

University of Dayton

eCommons

Graduate Theses and Dissertations

Theses and Dissertations

2007

Human interaction as manifested through the body: the socially experienced self and the dialogical construction of eating disorders

Laura Dawn Russell
University of Dayton

Follow this and additional works at: https://ecommons.udayton.edu/graduate_theses

Recommended Citation

Russell, Laura Dawn, "Human interaction as manifested through the body: the socially experienced self and the dialogical construction of eating disorders" (2007). *Graduate Theses and Dissertations*. 5311.
https://ecommons.udayton.edu/graduate_theses/5311

This Thesis is brought to you for free and open access by the Theses and Dissertations at eCommons. It has been accepted for inclusion in Graduate Theses and Dissertations by an authorized administrator of eCommons. For more information, please contact mschlangen1@udayton.edu, ecommons@udayton.edu.

Human interaction as manifested through the body: The socially experienced self
and the dialogical construction of eating disorders

Thesis

Submitted to

The College of Arts and Sciences of the
UNIVERSITY OF DAYTON

In Partial Fulfillment of the Requirements for

The Degree

Master of Arts in Communication

By

Laura Dawn Russell

University of Dayton

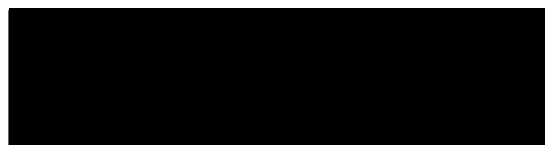
Dayton, Ohio

July, 2007

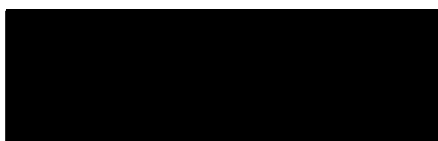
APPROVED BY:



Dr. Teresa Thompson
Faculty Advisor



Dr. Jason Combs
Committee Member



Dr. Donald Yoder
Committee Member



Dr. Donald Yoder
Chair, Department of Communication

Copyright by
Laura Dawn Russell
All rights reserved
2007

ABSTRACT

HUMAN INTERACTION AS MANIFESTED THROUGH THE BODY: THE SOCIALLY EXPERIENCED SELF AND THE DIALOGICAL CONSTRUCTION OF EATING DISORDERS

Name: Russell, Laura Dawn
University of Dayton

Advisor: Dr. Teresa Thompson

This ethnographic study explores the self and social constructs of those with eating disorders as they manifest in the dialogue of online proana communities. A qualitative method triangulating a participant-observation role and textual analysis was used to take part in and examine the social dynamics of those with eating disorders. Both the documentation recorded in a reflexive journal and the online postings of those involved with a proana community were the comprising data for interpretation and analysis. Using a hermeneutic approach, a grounded-theory model, the definition for eating disorders was derived from the dialogue through which proana members: 1) expressed points of contradiction, both in their personal lives and in disagreements with others of the forum, 2) used specific labels to identify their disorders, 3) framed their disorders as in a personal relationship with their selves, and implied different stages through which this relationship evolves, and 4) described specific motions to illustrate the sequential processes of their experiences. Such findings

evidence the socially constructed nature of eating disorders and reveal the value in exploring dialogue further to uncover deeper meaning for these phenomena.

ACKNOWLEDGMENTS

The personal journey I have taken throughout my research has led me down a path where I have met many inspiring others. As I reflect on the experiences throughout my work, I recognize those who have given so much of themselves to guide me along the way:

Dr. Teresa Thompson. Her passionate drive for research and selfless dedication to my growth as a scholar provided me the strength to seek challenges through my learning and embrace them. May she and I continue to share a love for wanting to understand the things we thought we understood.

Dr. Donald Yoder. As a master at playing devil's advocate, he served as the voice of wisdom who brought to my attention many viewpoints I often did not recognize. And, I will forever be amazed by his ability to organize everything into a box.

Dr. Jason Combs. His caring concern for humanness continually served to remind me of the dynamic role of research. He encouraged me to see the greatest reward of going through this process, by recognizing how my personal discoveries can simultaneously inspire discoveries of others.

Dr. Catherine Waggoner. In both professional and personal realms, she helped me to explore the potential within myself and find confidence to pursue my ambitions further. With her, the conversation never ends—it continues on streaming together the many insights we have shared and will continue to share in our journeys forward.

My mom, Norma Russell. Throughout all of my experiences within and beyond academia, she has instilled within me a faith that is near magical. Her comforting words remind me each day of the opportunities we have to seek, for the needs of both ourselves and others. As I pave my own path toward recovery it is she who holds my hand each step of the way.

My Fellow Colleagues. They continually inspired me by their amazing work and intelligence. I especially thank them for their ears, as they were devoted to listening to my ideas and sharing those of their own. May we as fellow classmates and friends continue on with our efforts to do great things.

TABLE OF CONTENTS

APPROVAL PAGE	ii
ABSTRACT	iii
ACKNOWLEDGEMENTS	v
TABLE OF CONTENTS	vi
CHAPTER	
I. REVIEW OF LITERATURE	1
Biopsychosocial Development of the Self	3
Internal Dialogic Construction of the Self	6
Eating Disorders and the Self	14
Expressions of the Self and Eating Disorders	18
Proana Communities	22
Research Questions	25
II. METHOD	28
Participants and Design	28
Participation-Observer Role Process	34
Data Collection	38
III. CONTRADICTIONS	41
Saved vs. Slaved	41
Purity vs. Gluttony	46
Happiness vs. Despair	50
Strength vs. Weakness	56
Empowered vs. Overpowered	59
IV. THE SOCIAL CONSTRUCTION OF EATING DISORDERS	65
Self with Eating Disorder	69
"Others" and the Construction of Eating Disorder Identities	76

Turning to Proana Communities	79
Divided Similarity	83
Self through Eating Disorder Stages	94
V. DISCUSSION	105
Binding Contradictions	106
The Use of Labels	110
Stages of Self/Eating Disorder Relationships	113
The Directional Processes of Self/Eating Disorder Relationships	118
Participant Role	123
Limitations and Future Research	128
Conclusion	132
VI. BIBLIOGRAPHY	133

CHAPTER ONE

REVIEW OF LITERATURE

Recently scholars have directed attention towards exploring eating disorders and have identified such phenomena as affecting a population of nearly 10,000 individuals in the world today (National Eating Disorders Association, 2007). Through my personal experiences living with anorexia, I have faced many difficulties that have manifested in both my physical and emotional self. The personal struggles I face have guided my search to find meaning for these disorders and better understand how they function in the lives of social beings. Throughout my review of literature, I explored many researchers in the medical field who have identified specific symptoms and biological implications of eating disorders (Keel & Klump, 2003; Siegfried, Berry, Hao & Avraham, 2003). In addition, I recognize those from the field of psychology as having focused on the cognitive dimensions and specific mental processes that lead to or result from disordered eating (Connan, Campbell, Katzman, Lightman & Treasure, 2003; Hilbert & Tuschen-Caffier, 2005; Woods, 1991). And, to add to the biological and psychological dimensions of eating disorders, I examine how sociologists have outlined societal influences that potentially play a major role in how individuals' perceptions of body and self are shaped by cultural expectations and societal norms (Fouts & Burggraf, 1999; Lester, 1997). With research predominantly stemming from these fields of biology, psychology, and sociology, the National

Eating Disorders Association's current conceptualization for eating disorders derives from a biopsychosocial framework: "Eating disorders are illnesses with a biological basis modified and influenced by emotional and cultural factors" (<http://www.edauk.com/>, 2007). This definition brings attention to the illness of eating disorders rather than the persons who suffer from such disorders; I recognize this as a significant oversight of the individuals who experience such phenomena. There is little to know documentation of the voices behind those who experience eating disorders and how such voices construct the reality of their everyday lives. If professionals seek to help those with eating disorders, then there must be attention directed towards understanding the meanings persons with these disorders construct through their experiences.

To bring a focus on the meanings held by individuals who experience eating disorders, I first outline the biopsychosocial dimensions of self development and second explain the communicative processes that play a role in self-construction. By examining existing research on the development of self, I provide a framework that emphasizes the role individuals play in the construction of their perceived selves and social experiences. I then guide the discussion toward examining the dynamics of both intrapersonal and interpersonal dialogues of self-construction in the context of eating disorders. Finally, I explore potential methods that could be used to observe the aforementioned dialogues and gain deeper understanding of the eating-disordered self as it is created in social contexts.

Biopsychosocial Development of the Self

Beginning at birth, infants go through a developmental process of learning how to observe and interpret the surrounding environment (Fonagy & Target, 2001). At this early stage in life, the brain is conditioned to process information much differently than during adulthood (Deacon, 1997). Adults have multiple structures within the brain that work in conjunction to process meaning. Infants, on the contrary, have many premature structures of the brain that are not capable of functioning with other developed parts; therefore, only the most developed structures operate in isolation to guide the cognitive functions of children. Not only is this process of development crucial for structural growth of the brain, but it also has an impact on the way human beings acquire language skills (Deacon, 1997). To better understand the process of language development, I explain the cognitive structures of logic and how they play a role in the growth of humans' social skills.

In his research on semiotics and logistics, Charles Sanders Peirce (1967), described the brain as tiered in three levels of meaning: iconic, indexical, and symbolic (Buchler, 1964). The very basic level includes the learning of icons, which involves seeing objects just as they are apart from their functions and relationships to other objects. On this level, objects also exist apart from the words assigned to name them. On the indexical level of knowledge, learning involves not just recognizing objects, but also correlating those objects and their presence with other objects. When speaking in terms of language, an indexical

relationship is distinguished when individuals are able to identify an object with the word that labels that object. This level of knowledge builds upon the basic iconic level; once individuals perceive icons, they can then begin acquiring an index of names for objects they see; however, this mere correlation process is reliant upon inference. Word/word, object/object or word/object combinations as they occur together are inferred by individuals who interpret the dyads as co-existing. However, in this process of interpretation only recognition of the correlation is made with an absence of understanding why the correlation occurs. Acquiring an understanding of how objects relate and what they mean is a process that takes place at the most complex level of meaning construction: symbolic learning. At a symbolic level, human beings come to understand the world beyond the basic objects that constitute the physical environment. It is at this level where objects are seen as meaningful, with purpose far deeper than the surface visibility of an icon. Symbolic meaning is acquired by recognizing and interpreting relationships between and among objects as humans understand them through experience.

Identifying how these levels of meaning differentiate yet build upon one another is essential for understanding the processes of self construction; this is because as individuals assign meaning to their surroundings, they in turn develop meaning for their selves in relationship to those surroundings. The process by which this meaning development and interpretation occurs is through internal communication within the self (Deacon, 1997). More specifically, internal

dialogue sets forth the beginning of symbolic understanding as it guides the communicative process for constructing the self's interpretations and meanings of the world (Lawrence & Valisner, 2003). However, this level of understanding is not acquired through simply seeing and hearing external stimuli alone; it is meaning constructed through social experience and interactions with other human beings (Deacon, 1997). Therefore, through a symbolic understanding individuals begin co-constructing meaning by relying upon communication within the self as well as with the surrounding social environment (Deacon, 1997).

I find that current research continues to emphasize how the social environment has a significant influence on the internal development of individuals (Fonagy & Target, 2001). In particular, interpersonal relationships of human beings play a predominant role in how children interpret and understand the world (Fonagy & Target, 2001). Of those relationships, individuals who maintain significant roles in children's lives model how basic language can be both used and interpreted. In addition, as others express emotions along with verbal and nonverbal messages, children begin to infer and assign meaning to such communicative acts based on the context in which they occur (Miall, 1986). As children continue to develop meaning through shared social experiences, they rely upon visible indicators, as well as language with others to understand and interpret their own senses of emotion.

Emotionality plays a major role in the psychosocial development of children (Fonagy & Target, 2001; Fox & Calkins, 2003; Harter, 1998; Kamann &

Wong, 1993; Miall, 1986). As emotions develop, children begin to make correlated links between their experiences and certain intuitive feelings they associate with such experiences (Miall, 1986). In addition, by observing others' displays of emotion, children begin to understand how to express themselves in relation to those within their social environments (Kaman & Wong, 1993). The sharing of emotion serves to construct a communal bond with others, where implicitly behind certain verbal and nonverbal forms of expression lie symbolic meanings for feelings (McFarland, 1984). This symbolic link is significant, in that it enables children to begin connecting with others beyond their visually perceived similarities; they begin identifying with others through emotions and feelings, which in turn reveals to children that they themselves are more than objects (Miall, 1986). I see this social process as imperative for understanding the transitions children experience as they progress toward self-realization.

Internal Dialogic Construction of the Self

As one constructs symbolic meanings for the self, it is important to recognize the communicative processes that guide how they interpret and understand their being. To explore this self-construction further, I note the dynamic interactions that bind together the internal and external worlds of the self. Through observations of and interactions with others, individuals obtain language skills which they use to connect their innermost thoughts to the external world (Laing, 1969). In fact, internal dialogue serves as an essential link for tying socio-cultural meanings to the identification process of the self (Lawrence &

Valsiner, 2003). It is often that the linguistic interactions human beings have in social contexts are continued within individuals through a process of breaking down words into subjective meaning. This process allows for further development of personal meanings and symbolic associations with the social world, which, in turn, become integral parts of the self (Lawrence & Valsiner, 2003). Therefore, as I examine this process, I frame internal dialogue as an abstraction of individuals' social experiences with others.

To better distinguish the processes of internal dialogue from other forms of dialogue, I reference Johnson (1984) who observed the differences between internal and external speech. Noted in his study was the notion that while external speech is a way to express thoughts in words, inner speech is just the opposite—processing words into thoughts. The research goes further into exploring two specific cognitive processes through which inner speech is constructed: 1) listening as a behavior in which words are transformed into thoughts, and 2) self-talk as a way of putting thoughts into words. Distinguishing the difference between the two—inner speech and self-talk—helps in justifying both as significant yet different concepts involved with communication. However, I note that, while this study explored the different dimensions of inner speech, it did not take into account how individuals actually go about making sense of the ways in which they communicate with themselves.

As other researchers have also explored inner speech, they have done so by exploring how it relates to memory (Jensen, 1984; Petroulakis & Demotikis,

1984). Once individuals go through the process of transforming words into thoughts, those thoughts become integrated into individuals' perceptual meaning structures (Petroulakis & Demotikis, 1984). Over time, as more memories are stored, individuals piece them together to create a more holistic meaning of the self and the self's relationship to the social world (Petrakis & Demotikis, 1984). The complex process by which thoughts are interpreted and stored within the mind often leads to memory distortion due to the personal nature of such a process (Jensen, 1984). In addition, this distortion occurs because the internal dialogic structure is often fragmented, loosely intertwined and held together by previous memories and current interactions. Past recollections serve as a frame of reference to make sense of present situations. Therefore, individuals' previous interpretations not only influence the ways in which they perceive the world day-to-day, but in turn such day-to-day interpretations build upon past meaning structures. This learning process constructs a binding schema unique to each individual; this is how people come to understand their selves and correlate meaning from their personal histories to their perceived futures (Jensen, 1984). It is the internal dialogue that voices recollections of the past in present-time thoughts. Therefore, this dialogue establishes a structure that streams together past instances and current experience, providing a framework for consistent logic. In other words, the dialogue individuals construct within themselves shapes the ways in which they perceive their selves as agents in an experiential world (Jensen, 1984). Again, as I define internal dialogue, I

emphasize the role social interactions with others play in the construction of this dialogue. There appears to be a continual dynamic flux between internal and external worlds that shapes how individuals perceive their self-concepts.

I find that several studies have observed individuals' perceptions, particularly those in relation to distortions of the self-concept (Hallam & O'Connor, 2002; Keinanen 1999; Saakvitne, Tennen & Affleck, 1998; Safren et al., 2000). Often times, individuals construct meaning for social experiences while being completely unaware of their own biases in situations. Therefore, when faced with current situations, individuals experience a dialogue within the self that speaks pre-conceived "truth" acquired through previous interpretations; yet, the "truth" is limited to the dialogue that constructs it. In other words, as individuals see the world through this particular voice within the self, it heightens the awareness of certain perceptions, while it simultaneously inhibits the ability to see the world in other ways (Burke, 1969; Laing, 1969). This creates a cycle in which individuals may continually misread their environments as a result of relying on pre-conceived constructs of the world (Hallam & O'Connor, 2002). Often such interpretations lead individuals to develop misinterpreted perceptions of their selves (Hallam & O'Connor, 2002; Laing, 1967, 1969). Such perceptions may then become part of a cyclical, intrapersonal dialogue that continually reinforces an inflated positive or negative twist on individuals' perceptions of the self and world (Safren et al., 2000). Using this research, I illustrate how the

attitudes towards the self initially evolve through social processes, and later manifest through internal communication.

I bring specific attention to acknowledging individuals' constructed attitudes, particularly the attitudes of those who describe themselves negatively (Safren et al., 2000). Because this negativity has been linked to individuals' tendencies to frequently misinterpret social contexts, a key question remains: what triggers initial distortions of messages, which later develop into frequent misinterpretations and the degradation of the self-concept? Safren et al. (2000) explored negative self-statements as a result of depressive and anxiety traits. These researchers found that individuals could be identified as either depressed or anxious based on the self-statements they exhibited. I find in this study, however, an assumption that inborn traits cause individuals to distort their interpretations of communicative acts; in other words, these researchers assume that biological factors served as the primary precursor to negative self-development (Safren et al., 2000). As I continued my review of literature, I discovered philosophies in disagreement with the above conclusions.

In contrast to the biological standpoint is the notion that external factors serve as key determinants of how interpretations of language and meaning are constructed by humans. Often times, individuals experience a traumatic event or some form of imbalance in life that strongly impacts how messages are perceived and interpreted (Hallam & O'Connor, 2002; Saakvitne, Tennen & Affleck, 1998). The impact of traumatic experience not only affects individuals

mentally, but also emotionally (Saakvitne, et al., 1998). This at times impairs individuals' abilities to rely on previous constructs, so they begin recreating perceptions through the lenses of traumatized victims. From this perspective, individuals experience a dialogue with language that constructs negativity as a result to the unstable experience (Saakvitne, et al., 1998). What I understand from this research is that social experience can have a tremendous impact on the way in which individuals communicate within themselves. Further, it demonstrates that internal dialogue is not completely set, that it *can* change and does so in response to experiences guided by external factors.

Similar to what happens in traumatic instances, but on a more general level, is that any external messages that contradict to individuals' constructed self meanings can perpetuate internal anxiety; this is apparent when individuals perceive their understanding of the world to be challenged by an outside source (Hallam & O'Connor, 2002). Frequently, it appears to me that such challenges arise through dialogue in social contexts. During social interaction, individuals may at times perceive their own beliefs as different from the meanings and interpretations of others; this prompts the onset of contradicting thoughts to enter into internal dialogue. In particular, when others convey messages that contradict one's personal beliefs of the self, they have a profound impact on internal dialogue which shapes the self-concept (Miall, 1986). Thus, contradiction spurred through social interaction threatens the stability of

individuals' internal dialect, causing a constant shift between pre-constructed meaning and newly perceived opposition (Saakvitne, et al., 1998).

I find the contradictions individuals describe as internally experienced to provide significant insight to understanding the dynamics persons experience in their social worlds. By examining meanings individuals ascribe to their internal conflicts, it may be possible to grasp a deeper understanding of the social processes through which such meanings were constructed. Scholars currently suggest that at the onset of contradiction, internal dialogue functions to mediate messages between internal constructs and opposing external messages (Hallam & O'Connor, 2002). This mediation process takes place to reduce the tensions of opposing forces by making sense of contrasting meaning. Therefore, this further illustrates how misinterpretation takes place, as when individuals receive messages opposite to their own understandings, they make sense of the contradiction by relying upon preexisting meaning structures (Laing, 1969). Yet, I find that even with this insight, it is difficult to know exactly how the mediation process unfolds and to what extent contradiction within the self is resolved. I particularly question how the process of resolving internal conflict manifests socially in dialogue with others.

As I continue to explore the dynamic roles of the self, I have found that previous research does strongly suggest that internal dialogue functions as a link between external experiences and the development of selfhood (Harris, et al, 2005). In addition, it serves as a process by which individuals come to better

understand their self-concepts in relation to others (Stern, 2002). But while many consider such dialogue as a connection between external experiences and internal constructs, it appears that through this same connection there may also be an ever-present dissonance that is crafted through the voices of the self and those of others. I agree with many scholars in that seeking an understanding of the social dynamics between the self and others is crucial for observing those with eating disorders, particularly because the manifestation of such phenomena has been linked to social variables (Brown & Jasper, 1993; Fouts & Burggraf, 1999; Grabhorn, Stenner, Stangier, & Kaufhold, 2006; Lester, 1997, Zaitsoff, Geller, & Srikameswaran, 2002). Yet, what I am unable to find in previous research are the processes by which individuals with eating disorders experience as they construct a self dynamically through external and internal dialogues.

