Research however, suggests that the way the media

announces the death of individuals who take their life by suicide has been associated with copycat suicides; although, the extent to which this has been demonstrated to be true has been disputed. What, however, has been observed is the ease at which people can seek out methods and ways to take their lives on the internet (Tam, Tang and Fernando, 2007) and that independent suicide acts have been both unsuccessful and successful in ending their lives since 1999 (Aloa, Yolles and Armenta, 1999) and internet pacts successful since 2004 (Rajagopal, 2004). Similarly to pro-anorexic sites, pro-suicide sites facilitate an anonymous space, for like-minded people to meet, share experiences and advice; people with compatible schema's are susceptible to the messages and behaviour described on these sites. This not only highlights the potential dangers for those learning from others who engage in the proliferation of a pro-anorexic lifestyle explicitly on the internet, but also the day-to-day dangers that people are exposed to in their lived experience of pro-anorexia.

Thus, doing and being pro-anorexia/c can be seen to have a significant impact on the day-to-day living of the individual. In the case of Graham this involved avoiding family, social and educational needs. His belief system meant that Graham engaged in risky behaviour such as the use of diet pills, in addition to the risks of the more generalised eating disorder behaviour such as food avoidance etc. Graham did not appear to enjoy any 'results' he achieved and nor did his experience appear to glamorize pro-anorexia.

## Selfhood: The Meaning of Control

Selfhood in this circumstance alludes to a person's social identity and the perceived voice and agency or control that they possess in relation to pro-anorexia. Through the use of his blog Graham expressed that he felt that he managed to maintain some control over his eating. He used his blog entries to plan his regime. The time spent engaging in planning acted as a useful distraction from eating, because it kept him occupied and passed the time. The descriptions entered in to his blog also showed the other techniques that he used to try and control his food intake; for example he reported smoking cigarettes and drinking diet coke to suppress his appetite, and avoiding meal times and thus social pressures to eat. He would carefully document the details of his planned fasts and restricted eating days, which collectively contributed to his sense of control over his eating behaviour and weight loss. For example he would assert that he

would plan to eat a certain amount of food so that his body would burn fat, but not so much food that it would trigger a binge.

Similarly to any blogger, his entries were reliant on the internet and when he could not connect to the internet he was unable to post and update his readers on his daily experience; although, it is not clear as to what this meant to Graham or how it impacted on him. However, what was clear was that the eating disorder appeared to have control over him. He reported feeling as if he could not escape his obsessional thoughts concerning eating and weight loss; and even when he made the active effort to, he would relapse in a short period of time. Graham became unsure as to whether he could ever live independently of his obsessions and could not decide whether he really wanted to. In some respects this reflected how entrenched Graham had become and was mirrored again when he listed his interests. The interests were mainly associated with appearance and dieting and included topics such as diet coke, pro-anorexia, vegetarianism and fashion to name a few. Arguably the only non-related eating disordered hobby that he reported as having was photography; however, he did not specify the type of images that he is interested in, so again it could be related to the aesthetic body. In addition to this the blogs that his peers wrote also concerned their eating disorder or pro-anorexia, suggesting that he had by choice, a limited access to a dieting free world. This suggested that Graham had lost his perceived sense of control and in fact, he was now under the influence of the eating disorder cognitive distortions.

One thing that remained constant throughout his blog was the role of his friends and family, who tended to express their concern to him about his eating behaviours. The time he spent with them often entailed eating; this often led him to feel the need to withdraw from social settings. His mother in particular, seemed to have an important role and influence in his care, for example when she became concerned about the frequency of his migraines it was her who made the decision that Graham would see his doctor; leaving Graham with a sense of a lack of control. Her intervention left Graham vulnerable and he became concerned about physical observations that his doctor would express, especially if his mother was there to witness the practitioner's feedback. He expressed concern for two reasons; he was worried that the doctor may ask questions about his weight and also that his mother may see both the new and old self-harm scars on his body. Something, which he believed his mother, did not know about.

Initially it was thought that the main issue of managing eating and pro-anorexia was linked to control and sense of agency; Graham himself, asserted that food was the only thing that he could control in his life. However, the blog data suggested that being pro-anorexic in the 'physical world' was related to issues other than control and doing and being pro-anorexic. Instead it emerged that Graham who enjoyed an active social life, experienced a sense of social responsibility and he was acutely aware of the need to act 'normally' around events where food would be involved. In some respects perhaps the need to appear normal was related to control, because the longer he could maintain a healthy façade the longer he would go undetected, undiagnosed and thus untreated. A further component of maintaining normality was linked to the need to not upset others; and more importantly to Graham, to manage undesired weight gain.

Graham regularly reported feeling stressed and pressurized both at home and in college. He found that additional stress lead him to be more vulnerable to break his dietary plan and binge; a common experience in men who experience eating disordered behaviours (Weltzin *et al*, 2005). Graham found this extremely distressing to the point where he would cry and contemplate using compensatory behaviour such as purging. However, he would always blame it on himself and unlike Becky he would not blame his head or stomach for being hungry, he had a great sense of agency with regards to his eating.

Therefore, there were several facets to Graham's perceived control. Graham worked hard to use his sense of control to protect others from the knowledge of the extent of his eating disorder, which in turn protected him from the pressures of others to recover. However, this changed when he perceived others as having a greater 'voice' in his choices e.g. when his mother referred him to the doctor. Furthermore, he used the blog to help him maintain a perceived sense of control i.e. writing entries in blogs helped him abstain from food consumption.

## Sociality: Pro-anorexia in the Physical and Cyber World

The theme highlights the problems and social difficulties that Graham experienced living a *double* life of being both 'normal' and pro-anorexic. The term double is used tentatively, as it is recognised that the nature of persona, means that everybody presents differently in different situations e.g. the way one would act at work and differs to the way they behave with friends. Furthermore, pro-anorexia and 'normal' lifestyles can be seen to interact; for example Graham may be at social events and eating, whilst also experiencing pro-anorexic cognitions. Graham himself, acknowledged that all of these issues overlapped.

Graham's account conveyed that his lived experience was structured and orientated around his size and weight; he rarely described or detailed food that he planned to consume. Rather, he wrote retrospective blog entries detailing the calorific value of food and drinks that he had consumed. However, he would identify when he planned to fast and the number of days he anticipated that it would last. Graham also documented his daily routine; his regimented approach appeared to act as a source of relief for Graham who would describe weighing himself in both the morning and evening. Weigh-ins would illicit different emotions, often feeling hopeful that he had lost weight. However, if he had broken his dietary plan the day before, he would hope that he would not have gained weight. In Graham's opinion the best outcome in these situations was that he maintained his body weight from the previous morning. The evenings followed a similar ritualistic pattern; however, when he had eaten he was frightened that the scales would reflect this. If he did gain weight in the evening he would hope that the following morning's weigh-in would demonstrate that it was only a temporary gain. There was lot of onus on the weight that the scale showed as it significantly impacted on his feelings around his self and social life and the plans he made for the following day.

Graham was willing to sacrifice friendships and social occasions so that he could avoid food. He found his social life arduous; having to eat with friends lead to the possibility of weight gain, something which was incompatible with his personal goals. His friendships also suffered as concerned friends were worried about him and his weight, in turn their concerns lead him to feel a pressure to eat and low in mood. It is perhaps then understandable that his physical goals lead to isolation, but at the same time his determination gave him hope. Hope that he could be thinner. Even at times where he

gained weight and became upset, he was able to be optimistic and felt that he could achieve his goals.

Graham's awareness of pending events did not always help him prepare for ways to manage his dietary intake, as he never knew what food would be available nor how the way people around him would respond to his behaviour. For example friends who were aware and concerned about his food intake would watch him eat. In contrast, his fathers' family were not concerned about his eating, which allowed him to consume less in their presence. These uncertainties and inconsistencies created unease and heightened his need to avoid events. Although in many circumstances this was not possible especially at times of national holidays and celebrations. The level of distress this caused was sometimes obvious as when he had eaten, he found it hard to write about it in his blog and did not go in to much detail about having eaten and how it made him feel.

Graham's blog, however, did contribute to a sense of self-worth. He enjoyed the fact that his blog had a following and was pleased that people actually made an effort to read it and leave feedback. Similarly to Becky, Graham found blog followers useful, as he felt that people cared about him and his lived experience and was very grateful and thankful for their interest. Therefore, the blog acted to create a community or circle of friends who did not necessarily interact in public. It was interesting how Graham tried to keep his ED behaviour hidden from friends and family and yet felt able to disclose not only his personal experience, but also details of his weight and height.

Therefore, in the real world Graham tried to keep his eating disorder private and hidden from others. Graham's friends appeared to show some concern about his eating behaviours and would monitor his food take, which Graham perceived as a pressure; leading him to want to withdraw from social occasions. In contrast, Graham was open about his eating disorder or self proclaimed pro-anorexia, on his blog. He would very publically detail this apparently very secret lifeworld of his eating disorder, whilst trying to keep it hidden from others. Graham appeared surprised that his blog attracted followers and that people online cared about him. Whence a mixed message occurred; Graham conveyed that his friends in his real world expressed concern over his lack of eating, which Graham appeared not to perceive this as caring. In contrast, his followers

did not challenge his potentially life-threatening eating behaviour and it was this lack of criticism from his readers, which Graham perceived as caring. Thus future research, should seek to understand the meaning of friendships and peers in online pro-anorexic domains; as the nature of these relationships may inform our understanding of the role of pro-anorexia in the day-to-day life of the user.

