

# The Ana Sanctuary: Women's Pro-Anorexia Narratives in Cyberspace

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## Abstract

This article explores cyberspace as a site in which women who are struggling with anorexia can find sanctuary from the surveillance of the public sphere. Feminist geographical and sociological work on the body and critical analysis of medical and psychiatric discourses inform the analyses of the text, narratives and images presented. I locate women's (dis)embodied cyberspace experiences in the context of the pathologization of women and within attempts to silence their voices. Through these women's narratives, women's engagement in the interpretation of their experiences can be observed. What women struggling with anorexia may not be able or ready to say to family, friends or professionals, they express in the "safer" space of cyberspace. Dominant cultural scripts about their bodies are reproduced, negotiated and/or resisted in their narratives.

*Key Words:* third wave feminism, pro-anorexia, cyberspace

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In this paper I explore cyberspace as a space in which women who are struggling with anorexia can potentially find sanctuary from the surveillance and regulatory mechanisms of control of the public sphere. I explore the narratives of women who create and visit pro-anorexia or pro-ana websites.<sup>ii</sup> Taking seriously the voices of these women can be viewed as a transgressive act, in contrast to hegemonic biomedical and psychiatric discourses of anorexia that portray women with eating disorders as 'irrational' and 'in denial' of their behavior, and pathologize and medicalize their experiences. However, through their narratives we see how dominant cultural scripts about their bodies are reproduced, negotiated and/or resisted. We can also observe women's engagement in the interpretation of their own experiences. The transient and fluid nature of pro-ana websites (in response to the backlash they receive) also illustrates the resilience of the women who seek them out and (re)create them. Just as the body is a site of struggle (and resistance), so too there are struggles over where and how women's stories of their body can be told.

Given that women's bodies and experiences of embodiment are subjected to relentless surveillance in the public sphere (Bray and Colebrook "Haunted"), cyberspace can potentially provide a space for women to meet safely as opposed to traditional public spaces and places in the built environment.<sup>iii</sup> Cyberspace can be conceptualized as an alternative space for women with eating and body issues, one that may serve as a sanctuary.<sup>iv</sup> Since the public realm is regulated by banishing from sight behaviors that are considered abnormal, repugnant or deviant (Duncan), cyberspace can provide a space to escape the scrutiny of others (though perhaps not self-scrutiny), as well as the opportunity to interact with others struggling with eating disorders. This could be helpful since the early stages of anorexia are usually marked by extreme isolation, secrecy, and disconnection. Ironically, cyberspace is a public space. While in contemporary Western

culture, not interacting within the public spaces of society is considered abnormal and unhealthy, occupying public spaces and revealing one's abnormality or deviance is considered equally if not more unhealthy (Bankey). The backlash these websites have received from the media and professionals in the field, which I will discuss later in this article, has been extensive. The stigma and shame that come with both diagnostic labeling and society's misunderstanding of eating "disorders" contribute to women's need to find creative ways to connect and find support. In contrast to the dominant discourses of anorexia and eating disorders in general, my research is informed by these women's narratives in an attempt to access alternative definitions and understandings that they may have of their own mental states (Parr 183).<sup>v</sup> Narratives may embody, reproduce, and/or alter cultural scripts; they may also push at the boundaries of what is unsayable and untellable in particular contexts (Chase 24). What women struggling with anorexia may not be able (or ready) to say to family, friends or professionals, they may be able to say in the safer and less confronting space of cyberspace.

### **Third Wave Feminism**

The issue of body image has been named as a central issue in third wave feminism because all women, feminist or not, "offer heartfelt and complex emotions on the topic" (Richards 198). Third wave feminists have directed much of their attention to the impact that popular culture has on their subjective experiences, rather than adopting legal or political strategies, because they see "the media and entertainment industries [are their] most visible 'oppressors'" (Richards 198) and an analysis and critique of popular culture as important to the political struggle towards female empowerment. Popular culture, "fueled by feminist backlash and capitalism, has focused a great deal of attention on young women and their bodies," propagating contradictory messages (that often use co-opted feminist language) of female control and agency alongside images of unattainable feminine beauty (Carter 120-1). For many young women their bodies have become "arenas for feelings [they] don't deal with, for unresolved traumas and injustices" (Edut xx). The epidemic of eating disorders and body dissatisfaction among women in Western industrialized countries (and increasingly globally) reflects the consequences of these contradictions. Third wave feminists' narratives, like those of pro-anorexics, illustrate the dilemmas young women today face in negotiating culture's stifling emphasis on hegemonic feminine beauty ideals while trying to enact agency through negotiations of their identities.