As I earlier indicated from previous research, the internal dialogue of individuals serves a significant role in the construction of their self-concepts. At the same time, scholars recognize the dynamic process between: 1) taking in and responding to external stimuli, and 2) establishing an internal conception of the self derived through interactions with external stimuli (Hallam & O'Connor, 2002). This unfolding dynamic that takes place between internal and external worlds has also been referenced by scholars researching eating disorders (Gutwill, 1994). In addition, some researchers have suggested specific external factors, such as media images and societal expectations as the cause of internal angst and the onset of eating disorders (Brown & Jasper, 1993; Fouts &

Burggraf, 1999). Other studies have suggested that internal traits, such as social anxiety and feelings of shame are at the root of the development of eating disorder behaviors (Grabhorn, et al., 2006). Yet, as I see much attention focused on set traits of individuals and/or specific variables of their external environments, I recognize how very little attention has been devoted to understand the processes through which individuals explain and create meaning for their experiences with eating disorders. To examine the construction of meaning as it is currently understood by scholars, I explore literature that addresses the current understanding of the relationship between the self-concept and eating disorders.

Eating Disorders and the Self

The contradictions that arise through interactions between the internal and external worlds of the self have been noted by scholars studying eating disorder phenomena (Grabhorn, et al., 2006). Those with eating disorders are believed to be highly sensitive to conflict with others; therefore, they withhold emotions and feelings, particularly those that are negative, to maintain a sense of harmony with those in their social environment (Zaitsoff, et al., 2002). The process of suppressing one's inner-most thoughts and feelings is said to lead to the development of a silent self. First developed by Jack and Dill (1992) the model for conceptualizing the silent self consists of four main criteria: 1) suppression of feelings, 2) judgment of the self by external standards, 3) consideration of others' needs before those of the self to secure attachments, and 4) presentation of an outer compliant self regardless of any circumstance.

As I review previous research, I have found that those with eating disorders are often identified as having characteristics of a silenced self (Geller, Cockell, Hewitt, Goldner, & Flett, 2000; Zaitsoff, et al., 2002). In previous research, scholars have attributed this silence to the social anxieties and phobias eating disordered persons experience (Grabhorn, et al., 2006). Because this particular population is highly concerned with the values and needs of others, they tend to be overly cautious with presenting their selves in a socially acceptable way. This explains their drive for perfectionism, as those with eating disorders seek optimal approval from others. Along with this perfectionist mentality is the avoidance of expressing the self in any way that may be perceived by others as fault (Geller, et al., 2000). Therefore, many of the negative feelings sensed within remain silenced to avoid any chances of disappointing others and exhibiting flaws. Because the silenced-self theory is applicable to exploring those with eating disorders, I use this conceptual definition of self to guide my research. To further illustrate how the silenced self manifests and functions in social contexts, I provide a more detailed account for how this particular self evolves.

A self that is continually suppressed during social interaction will likely experience a number of complications with both physical and mental health. Physically, social suppression can bring about internal stress that negatively affects the heart and nervous system (Eysenck, 1994; Johnson, 1990). Mentally, the continuation of withholding aspects of the self creates feelings of inadequacy

and shame (Zaitsoff, et al., 2002). These feelings perpetuate a negative mindset towards the self, lowering individuals' self esteem and causing them to avoid social settings all together because they perceive themselves as failing to meet the expectations of others (McClintock & Evans, 2001). Yet, as we live in a social world, avoiding interaction with others is nearly impossible. Unfortunately, the safest route to avoiding confrontation and negativity is to keep all the feelings and emotions within silenced. In addition to verbal expression, however, the body too projects an image of the self to others. Therefore, scholars have examined how the silent self impacts how body image is perceived (Geller, et al., 2000).

As the body plays a significant role in individuals' pursuits to define a self, it also plays an equally vital role in how individuals interact with others. In particular, the visual representation of self is an inseparable component in the construction of relationships (Antoniazzi, Zivian, & Hynie, 2005; Biby, 2005; Hilbert & Tuschen-Caffier, 2005; Stelter, 2000). This is because the social world is highly visual and often seeks to construct meaning through appearance; in western culture, for instance, a heavy emphasis is placed upon individuals' physical images, whether through reinforcements of the media (Fouts & Burggraf, 1999) or through interpersonal contexts (Antoniazzi, et al., 2005; Biby 1998; Hilbert & Tuschen-Chaffier, 2005; Turrell, Davis, Graham & Weiss, 2005). Therefore, in any context where the self is *presented* to others, it is the body's *representation* of self that defines its mere existence. And if the body is the very

concrete representation of self, then its physical attributes must in part reflect "who" individuals are. I, therefore, suspect that those with eating disorders who feel verbally silenced continually use their bodies to project their selves in the most pleasing manner. The body serves as a symbol, in essence, which individuals can use to conform with, as well as repel from, others (Biby, 1998). Therefore, it is apparent to me that the body is relied upon as a means to immerse the self in a social world, yet functions as an object which is constantly subject to critical judgment.

What I see as important to keep in mind is the fact that the physical self cannot be silenced. No matter its shape or appearance, the body always projects meaning subject to interpretation and judgment. This is why I suggest that many individuals seek to control the body, whether through physical action and/or appearance, as it is a symbol of the self that conveys meaning to the social world. And, in a context where contradiction between the self and other emerges, it seems that the body, too, is wound into this contradiction. Because the body functions as the representation of self, individuals may focus on using their physical attributes to create a visible impression acceptable to others (Geller, et al., 2000). Therefore, it is likely that the body serves as a symbolic image of a self that is perfectly constructed, which, in turn, may be perceived by those with eating disorders as a way of preventing contradictions from arising in social interactions.

As I reference to the physical body, I question to what extent the visible image of the self dynamically influences the verbal interactions that take shape in social contexts. For those with eating disorders, I see it as pertinent to understand how perceptions of the body's social role filter into of verbal interactions individuals have with others. Yet, the personal meanings those with eating disorders assign to their bodily expressions may only be known through their internal dialogue. I explore attempts at releasing internal dialogue and how specific research methods may provide insight into the constructed experiences of those with eating disorders.

Expressions of the Self and Eating Disorders

I recognize many attempts that scholars have made to explore the intrapersonal communication that is personally experienced by human beings (Hallam & O'Connor, 2002; Jensen, 1984; Lawrence & Valisner, 2003; Pang, 2005; Rosenblatt & Meyer, 1986). Within these studies, the researchers utilized different strategies to elicit internal dialogue: written communication, psychotherapy processes, and narrative interviews. I discuss these methods further to identify exactly how internal dialogue is shared with outside others and how this previous research applies to understanding the experiences of those with eating disorders.

Some of the first attempts at observing internal dialogue involved studies on expressive written communication. Jensen (1984) examined memoirs and journals to gain deeper insight to the relationship between intrapersonal

processes and interpersonal experiences. Through observing individuals' written reflections of experience, it was clear that each continually referenced certain themes. Meaning was consistently interpreted, at least in written form, through the scope of the central themes unique to each individual. This investigation indicated that personal themes may establish a basis for individuals' perceived self images; apart from experience, individuals will likely interpret meaning in relation to particular themes consistent with their constructed selves (Jensen, 1984). This, in turn, reveals evidence of how individuals interpret the world through the internal language they use to define and construct meaning. In particular, it appears to me that the identification of specific themes and the fact that these could be articulated through writing may specifically illustrate the language within the mind and how it constructs reality for everyday situations.

While expression in the form of personal journal writing does provide a means to articulate thoughts from within, I see this form of intrapersonal communication as lacking many of the beneficial qualities of one's engagement in dialogue with an actual other. Through personal writing, individuals reflect upon feelings and emotions. However, when individuals express feelings and emotions with others they not only reflect on internal dialogues, but receive validation, support and/or feedback to better understand and interpret their inner selves. Such components as validation, support and feedback are what constitute the primary necessities that link human interaction to the development of the self (Pennebaker & Beall, 1986; Pennebaker, Colder, & Sharp, 1990).

With the absence of these components in the process of personal journaling, the self takes shape only through reflection. In a way, the self remains silenced until the feelings and emotions reflected upon individually are expressed socially.

Some research has suggested that expressing the self through journaling, has the potential for enhancing individuals' abilities to vocalize internally "locked" dialogues (Stensland & Malterud, 1999). Reflecting on personal illness through writing enables individuals to not only recognize the voices within the self, but to also articulate those voices to others with whom they communicate (Stensland & Malterud, 1999). These scholars suggest that individuals are unable to express themselves to others because they personally do not understand their own feelings. Therefore, I too see value in going through the process of written reflection to enable individuals to construct meaning for their previously unrecognized thoughts. Once finding the words to reflect on personal experiences, one is more capable of sharing and articulating those experiences to others (Stensland & Malterud, 1999). I see this process of sharing internal thoughts with external others as vital not only for validating one's own interpretations, but more importantly, for promoting discussion to create and share even deeper meanings and understandings with others.

To encourage individuals to vocally express their selves, psychoanalytic therapy has been used as a method for eliciting locked dialogues individuals keep to themselves. Keinanen (1999) explored not only the process of articulating self-thoughts, but also the linguistic style of such verbal expression.

Her study revealed that internal dialogue, as verbally expressed by patients during psychotherapy sessions, could be used as an indicator to show how individuals progress toward healing. This healing process was attributed to the benefits of socially expressing the self (Keinanen, 1999). However, in cases when those with eating disorders are involved, I question the role the silent self plays in the psychotherapy approach. With individuals who continually suppress their expressions of self, it would seem that even in psychotherapy sessions they withhold certain emotions regarding the self and speak only what they perceive the other wants to hear. This complicates the validation of whether the silent self is truly eliciting locked dialogues. Despite this limitation, I observe how researchers have continued to consider psychotherapy as it may be useful for conceptualizing a potential method for exploring the meanings of those with eating disorders.

In their therapeutic approach, Hallam and O'Connor (2002) focused on internal dialogue as it is expressed in narrative form. These scholars looked deeply into the presumption that two dialogic sources may be constructed within individuals. Through their narrative study, they found that individuals continually negotiate dialogue between their own perceptions of the self, and their perceptions of what they believe others have of them. With this method providing insight to both the self's personal perceptions and self's belief of others' perceptions, exploring the narratives of those with eating disorders may give way to understanding intrapersonal and interpersonal dynamics that construct the self

concept. Very little research to date explores the narratives of those with eating disorders, yet this may be due to the limited contexts in which they disclose their selves. Because such individuals exhibit characteristics of a silent self, there is significant difficulty in identifying a valid method for eliciting and exploring how those with eating disorders construct a concept of their selves in the social world. Due to this limitation, I sought to find potential outlets in which this particular population could potentially feel unthreatened when expressing their true feelings behind their experiences. In this search, I located an online venue known as "proana" websites, where those with eating disorders form a cyber community amongst themselves to share and discuss their unique experiences. I explain these communities as they are currently conceptualized and researched.

Proana Communities

Although a silent self typically results from social suppression, one in this state is inclined to seek methods of release. Some scholars attribute behaviors such as purging and bingeing as release mechanisms for those with eating disorders (Baumeister, 1991). But, behavioral components aside, individuals with such disorders crave social interaction through which they can freely express their selves without being a prisoner to judgment. Yet, sensing that their attitudes and behaviors regarding food are different from others, individuals avoid disclosing feelings about their eating disorders because they perceive their experiences as conflicting with others' beliefs (Sohlberg & Strober, 1994). This

leads me to question how the social dynamics of silent selves may change when in contexts of perceived like-others.

Growing in popularity are proana communities, which are created online by individuals who experience eating disorders. To date, there are nearly 400 or more sites available, yet it is difficult to determine the exact number because these sites are frequently shut down by hosts disapproving of their content (Giles, 2006). Despite the sporadic nature of such sites, they are readily available and accessible to any seeking involvement with such communities.

Unique to proana communities are the ways in which eating disorders are discussed. Because society often frames eating disorders as a disease and/or illness, individuals with such disorders are identified as "sufferers" or "victims," labels that oftentimes suggest vulnerability as well as negativity. On proana sites, however, eating disorders are recognized as a lifestyle, which suggests a more neutral and even positive perception of such experiences. This change in perception is central to understanding what attracts individuals to proana communities, particularly when examining the components of the silent self concept. With a society that holds a negative perception of eating disorders, it is no wonder to me why individuals experiencing such phenomena avoid sharing their feelings about their food-related habits. However, it would seem that when individuals sense their selves as similar to others they may be more inclined to take an expressive role. Proana sites, therefore, serve as a potential outlet for individuals who are in search of a safe haven to disclose thoughts about their

experiences with food and body, and receive feedback from others who share similar experiences and beliefs.

Scholarly attention devoted to proana sites has previously been limited, but with a rising awareness of such online communities, research is currently flourishing with heightened interest in these web-based networks (Bardone-Cone & Cass, 2006; Giles, 2006; Martin, 2004; Murphy, Webster & Schmidt, 2004). Such sites have also gained popularity through media coverage such as on talk-radio shows and editorial press releases. However, as a result of the widespread attention proana sites have received, society has responded to them negatively. Many individuals perceive this online venue as a breeding ground for eating disorders, which is indicated by the rapid rate such sites are shut down. These perceptions are often in response to the ways in which members of proana communities discuss their disordered habits and in turn receive support from others regarding their perceptions and behaviors. Many feel that this kind of support encourages individuals to either develop or fall deeper into their disordered habits. To validate this claim, scholars have sought methods for observing the cause/effect impact proana communities have on individuals (Bardone-Cone & Cass, 2006). Despite attempts to measure effects, such research lacks internal validity due to limited control over sample populations. In addition, because proana communities can each be vastly different, cause/effect relationships identified in one study are significantly limited in their generalizability (Giles, 2006).

Driven by a different perspective, Giles (2006) observed such sites not so much for their perceived negative consequences, but rather for their potential in providing insight to the processes of identity management and construction. In his research, Giles (2006) explored such sites to better understand how members negotiate roles and identities through their involvement with proana communities. Distinct identities were coded based on the written posts of participants: anas, mias, fluctuating identities, wannabes and haters (Giles, 2006). Each identity carries with it a certain code of conduct which is evident in the written dialogue among participants. What can be implied from this research is that while expression about eating disorders is apparent on such sites, the nature of that expression still follows patterns of conformity to mold specific identities. Therefore, even while many may perceive proana communities as an opportunity for freedom of expression about eating disorders, the social dynamics that unfold construct rules within which the self is bound for creating a desirable image. The social processes through which the self mediates between expression and suppression have yet to be explored in depth. Exploring such processes may advance current understandings for how eating disorders are constructed by self and social meanings.

Research Questions

Recognizing the degree of disclosure that takes place within proana communities, I see them as rich sources for exploring the suppressive/expressive dynamism of a silent self. Because many individuals may seek involvement in

such sites due to their perceived likeness with others, it would seem that such communities may evoke expressions from individuals who have previously remained silent. This provides an opportunity to explore the processes of self construction of those with eating disorders. In addition, such an exploration may add a new dimension for conceptualizing the silent self, shifting the focus from the concept to the processes through which the silent self is constructed. In addition, as individuals express their selves to others of proana communities, how might this process add new insight to theories regarding the self silent and meanings associated with eating disorders? As Giles (2006) indicated, there are specific identities crafted among proana communities. This discovery of identities suggests that the social dynamics taking shape throughout these communities function in some way to define individuals and their experiences. By exploring the dialogue that takes shape in the discussions of those who are a part of these communities, we can better understand the social processes by which individuals share their personal experiences to co-create meaning with others. Furthermore, by focusing research on the social construction of eating disorders, we can better understand how they are framed by those who describe their experiences with such phenomena.

RQ1: What are the socially defined points and meanings used to describe and construct the relationships between individuals and their perceived disorders?

RQ2: How are the meanings that emerge in dialogue throughout the proana community illustrative of the processes involved with defining selves with eating disorders?

CHAPTER TWO

METHOD

A qualitative study was conducted to explore the self and social constructs of those with eating disorders and how their expressed dialogue shapes the meaning of their experiences. I assumed the role of participant-observer by becoming a member of an online proana community for the duration of eighteen months. The community selected for this study was chosen by using a theoretical construct sampling method. Data, consisting of forum posts and reflexive journal entries, was coded into thematic units for analysis and collected until a point of saturation was met. Interpretations of the data were drawn using the hermeneutic approach, a grounded-theory model.

Participants and Design

To gain a deeper understanding of the social construction of eating disorders, I chose to examine how such phenomena are expressed and described on an online context. As online communities are growing more prevalent, various support groups have evolved for those with eating disorders. However, with the progressive development of these sites, different dimensions of support have evolved: support for overcoming eating disorders and support for accepting eating disorders as a lifestyle. Those sites organized to help individuals overcome eating disorders are similar to a vast variety of other online social support avenues. On these sites, individuals share their experiences and

offer advice as to how they can cope with and/or overcome a particular disease, condition, or any personal struggle. Clearly, those who define their eating disorders as a problem seek out these sites for guidance and motivation to overcome their perceived struggles. However, not all individuals seek support to overcome their disorders; in the case of eating disorders, individuals often accept their experiences as a lifestyle, one which they intend to pursue further—not overcome.

The term “proana” has been used to identify the various sites that have emerged based on the demand of those looking for support to resume life with their eating disorder. As with any online community, these sites vary in the design layouts, topics of discussion, communication patterns, and overall interpersonal connections between participants. However, the common philosophy adopted by all of these communities is the notion that an eating disorder is not so much a condition or a disease, but rather an accepted way of life. Therefore, these individuals seek support to better understand their lifestyle with an eating disorder. Because this viewpoint is not typically endorsed by society, it serves as the foundation for the unique attachment formed among members of proana communities. Through this sense of attachment and belonging, the participants relate with one another not only through their shared personal experiences, but also through their emotions connected to those experiences. Thus, proana sites provide breeding grounds for self-disclosure and revealing information about the self in the context of eating disorders.

Because of the vivid nature of the self-disclosure shared on such sites, I chose to look into proana communities to explore some of the innermost thoughts and feelings of those with eating disorders. Not only do members of these communities describe their behaviors and feelings, but they also express their own meanings and perceived values behind condoning this way of life. Such insight cultivates a fruitful environment for exploring the implications embedded within internal and external dialogue processes. This allows eating disorders to be framed in a different perspective that may help outsiders to better understand the meanings constructed by individuals who experience this alternative lifestyle.

To identify a site for exploring, a theoretical construct sampling method outlined by Baxter and Babbie (2004) was used to find a location that would best serve the purpose of this study. This method is particularly useful for participant-observers, as it allows for selecting a population that best fits the phenomenon of study. In addition, the sampling procedure requires specific criteria to be established prior to the selection of a particular location and/or community. In my investigation of various sites, I particularly looked for those that were well established with membership, up-to-date with postings and interactions among members, and interpersonally based in regard to the degree of self-disclosure shared within the community. It was difficult to find a site that fit the predetermined criteria, mainly because a large majority of the sites are removed from the Internet before they can become fully established and well developed.

Further, very new sites often lack the communal atmosphere in which members openly disclose their innermost thoughts and feelings about their experiences. Despite the difficulties with identifying a site, I found one that stood out among others as the most representative of the necessary components for a thorough investigation: *ThinVision* (2005), which was shut down in the midst of my research and reestablished under what remains the current site *The House of Thin* (2006)

ThinVision became active in November 2005 and continued to be so until April 2006 when public administrators, who determined the site as promoting dangerous behaviors, shut it down. In June 2006, the site became reestablished under a different name, *The House of Thin*. With this new name came a slightly different philosophy for the site. While the concepts behind proana were still embraced, the site administrator began emphasizing the need for sharing experiences with eating disorders rather than avidly condoning them. This shift in ideology serves to promote support through shared understanding more so than by providing strategies and encouragement for continuing disordered behaviors. Despite the change in philosophy, many of same members from the previous site continued to participate on the newly established forum. To date there are 1100 plus members, a number that continues to rise by the day. In addition, many of those who join have been participants in previous proana sites that were shut down; thus, many of the members are familiar with one another through their previous connections in other online communities. The members as a whole

differ in where they live (not just nationally, but worldwide), their age (from early teens to mid-forties), and even their sex (both male and female). Despite the varied differences among the participants, they all come together and bond through their shared experiences with eating disorders.