## Identity, Spatiality and the Internet

Graham was not clear about his identity or his online purpose, but he recognized that what he did online could be construed by others as pro-anorexic and did label him as such. For him, the term 'pro-anorexic' appeared to be used to describe a person who was pursuing weight loss through non-conventional ways. He recognized that assuming a pro-anorexic identity and the behavioural facets of the role, had possible consequences; however, he did not expand on this. Thus it was not clear as to whether he was referring to social, physical or other consequences. Despite this ambiguity, he still discussed trying to and successfully purchasing a red bracelet as a means to identify himself to other users in the physical world as pro-anorexic.

There is little research in to understanding the phenomena of the 'red bracelet project' in pro-ana settings. However, Norris, Boydell, Pinha and Katzman (2006) suggested that the bracelet serves to act as a symbol of community and is thought to remind followers of their pro-anorexic beliefs. A brief internet search of pro-ana and the red bracelet project suggested that the interpretation of the red bracelet is idiosyncratic; however, it is generally recognised by pro-ana users that the red bracelet allows them to identify one another in the face-to-face world. Some internet authors suggest that the bracelet does not represent pro-anorexia, but rather acts to symbolise that the person wearing the bracelet has an eating disorder. According to pro-anorexic writings, people wear different colour bracelets to communicate the nature of their eating disorder e.g. blue/purple to represent bulimia. However, the extent to which the red bracelet is employed is unclear; furthermore, the meaning that is attributed to the bracelet appears to be unique to the individual and/or pro-anorexic perspective. Nonetheless, the existence of the 'red bracelet project' suggests that pro-anorexic users are blurring the inter-face between internet and real world identities.

With regards to Graham's experience, it was not just assuming a pro-anorexic identity that was important, but the fact that he could put all of his thoughts in one place; a public act which deviated from his normal private self. This is perhaps one of the many reasons the Graham wanted to be anonymous, although this desire for anonymity did not prevent him from sharing information about sharing personal information with regards to his appearance i.e. the provision of photographs and personal statistics, family structure, friendships, education and geographical location. Graham too, appeared unsure as to why he was sharing this information on the world wide web; however, he reconciled this uncertainty, by suggesting that his blog may help others who identify with his situation.

Another important aspect of *being* on the internet is that of limitations that are inherent in the network e.g. the structure and accessibility of the internet. Similarly to Becky, Graham experienced a brief period where he could not access the Internet, which in his case was related to unknown problems with technology and caused him a lot of frustration. Graham also raised another interesting point, which relates to where pro-anorexia is accessed for example, Graham accessed pro-anorexia at college and similarly a participant in chapter 3 also used library computers to access pro-anorexia. This could potentially have implications for policies regarding computer use in public places for example, institutions take steps to block the use of inappropriate materials and promote appropriate use of the internet. However, steps to prevent the use of pro-anorexic material could further sensationalise the phenomenon.

In the early 2000s it was apparent that there were concerns about the policing and monitoring of the internet, especially where the internet was funded by the state. It was felt that the state should take some responsibility for the information that a computer user could access when using publicly sponsored computers that had internet access. It was argued that it was unacceptable that children could freely access the internet and be exposed to adult and child porn, bullying and extremists, but this argument forgot issues of freedom (Nijboer, 2004) and the right to privacy and it is an issue which is yet to have reached a satisfactory answer.

# Summary

Using descriptive phenomenological methods, this chapter explored the lifeworld of the male pro-anorexic blogger. Five themes emerged from the data concerning embodiment, project, selfhood, sociality, identity and spatiality of the lifeworld. As perhaps expected the findings differed from those outlined in chapter 4; however, the themes that were found in his descriptive account echoed many of the topics bought up in previous chapters including issues of control, low mood, comfort in finding a network and planning of behaviour etcetera. However, unlike those in the chapters before, Graham did not refer to thinspiration nor did he display upward comparisons towards other men and women. Whether this is a consequence of gender differences or individual differences is unclear. However, by the nature of both individual differences and the blog, Graham expressed a different narrative to the one expressed by Becky; it could be argued that this is inherent in discursive psychological discourse, whereby the understanding of self is created in and limited to the moment, depending on context, history and culture. Ultimately bloggers will approach their blogs with different backgrounds and personalities. As previously discussed personality traits will affect the way individuals converse, as will their motivations to blog. However, similarly to Becky, Graham developed a goal-orientated and self-explorative blog; arguably the discourse also remained the same, that is Graham's discourse provided a description of himself in relation to pro-anorexia

Graham appeared to present a complicated account of his experience of self; his body acted as an object which he weighed and controlled through the use of food restriction. If he failed to achieve his aims, he would punish his body through self-harming and further food restriction. Through the use of his blog he described how he monitored his physical self and how changes in his body impacted on his thought processes and aims. Conversely his writing demonstrated how his perception of self impacted on the way he treated his body. Whence, a non-directional dynamic appeared to emerge between his experience of his actual (i.e. weight), perceived (i.e. inferences made from shape), thought processes, affect and behaviour. This translated in to do doing and being pro-anorexic, which had a significant impact on his social self and perception of control.

Graham demonstrated how the non-directional dynamic between the processes highlighted above impacted on his ability and willingness to socialise; he described that other people's desire for him to be well and eat healthily further isolated him, because he could not remain true to his aims to lose weight in social environments where he would be expected to eat food. Thus, Graham would describe how he wanted to hide away and avoid contact with friends and family in order to avoid eating. The blog acted as a forum where he could express these concerns; Graham was pleased when he noticed that people were following his blog. It provided him with a sense of being heard and conversely felt that the readers cared for him, more so than his face-to-face friends. It was understood that Graham perceived the fact that his readers were not challenging his illness, meant that they cared more; therefore, his concept of being cared for, appeared to relate to others acceptance of his illness. It would be interesting to further examine the understanding of relationships on the internet, specifically the role of acceptance of not wanting to recover from an eating disorder and whether or not this contributes to the maintenance of the disorder and/or use of pro-anorexic materials.

Identity appeared to be another important concept in Graham's experience of pro-anorexia. Throughout the blog, Graham appeared to want to hide his illness from others; however, he appeared eager to share his lived experience on his blog. Furthermore, Graham demonstrated a wish to identify himself to other pro-anorexic users in the face-to-face world i.e. by wearing a red bracelet; however, this appeared to be at odds with his desire to protect his identity online. For example, he uploaded photographs of areas of his body, but not photographs, which showed his face.

Therefore, the blog presented a different account of the pro-anorexic lifeworld; as highlighted in the previous chapter the method employed meant that it was beyond the scope of the study to interpret Graham's experience. However, it provided a male account of the pro-anorexic lived experience, which appeared to differ from Becky's experience; although, it is recognised that this may be a consequence of individual differences and not a consequence of gender. With regards to the method, it could be suggested that the fractions of the lifeworld do not exist in isolation, but occur in a framework where each component contributes to the emergence and experiences identified in this analysis.

# Chapter 6

# Conclusions

The studies employed in this thesis were designed to explore both the lived experience and the lifeworld of the pro-anorexic user. This was achieved through interviews and the examination of blogs. Interpretative phenomenological analysis and descriptive phenomenology were employed, in which the data provided a range of themes which acted to inform our understanding of the pro-ana experience, described in both the written and spoken word. The outcomes of the studies are discussed in the context of existing literature and are accompanied with an exploration of the existing findings in relation to the implications for future clinical practise, research and policies alike. The concluding chapter also seeks to address the limitations of the studies that were undertaken.

## Summary of Studies

The first study appointed the method of IPA to explore the lived-experience of eight females' spoken accounts of their pro-anorexic use. Each participant completed the EAT-26 (Garner *et al*, 1982) which acted as a tool to provide a quantitative indicator of the degree of self-reported eating disturbance; the results of which suggested that the females presented with a BMI between 14.4 to 26, with an average BMI of 19.4 (S.D= 2.24). However, one subject chose not to complete the EAT-26 and therefore, the results of the questionnaire only reflected 87.5% of the people who participated in the study. The scores, accompanied with the qualitative data suggested that some of the participants were actively engaged with their eating disorders; three of whom disclosed that they had and/or were currently using vomiting as a compensatory weight loss behaviour. Furthermore, five of the females informed that they had or were currently receiving treatment for an eating disorder and it was this sub-section of participants who demonstrated elevated concerns relating to body weight and shape. The BMIs provided suggested that some of the participants were significantly underweight. Following the completion of the EAT-26, the subjects were engaged in an interview; these were recorded, subsequently transcribed and analysed using IPA methodology.

In contrast to the first study, the aim of the exploration of the blogs through the use of descriptive phenomenology was to examine the lifeworld of the female and male pro-anorexic blogger. The earlier study had explored the lived experience, which consisted of retrospective accounts of the phenomena; however, the study of the male and female blogs, aimed to explore the lifeworld as it occurred. Although it is beyond the scope of the method of DP to draw comparisons between the descriptive findings, it was felt that this was important to do so; thus only tentative comparisons have been proposed and are outlined in the section below. Further to this, the initial study utilised interviews and therefore, was based on constructed narratives that were done specifically for interview. It has been suggested that the way a narrative is developed is based on its context (Hardin, 2003); hence it was hypothesised that the narrative expressed in a blog was done so in its natural context and therefore was written as it was lived.