A question I grapple with in my research is whether women's behavior on these websites may be considered feminist without being overtly political, and conversely whether it can be considered political without being overtly feminist. I see this dilemma as a central tension in third wave feminism, especially in regard to the second wave critique that young women today are self-absorbed and inactive (Baumgardner and Richards 86) and apathetic to the work of the second wave (Walker xxxi). Third wave feminists are attempting to "contest a politics of purity that would separate political activism from cultural production" (Heywood and Drake, "We Learn" 51) and recognize the importance of individual experiences and personal narratives to speak to social and political dynamics. Third wave feminists address the "need for greater acceptance of complexities, ambiguities, and multiple locations, and highlight the dangers of reduction into dichotomous thinking" (Pinterics 16). They locate their theory in everyday

experiences, involving the negotiation with and recognition of multiple identities and femininities. Though third wave feminism may not have a clear definition of itself or of feminism, it is a movement that is encouraging and creating solidarity among women on the basis of challenging dominant power relations. This article reflects upon the connection and solidarity created through pro-anorexia websites which may serve to challenge and subvert these power relations.

## Methods

The notion of “ethical” Internet research is a current and ongoing topic of debate. The Internet provides many ambiguous areas in terms of what constitutes ethical research of widely accessible material. Because many on-line sites are openly accessible to the public, obtaining informed consent is often not done.<sup>vi</sup> However, care needs to be taken to exercise that the “fair use” of contributions to public forums respects participants’ privacy and protects them from harm. My research is a feminist poststructuralist discourse analysis of the data I have collected from various pro-ana websites since September 2001. For the purposes of this article I have chosen to highlight narratives that illustrate one major theme that emerged continually on these websites: alternative discourses of anorexia and eating disorders in general. In order to guarantee participants’ confidentiality, I have removed all names and pseudonyms. I have only accessed publicly available information from pro-ana websites; that is, I have not accessed any forums or chat rooms that required a password, pseudonym or my participation. I have not asked participants any direct questions, nor have I directly interacted with them in any way. Though most of the links to the websites I am referencing are no longer active – for reasons I will address later in this article – I have chosen not to provide any links in referencing my sources in order to further protect the women’s privacy, referencing them anonymously. I have, however, referenced some narratives that derive from a forum provided by an eating disorder support organization discussing pro-anorexia websites. This organization is not connected with, nor allows, links to any pro-anorexia websites.

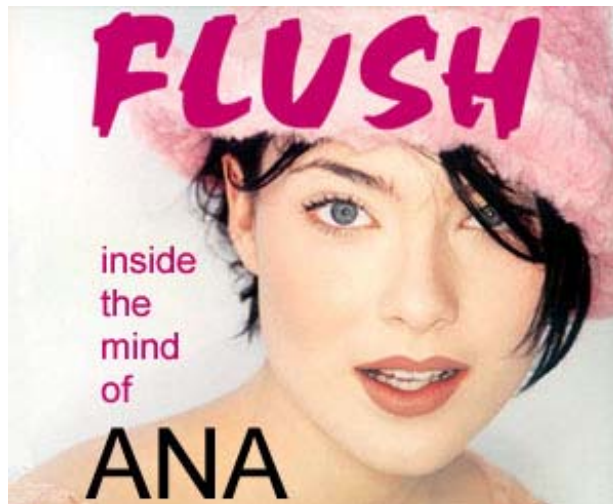


Figure 1 - Homepage for a pro-anorexia website.

I also want to acknowledge the controversial nature of this subject matter. I have professional work experience as a counselor working with this group, as well as personal

experience with disordered eating. I have sensitivity and empathy towards women with eating disorders, which I bring to my work as a social scientist and researcher. My intent, by putting these women's narratives at the center of my research is to listen to and take seriously their voices; voices which are subversive because they exist.