As a participant-observer, I, too, share a common link with the members of *The House of Thin* through my personal experiences with anorexia. While not seeking the site with the intention of maintaining my disorder, I admit to sharing a similar yearning to clutch onto the behaviors that have manifested throughout my own struggles. Thus, my involvement with this site stems further than assuming an observational role; with the personal emotions and experiences I share in common with the members, my role as a participant furthers the depth of my analysis and understanding of such individuals.

To become involved with *The House of Thin*, I was first required to register as a member. The process for signing up is quite simple, requirements being that of a screen name, password, email address, and signed agreement to a user contract. Once becoming a member, I had the option of filling out a personal profile detailing my height and weight, age, and additional contact information that I wished to provide for other users. Once this profile was completed, I became a member of the site and was entitled to take part in the postings (asynchronous in nature). New members are encouraged to read an introduction to the site, which details the expectations and obligations for participation. Above all, it is stressed that members maintain an active status by making frequent

posts; the site administrators eventually remove those who do not partake in this active role. In pursuing my participant role, I have logged onto the site daily, always in the morning and sometimes at night as well. Throughout my experiences with the online community, I have kept a reflexive journal. This has allowed me to reflect on my observations and, more importantly, has served as an outlet through which I could release personal emotions that were often evoked throughout the process of my research. During my participation online I observed the posts of others, and responded with postings of my own that addressed the issues discussed on the forum.

There are several topic boards available for members to post questions, insights, and comments. Categories of such topics range from general interests in music, entertainment, and hobbies, to more personal topics such as intimate relationships, health, and even self-injury. With this range of differing topics, the degree of self-disclosure among the participants also varies. However, as I have found through my experience, the more posts I made, the more comfortable I became with disclosing more personal information about myself. Through these postings, the communal aspect of The House of Thin continues to evolve, making the site a safe ground for those seeking companionship, support, and connectedness. I have found myself compelled to participate mainly because I can identify so intimately with the members; it seems that there is a unique understanding of experiences shared among the community that is rarely found in the world outside of The House of Thin. However, at times I found myself

conflicted in understanding the extreme desires and behaviors of a number of participants. In many ways, I felt almost as if I had to force myself to perceive and experience different attitudes towards my disorder. Below, I share this transformation in more depth to better illustrate my experiences as I proceeded throughout the research. This insight captivates the intensity of emotions and personal challenges I faced in becoming a member of the proana community. I provide this account of my personal experiences to establish the specific contexts and sources from which the data for analysis were derived. Further, as I explain the process of my personal research, I do so in reference to my procedural motives and caution with regard to the validity of my results and interpretations.

Participant-Observer Role Process

Beginning my research, I was very uncertain about what I would find throughout my exploration of the proana community. This uncertainty stems from my personal experiences with an eating disorder, one of which continues to present difficult struggles in my life. Being diagnosed with anorexia at the age of fifteen, I have experienced many years through which this disorder has evolved into what I consider to be a part of myself. My history with anorexia, which spans through more than a decade, enables me to relate and identify with others who express their experiences with eating disorders. As I fulfill my participant role, I do so by relying on my personal history and experience to engage in dialogue with members of the proana community.

My immediate reactions upon hearing of proana websites were shock and near disbelief. My disbelief in the proana philosophy undoubtedly separated my own perceived identity from those who participated in such a community. Because I began my research assuming myself as "one in recovery," my values for overcoming anorexia conflicted with those of the website who were unwilling to consider life without their eating disorders. By perceiving my values to be different from those of the site, I allowed myself to feel safe entering into the proana community, in the sense that by maintaining a researcher role I could justify my involvement without feeling as though I subscribed to the beliefs of those on the forum. The researcher role was almost as if I entered into my exploration with a shield—a personal, protective reassurance that I would not be "infected" by my exposure to the views of those in support of eating disorders. I was fearful of losing my recovery self, and therefore, tried to protect myself by being cautious with my personal involvement. My journal entries during these initial stages of my research, which I share throughout the analysis, reflect my reservations in exploring the content of the site. In my beginning entries I primarily discussed objective matters such as content categories on the site and basic procedures of the forum. Although I subtly mention sensing confusion and pain, I fought my emotions from surfacing because they made me feel vulnerable in a sense that I lacked the strength to maintain my researcher role. When I felt certain discomforts, I immediately sought distance to protect myself, most often

leaving the forum for the day and retreating to my journal to write in my objective voice of control.

My initial reservations interfered with my ability to become an adequate participant. Not only was I apprehensive about allowing my emotions to surface, but I also felt uncomfortable about posting my own replies and comments on the site. For several weeks, I continued making observations, but could not bring myself to posting anything on the forum. To my dismay, this passive role was frowned upon by the site administrators who deleted my profile due to my lack of contribution. I then had to reregister my membership with the site and was left with no other choice than to post comments.

It was my focused attempts to separate my personal self from my forum participation that inhibited my ability to become deeply involved in the community. The very connection I had with the members—my experience with an eating disorder—was the one thing I held back. It kept me from feeling as part of the community, which was at the root of my difficulty when it came to posting comments. For this study and my chosen role as participant/observer, I had to open myself to sensitivities from the embedded memories of and current experiences with my disorder. My only means to understand and become a part of the community was to connect with members by sharing my stories and emotions, and then reflect on how this social process helps to define the meanings of our experiences.

Recognizing the need to become involved, I began posting by asking questions rather than statements as a safe way to avoid confrontation with others. It was through the responses to my questions that I began to see the site differently. The replies of others forced me to revisit and consider my experiences with anorexia, and through their explanations I could almost hear words I spoke to myself in different stages throughout my disorder. For these reasons, I provide in the analysis an account for both the postings of others along with journal entries of my own that detail descriptive meanings of eating disorders. Upon hearing others stories and reflections now, there are times when I identify with their circumstances, but only through retrospective thinking of my past experiences. Therefore, I also refer to the personal journal I kept while growing up to provide me with further insight for interpreting the meanings created by those on the forum. By providing a cross examination between others' posts and my journal entries, I illustrate the detailed processes through which my analysis and interpretations evolved.

As I previously mentioned, I also include journal entries I wrote throughout my research experiences. I provide examples of these personal writings because they add greater depth to seeing the transformation of meaning for eating disorders. Referencing my writings in contrast to the descriptions of other proana members brings out how meanings differed and changed throughout time. For years I focused on recovery, and for me, part of that process involves getting rid of my perceived comforts with anorexia. Yet, I have realized that the

comforting feelings I associate with my disorder remain with me, despite my attempts to deny them. Seeing these feelings written by others gave me insight to the meanings I held within, which validated their existence. The thoughts I sensed within myself became legitimized through the words of others. The entries I provide explain the moments when I saw others within myself and myself within others. At times I reflect in relief by finding others who appeared to understand me so well; in other moments, I express great fear in losing my personal strength to my disorder. My journals provide detailed descriptions of the personal struggles I faced throughout my research as many emotions regarding my disorder surfaced. These entries put into perspective how the situations unfolding throughout my personal experiences were intricately connected with ways I approached my research participation over time.

Data Collection

Throughout my participation, I became more aware of recurring issues of discussion on the forum. My journals also provided me with a guide to revisit repeated issues of relevant concern. These methods helped me to identify specific themes for data collection. I observed trends in how members expressed their feelings about their selves, and their perceived meanings for their disorders. They also made reference to their behaviors that were enacted on a ritual basis. And above all things, members continually referenced their personal experiences as the validation of truth; in this sense, their feelings and behaviors were considered rational when described in reference to the

experiences that defined them. I began collecting posts of members who made references not just to their feelings and/or behaviors, but also to their reasons for experiencing such feelings and behaviors. As I compiled the posts throughout my participation, I revisited my initial research questions to guide the unitizing process. I then coded the posts by theme as they pertained to different components of my research questions. This led me to separate posts into three categories: 1) how members define themselves in relationship with their eating disorders, 2) what the defined meanings and experiences are for those with eating disorders, 3) how feelings and emotions associated with such disorders are shared and expressed with others, and 4) how members express contrasting beliefs with others of the proana community. Within each of these categories, I then identified subtopics, which enabled me to recognize distinct similarities and differences among the ideologies that construct meanings for those who experience eating disorders.

As I continued gathering posts, I recognized many contradictions among the subtopics coded under the four overarching categorizations. Not only did these contradictions occur between the members on each site, but they also were apparent within members themselves. In this sense, some members began posts by explaining certain desires, yet they would conclude their posts by suggesting needs for something completely opposite. I also observed how members would explain their lifestyle goals, while they would simultaneously discuss their behaviors as counteracting such goals. Through these

observations, I began focusing on the constructed processes of an eating disorder lifestyle and how contradictions might function in this process.

Throughout the analysis in chapter three, I examine what I conceived to be the most predominant contradictions that emerged throughout my unitization of the data. I then, in chapter four, provide dialogue from the proana community that gives definition to the socially constructed meanings for eating disorders and how contradiction functions in the creation of these meanings.

CHAPTER THREE

CONTRADICTIONS

For analysis, I observed the postings on the proana forum, as such text resembles the dialogue exchanged and shared among members of the community. This online context not only reveals the experiences shared by individuals in regard to their eating disorders, but also captures a glimpse of the constructed meanings of those connected to such experiences. Through my observations of the text, several contradictions emerged, specifically in five domains: 1) feeling saved by becoming slaved, 2) desiring purity by fighting gluttony, 3) foreseeing happiness by experiencing despair, 4) defining strength by creating weakness, and 5) gaining power by sacrificing power. I pursued these contradictions further through analysis to better explain their meanings and how they are expressed as functioning in the lives of those with eating disorders.

Saved vs. Slaved

Throughout my observations of the proana community, members often discussed mixed interpretations for how they perceived themselves in relationship with their disorders. In their attempts to explain and legitimize the experiences behind anorexia in particular, individuals tell how the disorder saves them. The body tends to be identified as a source of confinement because it traps individuals inside a displeasing figure. The dissatisfaction they see in their

bodies carries over to having effects on their personal lives, as they discuss the shame they sense towards their selves when in the presence of others:

"i feel completly socially isolated...i have friends but i find it hard to be normal around them...also i have lied to allot of people which i feel guilty and ashamed about as they think they no me. i really dispise myself. i dont deserve friends. or love."

The eating disorder is a savior in the sense that it is the one thing through which individuals discover they can change their bodies—and this change frees them from the shame they perceive when in the presence of others. More than anything, there appears to be a number of pleas for finding acceptance, both from their selves and others in their lives. As many members personify their disorders, they seem to construct a symbolic relationship with an "other" from whom they receive support and guidance. Through this relationship they define a sense of safety:

"im writing this to thank her [anorexia] for finding me, from saving me from my former self, she is what makes me what I am and is closer to me than any family member or friend could ever be."

The member identifies her eating disorder not only as what saves her, but also as "one" with whom she shares a closer relationship than friends and even family. Through this statement, the close attachment such individuals feel with anorexia is revealed. Others express this same sensed closeness with their disorders, suggesting an even greater depth of intimacy in such a relationship:

"Without her I am nothing, I'm just another weak and average girl...She knows I can do so much better, better than average...That's why my body must be empty and pure...When I'm empty I can feel her...She is proud of me then and I'm happy...I feel like I can fly."

Here the member describes her eating disorder as providing needed approval and sense of pride. These needs are often what individuals seek through interpersonal relationships; if these needs are not fulfilled through individuals' social lives, then they seek ways to escape the rejection sensed when in the presence of others (Baumeister, 1991). As eating disorders evolve, they take shape of an interpersonal relationship that displaces many social relationships with others. The process of withdrawing from the social world is described as a liberating experience by those of the proana community; they construct a path to escape the rejections they sense from others through their newly defined relationship between their selves and their disorders.

Overall, it seems that the members identify with one another's epiphany of when they first discover and justify their eating disorders. They explain their selves as feeling rejected and inadequate before finding their eating disorder, which suddenly brings them a sense of hope and even freedom. I interpret this meaning by referencing both Bateson (1979) and Laing (1967) who suggested that the "symptoms" manifesting in human beings should not be regarded as indicators of problems, but rather as representations of remedies. Though outsiders may view eating disorders as problematic, a closer examination of their

relationship construction reveals that such disorders are ailments to the social rejections people experience.

While eating disorders free individuals through an escape from their social hardships, members still express feelings of confinement. Ironically, the eating disorder relationship, which grants feelings of success and pride, is simultaneously crafted through perpetual fear of failure and dissatisfaction. In order to be "worthy" of the rewarding feelings the eating disorder promises, individuals explain the pressures they experience to maintain satisfaction and approval. In particular, the members share their experiences of sacrificing their health not so much for themselves, but out of fear in losing their eating disorders. One member wrote explicitly speaking to anorexia, pleading for the maintenance of the relationship:

"Please, Ana, don't give up on me. I'm so weak, I know, but only you with your strength inside me will I become a woman worthy of love and respect. I'm begging for you not to give up, I'm pleading with my shallow breathes and my pale skin. I bleed for you, suffer leg pains, headaches and fainting spell."

In this letter written to anorexia, the member indicates her physical decline as symbolic means to feel, create, and display the existing relationship between herself and the eating disorder. The body becomes the communicative mechanism through which the eating disorder relationship is founded and constructed. It is through the body's representation that the eating disorder "speaks", and often it "speaks" hostilely through the visible imperfections. Unfortunately, because there is no escaping one's body, individuals are

permanently bound within the relationship between their selves and eating disorders, and the pressure that result through this relationship lead many to describe their role as a slave:

"if I could go back in time, I would change the fact that I turned to ana to solve my problems and now, it's all I think about, 24-7, and it haunts me wherever I go. I know I'll never lead a normal life; I'm bound to ana forever."

"i just want to feel happy with the person i am, and the only way i can do that is if i'm happy with the body i'm in as well."

The body unifies this bind, making eating disorders an impermeable construct of individuals' lives. The haunting presence described reveals the members' feelings of being trapped; thus, their perceived rescue from their eating disorders is simultaneously an imprisoning process of the self. This sense of captivity is described in angst, much in how the following post illustrates the violent enactments towards the body that result from feeling trapped:

"Everyday I don't want to be bothered, yet I hurt when I am left alone. I have built up so much anger that all I can do is take it out on myself. I cut, I punch, I tear at my skin. I'm like a caged animal."

Contradiction comes forth in the very first sentence, where the member claims a desire for seclusion, yet speaks negatively of being left alone. The binding force of these points of opposition is the sense of pain. The social context in which these individuals claim they feel rejected induces hurt, is escaped through individuals' retreats to their disorders. Yet, as the eating disorder relationship develops further, the pressures that construct the existence of such disorders are

brought to life through the physical display of the body. There is no escaping this body, making it the confining element that keeps individuals trapped within their disorders and distanced from their social worlds.

Purity vs. Gluttony

What fuels the eating disorder/self relationship is the drive for purity. This purity may begin as an internal sense, but manifests symbolically through the physical image of the body. The members of the proana community speak of their bodies as the communicative mechanism through which they convey their pure, perfect self—the self they perceive as desirable and worthy. Through the body's skeletal structure, no excess is visible creating the representation of a flawless self:

"One day I will be thin enough. Just the bones no disfiguring flesh. Just the pure clean shape of my bones. That is what we all are what we're made up of and everything else is just storage, deposit, waste. Strip it away, use it up. I will have the shape of bones."

The image of bones resembles the body in its purist state, something the members proclaim as natural beauty. They describe this state of naturalness and beauty through their physical descriptions:

"You will be perfect, as nature intended you, without all that blubbery fat covering up who you really are."

"You will be able to see your beautiful pure bones."

The symbolic notion of purity roots much deeper than what appears through the physical representation of the body. Many of the members described their insides as needing to be empty, clean of toxins and waste. From this perspective, the self is never entirely pure until it is physically empty. Such emptiness is achieved through a number of riddance behaviors including purging, fasting, and even starving:

"After starving, I am clean and pure- and I've been good."

"I love feeling empty as well. It helps me feel more in touch with myself."

"Yes! I love the empty feeling on the fourth or fifth day of fasting. It's not really hunger, just a feeling of accomplishment. And total control!!!"

Purity in this case is attributed to the notion of being good and having success; the emptiness felt is associated with strict discipline and control that rewards a sense of accomplishment and confidence. These powerful feelings are what those of the proana community credit to their relationship with disorders. Yet, as the self/eating disorder relationship grows more intensely, so do the pressures of maintaining success. One member vividly describes her thoughts about putting food into her body, explaining the disgust that follows with knowing something is inside her:

"I often spit out my food too, just to get the sensation of chewing is enough to kill binges. Then to see the result of what would of been on my thighs or clogging my system is awful. There is no way I would put anything chewed up in my body, even if I was the one who previously chewed it."

This member's description aligns with many others who sense shame in putting anything into their bodies. Substance havoc the state of purity; because purity is equated with desirability, the intake of substance is described as making one undesirable. Perhaps this fear of inadequacy was initially driven by individuals' perceived rejections from others. As Laing (1967) noted, the social interactions individuals experience with others have powerful influences on the ways individuals construct meaning to define their selves. The constant need to be desirably pure could be implicitly driven by the constructed belief that one is undesirable to surrounding others. Thus, bodies from within-to-out that evidence empty pureness are pursued not only for individuals' personal needs, but perhaps also for social needs for gaining perceived acceptance from others.

The emphasis on desirable purity, however, drives individuals to a severe state of deprivation. To maintain abstinence from food, many individuals turn to drugs or unnatural substances that suppress food cravings:

"Cocaine is probably the best drug for weight loss in my opinion. Its not the drug that makes you lose weight, like with meth, but you dont want to eat. It makes you lose your appetite."

Several of the members described their experiences using different drugs, highlighting their positive and negative effects with regard to their attempts to lose weight. Many turn to nonfood substances to gain energy, while others even admit to each other that they abuse such substances:

"I too have a love affair with all kinds of drugs, I drink too much, smoke too much and love the feeling that I'm hurting myself."

"I know exactly how you feel about getting f**ked up. I like it. I enjoy it. I live for it. I love not fully comprehending situations. I love being able to let myself go and not think. I love remembering the past night in a dream state."

A dream-like state could be interpreted as a pure state, one in which individuals escape into a peaceful world away from the conscious. But to transcend to this world the individuals must indulge themselves in substances, quite the opposite of their desires to be completely empty. From this, it seems that the boundaries for purity versus gluttony are unclear. There is a persistent desire to deprive, but members of the community continuously admit to an uncontrollable desire to indulge themselves, not just with drugs, but also with food. A number of individuals discuss their tendencies to completely binge on food:

"when i restrict all day I am so proud of myself, and then before i know it, I am eating. i feel like I have betrayed ana while i am binging, but then after i purge"

"Even though I was full after my 600 cals, my mum was hovering waiting for me to eat some more. So I ended up eating this cheesecake dessert that is 300CALs - even though by this point I felt disgusted with myself, I suddenly went out of control and ate a load of cereal, a bagel and 2 cookies as well as some random bits of food in the fridge. I can't believe it, I've got no control at all. Even though I was so full it was a struggle to eat it, I kept going. I wanted to purge, but I didn't. I then tried to make myself feel too sick to eat by taking a load of tablets and drinking neat cyder vinegar, as well as drinking about 5 glasses of water. Well, it stopped me eating. I feel disgusting, and I feel so guilty for complaining for being fat, its my fault because I'm such a pig"

"I have been doing so well so far and tonite, I have an effing binge. I screwed up my whole day. I just want to eat and eat and eat. Why didnt I stop myself? I now realize that my 'diet' has turned into something more, and that it is either 100% restricting, or bingeing. Damnit"

Many of the members describe their eating patterns in cycles, not eating and being pure, then eating large amounts and feeling disgusted. In order to return to a state of purity after a binge, they often purge. Similar to how drugs provide an escape to a dream-like state after indulgence, purging after a bout of indulging in food involves a physical experience of ridding the body and reviving a sensual state of purity. Despite the cyclical nature of such acts, contradiction still lies in how the members desire the feeling of emptiness, while at the same time crave a sense of fulfillment.

Happiness vs. Despair

There is often questioning as to what makes this lifestyle appealing to those of the proana culture, particularly when the members speak of the rewards that their eating disorders bring to their lives. Many members clearly express their unhappiness prior to "meeting" their disorders, particularly when describing their personal histories:

"Years of my mum criticising everything I do and calling me fat. Then if I lost any weight she wouldn't even comment or anything. My sister who is 10 years older came back from a long trip and had lost so much weight - she looked amazing and the amount of praise my mum put on her and telling everyone how great she looked really hurt because when I lost weight she'd still criticise me"

"... i've always had issues with food, but i guess it all kicked off properly when i was about 12. my dad wrote me this letter telling me he hated me and i was worthless and a load of other crap that i won't bore you all with, i guess i'd had bad self-esteem before that (he'd always been an asshole), and that was kinda the last straw. so that was the real start i think."