## A Comparison of Two Blogs

As noted above, it was felt that it was beyond the methods employed to compare the two blogs; however, similarities and differences were noted and these are discussed here. It was found that the blog authors (pseudonyms: Becky and Graham) exhibited some similarities between the ways that they both used blog entries; for example, both documented concerns relating to food and weight, akin to a food diary. Similarly both blogs were used to share plans, which were revised as weight goals and food plans were either achieved or not achieved. The ability to discuss their plans in such a way suggested that the blogs indulged their fantasies concerning weight loss and body size. Exercise did not feature in Graham's blog as extensively as it did in Becky's blog; however, this could have been a consequence of personal differences and aims with regards to weight loss.

It would be interesting to examine whether or not the documentation of weight, weight goals, body measurements and associated diet (food and fluid) plans were commonplace in pro-ana blogs. Furthermore, it would be interesting to know the purpose of sharing this information; is it designed to motivate them or to inspire others? The phenomena are specifically interesting; given the nature of secrecy that commonly accompanies an eating disorder. Issues of motivation are discussed in the subsection below.

Graham and Becky discussed their bodies as if they were objects rather than an integrated facet of the self; this was exemplified by the manner in which they reported weighing and monitoring their body. The relationship with the body appeared to be related to its size and its failings, which can be understood in terms of self-objectification (Calogero *et al*, 2005). Objectification can lead the individual to experience an increase in eating disturbance, low mood and shame. As a consequence the sufferer fails to recognize body signals such as hunger and satiety. For Graham this led him to blame his body for failing him, for example having a poor metabolism, rather than taking responsibility for his eating. Therefore, the experience of objectification appeared to contribute further to a fragmented sense of self, which is thought to have a negative impact on recovery processes (Bulik and Kendler, 2000).

Similarly to the females interviewed in the first study, the eating disorder and pro-anorexia were implicitly and explicitly linked for both Becky and Graham. They both exhibited an awareness of the need to hide the eating disorder and pro-anorexia from others. The blogs enabled both authors to maintain secrecy from those in the real world whilst eliciting feedback and discussion from like-minded people. For Graham this meant that he was protecting others and himself from detection in the real world. In contrast, Becky did not appear to be protecting others rather protecting herself from detection, as she did not want to engage in recovery.

Graham's account offered an interesting perspective on how someone who uses pro-ana, may view their online friendship circle; he described those who conversed and left positive feedback on his weight loss, as caring. This echoed some of the views expressed in the IPA study whereby users felt that their on-line peers had been helping them. It was only in recovery that the sufferer realised that the concerns of the other pro-ana users were not necessarily of welfare, but the need to lose more weight. This would therefore suggest that users perceive positive feedback as non-threatening and helpful; in contrast, in the face-to-face world, those who encourage the users to recover are perceived as threatening, unhelpful and possibly unfriendly or hostile. This perhaps contributes to the understanding as to why pro-anorexia can appear attractive to those seeking support and acceptance (Haas *et al*, 2010).

The blogs both offered differing discourse, with Becky drawing on her religious concepts to inform her day-to-day experience of 'ana' and her actions. Religion however, was not important or at least was not a discourse that was shared by Graham. Other differences also emerged, for example Graham did not appear to demonstrate upward comparison, nor did he refer to pro-ana terms such as thinspo. These differences could have occurred for several reasons e.g. simply because of individual differences, but also gender differences and/or cultural influences. It was beyond the remit of the methods and approaches employed to actively compare the two blogs; future studies should seek to compare a series of female blogs and male blogs. It would be interesting to establish whether differences between pro-ana blogs were a consequence of individual differences or gender. The latter would perhaps better inform clinical understandings of male eating disorders.

## Motivations to Blog

The purpose of the descriptive phenomenological approach was to provide an account of the blogger and it was demonstrated that the authors of the blogs exhibited typical eating disordered behaviours and cognitions. It was hypothesised this demonstrated that pro-anorexic accounts were no different to eating disorder experiences with regards to content; however, pro-ana differed in the sense that it was a public account of this experience and the underlying motivations of making this public was unclear. It was proposed that pro-anorexia could be understood as a form of edge work, whereby individuals engage in the internet to transcend through the boundaries that are imposed by society (Lyng, 2005).

Further to this it was recognised that motivations to blog were observed and included but arguably were not limited to: authors perceiving themselves as having a voice through the use of the blog, acceptance from others, a sense of empowerment which contributed to their resolve to lose weight, feedback from readers which contributed to a sense of community; something that perhaps was important given their perceived sense of isolation in the real world (Haas *et al*, 2010).

# Pro-Anorexia and Public Health Concerns

According to the people interviewed the websites were found through three types of search: naïve-passive, naïve-active and informed-active. As indicated in chapter three, both of the first types of search were found through natural search processes that is, these searches were not designed to find pro-anorexic materials. The findings in this respect mirrored those of Rodgers, Skowron and Chabrol (2012) who found 24% of their participants who when browsing the internet, located pro-ana sites by accident. A further 24% reported finding the sites intentionally, having seen the sites publicised in the media. The former finding is perhaps of no surprise, considering 75% of adolescents are reported to use the internet to find health related information (Rideout, 2001). This is possibly of some concern as it is in adolescence that eating disorders first occur (Currin *et al*, 2005; Keel, 2005; Smink *et al*, 2012) and therefore, is both a clinical concern and also a public health awareness concern.

As previously noted, the media have been accused of exercising insufficient caution when reporting issues concerning mental health, including the eating disorders (Sheppard and Seale, 2010). In line with this, a position paper on pro-anorexic and pro-bulimic websites published by the Royal College of Psychiatrists (RCP, 2009) called for the 'the media not to make pro-ana websites into headline news, not to report ... [the] content [of the websites] in a sensationalised way and not to report how to access them, as this may lead to increased use of such sites. Guidance for the media on reporting of pro-ana sites should be part of the development of wider guidance to them on de-sensationalising reporting on eating disorders in general. There are clear parallels here to the area of suicide prevention where it has been shown that the way in which suicides are reported can increase or decrease suicide rates.' Clearly clinical domains are thus already aware of the potential dangers of public awareness campaigns; however, inhibiting such campaigns may contribute to a lack of awareness of pro-anorexia amongst health professionals and families alike (Christodoulou, 2012) who can be essential allies in detecting eating disorders and promoting recovery. Further to the RCP (2009) assertions, research conducted during the construction of this thesis suggested that academics also need to be mindful of publishing details of websites and user names in scholarly papers. Some websites present links to academic articles therefore, studies disclosing inappropriately citing sites could further act to inform knowledge and

awareness of sites. Therefore, the ways in which the sites can be found, raised issues concerning the safest way to heighten public, clinical and academic awareness about the existence of pro-anorexia websites. However, the research presented here, demonstrates that surfers do not need an awareness of the sites to find them and subsequently become 'enmeshed.'

The findings also raise concerns with regard to the nature of spiderware e.g. search engine technology and the responsibility of the hosts to protect its users. Some campaigners have begun to address this issue for example; companies such as Yahoo! and Google have historically been lobbied by leading organisations and charities such as the ANAD to shut down pro-ana sites on their respective servers. In the early 2000s ANAD petitioned the CEO of Yahoo! to remove the pro-ana sites on the server, within a week of the launch of the campaign a number of websites were deleted; although, both ANAD and Yahoo! refused to say that the removal of these sites was a direct consequence of the pressure generated by the organisation (Reaves, 2001). Furthermore, the success of this approach is questionable, because sites can easily relocate and reappear under different names (Fox *et al*, 2005); also the idea of pro-anorexic websites is quite dated, with pro-ana appearing in different formats e.g. videos on YouTube, groups on social networking sites and photographs on Instagram, Tumblr and Pinterest.

Although, these newer sites, as a result of public pressure, have tried to remove pro-anorexic materials, a brief exploration of the Pinterest site demonstrated that their attempts at removing thinspo from its site had been futile; with people re-tagging images with terms like 'skinny skinny skinny' instead of 'thinspo'. Thus it could be hypothesised that trying to suppress the existence of pro-ana will lead to the users becoming more resourceful and secretive, contributing to greater stigmatization and marginalisation of this vulnerable group; whilst also sensationalising the community. Furthermore, it could be argued that attempts to remove pro-ana from the internet, may further isolate the users. An alternative method could be to encourage site authors to use available technologies to put warning systems in place, to alert potential visitors of the dangers of site use. This has been reported to reduce site traffic entering the pages, by one third (Martijn *et al*, 2009). However, further research is needed in order to verify these assertions.

# Pro-Anorexia and Clinical Considerations

The blogs provided a snap-shot of the pro-anorexic experience as it was lived and acted upon. In contrast the interviews provided an autobiographical account based on their reflections on existing beliefs of their experience pro-ana use (past or present), from which an over-arching theme labelled 'trajectory' emerged. This provided an insight as to how pro-anorexic sites were found by participants. Their accounts also, provided a framework to contribute to the understanding of the mechanisms underlying repeated use and introduced a range of factors that contributed to the emergence from the use of pro-anorexic websites and also temporary lapse exemplified through resorting to using the sites. Through the process of interviews several factors, which were hypothesised to maintain the use of pro-anorexia, were identified, such as the lack of pressure to recover. The theme appeared a natural progression from the finding of the websites. The women described reading the sites and the eating disorder as something which occurred simultaneously, as if egosyntonic in nature. Furthermore, Becky's blog entries appeared to be of greater length and detail, when she was more enmeshed in her eating disorder. The nature of the methods employed in this study, meant that the reasons why this occurred could not be explored; however, it was hypothesised that the greater the use, the greater the degree of illness, with one perpetuating the other and thus resulting in reinforcing behaviours and schemas (Farchaus *et al*, 2007). Further to this, the females who were interviewed suggested that site use was maintained as a consequence of the content being compatible with their own schema and therefore with their interpersonal goals, motivations and personal needs. This leads to a hypothesis that these sites acted to meet an unmet need, which suggests that people may be vulnerable to sites when personal goals are incompatible with the goals of others e.g. pressure to recover from peers, family and professionals.