### Pro-anorexia Websites

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

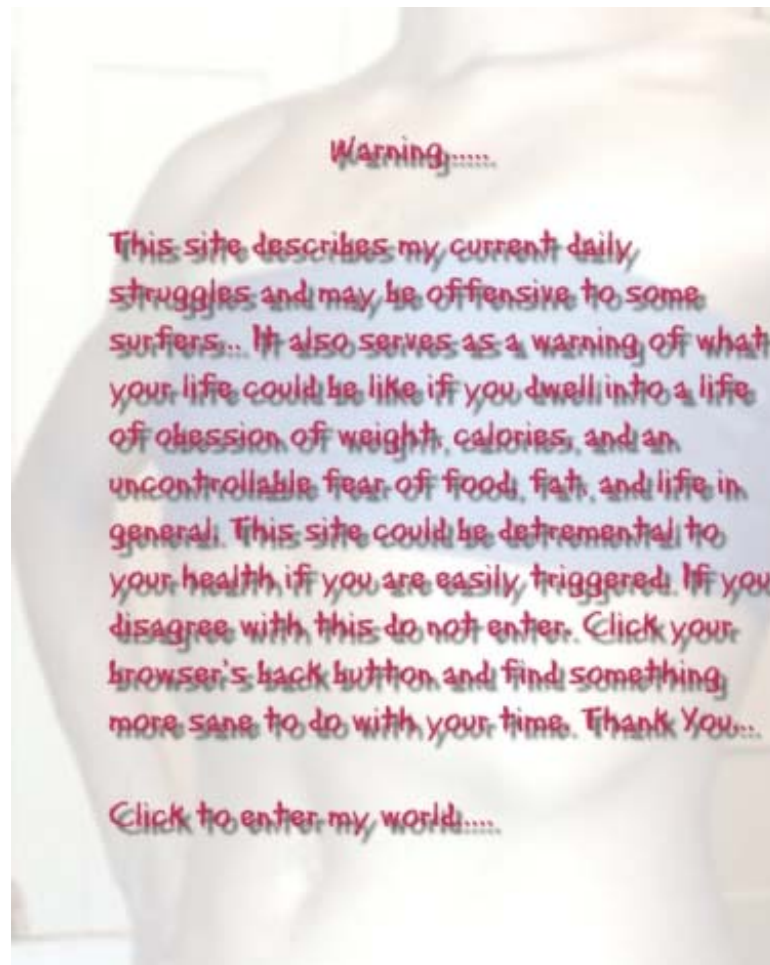


Figure 2 - The warning page on a pro-anorexia website.

Welcome to this Pro-Ana (Mia)<sup>viii</sup> Support Group. We are about encouragement, support, and assistance, to others like us who live with an ED and suffer with the problems that go along with it...This site does not encourage that you develop an eating disorder. This is a site for those who ALREADY have an eating disorder and do not wish to go into recovery. Some material in here may be triggering. If you do not already have an eating

disorder, better it is that you do not develop one now. You SHOULD leave.  
(Anonymous, Pro-Anorexia Site, 25 Oct 2002; emphasis in original)

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



Figure 3 - Homepage of a pro-anorexia website.

The primary purpose of these sites seems, on first contact, to promote and support anorexia, including detailed “how to” sections. These sites tend to have common features such as: bulletin boards and chat rooms; diaries (website owners post their diaries online, often keeping viewers up-to-date daily on calorie intake or avoidance, relapses, recommitments, *etc.*); tips and tricks (*e.g.* ideas for dieting, food avoidance, distractions from hunger, *etc.*); trigger pictures or thinspirations (pictures of ultra-thin, emaciated bodies to inspire loyalty to the regime and distractions from hunger); and, links to other pro-ana sites, often in the form of web-rings.<sup>ix</sup> Some also have poetry, lyrics, stories, treatment information and general information about anorexia, and related issues.



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

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

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



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

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

### **Backlash and Flaming**

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

In mainstream media critiques of pro-ana sites, the website owners are blamed for causing and promoting a “deadly disease,” and the “horrors” of the contents of their sites are displayed and discussed. What are absent from these critiques are the women’s own voices, as well as mention of the broader and more complex historical, political and social factors contributing to the epidemic of eating disorders in the first place. The following comes from a forum user, not a journalist:

You people are seriously sick! You're nothing but slaves to the media. You say you do this for YOU to make yourself feel better. Bullsh\*t. You wouldn't feel bad about yourselves if you didn't have a distorted perception

of perfection. You people need to do a hell of a lot more than lose weight, you need to get some self-esteem. Go to counseling. Being thin is not going to make you happy. Everyone has problems and you think being anorexic is going to make them easier??. . . The makers of this site ought to be ashamed of themselves. (S.C.a.R.E.D. Forum User, 2001-2002; emphasis in original)

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

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

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

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

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

Rarely mentioned or taken into consideration in mainstream interpretations of these websites are other possible causes of their behavior, aside from conformity and “slavery to the media,” such as sexual or physical abuse, oppression, discrimination, harassment, violence, or trauma.<sup>xi</sup>