While a number of the members explicitly expressed their unhappiness as a result of family relationships and weight issues, others implicitly explained their sense of despair and founded comforts in their eating disorders:

"my ed didnt come from being called fat. i was tiny until i was about 21, so its bizarre. i just started throwing up my dinner every night in the shower when i was about 10. it made me feel clean or something...a coping mechanism like someone else said before,"

It appears that while the experiences of these individuals may vary, they all suggest that they were unhappy, dissatisfied, and/or hurt in some way, which instigated their need to find a release. These characteristics of despair parallel with the findings of Grabhorn et al. (2006), who indicated in their research that persons who experience social anxieties tend to construct negative views of their selves. Several members of the proana community confide with one another the pressures and judgments they experience when in social contexts with others:

"out and about my eyes are glued to other girls trying to guess what size they are or admiring their good points. i am constantly comparing myself and am constantly feeling fatter, bigger uglier and weirder."

"i always compare myself to everyone i see, everyone i talk to, everyone in general!"

"I think that when we think that we want to like ourselves it's only a projection of the feeling that we want others to like us. I don't know how to describe it, because it seems as if it doesn't make sense, but I think it's how it usually is."

It appears that the body is identified as the key source of dissatisfaction and unhappiness; therefore, the body must be the target source to seek change, and through this change satisfaction and happiness are believed to be found. Consistent with other aspects of the proana lifestyle, individuals of this community construct their happiness through the process of changing their physical bodies:

"I just wanted to tell you all this cos I'm soooooo happy about it.....In 2 days I have lost 7 lbs! May not sound like a big deal but I am pleased."

Another commented similarly:

"Yay! Today I am 103.5 pounds! I'm so happy..."

A number of the members discussed their happiness, but only when tainted with a reference to their bodies in an objectified sense. From the many comments among the community, it seems that happiness is not something felt from within, but rather defined through the visible representation of a diminishing body. They rely on quantitative measurements of their weights as determinants of how happy they should feel. In other words, happiness is learned through external measures of the body. These measures are evidenced from the scale as well as through the shape of their physique.

"i love my scale. even though this week i'm not losing as fast as i like, even though my weight is so ridiculously huge right now it makes me sick, i still love my scale. it is my security, the number on it is mine, i made it go up and i am in control of making it go down. for me the ability to have a simple number represent everything important i need to know about myself is the definition of safety."

"maybe this is weird, but i count bones, Like which ones i can finally see. For example at about 84lbs i can now see my Xygote bone. My shoulders at 89 i could finally see a stick like bone...Weight is of course an issue too...but for some reason seeing mor ebones is like a treasure hut for me."

The drive to continually create happiness lapses into a never-ending process of changing the body. After time, it appears that this process becomes associated with the gratifying experience of happiness, no matter how low the weight becomes:

"I don't think i'll ever be happy with my weight. Whenever i set myself a goal weight and i reach it, it always seems to go down lower. First i was 147 or something and i wanted be 130, then it was 121, then it was 115, then i decided 110 would be my ideal weight, now i'm going for 99..will this cycle ever end? Or will it lead me to my death? That's whats got me worried..will i ever be able to stop hating myself now that i've started?."

The members recognize their happiness through the process of changing their selves as they learn to trust the falling numbers on the scale as progressive points toward accomplishment and happiness. But this framed happiness sets forth a cycle of a never-ending struggle. If happiness is learned through a process of shrinking the body, then individuals seek to quantify their worth

through their ability to continually achieve lower weights on a scale. The number secures their sense of happiness, because no matter the physical image they obtain these individuals never find contentment in their outward appearance.

Many of the members express their happiness, but only as it comes in temporary states often determined solely by the scales:

"That's the typical mindset of anyone w/ an ed I think...we're perfectionists and will never be satisfied but I think perhaps for myself there will be a line I can draw (hopefully) where I can say, ok I'm 80 lbs now, lets just try to maintain...but I'll probably fall into the typical mindset myself."

From this, there is a sense that such individuals are indecisive about where ultimate happiness and satisfaction lie. While many say that their eating disorders have saved them and granted happiness, many contradict themselves, noting that this lifestyle has not yet solidified their contentment. In fact, on days when they do not see themselves changing, they explain an overwhelmed feeling of shame and sadness.

"I should be happy, and proud of myself right? No. I feel like Im over 200lbs again. I need to get below 150 and I think Ill be happier then. But deep down inside, I will NEVER be happy. Never ever ever be happy. Because if I could lose these 3 pounds, whats 3 more, and 3 more and 3 more and 3 more until I cant live with myself at 80lbs? Whatever it takes to make me happy, Ill get there. Only we're all fooling ourselves, thinking that those 3-5 more pounds will put a smile on our face. Maybe for a split second it will, but after that second is up...we're back in our own private hell...needing to lose 3-5 more. We'll never be happy."

This helps to illustrate the black and white terms used to describe the experiences of these disorders. When individuals do not find themselves happy,

despair and sadness invade their lives. Yet, what seems to seal the bond between individuals and their disorders are the rewards of happiness that this unique relationship promises for the future. Members discuss their provisions for the future and what they anticipate will come of their relationships with their disorders:

"That reminds me, like, sometimes I think, will being skinny make me happy or will it just never be enough for me, because i think when I'm skinny, everything will be perfect"

"I long for perfection. I quite often cry over it. It so frustrating. Just keep smiling and know that one day you can be better. It will all be okay."

Captured in these statements is the notion that something rewarding will eventually follow the struggles individuals face in order to achieve desirable thinness. Yet, the members cannot concretely describe such rewards other than as preconceived happiness that will eventually be "granted." One member even describes the pain she experiences with her disorder, but clings to the superficial hope that one day she will be rewarded:

"She turns my skin a deadly pale/ My fingers and toes almost blue/ I'm breathless and my body's weak/But she says it's worth it, and what she says is true."

While "it's worth it" to live this lifestyle, there is no concrete reference as to what *it* will be and how *it* will be recognized. Therefore, while *it* appears to be the long term happiness that all members hope to eventually discover, it seems that they do not have a clear idea of exactly what *it* is that they are working toward. They

then rely on the process of diminishing the self because physically changing the body provides concrete measures symbolic of a new creation of self. Many assume this process to be one of defining a "better" self, which will someday bring true happiness.

Strength vs. Weakness

The boundaries for strength and weakness are not clearly defined by the members, making it not only difficult to understand how each is distinguished, but also which is desired. Initially, the individuals claim that their eating disorders are a source of power through which they have found strength:

"I constantly romanticize my eating disorder.. it's like a coping mechanism in which I used to (and sometimes still do) take some shallow pride in as though it's some kind of reflection on how strong a woman I am - because starving myself and losing weight feels like the only thing I can achieve and am capable of completely taking control over"

"I hate how the society takes control of my life. Ana makes me feel stronger. Ana makes me feel that I'm in control."

Through the ability to control the self, the members confide in one another about the empowerment they sense by knowing that they can change their bodies. As a community, they consider themselves strong with no room for weakness:

"...remember REAL anas are strong. REAL anas know pain is only weakness leaving the body. REAL anas know that when they feel pain they are finally doing something right and they keep going..."

The defined strength is that of being able to sustain pain and endure difficult strains that most people could not even imagine. Surviving the pain—or continuing to live through it—represents the willful power behind these individuals' commitment to this lifestyle. This is why many of the members reference their pain as a rewarding reminder of their success:

"You will have a glimpse into Ana Beauty. Your skeleton is gold. Your ribcage, roses. Each boney finger is a stem of proof - that you know true sacrifice and victory. You know what it's like to take nutrients from the air and energy from the sunlight. You know what it's like to reach hell and back. You know what it's like to go to bed hungry - one of the most uncomfortable feelings in the world."

Here, the member describes her pain in such a way that brings her to proclaim a sense of power through her body. She is similar to most members, as they have experienced hurt beyond belief and their skeletons reflect the truth of what they have endured. Such a physical image visibly captivates their will to sacrifice and undergo the unbelievable hardships through which they put their bodies. And, overall, the body conveys both to the self and others the personal reformations these individuals undergo to change their lives.

While the process of changing the body may symbolize strength to the self, the physically emaciated figure that results from this process may convey weakness to others. In fact, a number of the individuals share an overwhelming desire to be identified as weak and frail:

"I want to be tiny and fragile. So thin that people are afraid that they might break me..."

Many members comment similarly, but do so while describing what their frailness would elicit from others:

"I want people to be concerned about me, to think I look small and fragile."

"I definitely secretly love it when people seem concerned I might be 'too thin.' It reeks success."

"i want to be the girl that everyone is "concerned" about. I want people to be worried about how much I didn't eat, not laughing because of what I did."

As the members describe their need to be thin, it seems that the process of obtaining that thinness is a source of inner strength, a strength that is gained through comments of others who express concern for the "weakness" they see. Through their emaciated figures, the members communicate a silent need for others' concerns; the weakness they feel inside is spoken through their bones, as an extremely thin, unhealthy appearance cries out to others a need to be nurtured:

"I want to look weak and fragile, i am tired of being so 'strong' and everyone saying 'you'll be ok' or that 'you will make it through' i always make it through and i want people to feel that i need them and that they should care for me extra careful. i feel so stupid saying this, but it's the truth, i want people to look at me and think 'is she ok? i want to make her feel ok' and i feel guilty acting like that so the only hope i think is through my appearance, plus i just look at myself and see nothing but ugly gross fat and i hate it! it makes me sick!"

Here, the member explicitly states her desire to be thin as a sub-goal to obtaining love and concern from others. Further, she rationalizes to herself that she is

undeserving of such care because of how she looks. Therefore, by being thin—extremely thin—such individuals use their bodies to communicate their needs to fill a sense of emptiness perhaps brought on by the perpetual sense of rejection they gauge when with others. It seems that the members do not feel comfortable expressing their emotional needs, nor do they feel deserving of others' concerns. The body, then, takes the shape of these desires in a way that others cannot help but to notice. The strength is then perhaps an imagined feeling that will come through gaining the affectionate attention from others, a source of relational nourishment. And, although concern from others may not exactly be termed as acceptance, it at least changes the social dynamics those with eating disorders experience; those who once sensed immense rejection, discover a definable worth through others' worry.

Empowered vs. Overpowered

Much previous research has been devoted to aspects of control in regard to eating disorders as individuals strive to achieve self control through the process of changing their bodies (Antoniazzi, et al., 2005). Certainly, the members of the proana community discussed the issue of control a number of times, but did so with specific reference to the possession of power behind control. Some asserted that their eating disorder is something *they* have the power to control:

"CONTROL, CONTROL, CONTROL!!!! I couldn't have said it better myself. The more stressed I get the worse I am too. Its like its one thing I can control."

From this comment, the individual defines her own powerful sense of control through her disorder. Another member shared a similar view, responding to a posting about how others are often critical when judging those with eating disorders:

"they're just jealous, thats why they say that [criticize]! they wish they could have the self control and thinness you possess."

The mentioning of the self as in control again suggests that the power is in the hands of the individual. Along with this power comes a strict, disciplined mindset associated with those who are able to resist a number of temptations to manipulate the body. These individuals regulate their own behavior, exerting their power to punish themselves when they feel they have strayed from their control and done wrong:

"When I binge, or try to eat too much, as punishment I drink some boiling water and burn my tongue. It definitely discourages me from eating anything else."

"Two years ago I poisoned myself twice to not be able to eat. I took 60 tylenol, which I knew would make me violently ill but not kill me. I spent seven very long days, both times, unable to move. Every time I moved, I vomited."

While many may consider such behavior to be destructive, in this context the self-harm is a display of control as individuals establish a self-disciplinary role through their ability to punish themselves. However, at least on this site, the members do not assume total control of themselves, as they rely on external sources for reward—the counterpart to punishment. Among others, the eating

disorder is most frequently referenced as the "one" who moderates the rewards in the individuals' lives:

"I will devote myself to Ana. She will be with me where ever I go, keeping me in line. No one else matters; she is the only one who cares about me and who understands me. I will honor Her and make Her proud."

In this statement, the member discloses that she has given herself to her disorder, suggesting that she has surrendered her self-control to be controlled.

Another member commented similarly:

"Nobody else (except other anas) understand the relationship we share- I dedicate my life to you, and give you my will power and comittment, and you reward me."

In this statement, the reward aspect of eating disorders is explicitly referenced. However, at the same time, the community shares a resounding understanding of how their disorders can punish:

"If I stray out of line, send a beating my way as I will deserve it. Severe punishment is the only option for disobedience to your rules."

The member clearly points out that the rules are not her own, as the use of "your" suggests that the boundaries are set by something else. Another member metaphorically speaks of how her disorder disciplines her through physical abuse:

"Any little thing and I'll have a bruise. Friday I was just walking to a coffee shop w/ my laptop in a bag and it kept banging against my thigh – now I have a huge bruise. It's like I'm abused by ana."

The simple fact that "Ana" is mentioned in the context of abuse suggests the perceived power the members sense this disorder has over them. Through the rewards and punishments described as being enforced by their disorders, the members construct a relationship that frames their disorders in a role much like that of a parent. One member even comments:

"I am renewing my ana promises and as of tomorrow I consider myself 'reborn'"

From this statement, the individual characterizes her disorder as "one" who can give birth, thus personifying that "one" as a motherly figure. With a parental role, Ana provides a force of desirable control that instills comfort and assurance in the lives of these individuals. The same sense of control and comfort is present on a friendship level with Ana, as some members describe their relationship as more of a partnered camaraderie.

"Now I am trapped in law school (which I hate), surrounded by people that I hate. I decided to re-establish my friendship with ana and gain control over all aspects of my life. Ana will be my friend against the world, the world that tries to control me."

The individual expresses how, in a world where she feels she has no companionship, she finds a friend in the disorder. In addition, the member reconstructed her perceived self-control through this unique friendship. Yet, even through friendship, the control is asserted by the disorder, which provides the ample source of strength and empowerment to take on the world. The

disorder takes shape as an escape, an avenue that leads to a new world with redefined boundaries that provide a means of control:

"It is *my* thing which i am totally focused on and i don't have to live in the real world when ana is around, (if you know what i mean?)."

To these individuals, eating disorders are so much more than a condition—they are embraced lifestyles that provide a means of escape. Whether it is through, with, or from their disorders, a sense of control is the ultimate force that binds these individuals to a lifestyle upon which they become dependent. Even those who express a sense of self-control suggest that it is through Ana that they receive this control. Individuals give of themselves to become dependent upon their disorder not simply for a source of stability, but for a unifying relationship that entirely redefines the self. Such a level of intimacy demonstrates how deeply rooted eating disorders become within these individuals, and how the process of reshaping the self evolves into a seemingly unconquerable, controlling force.

Through reasoning the relationship between contradicting forces, those of the proana community find ways to recognize and describe opposition as meaningful, and more importantly, they discover ways to translate their personal experiences into words of reason to be shared with others. As members described their personal experiences, they did so in reference to the contradictions which correspondingly evoked deeper understanding and reasoning from others. As I explored the many contradictions discussed, I

recognized how members not only described points of difference they sensed within themselves, but also how they expressed points of difference with others on the forum. While individuals sought to justify their experienced contradictions in dialogue with others, there were distinct points of agreement and disagreement throughout their discussions. I examined this dialogue closely to better understand the social construction of eating disorders.

CHAPTER FOUR

THE SOCIAL CONSTRUCTION OF EATING DISORDERS

After recognizing the many contradictions occurring throughout the proana community, I looked deeper into how the members constructed the meaning of eating disorders. An exploration for how such phenomena are defined through contradiction provides insight to the ways in which they function and may manifest in social life. It is important to keep in mind that as I bring forth the many social meanings for eating disorders, I do so by referring to my research observations and personal experiences with anorexia. While many on the site share experiences similar to mine, not all consider themselves to have anorexia because they admit to going through frequent binge/purge cycles; those of the proana community define these behaviors as characteristic of other eating disorders, not anorexia. Others claim that their weight is normal, and therefore, they could not possibly fit the criteria for having an eating disorder. When asked "how do you know if you have one [eating disorder]," there were a number of different replies.

"I know I have serious issues with food and my weight ect but.. is that just an obsession or a full blown E.D? It just struck me the other day that I have no idea whats up with me. Does anyone else feel that way?"

Another member replied expressing the same confusion as to how she could label her issues.

"I know exactly what you're talking about! When I crave something or think about how bad I want food I question my ED. "I can't be ana if I want to eat junk" or when I feel too tired to work out and think it's okay to do 100 instead of 500 crunches bcs I didn't eat all day long. I'm not absolutely sure that a doctor would say that I have anorexia bcs I'm not a doctor and haven't been one, but I am 100% sure that there IS something wrong with me."

Most members will acknowledge that they have problems, but many are not entirely convinced that an eating disorder is an accurate label to define their experiences. To this extent, some even consider themselves fakes on the forum because they lack the attributes of which they believe eating disorders are comprised.

"I joined recently and almost feel like a fraud. But then I think about how I feel every time a mealtime rolls around and all my friends and boyfriend are eating and offering to go to restaurants, etc, and I'm dreading it!...i think I would be diagnosed with an ed in the making haha...my bmi is just below normal, but my attitude toward food is completely abnormal."

"Oh yeah. I feel like a fake a lot of the time. It prevents me from getting help and getting treatment because I feel like I'm not "worthy" of treatment for an ED."

In the posts made on the forum, many members were hesitant to identify themselves as eating disordered. They acknowledged their struggles as indicative of something wrong, but not what they perceive to be a "true" eating disorder. To understand this, I sifted through my personal journals dated back from times when I remember the onset of my eating struggles as most

pronounced. I never referred to myself as being anorexic, but did write about my obsession with dieting.

"I sit at 115 [lbs]. And after reaching this point you'd think I'd be happy, thrilled. I only wish. My problem is, I can't quit this diet. I look in the mirror and I still see areas that more weight should be lost...but then there's those people that tell me I already look very thin. Mom thinks I look sick. I don't think so. I know what a sick person looks like and it's definitely not me."

As I look back on this entry, I see how my body served as a visual tool for constructing my views toward myself and life. While I acknowledged my problem as not being able to let go of the dieting, I also saw disappointment in my body. It seems that when dieting, I imagined in my mind a point of satisfaction—perhaps perfection—toward which I continued to strive. I never saw this imagined state in the mirror because there were always places where I could find fault in my body. To me, this justified that I did not have a problem. My denial of looking “sick” paralleled with my views of seeing disappointment in my body's imperfections. In my mind, a truly sick person would look nothing like me.

Perhaps it is appearance that prevents others from seeing themselves as being eating disordered. While those of the community recognize that their eating patterns are different from others, they do not visibly see a body that looks sick. These perceptions of needing to meet certain criteria regarding behavior and appearance are suggestive of the constructed meanings for eating disorders in society (Antoniazzi, et al., 2005). Using such criteria to evaluate themselves, individuals with eating disorders may perceive their behavior as abnormal, but

they do not consider their bodies to qualify them as extremely thin. This is perhaps why many are quick to admit that they have a problem, but often reluctant to identify their self as eating disordered. In addition, this helps explain why they may feel guilty for seeking treatment or help because they cannot see for themselves that this disorder exists within them. This creates much tension in social contexts, especially when others make explicit reference to an individual's "sick" body. The body takes on different meanings that push outsiders and those with eating disorders into opposing directions; neither party "sees" the same thing which makes it difficult to come to terms of agreement. These differences expressed in social contexts can often move individuals apart rather than bring them together through interaction (Biby, 1998; Laing, 1967). The body, then, may serve as the mechanism that creates social distance with others, which, in turn, may drive individuals to develop a more private and intimate relationship with their disorder.

Despite the resistance to calling themselves eating disordered, members do describe their problems in the context of eating disorders throughout general discussions on the forum. So, members were not reluctant to describing their selves and problems as pertaining to eating disorders, but when it came to diagnosing their selves with the label "eating disordered" the meaning of this term suddenly changed. To better understand what eating disorders are and what they mean to these individuals, I examined how they were described in discussions separate from those that called attention to diagnostic criteria. In

particular, I looked for distinctions that would explain why individuals describe their experiences as eating disordered, but hesitate to identify themselves as eating disordered. I recognized that the use of the term "eating disorder" in any given message almost always occurred with some reference to the self. There were two predominant ways of describing the self in relation to eating disorders: a self as having a disorder and a self as being disordered. Examining these different reference points helps bring out deeper variation for how eating disorders are conceived of and defined. I first explain in depth how members describe their disorders as something they have. This entails my examination of the language used by these individuals in their posts and how their use of language constructs a relationship between their selves and their disorders. Second, I identify how members of the proana community perceive their relationships with their disorders as overlooked and simplified by outside others. To illustrate this, I provide evidence from the forum that suggests that outsiders identify these individuals not as having a problem, but rather, as being the problem.