The sites offered a 'sanctuary' (Fox *et al*, 2005), which enabled them to access support and information that was consistent with their illness maintenance schemas. Although, Becky did not talk extensively about the community that had developed around her blog, it was clear that she interacted with others setting up group fasts. This was alarming, as not only did both Graham's and Becky's blog provide 'tips' (these were inherent in the blog and not explicit i.e. reporting the use of diet pills and extreme dietary habits), but also Becky advocated dangerous dieting practices and recruited

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others to join her in this. This is perhaps one of the more frightening sides of pro-anorexia; there is little understanding of the motivations to host and to participate in group fasts and also of the consequences to both followers and creators if they succeed or fail in their ambition. In contrast, it was not clear as to how much Graham conversed with his bloggers; however, similarly to Becky, he found that their feed-back provided him with a sense of self-worth. Their encouragement made him feel as though people cared for him; this contrasted with people in the real worlds, whose concern was not perceived as supportive. The expressions of concern in the real world, led Graham to plan how to manage others' anxieties whilst also adhering to his pro-anorexic cognitions to avoid food. Therefore, Graham's blog appeared to be another example of how people expressing concern and promoting recovery in the real world, can led to sufferers to further turn to pro-ana to cope with these pressures. This may have positive connotations for male pro-anorexics because research has demonstrated males with anorexia nervosa have less 'friendly and romantic relationships' than females with the same diagnosis (Gueguen *et al*, 2012). However, theories of the internet paradox would suggest that the purpose of increased internet use is to find social support and this would suggest that its use would lead to an increased sense of isolation and depression (Kraut *et al*, 1998).

Graham's written account of engaging in pro-anorexia revealed that similarly to Becky, it impacted on every area of his life; to the extent that Graham felt that it was more of a compulsion, than an obsession. There were additional concerns in terms of Graham's experience including the use of cigarettes and diet pills to moderate his appetite. In addition to this Graham engaged in self-harm to punish himself when he had gained weight. Although Graham did not expand on or describe the nature of the self harm it was clearly an important aspect of his experience. Not only is this a concern because of his welfare, but also the impact that disclosing such details may have on his viewers; Whitlock, Powers and Eckenrode (2006) found that virtual self-harming groups normalised and encouraged the act of self injurious behaviour. The impact of reading about self-harming behaviours in pro-anorexia is unknown and it could be fruitful to research; especially considering that self injurious behaviour is associated with the presence of an eating disorder (Pebbles, Wilson and Lock, 2011) and therefore, of clinical concern.

Site use was sometimes sought in response to pressures to recover, from external parties in their face-to-face world. This was reflected in Graham's blog where he reported that friends would express concern with regard to his eating habits. This is perhaps exemplified by the 'finding a network' theme which emerged from the interviews and demonstrated people used pro-ana when they felt overwhelmed by the pressure from others, to recover. It would be inferred from the studies that pressures to recover may increase the chance of a lapse in pro-anorexia use; particularly studies have shown ambivalence to recover has been reported to lead patients to manipulate their treatment plans in order to maintain their anorexic behaviour, which has clinical implications for engagement in treatment plans and subsequent recovery (Vitousek et al, 1998).

However, continued use of pro-ana materials in treatment may be hard to detect because of the 'secrecy' component, as revealed in the interviews. The pro-ana sites advocated secrecy, providing information on how to reduce the risk of being detected; but there were also other facets of the theme which appeared important to the user. Managing life and pro-anorexia was a clear theme throughout the blogs and it emerged that Becky and Graham had to go to great lengths to keep their eating disorders secret and this desire to remain undetected, infiltrated all areas of ther lives. Both described having to hide their behaviour from various people including friends, family, gym staff and employers. Becky and Graham invested a lot of time in doing this and documented it throughout the blog. However, the irony that emerged was that both bloggers appeared to be sharing a very private experience, in a very public place; although, there were clear differences in the way that both Becky and Graham blogged. For example Graham would discuss his body in terms of shape and size as well as weight, where as Becky largely focused on her weight; although in both cases this could be understood as being within realms of body checking, which is a feature of the core-pathology in eating disorders (Shafran et al, 2004). However, it is beyond the scope of this study to explore whether this is a consequence of gender or idiosyncrasies. Regardless, this suggests that the need to share this information in a blog format outweighs the risks of being caught; however, the costs of being caught appear higher. Clearly, further research is required to understand these motivations. The interviewees and bloggers described wanting to keep pro-ana and their eating disorder secret from others for fear of being judged and /or upsetting others including family, friends and treatment providers. This would support

Ringwood's (2008) assertion that people with eating disorders require 'acceptance and understanding' in both clinical and wider settings.

One way in which this could be achieved is through adopting Geller *et al's* (2006) concept of a 'clinical stance', a principal that is based on motivational interviewing. A facet of the stance involves the 'clinician communicat[ing] acceptance that the eating disorder may, at least for now, be the client's best method of coping and a way of having needs met.' Employing such a stance may reduce the need for sufferers to return to pro-ana sites and is therefore an important consideration for clinical work.

The websites appeared to generate an upward comparison; however, this seemed to act as a protective layer and prevented some of the women from engaging in conversations with others as they were afraid that it may exacerbate their sense of not being 'a good enough pro-anorexic.' Although at first it could be assumed that a lack of interaction may be positive, it could also be perceived as detrimental; a lack of communication could contribute to the perception of isolation and increased feelings of lack of self-worth, which could perpetuate eating disorder symptomology in order for the individual to feel that they are successful in achieving their weight loss. This finding also suggested that those who conversed with others were perceived to be more successful with their illness in terms of weight loss. However, the blogs appeared to reflect a high level of rumination in relation to food and exercise, which may exacerbate eating disordered cognitions.

Other factors also appeared to impact on whether a person decided to converse with others, including: the desire to keep the eating disorder and pro-ana experience personal; fear of becoming reliant on the websites; and not wanting to contribute to another person's eating disorder (a sense of responsibility for others wellbeing). In contrast, those who did interact developed concern for others wellbeing; however, was expressed in a way which would support others in terms of their ability to maintain eating disordered behaviour and reach weight goals. This supported the finding of Fox *et al* (2005) who reported the 'pro-ana ethos was about safety in managing a highly dangerous condition.' The interviews therefore, identified several factors which appeared to inhibit or contribute to the communication with others. Brotsky and Giles (2007) suggested that talking with others might act as a buffer to the biopsychosocial

consequences that are inherent in eating disorders. Therefore, it is important that the perceived and real benefits of pro-anorexia are not ignored. However, from this study it is not clear as to whether this is protective or harmful in terms of illness progression and it would be valuable to explore this further. In addition within a court of law the bloggers' day-to-day break down of their eating disordered behaviours, which could be construed as 'tips and tricks', may be perceived as inciting behaviours that can lead to death (Martin, 2004-2005).

As already noted, the interviewed participants felt that there needed to be a pre-existing schema, which enabled them to believe and continue to access the websites e.g. striving for thinness. Within this thesis the ability to engage in pro-ana, was understood to be a consequence of positive willingness (Bijlsma-Frankema *et al*, 2005), common ground theory (Stalnaker, 2002) and mutual belief. However, it is not clear what the features and the structure of the pro-anorexic schema were and how it differs from the schema of a person who engages in dieting and/or engages in eating disorder behaviours. It would be interesting to further examine the nature of the cognitions involved and how they differed from a person who had eating disorder cognitions, but do not use pro-ana compared to a person who used thinspo sites. Furthermore, it was hypothesised that perhaps physical consequences of starvation may impact on the cognitive processes, which may contribute to the maintenance of pro-ana. For example obsessional thoughts, such as rumination concerning food and the body, have been found to be a consequence of semi-starvation (Keys *et al*, 1950); therefore, it could be assumed states of induced starvation, may increase preoccupation with pro-ana materials. This is of clinical relevance, because those who are engaging in starvation behaviours may be at greater risk from using pro-anorexia for prolonged periods of time, which could act to reinforce beliefs and behaviour.

In addition, a theme of control emerged from Becky's writing and was understood in the context of embodiment and selfhood and as a consequence was discussed in relation to perceived agency. Becky's experience seemed to convey different types of agency, attributing her ability to control her day-to-day activities to things other than herself, including God, Ana and body parts. It was thought that Becky did this to dissociate her *self* from eating (Levens, 1995) and thus, was perceived as self protective in the sense that Becky would not berate herself for her failings. However, this was of concern

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because it was perceived that Becky's pro-anorexic identity contributed to the expression of her fragmented self. This is of clinical importance, because the fragmented self could impact on her ability to integrate herself if she sought to develop a non pro-anorexic identity and would need to be considered carefully in treatment settings (Bulik and Kendler, 2000). For both Becky and Graham, their blogs became another form of control, where they could publicly document and plan their food intake, actual weight and goal weight; something which appeared to resonate with the experience of the females discussed in the first study.