## Pro-anorexia Narratives

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

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

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

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

People with eating disorders are isolated and surrounded by people who don't understand what we think or feel.... Some of us need our EDs still and aren't ready to recover. Eating disorders are dangerous, and ignorance compounds that. We can't go ask for safe advice from non-EDs without a risk of being hospitalized or shunned. Pro-ED to me means understanding that there's no shame in how we are, and acceptance that this is how we will continue to be for an indefinite period of time. It means support for us so we don't have to deal with this alone. It means nonjudgmental help so we can survive and remain as safe and healthy as possible while maintaining the behaviors we still need to keep. Pro-ED to me does not mean recruiting, encouraging or teaching others to be anorexic, encouraging excessively dangerous practices, or starving to death. (Anonymous)

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

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

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

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

this issue is something quite new.<sup>xiii</sup> Women can access less intimidating support before they are ready to take the step of seeking face-to-face support.

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

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

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

Another major paradox with eating disorders is that, in order to access treatment, women have to be clinically diagnosed by a physician and often have to meet rigid criteria for diagnosis and admittance. In other words, if their health is not seriously compromised and their weight is not low enough, they do not qualify for treatment unless they can afford private services. Many girls and women I have worked with were well aware of this pattern, and many actually avoided seeking treatment for fear of rejection. Many who are quite ill are turned away from services because doctors determine that their condition is not immediately life-threatening. The success rate of treatment programs for anorexia is very low – not solely the result of the failure of specific treatment techniques, but largely because once anorexia reaches a critical and chronic stage it is much harder to recover.

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

One phenomenon common on these websites is a practice common in Narrative Therapy – the externalization of the "eating disorder voice" (Epston *et al.*). Clients are sometimes encouraged to separate the voice that encourages the destructive behavior of the eating disorder from themselves, in order to gain some psychological distance and recognize that the eating disorder does not define them. This is used on pro-anorexia

websites by naming ana, a friend and/or enemy that they all have in common and to whom they feel ambivalent towards. It is often illustrated, as is sometimes the case in narrative therapy, in the form of letter writing:

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

*Dear Ana,*

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

The second narrative shows that this woman sees through the illusion of control that Ana promises; the more she tries to control what she eats and weighs, the more out of control she feels. Many of the narratives demonstrate that even though the women recognize that they are not yet ready to recover, there is some ambivalence about recovery.

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

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

Unlike the mainstream interpretations of these women's behavior as pathetic or malicious, and as attempts to harm themselves and others, these narratives paint quite a different picture. They illustrate these women's struggles, emotional pain and searching for acceptance and connection, as well as an ambivalence towards recovery. Some show us that these women are very aware of their own situation, as well as looking out and caring for others. There is also evidence of the tension between the desire to go public with their stories (in this case via the media) in order to effect some change in societal awareness, and the fear of how these stories may be distorted and misrepresented as deviant. The contents of these websites and the women's narratives illustrate the contradictions and paradoxes inherent in their situation. The boundaries of the "safe space" are constantly threatened.

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

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

### **Third Wave Feminist Bodies**

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

Third wave feminism offers further insight because of the contradictory nature that has come to define this wave of feminism. “Contradiction [is]...a fundamental, definitional strategy, a necessary, lived, embodied strategy” (Heywood and Drake, Introduction 8), as young women's experiences today are “diverse, fragmented, and embody a lived messiness” (*ibid* 2). Many women, in trying to make sense of this messiness, have turned the focus inward, to the body, and have started from a place where they hold a degree of power and control (Richards xxii). The narratives in third wave collections, like the narratives on pro-anorexia websites, describe individual women's struggles with their identities as well as the contradictory nature of what each of them finds empowering. As Edut states, “in a world that still tries to assume our identities, we rebel with an outward expression of self...in all its messy complexity” (xxi). Thus, although pro-anorexia website users do not (overtly) declare their motives to be either feminist or political, their behavior can be read as strategic acts of agency.