Self *with* Eating Disorder

A self with/having an eating disorder separates the individual from the disorder itself. In some ways, this separation might be framed as an individual's sense of possession or ownership of this phenomenon. In reference to the contradictions described previously, the changing dynamics of power are often apparent when these individuals explain their relationship with their disorders.

Power is often implied through individuals' possessive reference, "my ed," to claim it as something they have; yet, even with this proclaimed ownership, it is difficult to determine where the power in the relationship truly lies.

"My ed is always with me whether I'm keeping it in check or not."

"I am confused with my ed today...I dunno why I'm so willing to try n lose weight even tho I probably wont be able to because of me not being incontrol anymore. do I want anorexia or not?"

The members suggest that an eating disorder is something with them, or even as a choice between something they may or may not want. The similarity in these posts is that both members frame eating disorders not as what they are, but rather as something with which they are in relationship. This relationship is bounded by power constraints wavering to and from the individual and the eating disorder.

For some, referring to eating disorders as a self possession entitles individuals to claim a certain degree of power. And, as many admit to wanting control, their perceptions of being in power over their disorder—owning it—may in some ways fulfill their needs for such control. This is further illustrated as members describe their eating disorders as something they have:

"Its [eating disorder] the only think I have that makes me feel normal."

"What it boils down to is that the ONLY thing I can control right now is food and exercise. I'm going to decrease my cal intake and increase my exercise until I feel that I have a control over some aspect of my life"

"I often have the same feeling...people are taking control over my life and my ED is the only thing I can control...my body, my food."

Each of these posts brings forth the meaning of eating disorders as a source of power and control, two very desirable attributes upheld by the proana community.

In addition to control elements, eating disorders are defined by the emotions that arise throughout the process of experience. The more objective manifestations of eating disorders pertaining to weight and behavior are symptomatic attributes commonly referenced for defining and diagnosing a "condition." These recognizable traits are what society uses to define persons as eating disordered (Antoniuzzi, et al., 2005). However, using these objective components to define eating disorders is far from capturing a glimpse of the experiences behind such phenomena. The process of experiencing eating disorders, which is recognized only by those who have them, is described in terms of the feelings that play a significant role in constructing a conceptualization for what eating disorders truly are. There appear to be many symbolic feelings and emotions that evolve throughout the process of the construction of these disorders that contribute to the complexity of their meaning. When asked what anorexia is, members responded by referencing their feelings.

"It's like an emotion or a feeling, which is quite hard to describe!! I guess theres kinda a voice there, but mainly just saying what the f*ck are you thinking, going out for a meal?? That sort of thing."

"Mines like a presence, there wen I need it, like a warmth"

Several others referenced a feeling of warmth and satisfaction that accompanies their experiences with their disorders. These emotions are not necessarily the disorder, but rather the meanings behind the process of becoming. To outsiders, this becoming is of one's decline to developing an eating disorder; to those going through such experiences, this becoming is of reaching something powerful, something desirable, and something great.

As I reflect on my initial experiences of losing weight, it is the acquired sense of strength and power I found within myself that I remember most vividly about the experience.

"Through all of this I have been successful at putting off the weight, and that is what I've wanted so badly for so long. Nothings worse than that shameful feeling of guilt and waking up every day to seeing myself and hating every inch of me. How could I let myself look so awefully gross and eat so much. I'd rather feel pains in my stomach than feel the pain of guilt. That's why I can't let this go, I can't stop now. No one can understand this feeling so powerful. I'm not deliberately trying to hurt myself or make myself sick. But I can't explain my feelings to anyone because they won't understand how hurt I once felt inside."

When I could step on the scale each morning to find that I had lost weight, it was instant gratification for me—it proved to me that I was doing well. Through this sense of empowerment, I felt safe in my body. This is most likely linked to the sense of warmth others expressed on the site. Though this experience, I better understand the contradicting state between happiness and despair. When I did not see myself losing weight, my sense of strength, power, and control

transformed into the very opposite: I felt weak, powerless, and out-of-control.

The self-disappointment I experienced is not easy for me to explain or understand, but it seemed almost as if there was a voice inside me saying that I was a failure. Others of the proana community framed their disorders as speaking to them as well, as one member wrote:

"We stop listening to anybody except our eating disorder. We believe we are fat, useless, unworthy, unlovable, and weak. We honestly believe that losing weight will on some level make things better. We wake up with thoughts of food; they consume us all day long, and often cause sleepless nights. It becomes all that matters. We listen to the voices that constantly tell us we are not good enough, thin enough, strong enough, a little more and then we can stop. But there's always a little more and it doesn't stop."

Perhaps through this voice the disorder gains power as it consumes individuals. But from where does this voice come? It is possible that the voice of the disorder is symbolic of the voices individuals perceive they hear from others. The rejection persons may sense through interactions with others may manifest through their internal dialogue (Laing, 1967). Not knowing exactly where those voices come from, those of the proana community identify this internal voice as the disorder. The only way to silence the voice is to regain power through changing the body—changing the body as the symbol of the self is the means to escape rejection. This is perhaps why purity is so desirable; it is a state at which everything is clear and there are not existing remnants that suggest flaw or fault. The pure state is very much an escape from the voice, or possibly on a larger scale, an escape from the rejection perceived from others. Still to this day, when I feel hunger or if

my body feels empty and "pure", I am rewarded with this sense of comfort.

These feelings are so intense that it is still very hard for me to convince myself that the means to achieving this peaceful state are harmful.

Through examining the experiences of others in relation to my own, I see how eating disorders are described differently in terms of behaviors, perceived appearances, emotions, and relationships with others. Considering how these multiple factors are referenced to construct meaning for eating disorders, it is no wonder that contradiction manifests. Yet, through these contradictions, members of the proana community negotiate different meanings to better understand the defining entities of their disorders. Those who experience such phenomena describe themselves not as eating disordered, but, more accurately, *as with* an eating disorder. The process of experience unfolds a dynamic relationship construction between the self and the disorder—a relationship bound with intense and at times conflicting meanings. As in the posts exemplified above, there are many contradictory statements members express that are molded through individuals' relationships with their disorders. At times they share a love for it, and in other moments they express hatred. Sometimes this contradiction manifests even within the same statement:

"Just feeling a bit down cus it seems that my whole life is about food. Im sick of lieing to everyone about what I eat but I also love the feeling of losing weight and cant stop...cus I don't want to."

"I am so sick of my ed...but I cant give up yet."

"I love and hate ana today, 4th day of fast and im getting real bad cravings and no energy"

Indicative from the postings, there is a reoccurrence of statements that construct a love/hate relationship with eating disorders. I explored this in my personal experiences and identify very much with the statements expressed by others on the forum. There were days when I felt so proud of myself for doing well, for being so disciplined with my eating and in complete control of my life. This was the feeling that I loved, a rewarding satisfaction that I attributed to my partnership with anorexia. At the same time, however, I created these feelings by putting my body through much pain, going endless days without eating and trying to resist the hurt I felt when seeing others eat foods I did not feel I deserved. Although it was hard to endure the physical pain my body experienced, I tried to convince myself that it was a good thing. The evidence through my pain meant I was changing, and this comforted me with the hope that someday I would change myself into someone I accepted. When finding, having, and/or owning anorexia, I felt as though I found a friend willing to side with me to find satisfaction in who I was. A relationship between myself and my eating disorder formed, wherein there was an intimate bond and pact developed. This relationship construction is also evidenced as members of the proana community talk about their personal relationships with their eating disorders. Intimacy is sensed by others on the site as they recognize the constant process of living with this.

"We will never fit in with others, but we also won't fit in their clothes. They will never understand us, and we will always be alone, with ana. It is a choice to turn to ana and let her take over rather than having nothing to feel good about and despairing over how fat we are letting ourselves become and trying to pretend that we care about anything other than our twisted, pathetic selves. Trying to deny what I am and act like someone I am not is more tiresome and painful than anything ana has done to me."

Eating disorders are a process of relationship development, one that is described as never-ending. They do not simply come and go, but rather, become intricately woven through the self. And with the voice of disorders, symbolic of others, there is an experienced dialogue that more permanently marks the development of these phenomena.

"Others" and the Construction of Eating Disorder Identities

As those of the proana community discuss their disorders, they often do so while describing outsiders as incapable of understanding them. When members explained their experiences confiding in outsiders, they imply that others perceive them not as one *with* a disorder, but rather as *being* a disorder.

They particularly suggest this in their expressed fears of telling others:

"Most people never understand, because they simply don't know what its like. If they knew they wouldn't make fun and they wouldn't be so quick to judge. It sucks how we're so judged upon even though we're just as bad as everyone else with a health problem."

"I don't think I could tell any body because im not "super" thin and they would just think it's a joke coming from me."

"My sister and best friend know [I have an eating disorder]. Sister thinks I'm crazy (whatever) and best friend doesn't think it's a big deal."

Others are perceived as not understanding the relationship that forms the powerful unity between individuals' selves and their disorders. Members often express concern regarding what others might think. They, together as a community, construct the view that outsiders place blame upon them for being disordered. Although many wish to tell others about their situations, they do not want to be judged negatively nor do they want others to interfere with the relationship between their selves and their disorders:

"I think its really freeing to be able to tell someone you really trust. But I don't think I'd ever tell anyone else, they'd think I'm ill and would go around telling trying to get me help."

"I told my closest friend last night. Big Mistake. He now thinks I'm a freak. And he said if I got under 100 pounds he wouldn't talk to me any more. "

The uncertainty as to how others will react to individuals' disclosures about their eating disorders leads many to remain silent.

"Nobody in my family knows...not even my friends. Like I really want to tell them but I don't know how they will react...so I kinda just keep it to myself. "

Confiding in others about these disorders places individuals in a vulnerable position. Through sharing their personal experiences, those with eating disorders fear others' reactions, particularly in the sense that others will label them as diseased, disordered, sick, weird, and other undesirable identities. They

yearn to share their experiences, but perceive others as incapable of understanding the symbolic meaning of the self/eating disorder relationship.

In my personal experiences, telling others about my eating disorder was always difficult. I did not mind so much admitting that I had an eating disorder, but felt extremely uncomfortable sharing my feelings towards my experiences with anorexia. My destructive behavior and my 'sick' appearance was visible to others. Although I could not see body as looking sick, there was no way I could deny my behavior around food as being abnormal when compared to others. The physical pain I often endured to survive each day without eating led me to question my behaviors as problematic. Yet, through starving my body to complete emptiness and exhaustion I began to sense a hurt that felt strangely comfortable. I acquired a liking for this feeling—this I never shared with others. It is one thing to admit "I am eating disordered," it is another to say "I find comfort in my eating disorder." Admitting I am eating disordered to others arouses little contradiction; others' convictions align with my confession. However, the truth of my intimacy with anorexia I fear would devastate others and cause them to place negative judgment upon me for finding comfort in extremely harmful behaviors. I can try to explain my feelings, but there comes a point where words cannot bridge an understanding. The experiences so valuable to knowing what eating disorders mean, is what others are missing when they try to understand the depth of this lifestyle. Instead, unique experiences become abstracted to a label that identifies me as being at fault—my identity as *the* eating disorder.

To this day I struggle to tell others about my problems and often write of my longing to express myself openly.

"I'd love to talk to someone...I'm getting the feeling that Mom is already overwhelmed with things and doesn't need to hear that her daughter is struggling. I can't talk to Dad at all. I'm afraid to open up to my colleagues as they may get the idea that I'm incapable of doing my job. So I wear this happy mask every day that shows a smile and hides the pain."

The pain that surmounts when not being able to share experiences with others feels much like being a prisoner. There are desperate needs to disclose the personal meanings of eating disorders, yet few outlets available that are perceived as offering comforting understanding. It seems that as outsiders rely on labels to identify those with eating disorders they construct an entirely different meanings than those who experience these disorders. As the different meanings clash through social interaction, those with eating disorders often resort to silence to avoid confrontation and further judgment. Yet, the desire to break the silence pervades and those with eating disorders search for venues where they may find like-others who understand; therefore, seeking a community of individuals who share similar experiences is most appealing. The allure to proana sites is brought about through the unique relational elements that can be disclosed and shared with others who talk about the same intimate experiences.

Turning to Proana Communities

Understanding the different meanings for eating disorders requires making the distinction between individuals *having* a disorder versus individuals *being* a

disorder. Deciphering between these framed perspectives has significant value for explaining why proana communities have evolved. These online networks provide a homestead wherein people can speak of their problems as personal experiences rather than their being the problem of their experiences. Members of the proana community share similarities throughout discussion and attempt to relate with one another to construct a safe environment for acceptance:

"I now no longer feel that im bein 'looked down' on for having an ed. I don't feel as guilty. I don't feel as low as I use 2. this is me and the acceptance ive felt in here is nothing ive ever felt in real life. Being able to talk about something I keep so close 2 me is such a big step, it is really a lot of weight off my shoulders."

"Since joining here I have felt welcomed, I love talking to people who feel the same way as me and have the same issues and thoughts that I do...I had never even spoken about my ed before joining and I had never spoken to anyone else with an ed before."

The communal sense of acceptance elicits members to voice their prior feelings of being alone and trapped. In their daily lives, these individuals typically perceive themselves to be restricted by what they can express and feel (Geller, et al. 2000; Zaitsoff, et al., 2002); comparatively, the proana community serves as an outlet to remedy such restriction. Whereas in every day interactions eating disorders are often described as distancing individuals from others (Biby, 1998), within the proana community, such disorders provide a link to bring persons together.

"I've only been on here for a bit now, but I do feel a lot better that theres people out there to reach to that understand what you're going through. (: It makes a difference when your not so alone and you have that support."

"It [proana site] helps so much. I'm so tired of being criticized. I can never express that enough. I can actually speak freely on here. Thank you for being here."

"I don't feel so along anymore. I love having people I can talk to about EVERY aspect of my life."

As I participated on the proana forum, it was compelling to see many voices of others parallel with my own thoughts. Many times in my life when I truly wanted to tell others what I was going through, I felt limited by my ability to explain what I felt and what I experienced. This is partly because I did not clearly understand my experiences for myself. I could not make sense in my mind why certain harmful behaviors felt so right, nor could I explain why my body shook uncontrollably when I was forced to eat. Living through the pain each day, I felt so confused and lost in myself. I wanted to have justifiable answers to my questions about what I was experiencing, but struggled to find explanations. I took my frustrations out on my body, thinking that if it changed I would eventually discover something for which I was searching. Yet, I could not put my motives or aspirations into words. Perhaps self-love and acceptance are what I wanted to find, but these words overly simplify the intensity of images and desires I experienced in my mind.

As I read through the postings on the forum, there were words to put to the experiences I could never before explain. Issues and problems did not seem as confusing to me when others experiencing the same situations explained how they perceived them. This enabled not only a sense of communal acceptance to form, but, in turn, fostered a communicative context in which individuals could learn to better accept themselves. Members of the forum made explicit reference to their founded acceptance.

"I now feel so much stronger and have found it so much easier to control my E.D. I also used to feel so depressed about my E.D but now its so much easier to accept myself because there are so many people here I can relate to n talk to☺ "

"People on these forums have seen me as me, and accepted me and all the time I never accepted myself. I just want to be happy and more every day I'm accepting myself for who and what I really am."

This self-acceptance is most likely reached through the group acceptance.

Seeing one's self as belonging provides an empowering sense of worth. As one member explains, she began to view her life as valuable upon receiving the support of the community.

"I never thought about recovering (either from SI or ED) because I thought my life had no redeeming value, but since I came here I actually know one day I will recover because as corny as it sounds, I feel my life may actually have at least some value."

Not only do others provide explicit support for members, but they also share viewpoints of similarity that allow individuals to acquire a sense of identification

and normalcy for themselves. The unexplainable is suddenly explained by a group of others who share experiences that, when expressed as a community, mold together a sense of understanding. Through this understanding, the proana community constructs eating disorders not only as personally experienced relationships, but also as the binding connections that link members to an accepting social network.

Divided Similarity

While it initially appears that the proana community is bound together by shared similarity, there are instances where viewpoints are not all expressed in harmony. There were obvious points at which members disagreed with one another and overtly made reference to their perceived differences. In most cases, however, it was the undeclared definition of eating disorders that was the source of most controversy. As members come together in agreement about certain aspects of eating disorders, they also recognize differences in how they perceive their experiences and call attention to these differences by accusing others of not understanding what eating disorders are. The following members posted in protest against those who perceived they had control over their disorders or viewed eating disorders more as a practice.

"Having an ED, in a way, is like having depression. Some people have clinical depression where there's NOTHING wrong in their daily live, but they just 'are'. Asking for tips on how to have an ED is like asking for tips on how to be depressed. An ED isn't an 'action', it's a feeling. A feeling so strong that you deny yourself nourishment, sustenance, etc. for whatever reasons."

"I don't understand how someone COULD become anorexic unless they are already depressed or something. [An ED] is not something that happens to someone who was just trying to lose weight by dieting. I didn't know what anorexia was until I has spent years having this disease. That's what it is: a disease like AIDS or Cancer."

"I think it's sick how people suddenly think it's cool to have serious problem , if they want attention there are better ways of going about it....GAAAARRR it makes me so mad that people would do this! I've been through hell and I can't do anything about it, my whole life is ruled by food!!! Do they actually want this??? These people are the reason support forums are closing down, without the forums I'd most likely be dead by now!!!"

There are many ways to define what eating disorders are: a feeling, disease, condition, lifestyle, disposition or choice. The distinction between each of these constructs is primarily a matter of perception gained through experience. As members share their views of how they experience their disorders, difference emerges. These differences are in some ways threatening to members. Their intentions to validate their personal realities through shared meaning with others serves as the premise of their seeking comfort in proana sites; when these personal realities are not perceived as coinciding with other views, individuals may begin to question their selves and their understanding of what eating disorders mean.

Because there is not a universal definition for such phenomena, members are continually seeking ways to identify specific criteria that distinguishes them as truly having an eating disorder. There are many instances in the process of

defining eating disorders during which members question the motives of one another for participating on proana communities. Throughout this questioning, members arrive at different identity constructs that distinguish those who belong to the community versus those who do not. This is displayed in the following argument:

"If u think all this is glamerous then ur sadly mistaken, only us people wiv Eating Disorders can understand each other can relate and a lot of the time spot a FAKER, so beware, if that's wot u are u wont b welcome OK!!!!!!"

"No eating disorders are not glamorous but with all these underweight models and celebrities these days is it really that hard to understand why somebody of a healthy weight would want to lose weight? Doesn't anyone here have a little compassion?"

"So, we're just supposed to welcome the fakers/wannabes/whatever and then slag off the people who are genuinely suffering by saying, fasts are stupid"

"You shouldn't slag anyone off who comes here looking for help. Who are you to say who's fake or not? Just because someone comes here asking for tips on how to suppress their appetite doesn't mean they want to do it to be cool or for attention. You don't know their situation or their motivation."

Members of the site each experience their disorders differently, and because of this, there is a need to define some sense of unification through sameness. Experiences will never be the same, but identities that can be abstracted from experience can establish a degree of sameness. The identity of being truly eating disordered versus a wannabe or faker is what qualifies membership to the

site and entitles individuals to receive support. But as expressed in the posts above, it can be difficult to identify one as a fake versus a person who truly has an eating disorder, particularly because these labels cannot be validated by a specific definition of what eating disorders are. Accusations of wannabes and fakers are arrived at through members' intuitive senses and personal constructs for what eating disorders mean. The only justification individuals have for these accusations are comparisons to their own lived experiences and developed perceptions.

As I searched for ways individuals seek to define wannabes and fakers, they most frequently accused those who sought tips as not knowing what having an eating disorder means.

"If u have a true ED why the hell wud u need TIPS, u don't!!!! it makes me so angry, specially wen weve been through wot we have!! Wich is hell, ins not just ED its depression and SI [self injury] in some cases drugs and pills"

"Everyone looking for tips is obviously lookin at anorexia as some sort of fad, the sad part is to the people who suffer from it every day it is not a fad, it is long-term."

"Believe me I didn't join for tips or to get inspiration from everyone but for those who do actually have a problem this offers somewhere to talk. So please don't judge all newcomers as wannabe Eds cause I know I have a reason to be here!"