The third branch of the super-ordinate theme 'trajectory' that was identified was labelled 'emergence.' On the basis of reflexivity and thus from the perspective of the researcher, this inspired a degree of hope. In contrast, earlier subordinate themes of the trajectory elicited feelings of hopelessness and helplessness; however, the study demonstrated that people do emerge from pro-ana use. The females expressed different catalysts for this transition, including health concerns (both theirs and others), the desire to recover and natural drift. These findings echo the findings of Williams and Reid (2007) who also reported that people considered recovery when they became concerned about their health. Although it is not known how health concerns impact on those who do not emerge from pro-ana and thus, warrants further investigation. The process of emergence however, appeared to be a difficult process with some describing emotive accounts of loss with the main feature being disbelief. The concept of disbelief featured remorse and the inability to understand their actions. This would support the idea that a certain schema is required in order to engage in pro-ana, which would suggest that people with eating disorders are at an elevated risk of using these websites. Wilson *et al* (2006) survey of 106 inpatients found that although only 35.5% of respondents visited pro-ana sites, 96% disclosed that they had used the sites to inform weight loss behaviours. This suggests that clinicians need to screen patients for site use. This is discussed in more depth later in the chapter.

However, the way in which this is done, requires careful consideration. One participant reported that they felt ashamed when others found out about the site use. This emotion is inherent in the experience of an eating disorder, which is thought to contribute to the maintenance of the illness (Skårderud, 2003); therefore, the service user may feel further shame if the topic of pro-ana is met with judgement rather than acceptance.

Equally pro-ana should not be dismissed. This would not only damage the therapeutic relationship, but also may contribute to resistance to engage in therapy and perpetuate further pro-ana use, because the sufferer may return to the community where that they can feel free of judgment i.e. accepted and their experiences normalised (Gavin *et al,* 2008).

The final theme to emerge from the trajectory was 'periodic pro-anorexic episodes indicating lapse.' Those who had ceased using the sites recognised that at times they would occasionally look at pro-ana; it appeared that some of the factors involved in lapse were associated with low mood and force of habit. Although it was felt that the materials would not impact on them in the same way as it had previously, since in order to follow the sites it was expressed that you needed a specific mindset. The sites however, did offer the women a sense of comfort, for example viewing images of thin people and reading about their accounts made them feel less isolated. What was also of interest were those who accidentally began looking at pro-ana sites; however, the mechanisms of lapse are not clear nor are the long term implications of this or how many people experienced this. Based on existing research it could be hypothesised that lapse occurs when the user is ambivalent about recovery and thus experiences both positive and negative emotions concerning both illness and recovery (Wilson *et al,* 2006). The sites may act to help the individual to connect with others, whilst enabling them to both manage and understand their mood. Clinicians therefore, should be mindful that although a client may present as recovering, at times of ambivalence they may return to websites. It is not clear the impact this has on recovery. However, clinicians should be aware that site use may not cease during recovery and therefore, should always be open to explore this subject. Further to this, it would be interesting to examine whether there are differences between the cognitions involved in lapse compared to active use, where the user is enmeshed and the frequency at which use occurs.

The second super-ordinate theme that emerged from interviews was the 'boosting of the self' and demonstrated how pro-anorexic use appeared to contribute to the objectification of the body. The findings that emerged demonstrated that the females developed an 'illusion of control' where the use of pro-ana acted as a physical distraction from eating, whilst also providing information on how to lose weight; this

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suggested that pro-anorexia and their behaviour was viewed as a tool and /or a solution rather than a problem (Bruch, 1978; Williams and Reid, 2010). The friendships formed on the sites contributed to the need for control; further to this the nature of the internet, meant that the users could also exercise control over the content that they viewed. Another dimension of pro-ana was that it provided a temporarily safe distraction from other self-harming behaviours; this suggested that pro-ana use may have a protective factor and more research needs to be done to address this.

It would be useful to identify the ways in which pro-ana was protective; as already noted by Brotsky and Giles (2007) identified that pro-ana may act as a buffer. Further research in this area may contribute to safer coping strategies being developed in the real world and thus utilised in clinical practice. One contributing factor may be understood through the sub-ordinate theme 'finding a network,' which demonstrated that pro-ana reduced the sense of isolation. The friendships developed were not necessarily related to the sharing and tips and information, rather on the reciprocal support that was offered. However, the support was often related to helping the other to continue in their battle to lose more weight and was perceived as a gesture of goodwill, rather than something that was damaging at the time of use. It could be hypothesised that these relationships were a 'tool' rather than meaningful in terms of wider social support. Thus pro-ana friendships may be used whilst 'fit for purpose' and discarded on recovery.

The third super-ordinate theme that emerged from the interviews was related to the concept of thinspiration. When this study was conducted the term thinspiration was still largely confined to pro-anorexic domains; however, this is no longer the case. Journalist, Stroud (2012), reported that 'for teenage girls, "thinspo" is now part of the lexicon.' She goes on to suggest that thinspiration is not a new concept, rather a more extreme version of culturally accepted dieting practises such as placing 'a skinny celebrity in a bikini on our fridge door' to remind the dieter not to *cheat* and eat foods that are not part of their weight loss plan. This is not too dissimilar to some of the information shared in the interviews, with some participants indicating that they would have sought out images and messages from mainstream culture, had they not found them on the internet. Furthermore, internet searches have demonstrated that

thinspiration sites, although are arguably still under the pro-ana umbrella, have become their own separate entity and have become estranged from pro-anorexia.

Within the first study thinspiration was understood as a 'concept' that emerged from the pro-anorexic movement, which has a 'function' and acts as a point of comparison and competition. It was found that although the pictures empowered and motivated the participants to engage in eating disorder behaviours, it did not have a positive impact on mood. This has been demonstrated by other studies e.g. Levine *et al* (1994) and Wilson *et al* (2007). Furthermore, the images were found to contribute to the belief that their behaviour was normal and not pathological, which added to the sense that what they were doing was safe. This was particularly worrying as it is widely accepted that people who do not wish to recover from an eating disorder, do so as they do not recognise their illness as a problem (Garner and Bemis, 1982). Accessing thinspiration may therefore, continue to contribute to the belief that they are well, in comparison to their idolised figures. As illness progressed there appeared to be a need to seek out more extreme thinspiration, to match their changing perception of goal weights. This is not uncommon with both inpatient and therapy group members having been reported to engage in competitive behaviours (Dalle Grave and Calugi, 2007). However, as thinspiration has become a faction in its own right, it would be advisable to examine it outside of the pro-anorexic movement as the inferences made may differ between those who follow thinspiration and those who follow pro-ana.

## Limitations of the Studies

The themes that emerged from the interviews and blogs indicated that accessing pro-anorexia was a dynamic process. The methods employed impacted on the way the interpretation was structured. With regard to the interviews and from the interpretations outlined above, it could be assumed that the super-ordinate themes could be collapsed further, had the method allowed this, with both the 'boosting of the self' and 'thinspiration' being a branch of 'becoming enmeshed' in the culture. The findings demonstrate that there are many layers to pro-anorexia and the experiences although idiosyncratic in nature, share many features with other users' experiences. It appears that there is a pro-anorexic schema; however, how it differs from an eating disorder is unclear. This supports previous research, which suggests that viewing pro-ana increased

eating disordered behaviour, however, did not cause it (Sloper Talbot, 2010); thus suggesting that pro-ana users would have underlying cognitive biases to eating disorder schemas. Pro-anorexia was clearly an integral and emotive experience to the way the females lived their lives and for some of the participants has had long lasting implications for both their physical and mental health. The first study however, had its limitations as it explored the life experience of a limited number of women. The women recruited to the study were typical in the sense that they were white, middle class and educated women. Future studies should not only endeavour to address issues of gender, but also age, diversity and diagnosis.

With regard to both the methodology employed to study the blogs, it allowed the research to stay true to the author's word. As Barthes (2002) highlights, readers bring their own cultural and historical beliefs to texts; however, through the skill of reflexivity it is possible to distinguish between the authors' lifeworld and that of the researcher and in essence allows us to stay true to the thing itself, which after all is the is the rationale of phenomenology. A failing of the studies is the difficulty related to quoting the author. However, this in part is a reflection of the lack of development of methods and appropriate ethics guidelines. Both of these areas need to dramatically evolve in order to develop the understanding and the meaning of the social and commercial cyber market, in a way that is both ethically and scientifically sound.

Reflexivity was a fundamental component to the development of the thesis and the accompanying studies. Through the process of reflexivity it was noted that during the analysis of the male pro-anorexic blog, there was an attempt to address Graham's sexuality; in contrast, this was not considered in the female blog. This suggested that it had been difficult to suspend all prior knowledge during analysis. Furthermore, it was recognised that as a female researcher, it was difficult to engage and immerse myself in Graham's lifeworld. Despite attempts to reach the epoché, there was a concern that perhaps as a female it was not possible to transcend the gender barrier, even when adopting psychological and phenomenological attitudes; these concerns were extensively reflected upon with my male PhD supervisor.

# Summary of the Implications for Clinical Practice and Policies

The research and studies presented in this thesis demonstrate that there is a clear overlap between those who suffer from eating disorders and those who use pro-anorexia. It is recognised that not all of pro-anorexic users will access treatment, because they do not seek help or they, for whatever reason, do not come to clinical attention or decline medical and psychological intervention. However, there were clear implications of pro-anorexia with regards to clinical practice.