Through this article I have demonstrated that there is much more depth and meaning in women's pro-anorexia narratives than may be obvious by listening to dominant interpretations of their messages. Biomedical and psychiatric discourses can no longer point the finger at individual psychopathology in the face of mounting evidence of the broader historical, sociocultural and political connections with this increasingly global cultural epidemic. If we look beyond the supposed individual pathology of such “deviant” behavior, we can detect alternative discourses of resistance. We can also see

individual agency in these women's attempts to reach out to one another and create safe, nonjudgmental spaces. Though pro-ana sites do appear to visually reinforce hegemonic norms by showing mainstream images of acceptable female beauty alongside images of deviant bodies, their very presence in public spaces and their ability to resist and subvert pressures to behave creates something of a parody of these impossible norms and demonstrates their agency pose in spite of the backlash. The judgmental responses of practitioners in the field of eating disorders separate the girls and women who do not want help from those who are ready to seek help. These simply reinforce dominant binaries of good/ compliant girl and bad/ resistant girl that have historically been used to pathologize and silence women. These websites should be positioned within this new wave of feminism, a feminism that ignores these binaries through positing a multiplicity of voices and agencies.

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<sup>ii</sup> Because of the frequent shutting down of these websites, obtaining copyright for the images used in this paper has been impossible. All of the images were obtained from websites that are no longer accessible. Anyone who comes forward with copyright for any of the images used will be acknowledged.

<sup>iii</sup> This new alternative public space is not available to everyone as access to technology and necessary skills effectively replicate class divisions within virtual spaces, tending to reinforce existing inequalities and propagating dominant ideologies. As well, the cost of access to the Internet contributes towards class divisions as well as racial ones; the vast majority of the Internet's users are white and middle class. Moreover, the "real" identities of its users can never be fully known. In cyberspace it is possible to represent yourself as a different age, race, or sexual orientation, providing users with unprecedented possibilities for controlling the conditions of one's own self-representations. Virtual reality encounters provide an illusion of control over reality, nature, and, especially, over the unruly, gendered and race-marked, essentially mortal body (Balsamo; Kolko *et al.*; Stone). For the purposes of this article, I assume that the narratives collected are from girls and/or women struggling with eating disorders. I will use the term "women" throughout the paper to include girls and women although I am mindful that I cannot know the demographics of the women I am studying with any certainty.

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

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

<sup>vi</sup> For the purposes of this paper I follow the *Medical Research Council of Canada* which outlines specific instances in which informed consent is not required:

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

<sup>vii</sup> It is difficult to know at any given time just how many of these websites exist; the Eating Disorders Association estimates that the internet contains at least 400 pro-ana sites (Reaves).

<sup>viii</sup> Some websites also refer to mia, which is short for bulimia, or coe, which is short for compulsive overeating.

<sup>ix</sup> Websites about eating disorders fall into three general categories:

- (1) *Medical*: those that disseminate medical, psychiatric and psychological information about eating disorder diagnosis and treatment, etc., or details about professional organizations.

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- (2) *Support*: individuals who are struggling with an eating disorder, in recovery, or have recovered or organizations that provide information and/or support around eating disorders.
- (3) *Pro-ED*: sites providing non-judgmental support for individuals currently engaged in eating disorders and not in recovery.

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

<sup>x</sup> (1) Refusal to maintain body weight at or above a minimally normal weight for age and height (*e.g.* weight loss leading to maintenance of body weight less than 85% of that expected, or failure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected).

(2) Intense fear of gaining weight or becoming fat, even though underweight.

(3) Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.

(4) In postmenarchal females, amenorrhea, *i.e.* the absence of at least three consecutive menstrual cycles

<sup>xi</sup> For more on this see Herman; hooks; Kearney-Cooke and Striegel-Moore; Lovejoy; Thompson; Wooley).

<sup>xii</sup> A set of therapeutic techniques increasingly used in the treatment of eating disorders is "Motivational Enhancement Therapy," which recognizes various stages of "readiness for change" (Prochaska *et al.*). In the earliest stage - pre-contemplation - the anorexic is not yet ready to take steps towards "recovery." At this stage traditional treatment is not very effective. Many do not reach out for support during this stage, suffering in secrecy and isolation.

<sup>xiii</sup> There are a number of autobiographies and memoirs that describe the experience of anorexia and other eating disorders (Apostolides; Hornbacher; Liu; MacLeod). While these texts provide insight into the anorexic experience, they differ from the websites in a number of ways. Firstly, they are often written post-recovery. Secondly, the women on these websites may not have access to connections or resources that would enable them to get their story into the mainstream through endorsed and privileged means such as publication. Thirdly, these stories are not welcomed or encouraged and are often choppy and disjointed owing to the backlash these websites receive and the subsequent shutting down.

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

<sup>xv</sup> For more on this see Beresin *et al.*; Bruch; Chernin.

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