These posts construct the idea that if one truly has a disorder then they should have no need to ask for tips on how to acquire such a lifestyle. These members suggest that those looking for tips want to become eating disordered, which

marks the distinction between wanting an eating disorder versus actually having an eating disorder. Yet, at the same time, there are different beliefs about how tips function on the site. Some stress that tip seeking is not an automatic indication of a faker:

"I think what some of you guys don't understand is that "tips" may be just some people's way of bonding over ED. I know when you have an ED you never feel "normal" so you don't know how to talk to people. I think some of us "newbies" might come in asking for tips as a way to connect. I seriously doubt anyone who has an actual ED wants to get tips. We know the tips. We know the moves."

"Yea, we tell each other wot we do, if were fasting and stuff, bcos we need to talk 2 each other cos its not something we can turn off in are heads its an illness something that us can not recover from unless u really want 2."

These members expressed tips as serving a communicative function for connecting with others. However, their perceptions were challenged:

"eh... what u r saying ain't making sense, sorry
first u say u asked for tips, then that u don't use them
then why ask for tips anyways? c'mon
well i think a person who really has an ed isn't going to encourage people to get one, ya know?"

It is clear that the perceptions crafted through personal experience clash when expressed on the site. Those defining their disorder as a serious problem are offended by those who consider it an acquired lifestyle. At the same time, those who define their disorder as a coping mechanism, for example, define it in a more positive view and, therefore, see no harm in sharing tips that lead to

rewarding comforts. Clearly, the inability to reference a unified definition for what eating disorders are promotes individuals to rely on their own experiences to validate truth. As different experiences and beliefs are expressed on the site, members' individually perceived truths suddenly become questionable. This need for establishing communal truth fuels the cycle for defining eating disorders and confirming members' senses of belonging.

Throughout my participation on the site, I wrestled with many tensions as well when mingling with my own perceived similarities and differences with others of the community. When I first became a member of the site, I was very shocked by the content revealed. Most likely this shock was aroused by a clash of my own perceptions about eating disorders with the views expressed by members of the site. As I was seeking recovery, in my mind I defined eating disorders negatively, like a battle needing to be fought. To see this battle I perceived myself facing as glorified by others, initially enraged me and led me to think "these members have no idea what eating disorders are all about." However, it was not so much that others did not know what eating disorders meant, rather, they were simply operating on different definitions they created through personal experiences to explain such phenomena.

My initial disagreement was something I struggled with very much at the beginning of my research. Yet, with time, I also read many posts that awakened feelings I remember experiencing throughout earlier stages of my disorder.

There were many views shared, particularly about the comforts of anorexia that paralleled with those of my own on which I reflected in my research journal:

"Some of the postings made by the members resonate so much with my own thinking. Of course, to see it printed before me is almost like looking into a mirror and seeing another person looking back. That is, when I see others claim their needs to be thin, their desires to starve and purge, I get upset with them. I immediately think, "why would they do that to themselves." And then I consider my own lifestyle that is merely constructed through the same logic as theirs."

Despite my own perceived differences from others on the site, I admittedly recognize my similarities. I do many of the same behaviors and have an underweight body; the only differences between me and others on the site are the words and meanings we choose to define our disorder. I know anorexia no "better" than anyone else on the site, I simply define the relationship process between myself and my disorder differently.

As I continued seeing many of my personal behaviors described in the posts of others on the forum, I began feeling more connected to the site. I did not ban my conceived definition for eating disorders as being a bad thing, but I do believe my views slowly evolved and changed throughout my participation:

"These thoughts are no stranger, yet I haven't experienced them to this degree for quite some time. A number of factors certainly play a role in this, and I think my own research adds a new dimension. Through the comments of the other members on the site, I somewhat relive my own experience. On a positive note, it has enabled me to really dig into a richer understanding of the process of anorexia, but at the same time I'm putting myself on the line to do it. I feel strong and patient with overcoming this, and perhaps for myself I need to go through the process again but with a different motive, a new view."

Revisiting the comforts of anorexia was a terrifying experience for me, as I remember working so hard toward recovery in order to convince myself that such comfort from the disorder was wrong and invalid. Again, these tensions I experienced were spurred by the many ways to define what I faced with anorexia.

After months of participation, I saw problems in my own personal life emerge. I was starting to lose weight, a source of empowerment that simultaneously left me feeling weak and even ashamed:

"I looked in the mirror again yesterday just before going to the gym and it hurts to see my legs. They're beginning to look so thin. Despite this—even seeing it for myself—I struggle to make the connection with food. I feel so wrong to eat. At times, I almost feel sick eating, like I'm doing something very wrong. It sounds so elementary when I write it down—in part because there just aren't words to explain it."

I continued to experience difficulties in my own life, losing weight and fighting with food while trying to create an image that I was fine. In the midst of these struggles I wanted to deny that my own research was a contributing factor to my battle. I wanted to believe myself to be stronger—to *know* what anorexia was and to *know* what I should and should not do to avoid becoming what I conceived as sick.

My personal frustrations lapsed into my participation on the site, as I began voicing concerns that arose through my own experiences with being a part of the forum. I wanted others to know of the deeper issues experienced with

eating disorders and was disappointed when many approached anorexia as a weight loss practice. This is evident in my post denouncing those seeking weight loss tips:

"Recently, there have been a number of discussions regarding weight loss and requests for tips, suggestions, and advice for how to lose weight most quickly and efficiently. This is a concern for me, as it may also be for others. First, with this being a site for those with eating disorders, it seems that this has become confused to be a "weight loss" site. The two are not the same thing and should never be mistaken as such. There's nothing wrong with wanting to lose weight, but seeking advice from those with eating disorders is not at all healthy, it is more or less corrupt. Those with eating disorders face difficulties far deeper than the simple matter of losing weight ~ these deeper issues are what validate the significance of these sites. We have a place to discuss the struggles and hard times experienced during the disorder - a release that is not promised to us anywhere else. Those looking to lose weight - that's fine, we will support you! But PLEASE do not continue asking for advice on this matter...that is what weight loss sites are for."

In defining my disorder, I do see it as far more than weight loss. Those coming to the site for weight loss tips I conceived as not truthfully knowing what eating disorders mean. I could relate with other members when they expressed their dislike of fakers; it is hurtful to see something that has in many ways destroyed my life as being sought out and desired by others. I felt if individuals truly experienced this disorder they could not possibly consider themselves as supporting others by encouraging harmful practices.

My voice of disagreement was contested by other members on the site. Some responded in mild disagreement:

"I would think that most of us can tell the difference between a wannabe and someone who has an ED. I know we're all different. We all talk differently, think differently...but I know I can tell the difference between another ana who's looking for advice and someone who just wants to drop a few pounds. We should def continue to help each other, even if that means help with weight loss. But everyone should feel free to post concerned opinions as well. We need to hear the pros and cons behind the tips and tricks."

Others replied in a tone that seemed somewhat angry and hostile:

"You cannot realistically create an online forum that declares itself PRO-ANA, and expect people not to discuss advice and tips on weight loss. That's an unrealistic goal."

"Look. It seems to be inherently implied that if you willingly choose to join a forum that is called PRO ANA, then you are NOT currently in recovery, and you AREN'T going to be bothered by the Pro Ana content on the site, even if it does include tips and tricks."

Such posts felt almost like a personal attack—telling me that I did not belong. In many ways I felt others discredited my experiences because I framed eating disorders as problematic and of serious concern. Implied through others' responses to my expressed views, I was not entitled to voice my concerns for others. It was a strange feeling to get to this point. It forced me to realize within myself that I did not want to be denied of my identity as an anorexic. It is something I have lived through, an experience that continues to wake with me everyday. Having others assume what I am and what I am not and what I should and should not be was like experiencing a violation to my own sense of self. I

replied to those against my beliefs to further emphasize my standpoint and what I considered to be valid concerns.

"If we are truly eating disordered we know these behaviors already. And if we are truly eating disordered, we understand the harm we do to ourselves and could not possibly wish that harm upon others. Whether you are in recovery or not ~ doesn't matter. In my opinion, I don't believe there is a point where we ever completely rid ourselves of this. However, regardless of the stage I'm in, I want others to know that they're not alone in dealing with this. It's a means of providing support through understanding. To me, there is no reason to provide suggestions that could be potentially harmful ~ I just don't see how that is constructively supportive. This belief aligns with the forum philosophy clearly detailed in the opening page. I guess that's why this has become an issue...so many perspectives."

Again my views were challenged:

"I think that "whether you are in recovery or not" absolutely DOES matter in this case. In fact, I think it is the defining point in this case. True, we never really rid ourselves of this disease. And true, a real ana knows how difficult living with this disease is. But I would define "IN RECOVERY" as an anorexic who WANTS to rid themselves of the disease. Who is currently mentally and/or physically taking baby steps to get away from this. I would define "NOT IN RECOVERY" as someone who is currently, at this point in their life, choosing to EMBRACE this disease and live with it - someone who is NOT choosing to get rid of it right now. And if you are "IN RECOVERY" by the above definition, and you enter a site that is called "Pro Ana" then you are basically a recovering alcoholic entering a bar. It becomes your problem, because you should have gone into a coffee shop instead. "

It became clear to me that this member defines anorexia in stages or separate phases that divide the disorder. Our differing perceptions of the disorder and

experiences behind it fueled the need for discrepancy between our contrasting views. However, this need to distinguish ourselves broke the bond we had formed through our initially perceived sameness of having anorexia. The discussion on the forum continued, and many individuals began to side with me in seeing a need to support everyone, with phases being irrelevant to the overall need to help one another. It created hostility to the point where this particular member who posted in the above chose to leave the community all together:

"I am clearly in the wrong place here. I thought this was a good place for me, but I feel extraordinarily unwelcome all of a sudden. So, to make all your forum members more comfortable, I quit my membership as of right now. No love lost - clearly - because you dont want me here."

The words we use to define ourselves and our situations create our experiences for others to see and understand. Clearly, on this site members use language to distinguish not only what they have lived, but also who they believe their selves to be. Eating disorders, in their linguistic form, take on a multitude of perceived meanings that are continually a source of tension.

Self through Eating Disorder Stages

As many seek to define their disorders, it is important to consider how they reference time throughout their described experiences. The various stages throughout which these disorders evolve lead to different standpoints with regard to how individuals view the process and outcomes of their perceived "problem." These stages are difficult to specifically identify, but there appear to be various

posts where individuals reference previous moments in their life in comparison to their current situations.

"for me, when i started out i knew it was unhealthy to restrict but i figured it wouldn't be a big deal if i stopped when i reached my goal. later on when i reached my goal and still didn't stop my reasons changed- i didn't care if it was unhealthy and then later i actually wanted to harm my health or endanger my life because i was so unhappy. nowadays i'm partly deluding myself that i'll stop but mostly just don't care because losing weight is more important to me than anything. how about you?"

In this post the member distinguishes her previous thoughts for rationalizing unhealthy behaviors as okay if done for only a temporary amount of time. In brief, she describes the cycle of changing meaning as the experience unfolds and "unhealthy" no longer is a matter of concern. Another member defines her stages by referencing the different degrees of control she sensed:

"In the beginning the control is easy and the high from it incredible. I can not eat for 4 days, I can exercise for 4 hours a day, or I can throw up everything I eat. I am in control. But somewhere along the road we lose that control and the eating disorder takes on a life of its own. We no longer control it. It controls us."

The transition between controlling the disorder versus the disorder controlling the self is a way for describing the evolving process of power exchange within the self/eating disorder relationship. The power individuals perceive they gain during the initial stages of eating disorders becomes forfeited to the control of the disorder, which is said to take over. Because it is the disorder that defines the self/eating disorder relationship, the further this relationship continues the more

dominant the role of the disorder becomes. As the relationship between the self and the eating disorder grows deeper, individuals identify feeling trapped or losing their perceived battle:

"It [eating disorder] infested itself in me, because if I gave in, that means I lost control, and it was all down hill after that. Well, in the end they did beat me...temporarily pretty sad that this is all over control (but it really is true that ANA basis herself on control)"

"In the end" is signified here not as the end of the disorder, but rather as an end to one's perceived power over the disorder. The "end" marks a transition point in the cycles experienced with eating disorders. This is perhaps also the defining point in contradiction that evolves throughout the development of the dynamic relationship between the self and eating disorder. As the power roles change, the contradiction that results is more of a representation of different stages throughout the self/eating disorder relationship. Comparing these stages across time enables us to see the contradictions that emerge throughout experience. In addition, the descriptions of transition points and cycles bring forth unique ways for defining endpoints. In some ways the end marks a point where individuals realize that there is not an ending to the disorder, only an end to their beliefs that they are controlling something that will lead them to happiness.

"Now I'm 21 I still obsess about my weight and appearance. I'll never be happy with my weight because I know I can get really thin but I don't particularly want to die, well not yet anyway. I've come to accept over the years that no matter what I weigh I'll always be fat in my eyes."

"Who enjoys looking in the mirror and feeling like no matter how long u starve yourself it feels like it never makes a difference? ED's dont give u anything but misery in the end. I dont know if other people share that feeling... but thats what having an ED is like for me."

"I'm dreaming of the day I can look at my naked reflection on the mirror and feel good, feel I have reached the body I've always dreamed of...but I guess that day will never come, 'cuz I know I will never be perfectly happy with myself. Am I only living to die for this?"

Unique to these posts is that they signify time, in that these individuals have lived through different phases to realize the complexity, or better yet, the contradictions behind their struggles. They pinpoint that initial feelings of strength and power from an eating disorder are only temporary, and the rewards of happiness through thinness are never obtained; contradictory to the initial discoveries of power, strength, and happiness, those in a deeply defined relationship with their disorders describe a loss of power along with senses of weakness and despair.

While those who have experienced these disorders for lengths of time explicitly reference stages and transitions of change, it is more difficult to pinpoint individuals in early stages of eating disorders; this is particularly difficult because individuals often lack a span of time to refer to and compare their experiences. To distinguish those who are in earlier stages of their disorders, I looked at what members perceived themselves getting out of their disorders. Consistently, those who referenced greater lengths of time did not describe their disorders

positively, and as in the posts above, took on a voice of despair with regard to their situations. Contrastingly, those who did not make explicit reference to stages of their disorders explained what they sought to get out of their experiences in hope rather than despair:

"i definitely am comforted by it. it gives structure to my life, and i feel successful. if being thin is the one thing i want in life, i will do it. and that's what i'm doing... just achieving a goal like "normal" (non-ed) people. by the way, why do we refer to ourselves as un-normal? i think we're just fine."

"I'm tired of being what I am, and I'm ready to change. I want to control what goes into my body, and I want to lose all of my fat as an outward sign of inward self-discipline."

"When I'm thin I'll be happy / be more confident / be pleased that I have accomplished what I have set out to do."

"When im thin... Ill feel strong / Ill feel proud / Ill be in control / Ill never be ashamed / Ill have solid confidence / Heres hoping anyway...."

All of these posts above are expressed in terms of hope and faith in finding a better life. At the same time, these members only reference time in the future with their disorders and do so in confidence.

Some individuals expressed a sense of being completely unstable by the changing phases of their experiences. They sought to define their relationships with their disorders by using different eating disorder labels to describe their experiences. Such labels include the names assigned to the disorders: ana (anorexia), mia (bulimia), and coe (compulsive overeating). However, at times

they described themselves as being tossed around from one disorder to another.

This confused them when pinpointing identifiable terms for their experiences:

"I'm totally confused by my ed, ive been mia off and on for years, but now im non binging/purging at all but im obssesibly watching what im eating, is this turning into something else?"

"I hate the back and forth, but love the feeling when I lose weight. I feel tag teamed everytime I see food that is good. First Ana telling me that I dont want it cause I'll gain weight. Than Mia comes if I do indulge and tells me to get rid of it... AAAHHH! I am so sick of this bullshit."

"Its like as much as I hate living like this I couldn't imagine living without it, like its mine and no one can control it or take it away from me, being ok or normal scares me bc I don't know how to be that way it complicated but I don't think I'd want to wake up without this."

The constant wavering back and forth, "tag teamed" as one member expressed, puts into words the contradictions that arise throughout the phases of experiencing these disorders. The conceived meaning of what eating disorders are becomes twisted in differing experiences of behavior, control, and perceptions of the inner/outer self. These various descriptions pending on time overtly reveal the different points at which these individuals stand. In turn, the sharing of these different stages and phases complicates the conformity process in how individuals come together to construct a meaning for eating disorders. It is clear that much of the source of disagreement and tension that arises in discussions as to what eating disorders are, who has them, and how they should

be experienced, is derived from the differing phases experienced by the members.

As I trace through my own experiences participating on the forum, I see the matter of time and experience as pivotal to the source of my differences in and frustrations with others. When reading the posts of others, I often times saw myself, but in such a way that I had to revisit my past to identify with the feelings members were currently expressing. By relating to my own circumstances, I created an image of where I perceived individuals "to be" in their disorders. Those who claimed they were holding on to their disorders to find happiness in themselves seemed to me to be in their premature stages of realizing what eating disorders entail. I say this only because I remember having these same feelings, but only before I recognized my eating as a problem. To get to a point where I could restrict myself to near starvation, I continually held on to wishful thinking, convincing myself that I would be thin and with that I would find contentment. During the earliest of years when I struggled with my weight, I wrote about the sensation I felt when it came to controlling my eating:

"If I don't lose this weight I don't feel successful. When I do, I feel proud of myself. It has grown into even more of an obsession of fear. Fear that one day I may wake in the morning and be a pound heavier. A dead giveaway that I have done something wrong or I wasn't disciplined enough to stick with it the day before. I am a failure when I gain. I'm a winner when I lose."

I wanted to be a winner, to be at a point where I could be proud of myself and have others proud of me too. At the same time, I was not oblivious to the

discomfort I felt when depriving myself. It left me confused and wanting to find an explanation. In my journal I tried to make sense of who was at fault and how this could help me identify whether it was me or others who should be blamed. I described what I heard others saying to me as contradictory to what I experienced:

"Others tell me 'You only put yourself through it. You should just stop dieting. It's YOUR FAULT.' Is it really? Is it really my fault? Did they not encourage me to lose weight when I began dieting a long time ago? Were they not the ones who first suggested I watch what I eat? Did they not used to call me fat? Did they not understand how long and how much my weight has bothered me? I remember them being so proud of my first 8 pounds I lost. It made me feel good. I did something they were proud of me for. Having their praise was all I needed to be proud. I just wanted to be happy and have them proud of me just as much."

Hearing others be proud of me provided me with a source of strength from which I thrived. I learned to define my pride and satisfaction through the praise of others, not through the ways I personally saw myself. These feelings of pride and satisfaction were learned through the praise of others, not through the way I saw myself. I had yet to find my own sense of acceptance, but figured that the continuation of what I was doing with my diet would lead to happiness along with an ability to see what others complimented.

"I figure the more pounds I put off, the better I will feel. That's where I am now. Still losing that weight. I've gone from 163pds. to weighing 127pds. according to my scale. But to me, I still don't have the body I want. I'm determined to keep dieting until I do. No one will stop me. It's worth it in the end isn't it?"

My reference to an end here was the point I was convinced I would find happiness. As I have come to understand it, this way of framing "end" is similar to those in the earlier phases of their disorder. It signifies a naïve mind in some ways, one that is questionable, yet, hopeful that happiness will be found. The temporary sense of suffering at this stage is just that—perceived as only temporary. Even though individuals at this point may acknowledge their behaviors as potentially harmful, the notion that they are only temporary justifies that what they are doing is okay. This is also a point at which individuals still believe themselves to be in control to some degree, thinking that when they decide the time is right, they can simply stop the behavior.

When I look back on my own journal entries, the disappointment I feel in myself is indescribable. There is something in me now that shouts "if I only knew then what I know now." I now see the many things I told myself as simply myths and lies that created an illusion toward which I strived. I destroyed my body to find that in the end there is no end; the end simply suggests the point that lies between the bounded forces of contradiction. Pride, happiness, satisfaction—all of these things that are initially believed to be discovered through a restrictive lifestyle are figments of false hope. This realization is what I conceive to be the defining moment of the eating disorder, the point at which the control shifts and it is no longer a choice or practice—it is like an infestation. Committing myself to anorexia, I gave this disorder the power in "our" relationship, but as it took the power over my life, I lost my perceived strength and questioned the truth of my

sensed happiness. Nearing the peak of my realization of the permanence of my struggles, I wrote about my confusion and not knowing what I wanted:

"Where do I go from here? Do I go down this same path hoping things will change? Although when I say change I'm not specific in what it is I would like to see change? In general I guess I want to get up in the morning and not feel threatened by another day. Sometimes, I'm so scared of what each day may bring, as there are moments that I feel so sick that it's overwhelmingly painful. What is it that I'm striving for? I think I've lost my focus. "

I see in this entry a time when painful truth began setting in, my realization that I did not know what I wanted. It was devastating to find that all of the promises I made to myself to get through all the physical pain were simply never going to be fulfilled. Those who speak of their disorders as misery, pain, and suffering, are those who reach a point so deep that there is a loss of trust both in their selves and their disorders. At this point, everything becomes in question—yet the patterns of the disorder are still difficult to resist even when the self acknowledges them as not fulfilling to their needs. I describe my behaviors, well knowing how much I despised of them, as a continued source of comfort.