The clinical stance model proposed by Geller *et al* (2001) and alluded to throughout the thesis fosters an acceptance of the clients readiness albeit lack of readiness to change. The model draws on motivational interviewing, which seeks to overcome what many clinicians experience as resistance to treatment. The model recognises that the resistance is not inherent in the individual however, and instead fosters relationships, which empower the individual to take responsibility for their own illness. This mirrors Ringwood (2008) call for a need for 'understanding and acceptance' of the suffers who experience eating disorders and within that recognise that unlike other psychiatric illnesses, the individual perceives that the benefits of remaining ill outweigh the costs of the biopsychosocial damage that is inherent in eating disordered behaviour. Throughout the conclusions chapter, it has been noted that premature pressures to recover have lead to pro-ana users to return to pro-ana. Therefore, from the research presented in this paper it would be wise to assume that where a patient demonstrates a current use of or a historical use of pro-ana, they may be vulnerable to pro-anorexic lapse when the treatment plan is not in line with schemas of the client. Open, honest and non-judgemental conversations to avoid shame, surrounding pro-anorexia may be of benefit, to help the clinician and the sufferer to identify the idiosyncratic use of the sites and thus develop other coping strategies, which meet the needs of the pro-ana user; thus reducing the need to use the websites. However, it is recognised that these conversations should be treated tentatively, as already noted previous studies have found a large proportion of inpatients that had used pro-ana had learnt tips from the sites (Wilson *et al*, 2007); that is not to say that these conversations should be shied away from. One way this should be addressed is through clinicians asking about general internet use. The internet has become an integral part of their identity for a large proportion of people and therefore understanding people's general use may be of clinical relevance, for

example understanding people's online relationships (non-romantic and romantic), frequency of use and types of media viewed may aid clinical formulation of a person's difficulties. The acceptance, acknowledgment and discussion of general internet use may help facilitate conversations with regards to pro-ana, pro-suicide and pro-self harm groups. Zur (2013) proposes that these issues should be addressed through gathering biographical data specifically in relation to internet use at clinical interview; however, a literature search suggested that it is not clear how this should be done. This is of specific relevance given anecdotal evidence which suggests that clinicians are fearful that such conversations may inadvertently signpost clients to these websites. Future research should attempt to further explore both the concerns and the reality of them.

It has been noted within the thesis that over the years there have been many attempts to try and moderate the content on the internet. However, the impact of the loss of such communities on individuals is unclear. Pro-anorexia is one of the many communities that have managed to evade such attempts, re-spawning in different formats and in different ways as technologies have evolved. Pro-anorexia itself has also evolved, with thinspiration now becoming a movement in its own right. Therefore, efforts may be better spent in trying to develop ways in which these sites can be monitored, rather than censored. For example Martijn *et al* (2009) reported that sites were less likely to be accessed where warning signs were in place.

Another approach that may be advisable can be sourced from France, who passed a bill through the lower house to ensure that all images that were digitally manipulated were accompanied by signs informing viewers that this was the case and that the images presented to them had been doctored to enhance cultural ideals of beauty (e.g. Sparks, 2009). Over time this could help young people recognise that media images are not accurate reflections of the body; therefore, when viewing thinspiration, there would be an awareness that these sites may also include doctored images and thus not reflective of the human form. This perhaps would be beneficial to those who have subclinical eating disorders, as it has been found that these people are particularly vulnerable to seeing out specific information to inform weight loss and beauty techniques (Levine *et al*, 1994).

Further to this, there would be benefits of the media and leading health organisations to begin to liaise in order to address the best way to proceed with the public discussion of pro-anorexia. A percentage of users found pro-anorexia as a consequence of news articles hoping to create awareness and debate; thus there is not only a need to address issues of appropriate reporting, but also further explore how we reduce the risk of internet searches leading to the accidental finding of such websites. This perhaps would be best addressed through public safety campaigns targeted at young people with regards to the general dangers of the internet, including issues of liability and criminal charges associated with comments left on social media, rather than on a focus on pro-anorexia *per se*.

## Concluding comments

The three studies that featured in the PhD thesis contributed to the development of our understandings of pro-anorexia, but also raised further areas for research. Studies should begin to address the motivations to use pro-ana, issues of gender and the meaning of community on pro-anorexic websites. Furthermore, studies need to begin exploring pro-anorexia in terms of changing technologies and move beyond researching websites and message boards, as these are now out dated due to the proliferation of social networking and evolving web. Furthermore, organisations and charities alike need to address the best way to proceed with regards to creating awareness of pro-anorexia.

The medicalisation of eating disorders means that inherently eating disorders are illnesses from which people should recover. The medical stance contributes to the stigmatization associated with illness, which impedes sufferer's ability to talk about them in socially real settings. The internet offers a social and emotive dynamic, where people can talk anonymously about their construct of illness; that is they can publically assert whether or not they believe they are ill, with little consequence in terms of a societal backlash. The idea of wanting to maintain illness is perhaps not limited to, but a unique facet of the eating disorders; it is not something which is seen across all psychiatric illnesses. Pressures to recover appear to contribute to the need to seek out and use pro-anorexic materials, in order for the sufferer to feel safe and heard. However, that is not to assert that is the case for all of those who live with an eating disorder.

The studies undertaken in thesis doctoral thesis found little, if any, evidence to suggest that pro-anorexia is deemed 'glamorous' by its users; instead through the process of research it was found to be a painful, punishing obsession which had severe consequences for its users. The act of engaging with pro-anorexia negatively impacted on participant's mental and physical health, social life, family life and education; whilst also, simultaneously acting as a lifeline, providing them with social support and meeting needs, which could not be met in the real world. Pro-anorexia is without a doubt a dangerous and disconcerting phenomenon; however, little is still known about it despite its near fifteen-year existence. From the studies presented in this thesis it is evident that pro-anorexia has a significant purpose; thus this thesis posits that more research needs to be undertaken to contribute to our understandings of pro-anorexia, before sites are closed down and the movement pushed underground and further marginalized.

# Appendices

Application and Approval Ethics Forms: Measures of eating disorder pathology in conjunction with an IPA: Pro-anorexic experience as told by the surfer.

Application and Approval Ethics Forms: Descriptive phenomenological analysis and the internet.

# CHECKLIST OF ATTACHMENTS:
## PLEASE REMEMBER TO ATTACH COPIES OF EACH OF THE FOLLOWING
## (WHERE RELEVANT)

## INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

☑ Copy of Participant Information Sheet
☑ Copy of Consent Form
☑ Copy of Participant debrief

☑ Copy of any questionnaires and/or interview schedules to be employed

☒ Copy of written consent from local authorities (e.g., schools)

☒ If your proposed research is with 'vulnerable' groups (e.g., children, people with developmental disorder), please attach a copy of your clearance letter from the Criminal Records Bureau (if UK) or equivalent non-UK clearance.

*Departmental Ethics Committee Use Only*
Members of the Departmental Ethics Committee have considered the ethical issues raised by this project, and have following comments:

_APPROVED_

Please ensure that you take account of these comments and prepare a revised submission that should be either shown to your supervisor (if you are an undergraduate or postgraduate student) or resubmitted (if you are a member of staff) to the Departmental Ethics Committee.
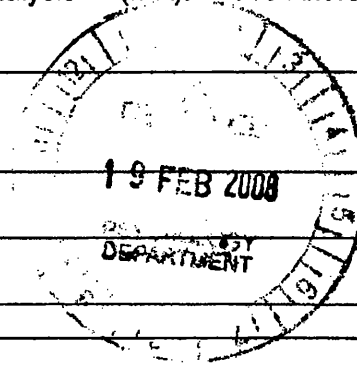
Signed on behalf of Departmental Ethics Committee:

Date: _28/2/08_

## NOTE TO LEVEL 3 PROJECT STUDENTS:
## PLEASE INCLUDE A SIGNED COPY OF YOUR ETHICS FORM & CONFIRMATION LETTER OF APPROVAL AS AN APPENDIX IN YOUR FINAL YEAR PROJECT THESIS.

# Application for Ethical Approval

| Name | Elina Hailey Telford |
|---|---|
| Address | ▓▓▓▓▓▓▓▓▓▓Singleton Campus, UWS, Singleton Park, Swansea, SA2 8PT |
| E-mail address | ▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓ |
| Title of Proposed Research | Measures of Eating Disorder Pathology in Conjunction with an Interpretative Phenomenological Analysis (IPA): Pro-Anorexic experience as told by the surfer. |
| Type of Researcher (please tick) | ☐ Undergraduate student ☑ Postgraduate student ☐ Member of staff |
| Name of supervisor | Dr. Steve Edwards |
| Approximate duration | 6 months |
| Externally funded | No |

*(stamp: 19 FEB 2008 ... DEPARTMENT)*

| 1. Briefly describe the main aims of the research you wish to undertake. Please use non-technical language wherever possible. |
|---|
| The research will explore the level of eating disordered behavior and the experience and use of Pro-Anorexic materials of the voluntary Pro-Anorexic surfer. Participants who meet the criteria will be invited to interview, where they will be required to complete the EAT-26 which measures the participants attitudes towards eating and then using a semi-structured interview asked to describe what lead them to look at the sites, their experience and the meaning of the websites. |

| 2. Briefly describe the overall design of the project |
|---|
| A largely qualitative (IPA) study, which will incorporate quantitative methods to record participant demographics, eating pathology and frequency of Pro-Anorexic internet use. |

| 3. Briefly describe the methods of data collection and analysis. Please describe all measures to be employed (e.g., questionnaire responses, reaction times, accuracy, skin conductance responses, etc.). If questionnaire or interviews are to be used, please provide the questionnaire / interview questions and schedule. |
|---|
| All participants will be subject to an initial screening to ensure that they meet the criteria. Eligible participants will be invited to interview and required to complete the Eating Attitudes Test-26, which will be followed by a recorded semi-structured interview that will later be transcribed and analyzed using IPA methodology. |

| 4. Location of the proposed research (i.e., Departmental labs, schools, etc) |
|---|
| Departmental labs. |

| 5. Describe the participants: give the age range, gender, inclusion and exclusion criteria, and any particular characteristics pertinent to the research project. |
|---|
| Participant criteria: Participant had accessed Pro-anorexic materials, with no fewer than two visits to the sites/materials. Participant aged 18 or over. |

| 6. How will the participants be selected and recruited? |
|---|
| ☑ Subject pool. If using the subject pool, has eligibility been confirmed by supervisor? Yes ☑ No ☐ |

☑ General public
☑ Other. Please give details: Participants will be recruited via email to all student accounts and through poster adverts.

---

**7.    What procedures (e.g., interviews, computer-based learning tasks, etc.) will be carried out on the participants?**

Screening: Participants will be provided with information about the study and given the opportunity to ask questions. The main objective will be to extract basic information about their use of Pro-Anorexic materials on the Internet and determining whether or not the subject meets the study criteria.

Interview: Eligible participants will be required to complete the EAT-26, followed by a semi-structured interview.

---

**8.    What potential risks to the participants do you foresee and how do you propose to ameliorate/deal with potential risks? For instance, provide contact details of Student Counseling services and relevant community support organizations, etc.**

All participants will be required to sign a consent form, which will detail the intent of the study and participants rights to withdraw.

Participants may be potentially eating disordered or display borderline eating disordered behaviours; therefore, each participant will be provided with:
> A comprehensive, easily accessible educational leaflet detailing eating disorder symptomology and behavioural patterns, available help and treatment across the UK: 'Beating Eating Disorders' published by B-eat, a leading UK eating disorder charity.
> An additional B-eat publication 'Eating disorders and men: The facts' will be given to male participants.
> University of Wales Swansea Student Counseling information booklet.
> Contact details for the University Health Centre and local referral pathways to specialist eating disorder services in Swansea.

The study will not lead naive participants to view Pro-Anorexic materials, rather discuss the individual experience of Pro-Anorexia of those who have already accessed such websites by choice.

---

**9.    What potential risks to the interests of the researchers do you foresee and how will you ameliorate/deal with potential risks?**

Dangers and risks to the interviewer will be reduced as interviews will be conducted within the department.

---

**10.    How will you brief and debrief participants?** *(Please attach copy of debrief information to be given to participants)*

Participants will be required to sign a consent form detailing the nature and requirements of the study. The study will be followed with a debrief form, which will be given to the participant to take away with them, along with the information on eating disorders and local services as detailed in section 8.

---

| 11.    Will informed consent be sought from participants? | Yes *(Please attach a copy of the consent form)* | ☑ |
|---|---|---|
| | No | ☐ |
| *If no, please explain below:* | | |

---

**12.    If there are doubts about participants' abilities to give informed consent, what steps have you taken to ensure that they are willing to participate?**

N/A

| 13. | If participants are under 18 years of age, please describe how you will seek informed consent. If the proposed research is to be conducted in a school, please describe how you will seek general consent from the relevant authorities and attach a copy of any written consent. |

N/A

| 14. | How will consent be recorded? |

Participants will be required to sign and print their name on a dated consent form, which will be retained by the interviewer.

| 15. Will participants be informed of the right to withdraw without penalty? | Yes | ☑ |
|---|---|---|
| | No | ☐ |

*If no, please detail the reasons for this:*

| 16. | How do you propose to ensure participants' confidentiality and anonymity? |

Participants will not be named and referred to in the write up as participant 1, 2, 3 etc

| 17. | Please describe which of the following will be involved in your arrangements for storing data: |

☐ Manual files (e.g. paper documents or X-rays)
☑ Home or other personal computer
☑ University computer
☐ Private company or work-based computer
☑ Laptop computer
☐ Other (please define)

Please explain, for each of the above, the arrangements you will make for the security of the data (please note that any data stored on computer must have password protection as a minimum requirement):
Audio cassettes of the interviews will be kept in a locked room, to which only the experimenter will have access. The interview transcripts will be saved on to either/both home and university computer, both of which are password protected. In addition, each interview document will be password protected.

| 18. Will payments or subject pool credits be made to participants? | Yes | ☑ |
|---|---|---|
| | No | ☐ |

*If yes, please specify quantities involved (e.g., £5 or 1 hour credits):*
Only on completion of the second interview will participants qualify to receive £10 or subject pool credits where requested/appropriate.

Applicant's signature: _____  Date: 3·02·2008

Supervisor's signature: _____ Date: 7/2/08

**PLEASE SUBMIT ALL APPLICATIONS FOR ETHICAL APPROVAL
VIA THE GENERAL OFFICE**

**\*\*RESEARCH MAY ONLY COMMENCE ONCE ETHICAL APPROVAL HAS BEEN
OBTAINED\*\***

# CHECKLIST OF ATTACHMENTS:
## PLEASE REMEMBER TO ATTACH COPIES OF EACH OF THE FOLLOWING
## (WHERE RELEVANT)

## INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

*N/A. See application.*

☒ Copy of Participant Information Sheet
☒ Copy of Consent Form
☒ Copy of Participant debrief

☒ Copy of any questionnaires and/or interview schedules to be employed

☒ Copy of written consent from local authorities (e.g., schools)

☒ If your proposed research is with 'vulnerable' groups (e.g., children, people with developmental disorder), please attach a copy of your clearance letter from the Criminal Records Bureau (if UK) or equivalent non-UK clearance.

*Departmental Ethics Committee Use Only*
Members of the Departmental Ethics Committee have considered the ethical issues raised by this project, and have the following comments:

_____ OK _____
_____
_____
_____

Please ensure that you take account of these comments and prepare a revised submission that should be either shown to your supervisor (if you are an undergraduate or postgraduate student) or resubmitted (if you are a member of staff) to the Departmental Ethics Committee.

Signed on behalf of Departmental Ethics Committee:
_____

Date: _____ 11-3-08 _____

## NOTE TO LEVEL 3 PROJECT STUDENTS:
## PLEASE INCLUDE A SIGNED COPY OF YOUR ETHICS FORM & CONFIRMATION
## LETTER OF APPROVAL AS AN APPENDIX IN YOUR FINAL YEAR PROJECT THESIS.

# Application for Ethical Approval

| Name | Elina Hailey Telford |
|---|---|
| Address | ▮▮▮▮▮▮▮▮▮▮ingleton Campus, UWS, Singleton Park, Swansea, SA2 8PT |
| E-mail address | ▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮ |
| Title of Proposed Research | Descriptive Phenomenological Analysis and the Pro-Anorexic Internet |
| Type of Researcher (please tick) | ☐ Undergraduate student ☑ Postgraduate student ☐ Member of staff |
| Name of supervisor | Dr. Steve Edwards |
| Approximate duration | 6 months |
| Externally funded | No |

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PSYCHOLOGY
DEPARTMENT

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1.     Briefly describe the main aims of the research you wish to undertake. Please use non-technical language wherever possible.

The topics under investigation are:
- o   An Instrumental Case Study of a Pro-Anorexic Web-log (blog).
- o   The Meaning of the Pro-Anorexic Web Masters/Mistress's Website.
- o   Social Networking Sites: An Exploration of Open Groups/Profiles.

Through the use of descriptive phenomenology the studies aim to examine a Pro-Anorexic's 'lifeworld' using seven fractions (listed in Section 3), thus gaining greater insight and understanding in to the Pro-Ana phenomenon.

Definitions:  These are included as definitions are essential to understanding exactly what is and what is not being investigated:

Pro-Anorexia/Pro-Ana:  Due to the nature of the method adopted it is not possible to strictly define Pro-Ana.  However, more often than not Pro-Ana conveys messages, which do not promote nor prevent recovery from eating disorders, but discuss ways in which eating disordered behaviour can be maintained.  Some Pro-Ana material, however, is quite the opposite, for example the emerging Post-Pro-Ana movement.  Therefore, it is assumed that regardless of the site stance that if the Pro-Anorexia is being discussed then it should, within reason, be investigated.

Open Group/Profile:  'Open' refers to the profile or group being accessible by all.  Social networking sites allow individuals to regulate their privacy settings so that any group or profile details published lies in the control of the individual user.

The terminology 'group/profile' is largely down to the discretion or preferred choice of the social networking site.  The word 'profile' refers to the personal details that one decides to disclose.  Sites vary, however, more often than not allow others to post messages, again this regulated by the user. Although, there is discrete differences between sites.  Some sites allow people to host their profile as a group rather than a traditional profile per se.

A group differs to a profile, as these can be set up by anyone on any topic they wish.  One person can host many groups and has the choice of making them open, closed/private or secret, depending on the sites settings.  An open group means anyone can view it, a closed group requires you to apply for membership, without membership you are unable to view site content, private groups are ones of which you will not know their existence unless you are a member or you are invited by another member or administrator.  However, the nature of groups and profiles are dependent on the social networking site.  A group, more often than not, can include a message wall, where users are or are not permitted to write messages, a place to or not to upload

pictures, videos and internet links. These options are largely restricted by the site, but also the group creator.

Social Networking Site: A website which has been developed with the view of people meeting in a cyberspace environment. These sites vary in presentation style and are developed with varying appeal for an endless range of demographics. The sites allow people to provide and share personal information, photographs, film, music, common interests and beliefs. A social networking site allows you to speak with others; some are designed for general friend-to-friend use and/or talking with others, which without the site you may have never talked with before. The structure of such sites vary tremendously, which makes it hard to define international site terminology, as one definition of a site term varies to another.

Web-log (blog): A choice to upload a personal journal. These can vary in content and can be from the mundane to the abstract; however, are personal accounts where the author has the option to make them private or public. Some authors' request membership before you can view their blogs, in these cases such material will not be analysed.