"I'm so frustrated with my health and wish that eating was easier. Even tonight I find myself wanting to go for a walk, but knowing that I haven't had anything extra to eat to make up for extra activity. When I saw my weight down once again to 103, I just felt sick to myself. I hate looking this skinny, but the guilt I feel when eating doesn't seem to go away. In some ways, I think the guilt I feel for allowing myself to become so small causes me to have an even greater urge to 'get rid' of that feeling. Unfortunately, I use food as my escape and feel a sense of comfort when I feel empty. It's haunting inside, because of the constant tension between

me and me. And so no matter which route I choose, one side will always be upset in some way."

Having lived with this disorder for more than decade, I see it as something that has scarred me terribly inside and out. And, the tensions that have risen throughout my experiences now leave me in constant struggle with contradiction. As I try to understand those on the forum, I find many others who have reached this same point of devastation, and we together perceive the reality of eating disorders to be comparable to hell. Our sense of suffering plays a major role in how we relate and respond to others who are at different stages. The hostility that often emerges is bound within the range of time throughout our experiences. Those who might be identified as in the beginning stages of their disorders are often corrected by others who have lived through the later stages in despair. The difference between the two is that those in the early stages have not experienced what those of the later stages have lived to discover. The connection between the two cannot be made and this, therefore, creates the greatest divide in defining what eating disorders mean. Holding this divide together are the boundaries defined through contradiction, boundaries that confine the depth, complexity, and tensions that all dynamically function in constructing meaning for eating disorders.

CHAPTER FIVE

DISCUSSION

The present study sought to uncover the meanings and experiences that construct a definition of eating disorders. Although there have been numerous attempts to objectify and label these disorders with diagnostic criteria, such processes of conceptualization dehumanize the experiences behind eating disorders and completely remove them from the contexts within which they occur. There is inherent value to understanding the language and dialogue in which persons engage to define their experiences. Analyzing the voices of those who live with eating disorders provides much more depth and meaning to an understanding of the experience of such phenomena. What is apparent in the discussion that follows is the social construction of eating disorders.

My extensive participation in the proana community over time brought to my attention many diverse views and perspectives on what eating disorders mean. As I organize the many meanings, I do so by illustrating how they manifest through language. In my observations, members of the proana community: 1) expressed points of contradiction, both in their personal lives and in disagreements with others of the forum, 2) used specific labels to identify their disorders, 3) framed their disorders as in a personal relationship with their selves, and implied different stages through which this relationship evolves, and 4) described specific motions to illustrate the sequential processes of their

experiences. Therefore, in the following discussion I explain the contradictions, labels, relationship stages and motions as they function dynamically in the dialogical construction of eating disorders by those of the proana community. I then provide an account for my own interpretations throughout my participation, noting particular times when I tested my limits to understanding the language that defines the self and social experience of eating disorders.

Binding Contradictions

My first in-depth exploration of a proana community revealed to me a number of contradictions individuals experience and describe in relevance to their eating disorders. As I tried to make sense of these contradictions, I referred to the research of Hallam & O'Connor (2002), Hegel (1975) and Laing (1969) who all explained contradiction as it evolves through both individual and social constructions of human knowledge. In addition, I considered Peirce's (1967) conceptualized levels of meaning to better understand the symbolic connotations ascribed to expressed contradictions. Among the many contradictions evident in the posts of community members, I identified five predominant categories within which the expressed tensions could be clustered: 1) feeling saved and slaved, 2) wavering between a sense of purity and gluttony, 3) expressing happiness and despair, 4) desiring strength and weakness, and 5) discovering power while losing power. These points of opposition construct the boundaries within which eating disorders are described; it is, therefore, significant to explore not only the experiences that shape and define these recognized boundaries, but also the

dialogue through which these contradictions take shape within the proana community.

To understand the meaning behind the specific contradictions described, I analyzed how they were explained in the context of the proana community. In general, the comments regarding the notion of being saved and freed by a sense of new self discovery are, in turn, challenged when other individuals described feelings of confinement and restraint by the demands of their disorders. In dialogue, this particular topic of contradiction led individuals to rely upon expressing their experiences to illustrate for others the meanings behind experiencing freedom or feeling trapped. The contradiction involving perceived happiness or despair took shape similarly, as members described their personal rewards and punishments to justify their expressed meanings for their disorder. The ways in which powers between the self and disorder were described also marked points of disagreement appearing on the forum; such contradictions regarding the perceptions of power were most evident as members described their conceived ability to "overcome" their disorders. It is interesting to note that those who expressed feeling trapped, in despair, and overpowered would often refer to their personal histories *with* their disorders to relate and identify with those who claimed to have found freedom, happiness, and power. However, individuals who voiced feeling free, happy, and empowered appeared to take on a more defensive role by referring to their histories *without* their disorders to justify their current feelings. The processes through which individuals

communicate about and compare their histories reveal how meanings and understandings are socially constructed. Such processes parallel with and add depth to Blumer's (1969) theory of symbolic interactionism. I will later refer to the expressive versus defensive roles described above when I explain my interpretation of the stage-like evolution of the self/eating disorder relationship. Before I make this shift in the discussion, I address the remaining contradictions I observed throughout my research experience.

The desirable needs to feel pure and empty were expressed and agreed upon by nearly all members of the community. In discussion, individuals would continually make reference to their needs to be pure, while others would share their lust for feeling empty. In many ways, the personally experienced lifestyle that involves deprivation and indulgence was discussed in ways on the forum that often brought members together. They established a sense of understanding with the needs to feel pure and simultaneously constructed a social camaraderie through fighting the urge to indulge. In addition, members of the proana community shared similar views for the meaning of defining strength through the portrayal of physical weakness. Strength was defined in terms of willpower, an ability to resist temptation. Similar to how the individuals used the social support of the forum to achieve a state of purity, they also described their ability to gain strength as enhanced through their discussions with others. So, as these individuals' bodies may have grown weaker through their attempts to resist nutritional nourishment, their perceived strength was constructed through the

social interactions with others. Through discussions, as forum members received and expressed support for one another, they created a symbolic sense of strength throughout the community and within their selves; the images of their resulting weak bodies represent the strength constructed through social interaction. As noted, the constructed meaning for weakness as strength is symbolic to the proana community, which may suggest why those outside the community have difficulty understanding this meaning. By referring to Peirce's (1967) levels of meaning, I infer that those outside the proana community do not share similar experiences to link their understanding with the symbolic connotations insiders assign to certain images. Outsiders, therefore, operate on an index level of meaning, labeling weak images as visible weakness. It is the language used by proana members when they express their desires for both strength and weakness that may initially appear as contradictory. But within the community, once weakness is described as a functioning means to achieve strength, the meaning of these terms changes and they can be understood as operating in unity. This process of understanding the functions of contradiction is similar to the way Hegel (1975) recognized points of opposition as bound together by the relationship that exists between them. By analyzing the relationship between contradicting language used by those of the proana community, we begin to look beyond the basic terms to see the symbolic meanings constructed for the eating disorder experience.

The Use of Labels

As indicated in the data, individuals often frame their disorders as in a relationship with themselves. While this appears to be consistent among all those who shared their perceptions and experiences, the types of relationships described differed immensely from one individual to another. When personified, eating disorders were identified symbolically as friends, partners, parents, and even gods. In addition, some individuals described their relationships as constructed between two selves, similar to what Laing (1969) found through his research on the "divided self." In the context of those with eating disorders, one self is represented by the voice of the eating disorder and the other self is described as the voice against the disorder. These described variations in relationship type bring forth a significant discrepancy among those who experience eating disorders as they each frame the personal meaning for their disorders differently. The flux between different meanings creates tension points on the proana forum. However, the disputes that occurred when deciphering meaning for the self/eating disorder relationship unfolded more so into discussions about the phases of the relationship; the labels such as "friend" or "split-self" were simply used to help others identify with and understand the stages through which these disorders manifest and evolve.

As individuals try to better understand their eating disorders, more labels to identify their selves within the proana community were socially constructed. As I observed discussions throughout the forum, eating disorders were described

not just in general, but in reference to their specific names: ana (anorexia), mia (bulimia), coe (compulsive over eating), and ednos (eating disorder not otherwise specified). At times, individuals new to the site would express confusion as to what these labels meant. However, as members of the community would describe the meaning for these labels with reference to general characteristics and behaviors, many new members would embrace a label for their selves almost as if they had discovered for the first time who they were. Yet, others, upon hearing the different descriptions of the labels, would sometimes express confusion and describe their selves as not fitting exclusively into any one particular category. This confusion was understood and shared with others, and through dialogue those of the proana community created different ways to reference these labels. The different disorder names were used not only as a means for individuals to identify themselves, but also as a way to convey their experiences and perceived relationships with their disorders. While these names may represent more specific disorder "types" based on the behavioral characteristics of individuals, they were more frequently used in the language of the proana community to reference points of change throughout the discussions about self/eating disorder relationships.

The names ana, mia, coe, and ednos equip individuals with the language to reach a deeper capacity for defining and understanding the meanings that unfold through dialogue with others of the proana community. This process further illustrates Blumer's (1969) theory of symbolic interactionism and provides

insight to the social processes that create meaning for diverse eating disorder experiences. As individuals verbalize their own perceived relationship with their disorder, they do so by using the terms and labels constructed with others. Throughout the descriptions of individuals' personal experiences with their disorders, many different names of eating disorders were used to mark transitions throughout their journeys. In addition, it seemed to me that as individuals referred to the names of these disorders, they did so by describing stages throughout their experiences:

"Bulimia, but doing more restricting lately, trying to transition...not necessarily into anorexia, although I suppose technically I would be. My BMI says I am? It seems at this point I am confused."

"im diagnosed anorexic, but become bulimic and coe at times, esp when i try to recover.... bulimia compensates for coe and anorexia takes over as a solution to the bulimia.... vicious cycle... anorexia is the most dominant and comfortable, yet stressful."

These posts, in addition to many others, demonstrate how individuals consider themselves as moving in stages from one eating disorder to another. Some admit to feeling confused about identifying their disorder due to the varying, and at times contradicting, ways they perceive and retell their lived experiences. It seems that to those who experience eating disorders, the use of personification and specific disorder names is to distinguish identification points to mark the transitions they experience over time. Members often describe themselves as moving from one disorder to another, and sometimes explain their shifts in a

back-and-forth direction. Whatever the direction may be, the process illustrated through dialogue is dynamic and always changing, which helps me to see these disorders as constructed through stages.

Stages of Self/Eating Disorder Relationships

What are the indicators of change that evidence the relationship between the self and eating disorder as dynamically in flux? With this question, I seek to understand how individuals learn to recognize and describe points at which they perceive change throughout their experiences. These points of transition mark the meaningful constructs that give shape to the processes of experience as they unfold (Bateson, 1979). In the context of eating disorders, understanding these processes is crucial for fully comprehending the meaning of what these disorders are and how they function. Tracing through the different stages of these processes validly, however, is very difficult. I see how my own memory fails me as I try to recall the numerous increments of change that unfolded throughout my everyday life with anorexia. In addition, as with any human being, I was not always conscious of changes as they were occurring in my life. Only after lengths of time passing can I compare present thoughts and perceptions as conceivably different from the frame of my previous beliefs. Therefore, to answer the question regarding the construction of the self/eating disorder relationship, I examine how such disorders are described and how times of past, present, and future are referenced. By examining the dialogue and the language individuals used to share their experiences with one another, I identified three stages that

mark points of difference between members: the beginning stage, realization stage, and recovery stage.

Times of past, present, and future were most often recognizable in others' explanations of the perceived stages they experienced throughout their eating disorders. Those in the "beginning stage" of their relationship development rarely referenced a past; they instead focused on creating an optimistic future, one in which they would find satisfaction, self-worth, and/or happiness. They framed their selves as in a state of becoming, as working towards a desirable end—an ultimate goal for thinness. The beginning mark for the earliest stages of individuals' relationship development with eating disorders is very difficult to pinpoint precisely. As indicated in the analysis, individuals often hesitate to identify their selves as having a disorder because their weights and measurements do not "qualify" them as such. In addition, behaviors including strict dieting and starvation at this point in time are not always recognized as problems because individuals often explain themselves as in control of such acts to reach their perceived goals. After examining the writings in my personal journal, I recognize that I, too, once expressed myself as being in control of my mission to become thin. The entries I wrote throughout my earliest attempts to lose weight were filled with hopes and foresights of how wonderful the future would be if I could just be smaller. While I considered my starving to be somewhat abnormal, I did not perceive it as a serious problem because I felt in control of my actions. Perhaps my relationship with anorexia was beginning, but

the ways I framed and described my experiences kept me from seeing a problem. Because I rationalized my behaviors by identifying them as temporary, the focus of my explained experiences was constructed positively through my descriptive views of what the future promised if I accomplished my goals.

There comes a point, however, when individuals describe their behaviors as unstoppable, and it is this point that evokes uncertainty and even concern with regard to their experiences. Often this marks the "realization stage," when individuals verbally describe perceived changes in their controls, comforts, and fears. As they become used to patterns of strict eating, extensive exercise, and/or purging, many reach a point where they no longer feel they can stop; this is when individuals' begin defining their temporary attempts to reach a goal as transforming into a daily lifestyle. Commonly, those of the proana community who reach this point acknowledge and confess themselves as having a problem. This construct of the eating disorder as a perceptual problem is one that evolves throughout time. I, therefore, have identified to be the "realization stage" as a point at which the meaning for eating disorders changes. This change in meaning creates differing perspectives among those of the proana community and can often lead to disagreement in dialogue.

The ways in which contradictions are defined in particular help to distinguish the differences between stages. Individuals in the beginning stages of their disorders tend to frame their selves as finding freedom, happiness, and even control. Those in the realization stage, however, tend to refer to their

selves as becoming trapped, sensing despair, and being controlled by something other than their selves; yet, because they have previously experienced the beginning stage, they verbally reference their past experiences to relate with those who describe freedom, happiness and control. Those in the beginning stage, however, lack previously defined meanings for their relationship with their disorders and can only refer to times without their disorders. The inability of those in the beginning stage to relate with those of the realization stage serves as a driving force for misunderstanding throughout the proana community. Discussions that lead to contradicting meanings often create much angst and hostility among members of the forum as they express their struggles when reasoning points of difference. But through observing these contradictions as they take shape, the boundaries for the social construction of the self/eating disorder relationship also become more clearly defined. The dialogue which weaves together points of disagreement creates a construct where boundaries and definable points such as stages can be recognized. Therefore, it is through confrontation that individuals come together to reason between points of opposition and make sense of the meanings for the relationship stages that evolve through experiences with eating disorders. It is through the dialogical reasoning of the voiced contradictions that brings such disorders to meaningful existence.

While in my observations of the proana community I most evidently saw the beginning and realization stages as constructed by members comparing

experiences through dialogue, a "recovery stage" also marks a point of transition in the self/eating disorder relationship. This stage is often defined differently than those previously mentioned, mainly because most members have not experienced, nor do they wish to experience recovery from their disorders. This was explicitly evidenced in the analysis section where I displayed the post of one member who accused me of promoting recovery in a place where such views were not supported. In other discussions about recovery, members defined this stage as separating the self completely from the disorder in order to leave it behind. Those in the beginning stage clearly expressed themselves as having no desire to recover, particularly because they do not define their disorder as a problem. Those in the realization stage, while acknowledging their problems, expressed fear of letting go and questioned what their life would be like without their disorder. There were some sections on the forum that promoted discussions in support of recovery, but very few members of the community ever visited these sections. Therefore, much of the meaning the proana community constructs for the recovery stage is defined through their expressed uncertainties and questions regarding the fear of facing life alone without their disorder's presence. Even though most of the members have not experienced recovery for themselves, they acquire meaning and ways to interpret this stage's existence through discussions with others.

As I explored the different stages of eating disorders, I uncovered much variation in how members framed their disorders in discussions involving points

of contradiction. Clearly, the journeys for those who experience this phenomenon venture through different stages of their relationships with their disorders. Along this journey, the meanings for individuals' self/eating disorder relationship are created not simply through their personally experienced behavior and feelings, but also by the social interactions that interplay in the dynamic evolution of meaningful contradictions. In addition to investigating the stages of eating disorders, I look more closely at the language individuals use to illustrate the shape of their self/eating disorder relationship processes. As I seek to uncover further depth to individuals' reasoning, I explore the described directions of the eating disorder process to better understand the role that contradiction plays in these individuals' expressions.

The Directional Processes of Self/Eating Disorder Relationships

To understand the progression and sequencing patterns of the stages previously explained, I explored the language members of the proana community used to describe the direction of their lived experiences. Throughout the forum discussions, I observed how members constructed distinct directions that shaped the process of their experiences: linear, back-and-forth, and cyclical.

Many individuals described their experiences as moving in a linear direction. This was particularly evident in the language of those in the beginning stage of their disorder. As these individuals foresaw a future goal, which marks an endpoint, they described their selves as continually striving to move forward. Those who appeared in transition between the beginning and realization stages

at times would also describe their experiences in the shape of a linear direction, but did so by explaining their process as moving backward. They would often frame their selves as falling—falling backward or falling deeper. In dialogue, this difference in direction often evolved through tension points in discussion.

Regardless of the stage, members seemed to construct definable endpoints, one being of complete satisfaction with the self and another being an absolute hate of the self. It is interesting to note that those in beginning stages described themselves as moving forward with their disorders to achieve the satisfaction, while those in transition between the beginning and realization stages often framed their disorders as a force pulling them away from satisfaction and more toward self hate. This discrepancy in how eating disorders “move” individuals is how many members of the proana community together defined their disorders as a means, whether that be a means to or away from a desirable end. Although the differences in descriptions of motion created sources of tension, the meaning for eating disorders as a means evolved through such tension.

Linear processes, however, were not the only processes evident in the descriptions of eating disorders by those of the proana community. There were also individuals, particularly those in the realization stage, who explained their selves as moving in a back-and-forth motion between more than one disorder. They would often describe their selves as moving from mia to ana to mia and so forth. In this description, eating disorders take on different meanings, as they become the endpoint boundaries that shape the process. In a back-and-forth

motion, eating disorders are not described so much as means, but rather as ends of means. The movement described in-between disorders is framed as a state of becoming one or the other, such as becoming ana and moving away from mia. The motivation fueling this movement may be best understood by how members define ana and mia. In terms of desirability, members express a yearning to be with ana and a disliking toward being with mia. Some of the contradictions, such as those pertaining to power and purity take shape through the descriptions proana members use to distinguish the differences between ana and mia. For instance, ana is a state at which power and purity are optimally reached; anything that deviates from or imposes upon this state is often blamed on the intrusion of mia. The motion is, therefore, described as a constant movement back and forth between desirable and undesirable states. Those describing this motion constructed an image for their experiences as being trapped within their disorders. In dialogue, those describing their disorders as constructed through a back-and-forth motion often disagreed with the visions of those who defined their experiences as moving in a linear direction. This disagreement was aroused by the difference in how eating disorders are defined. As some individuals saw their disorders as means to an end, those in the realization stage of their experience defined their disorders as ends in and of themselves.

Similar to those who described a back-and-forth motion, many individuals described their experiences as in the shape of a cycle. Members of the forum frequently referenced the term "vicious cycle" to share with one another their

senses of feeling trapped. They explained a movement as continually cycling around a sequence of events that eventually led them back to a starting point usually in despair. This cycle continues over and over again until it becomes the defined lifestyle those with eating disorder describe. Those who explained a cyclical motion identified with those who expressed a back-and-forth movement; and, individuals describing both of these directions overtly disagreed with those who framed their disorders as a means to an end. Members describing back-and-forth and cyclical directions would try to relate with, yet, at the same time correct others who believed their disorders to be a means to an end. Through such disagreements, those who took on the role of correcting others advocated that truly having/knowing eating disorders is the realization that there is not end to them.