Website: A page on the Internet, which has been constructed using specialist computer language and is presented to an observer as a page of information. The information can appear in various formats on one screen, including written, image (moving or static) and audio forms of communication. The topic can vary depending on the webmistress/master (the individual who has created the page).

| 2. Briefly describe the overall design of the project |
|---|
| The materials under investigation will be located on the Internet and then analysed using Sheffield School method of descriptive phenomenology (SSDP), which is outline in Section 3. |

| 3. Briefly describe the methods of data collection and analysis. Please describe all measures to be employed (e.g., questionnaire responses, reaction times, accuracy, skin conductance responses, etc.). If questionnaire or interviews are to be used, please provide the questionnaire / interview questions and schedule. |
|---|
| Data Collection: An Internet search will be conducted using search engines to locate the relevant Pro-Anorexic material (i.e. blog, website or profile/group depending on the study), as defined by the author. Some blogging and social networking websites require membership to view publications and this will be obtained where necessary. Please note this does not mean gaining access to private groups or profiles. Once accessed and searching rights are permitted the site, it will be explored for Pro-Anorexic users.<br><br>Analysis: The SSDP will be employed and therefore adhere to the following procedure as outlined in Landridge (2007):<br>Stage 1: Read text.<br>Stage 2: Extracting meaning units from text.<br>Stage 3: Description of original text by meaning unit.<br>Stage 4: Interpretation emerges through employing the 7 fractions of lifeworld as a heuristic, which are identified as selfhood, socializing, embodiment, temporality, spatiality, project and discourse (Ashworth, 2003). It is possible that not all fractions are relevant to this study, however, it is not possible to articulate which structures are more applicable to the next prior to the onset of the investigation (Landridge, 2007). On some occasions stage 4 will not be adopted. Where this is the case the method used is purely descriptive phenomenology (DP), although this cannot be determined until the material is downloaded. |

| 4. Location of the proposed research (i.e., Departmental labs, schools, etc) |
|---|
| The appropriate web-log will be located on a computer either based within the home or the department. |

| 5. Describe the participants: give the age range, gender, inclusion and exclusion criteria, and any particular characteristics pertinent to the research project. |
|---|
| The web material is the participant and due to the nature of the work it is not possible to approach the data with a set target in mind. The only criteria are the material is self-defined as Pro- |

Anorexic/Pro-Ana and that the author is 18 or older. Materials will be excluded where the author explicitly details or it is suspected that the publisher is below the age of 18. (Age is also addressed again in Section 11).

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6.  How will the participants be selected and recruited?

☐ Subject pool. If using the subject pool, has eligibility been confirmed by supervisor? Yes☐ No☐
☐ General public
☑ Other. Please give details: Internet materials: The data will be collected via the Internet, through the use of search engines and websites. See Section 3 for more details.

---

7.  What procedures (e.g., interviews, computer-based learning tasks, etc.) will be carried out on the participants?

See section 3.

---

8.  What potential risks to the participants do you foresee and how do you propose to ameliorate/deal with potential risks? For instance, provide contact details of Student Counseling services and relevant community support organizations, etc.

The study will not lead naive participants to add or participate in Pro-Anorexic materials (however they may be defined), rather it will be the experimenter who reviews existing literature on the Internet without any interaction with the author. Thus there are no foreseen risks to either the web-logger or the experimenter. Any risk regarding identity, age, consent, briefing, debriefing and anonymity are discussed in section 11.

---

9.  What potential risks to the interests of the researchers do you foresee and how will you ameliorate/deal with potential risks?

No potential risks identified.

---

10.  How will you brief and debrief participants? *(Please attach copy of debrief information to be given to participants)*

No brief or debrief will be provided as no interaction will occur between the participant and experimenter. See section 11 for further explanation.

---

| 11.  Will informed consent be sought from participants? | Yes *(Please attach a copy of the consent form)* | ☐ |
|---|---|---|
| | No | ☑ |

*If no, please explain below:*
Due to the nature of the research and for the ease of covering the inter-related and over-arching subheadings of points of 10, 11, 12, 14, 15 and 16 it has been decided that all of these will be covered in this section (section 11).

Internet mediated research (IMR) is in its infancy and as a consequence has limited ethical guidelines. Fortunately a recent paper has been produced by the BPS working party on IMR and is discussed below to exemplify how adherence to guidelines for ethical practice in IMR are being met within this study (Appendix 1).

The section of particular relevance is 2. Public/Private Space. The following paragraphs will quote from the paper and explain how these issues are relevant to this study.

'The Society's general ethical guidelines note that, unless consent has been sought, observation of public behaviour needs to take place only where people would 'reasonably expect to be observed by strangers' (Code of Ethics and Conduct, 2006: 13).' *(Report of the Working Party on Conducting Research on the Internet*, p.3). The section largely refers to the observation of chat rooms, however the proposed research will be conducting SSDP on blogs, websites and social group/profiles on a social networking site. To upload information is to write with the awareness and the intention that others will read the posts. Individuals who do not wish others to view their

Internet materials have the option to make their information private and in some cases control who observes it i.e. subscribers and friends only. Therefore, it is assumed Internet materials would 'reasonably expect to be observed by strangers.' This is particularly true of social networking and blogging sites, as they provide general privacy setting options (decided by the user) and policy guidelines, outlining the risks of disclosing personal information. Younger users are more often than not further protected, as users have to be affiliated with specific school, campus, country and work place networks and be friends to access profiles. In addition, some sites setting lower age limits for membership. Therefore, users are able to control (to some extent) to whom their material is available, with ultimate control being the personal decision of whether to upload the information. Subsequently acquiring consent, briefing and debriefing are deemed redundant from this study.

'The researcher should be clear about the extent to which their own collection and reporting of data obtained from the internet would pose additional threats to privacy over and above those that already exist.' (*Report of the Working Party on Conducting Research on the Internet*, p.3). This study will not make any attempt to trace or identify the individual under investigation. However it is of note that research indicates that due to cyberspace disinhibition, individuals indulge in greater self-discloser on computers than in face-to-face situations (Barak and Buchanan, 2004) and more often than not detail age, gender, physical appearance and geographic location etc. This is atypical of internet materials and this study will not publish this information.

Furthermore, the blogger, social network group and website will be allocated a pseudonym by the researchers, regardless of whether the authors name is pseudo or real, which also ensures ethical guidelines which state 'The pseudonyms used by posters to communication forums should be treated with the same ethical respect as a researcher would treat a person's real name' (*Report of the Working Party on Conducting Research on the Internet*, p.4) are adhered.

The paper also outlines 'breach of privacy or anonymity may occur if qualitative researchers report quotes that may be located by search engines. 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 if quotes, if this is consistent with the research design.' (*Report of the Working Party on Conducting Research on the Internet*, p.4). The nature of SSDP means that direct quotes can be avoided in the written report of findings as stage 2 (description by meaning unit) through to 4 allows a degree of paraphrasing. Therefore, it will be possible to publish findings as quote codes will not be traceable and thus, will not make the materials identifiable via search engines.

Furthermore, attempts to protect identity are also reflected in the instrumental rather than intrinsic case study approach, as it will be the Pro-Anorexic lived experience as described by the uploader investigated rather than the individual per se (Stoke, 2000). The final point raised here by the BPS is that 'where direct quotations are necessary to the research methodology (for instance, in conversation or discourse analysis), then the consent of those sampled should be sought' (*Report of the Working Party on Conducting Research on the Internet*, p.4); however, for methodological reasons outlined above this will not be a requirement for this study.

| 12. If there are doubts about participants' abilities to give informed consent, what steps have you taken to ensure that they are willing to participate? |
| --- |
| See section 11. |

| 13. If participants are under 18 years of age, please describe how you will seek informed consent. If the proposed research is to be conducted in a school, please describe how you will seek general consent from the relevant authorities and attach a copy of any written consent. |
| --- |
| A web-log will not be examined if it is indicated or suspected that the individual is under the age of 18 years old (see section 5 and 11). |

| 14. How will consent be recorded? |
| --- |
| See section 11. |

| 15. Will participants be informed of the right to withdraw without penalty? | Yes | ☐ |
| | No | ☑ |

*If no, please detail the reasons for this:*
See section 11.

| 16. How do you propose to ensure participants' confidentiality and anonymity? |
| --- |
| Personal details such as name, location etc will not be published in the study and any identifiable data will not be included in this study. See section 11. |

| 17. Please describe which of the following will be involved in your arrangements for storing data: |
| --- |

☑ Manual files (e.g. paper documents or X-rays)
☑ Home or other personal computer
☑ University computer
☐ Private company or work-based computer
☑ Laptop computer
☐ Other (please define)

Please explain, for each of the above, the arrangements you will make for the security of the data (please note that any data stored on computer must have password protection as a minimum requirement):

Data may be printed for ease of analysis, where this is the case the data will be kept in a secured room. On completion of analysis the data will be shredded and disposed; however, a digital password protected copy of the data will remain on a computer as directed above.

| 18. Will payments or subject pool credits be made to participants? | Yes | ☐ |
| | No | ☑ |

*If yes, please specify quantities involved (e.g., £5 or 1 hour credits):*

Applicant's signature: _K. Wjrd_____ Date: 8ᵗʰ March 2008_____

Supervisor's signature: _____ Date: 11/3/08_____

**PLEASE SUBMIT ALL APPLICATIONS FOR ETHICAL APPROVAL
VIA THE GENERAL OFFICE**

**\*\*RESEARCH MAY ONLY COMMENCE ONCE ETHICAL APPROVAL HAS BEEN
OBTAINED\*\***

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