Examining these differently defined motions reveals much about the meanings of eating disorders, particularly in the sense that they can be framed as both means and ends. Further, these processes reveal more insight to the progression of stages these individuals experience throughout their relational development with eating disorders. For instance, by examining how these disorders move individuals in a linear motion, I see how the boundaries definable between stages are more gray than they are black and white. Those who describe their disorders as, at times, moving them further away from satisfaction, may be moving toward the realization that their disorders are a manifestation of something larger than their selves. This helps to illustrate how the transition

points between the beginning and realization stages play a significant role as well in shaping the definitions and meanings for eating disorders.

In addition, the described directions of experience also surface the meanings this community ascribes to the recovery stage. Perhaps the social construction of these directions, particularly when individuals create the illusion of being trapped, is what creates the barrier for this community to envision their selves in a recovery stage. This adds to the research of Jensen (1984) who examined how individuals create distortions in their minds, which continually influence their perceptions of their selves as active agents. In this current study, however, the social construction and validation of distortions are examined as they manifest not just individually, but also socially. In particular, through the descriptions which portray individuals as being trapped and overpowered, members of the community create the distorted view that full recovery is nearly impossible. As they describe the processes of their experiences and their binding attachments to their disorders, they not only create meaning for the disorders, but they simultaneously construct a definition of their selves *with* their disorders. This construction of the self with the disorder blinds individuals for seeing life without this defining unit for themselves. The world that exists beyond the confines of the disorder is unknown, unforeseeable, and therefore, nearly incomprehensible.

Clearly, these varying processes all illustrate different ways for defining what eating disorders mean; in fact, these processes are what create the very

meaning that shapes the experiences of such phenomena. The described directions are what mark the stages and transitions between stages that individuals define throughout the process of understanding eating disorders. As evidenced throughout the proana community, the premise of disagreement was nearly always a dispute over the implied process of experience and connotative perception with regard to that process. In addition, perhaps one of the most significant ways for making sense of the contradictions previously referenced is to closely examine the described transitions and constructions of different meanings over time for those who experience eating disorders. As these disorders may all be defined within the boundaries of contradiction, the points at which individuals stand between opposing forces are defined differently through the longevity of personal experience. While those of the proana community experience tensions as they describe their different standpoints in contradiction, such tensions are the driving force for members to seek meaning and understanding through dialogue. Thus, by describing contradictions, using labels, framing the self/eating disorder relationships, and illustrating the process of experience by referencing shapes, members share a dialogue that constructs the existence and meaning of their experiences.

Participant Role

As I reflect on my own journey throughout my participant role, I consider the processes through which I have continued to define and redefine my disorder. This exploration was incredibly challenging, and yet one of the most

eye-opening experiences I have pursued. I was forced to encounter a swelling of emotions, some of which I had buried deeply inside of me during past struggles with my disorder. To see others' stories and expressions so uniquely tied to my own revealed to me a process that I lived but could never quite define or put into words myself. Thus, the definitions I perceived throughout my past and present experiences with anorexia became meaningfully shaped through dialogue with others.

As I looked into and tried to understand the messages and stories of others, I admit my initial struggles in allowing myself to open my mind. It was also difficult for me to escape the judgments I placed upon others for embracing their disorders or those who claimed a desire to have anorexia. My immediate reactions to the many posts I read on the proana forum led to my premature belief that these individuals did not know what eating disorders truly mean. Looking back, it was not the members who lacked understanding for their disorders, but rather, it was my failure to let go of my own conceived meanings derived from my lived experiences that. A more accurate way to frame my thinking would be to say that others do not understand what *my* disorder means to *me*. This way of framing my beliefs calls forth attention to the process by which I experience anorexia and how this process holds within it an intimate relationship through which I construct my own meanings and interpretations of eating disorders. When my perceptions collided with differing views held by

others on the proana forum, we addressed our disagreements in dialogue, which lent our understanding to take shape through social construction.

As I continued to interact with those of the proana community over time, I experienced a transition in my own thoughts and beliefs. Beyond my initial disagreements, I discovered there to be many similarities between myself and others of the proana community. Their reasoning behind their experiences triggered thoughts and ideas with which I could identify, but to do so I often had to revisit my past and dig deep within myself to find a connection. It was through my own defined moments in previous experience that I could refer to and draw an understanding, a sense of commonality with others. As I surfaced many emotions that I conceived as part of my past, in myself I sensed an uncomfortable feeling of transformation. Throughout my research, I described it as "slipping back," in the sense that I was regressing from what I claim to be my recovery stage. As I tried to evoke memories of the perceived comforts I once had in my disorder to understand others, I fought to resist such comforts as they were reoccurring in my day-to-day life. Due to my intimate involvement with the material I was researching, I could not divorce myself from the thoughts and emotions that emerged in my work. The discussions and stories I shared with others provoked thoughts that penetrated my mind from day to day. My feelings about food, my body, my exercise grew in intensity to points when, as noted in my personal journal, I began to feel out of control. To put into definable terms, I

identified with those who described the shape of their experiences in a linear direction, as I explained myself to be falling backward.

In my perceived process of falling backward, I discussed with others a shared sense of helplessness. Together, we constructed the image of a demon to represent the disorders that destroy us, something that takes us down no matter how hard I strive to move forward. Yet, as I felt comfortable disclosing these thoughts with others of the proana community, my personal life positioned me in a role of sensed shame and disappointment in myself. As a researcher, I wanted to keep my eating-related struggles a secret from others in my personal life, mainly because I feared they would doubt my abilities to further pursue my project. The tensions I experienced personally, between managing the role as a participant and as a researcher, intricately bounded to the process through which I framed my experiences. I continued seeing my disorder as following a linear path, a direction as moving backward, in which case fueled my conceived notion that I was failing. To see and live this process for myself as I was researching I believe played a significant role in the ways I interpreted and interacted with others of the forum; the meanings and feelings they expressed became, in my mind, tainted by my own resentment toward anorexia. Despite my attempts to understand others' appraisals of such disorders, I was unwilling to accept their beliefs and meanings without voicing disagreement with regard to my own circumstances. As evidenced in the analysis, I expressed my opposing views,

most of which stemmed from my confusion as to how eating disorders should be defined, framed, and understood.

During the final months of my research I framed my perspective as in a recovery stage. I was quite adamant about bringing out my voice to move forward in a sense of moving away from anorexia. This view, as I anticipated, was not always embraced by those of the proana community and many could not understand my feelings or explanations. Many told me I did not belong in the community, while others criticized me for not knowing what it is like to live with an eating disorder. I came to understand this disagreement not as a matter of who was right and who was wrong—this was not the core of our disputes. It was the processes, the ways through which we defined and discussed our own relationships with our disorders that collided and dispersed in contradiction. Others describing a linear direction saw different beginning and end points. Many marked their end as being thin and happy, as their process of moving forward involved embracing their disorder to achieve such a dream. In my experiences, I, too, once had this dream and believed that my struggles with food would eventually grant me peace. In my own quest for this goal to be thin and happy, I discovered a painful reality—my hopes were only fantasies that would not come true. The endpoint I conceived of happiness and thinness was only an illusion that masked the devastation I experience throughout the disorder. Anorexia—the very thing I once saw as pushing me forward I now define as force pulling me back. Discussing my experiences with others gave my disorder shape,

which before I never clearly envisioned. Yet, now as I see this vision of my own experiences, I have begun to consider the different shapes and constructs of others who disagree with my standpoint. This process of participating in the proana community illustrates to me the very significant role dialogue plays in giving definition to eating disorders, as I now not only perceive my own experiences, but I actually have begun to understand them for what they mean and represent through dialogue with others.

Limitations and Future Research

As I acknowledge my own experiences and standpoints that have shaped my constructive meaning for eating disorders, I have gained much insight to the ways eating disorders are defined and constructed by those who experience them. However, as I have explored the extensive degree of variation among those who describe their disorders, I am faced with my own limits of understanding. My deepest connections and processes of sense-making for others' experiences derive from my own interpretations of my experiences. Thus, the data and meanings I present through my research operate only in the confines of my own constructed reality. Though I was often challenged to broaden my views by envisioning lives of others, there were many limits to the extent to which I could do this. I could not always relate my own experiences with other's ideas and viewpoints. While I tried to imagine the lives of others who voiced views very different from those of mine, my frame of reference still operated within my personal experiences and conceived meanings. Further,

while I tried to select and incorporate various perspectives from the posts of members on the forum, there were still limits to the extent I could reveal the number of different voices of the proana community. In other words, as I try to provide an account for the many voices that are raised within the proana community I observed, I note that my interpretation is only an abstraction of others' truths.

The processes of experience and individuals' relational construction with their disorders need to be examined in other online communities. While I visited other sites throughout my research experience, I was only a permanent member of one online community. Each community is shaped by different philosophies and members, which creates much variance among proana sites alone. With the number of developing proana sites, it is necessary to continue exploring these virtual communities to better understand the socially constructed nature of eating disorders. Through observations of many of these sites, different meanings could be harvested and used to interpret greater depth to the process of experience. How are these processes described, and what are the words and labels used to define them? As we seek to understand the many unique perceptions of eating disorders, the gap between these individuals and those they conceive to be outsiders could be narrowed. Closing this divide may promote further development of sites that are not only accepting and comforting for those with eating struggles, but also inspiring for them to seek a healthier lifestyle.

Another support mechanism provided by the proana community is the access to a network of virtual relationships. Because in my research I focused more specifically on the meanings and experiences shared by individuals, I was less attentive to the relationships that developed between and among members of the forum. Future research should explore the communal bonds and relationships developed on these sites to better understand the impact these unique interactions have on the meanings that evolve. Not only interpersonal relationships, but also communal relationships could be examined to better understand the social functions of eating disorders. These disorders are not only a personal lifestyle, but become the essential link that unifies members of the proana community. In this collective context, sharing experiences with eating disorders serves to bring individuals together, which may in turn fulfill individuals' needs for social acceptance. If eating disorders serve as the unit that brings individuals closer to others, how might this play a role in the constructive process for defining such phenomena? It would seem that as individuals further share and disclose their experiences with their eating disorders, they simultaneously more deeply define their senses of self through their disordered experiences. This may bring individuals into a closer, tightly attached relationship with their disorders as a way to solidify their belonging to a community. This attachment complex unified through individuals' relationships with their disorders and online relationships may create further boundaries that inhibit the ability to escape eating disorders.

The communal aspect of proana sites also poses limits on the diversity of meanings shared by participating members. While through my observations I uncovered voices of those with eating disorders that are often silenced by society, such voices were raised in a context where conformity was heightened. The close bonds and communal aspects of the proana forum have significant bearing on the nature of postings each of the members contributes. The meanings and interpretations I presented are more reflective of the cultural construction of eating disorders unique to the community I explored than they are reflective of a broader phenomenon. Individuals not a part of such communities may describe the process of their experiences differently. Therefore, the voices of those experiencing eating disorders outside of the proana culture are equally as significant to understand for adding depth to the definition of these phenomena.

Finally, while I have explored eating disorders as socially constructed processes, the insight gained from this study may be applicable to explorations of other phenomena. In particular, because eating disorders may be conceptualized as addictions, other addictive disorders could be studied to reveal the ways persons with these disorders define their processes and meanings for their experiences. By exploring the described directions of experience through individuals voiced perceptions, we uncover much depth for seeing a relational frame within which individuals operate day after day. Such exploration of the many persons experiencing these phenomena in addition to eating disorders

may help the social community at large reach an understanding of the processes that create the meaning of addictive processes.

Conclusion

As a participant of the proana community, I experienced a dynamic construction of meanings that weave together the shape of eating disorders. By uncovering the voices of many who have often been silenced, it becomes evident how individuals come together in dialogue to define and understand their experiences. These voices create the definition of eating disorders; they are not problems, diseases, or illnesses, but rather, they are processes that transcend through stages of meaningful value to the persons who experience them. This definition marks a beginning point for new understanding in a social world where eating disorders are labeled and treated all in the same. It seems that we come to a point when we are so fixated with treating labels that we forget the persons behind those labels. By calling attention to the expressed experiences of individuals, meaningful depths of eating disorders can be revealed, better understood, and released in dialogue with others.

BIBLIOGRAPHY

- Antoniazzi, A., Zivian, M.T. & Hynie, M. (2005). Women with and without eating disorders and depression: Their values and eating attitudes. *Journal of Social and Clinical Psychology, 24*, 449-470.
- Bardone-Cone, A.M. & Cass, K.M. (2006). Investigating the impact of pro-anorexia websites: A pilot study. *European Eating Disorders Review, 14*, 256-262.
- Bateson, G. (1979). *Mind and nature: A necessary unity*. New York: E.P. Dutton.
- Baumeister, R.F. (1991). *Escaping the self: Alcoholism, spirituality, masochism, and other flights from the burden of selfhood*. United States: BasicBooks.
- Biby, E.L. (1998). The relationship between body dimorphic disorder and depression, self-esteem, somatization, and obsessive-compulsive disorder. *Journal of Clinical Psychology, 54*, 489-499.
- Blumer, H. (1969). *Symbolic interactionism*. New Jersey: Prentice Hall.
- Brown, C. & Jasper, K. (1993). Why weight? Why women? Why now? In C. Brown & K. Jasper (Eds.). *Consuming passions: Feminist approaches to weight preoccupation* (16-35). Toronto: Second Story Press.
- Burke, K. (1969). *A rhetoric of motives*. California: University of California Press.

- Connan, F., Campbell, I.C., Katzman, M., Lightman, S.L. & Treasure, J. (2003). A neurodevelopmental model for anorexia nervosa. *Physiology and Behavior*, 79, 13-24.
- Deacon, T.W. (1997). *The symbolic species: The co-evolution of language and the brain*. New York: W.W. Norton & Company.
- Eysenck, H.J. (1994). Cancer, personality, and stress: Prediction and prevention. *Advances in Behavior Research & Therapy*, 16, 167-215.
- Fonagy, P. & Target, M. (2002). Early intervention and the development of self-regulation. *Psychoanalytic Inquiry*, 22, 307-335.
- Fouts, G. & Burggraf, K. (1999). Television situation comedies: Female body images and verbal reinforcements. *Sex Roles*, 40, 473-481.
- Fox, N.A. & Calkins, S.D. (2003). The development of self-control of emotion: Intrinsic and extrinsic influences. *Motivation and Emotion*, 27, 7-26.
- Geller, J., Cockell, S.J., Hewitt, P., Goldner, E.M. & Flett, G. (2000). Inhibited expression of negative emotions and interpersonal orientation in anorexia nervosa. *International Journal of Eating Disorders*, 28, 8-19.
- Giles, D. (2006). Constructing identities in cyberspace: The case of eating disorders. *British Journal of Social Psychology*, 45, 463-477.
- Grabhorn, R., Stenner, H., Stangiew, U. & Kaufhold, J. (2006). Social anxiety in anorexia and bulimia nervosa: The mediating role of shame. *Clinical Psychology and Psychotherapy*, 13, 12-19.

- Gutwill, S. (1994). Women's eating problems: Social context and the internalization of culture. In C. Bloom, A. Glitter, S. Gutwill, L. Kogel & L. Zaphiropoulos (Eds.). *Eating problems: A feminist psychoanalytic treatment model* (1-27). New York: Basic Books.
- Hallam, R.S. & O'Connor, P.O. (2002). A dialogical approach to obsessions. *Psychology and Psychotherapy: Theory, Research, and Practice*, 75, 333-348.
- Harris, P.L., Rosnay, M. & Pons, F. (2005). Language and children's understanding of mental states. *Directions in Psychological Science*, 14, 69-73.
- Harter, S. (1998). The development of self-representations. *The handbook of child psychology*, 3, 553-617.
- Hegel, G.W.F. (1975). *Hegel's logic*. W. Wallace (trans.). Oxford: Oxford University Press.
- Hilbert, A. (2005). Body-related cognitions in binge-eating disorder and bulimia nervosa. *Journal of Social and Clinical Psychology*, 24, 561-579.
- Jensen, M.D. (1984). Memoirs and journals as maps of intrapersonal communication. *Communication Education*, 33, 237-242.
- Johnson, E. (1990). Interrelationships between psychological factors, overweight, and blood pressure in adolescents. *Journal of Adolescent Health*, 11, 310-318.

- Johnson, J. (1984). The role of inner speech in human communication. *Communication Education*, 33, 211-222.
- Kaman, M.P. & Wong, B.Y.L. (1993). Inducing adaptive coping self-statements in children with learning disabilities through self-instruction training. *Journal of Learning Disabilities*, 26, 630-638.
- Keel, P. K., & Klump, K. L. (2003). Are eating disorders culture-bound syndromes? Implications for conceptualizing their etiology. *Psychological Bulletin*, 129, 747-769.
- Keinanen, M. (1999). The evolution of the internal dialogue during the psychoanalytic psychotherapy process. *American Journal of Psychotherapy*, 53, 529-543.
- Laing, R.D. (1967). *The politics of experience*. New York: Ballantine Books, Inc.
- Laing, R.D. (1969). *Self and others*. New York: Pantheon Books.
- Lawrence, J.A. & Valsiner, J. (2003). Making personal sense: An account of basic internalization and externalization processes. *Theory and Psychology*, 13, 723-752.
- Lester, R.J. (1997). The (dis)embodied self in anorexia nervosa. *Social Science Medical*, 44, 479-489.
- Martin, A.K. (2004). "Stick a toothbrush down your throat:" An analysis of the potential liability of pro-eating disorder websites. *Texas Journal of Women and the Law*, 14, 151-178.

- McClintock, J. & Evans, I.M. (2001). The understanding of psychopathology among nonclinical women: The mediating role of shame. *International Journal of Eating Disorders*, 32, 186-191.
- McFarland, J.L. (1984). The role of speech in self development, self-concept, and decentration. *Communication Education*, 33, 231-236.
- Murphy, R., Frost, S. & Webster, P. (2004). An evaluation of web-based information. *International Journal of Eating Disorders*, 35, 145-154.
- Pang, K.S. (2005). "This is the linguist in me speaking": Constructions to talk about the self talking. *Functions of Language*, 12, 1-38.
- Peirce, C.S. (1964). *Philosophical writings of Peirce*. J. Buchler (Ed.). New York: Dover Publications.
- Pennebaker, J.W. & Beall, S.K. (1986). Confronting a traumatic event: Toward an understanding of inhibition and disease. *Journal of Abnormal Psychology*, 95, 274-281.
- Pennebaker, J.W. & Hoover, C.W. (1990). Accelerating the coping process. *Journal of Personality and Social Psychology*, 58, 528-537.
- Petroulakis, N.B. & Demotikis, M.D. (1984). Intrapersonal communication: A quantitative and qualitative investigation. *Individual Psychology: The Journal of Adlerian Theory, Research, and Practice*, 40, 45-54.
- Rosenblatt, P.C. & Meyer, C. (1986). Imagined interactions and the family. *Family Relations*, 35, 319-324.

- Saakvitne, K.W., Tennen, H. & Affleck, G. (1998). Exploring thriving in the context of clinical trauma theory: Constructivists self development theory. *Journal of Social Issues*, 54, 279-299.
- Safren, S.A., Heimburg, R.G., Lerner, J., Henin, A., Warman, M. & Kendall, P.C. (2000). Differentiating anxious and depressive self-statements: Combined factor structure of the anxious self-statements questionnaire and the automatic thoughts questionnaire revised. *Cognitive Therapy and Research*, 24, 327-344.
- Siegfried, Z., Berry, E.M., Hao, S. & Avramham, Y. (2003). Animal models in the investigation of anorexia. *Physiology and Behavior*, 79, 39-45.
- Sohlberg, S. & Strober, M. (1994). Personality in anorexia nervosa: An update and a theoretical integration. *Acta Psychiatrica Scandinavia*, 89, 1-15.
- Stensland, P. & Malterud, K. (1999). Approaching the locked dialogues of the body: Communicating symptoms through illness diaries. *Scandinavian Journal of Primary Health Care*, 17, 75-80.
- Stern, S. (2002). The self as a relational structure: A dialogue with multiple-self theory. *Psychoanalysis Dialogue*, 12, 693-714.
- Stetler, R. (2000). The transformation of body experience into language. *Journal of Phenomenological Psychology*, 31, 63-77.
- Turrell, S.L., Davis, R., Graham, H. & Weiss, I. (2005). Adolescents with anorexia nervosa: Multiple perspectives on discharge readiness. *Journal of Child and Adolescent Psychiatric Nursing*, 18, 116-126.

Zaitsoff, S.L., Geller, J. & Srikameswaran, S. (2002). Silencing the self and suppressed anger: Relationship to eating disorder symptoms in adolescent females. *European Eating Disorders Review*, 10, 51-60.

R002573252